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Title:

Understanding, Identifying and Supporting Children and Young People with Selective Mutism (SM): Perspectives and Experiences of Key Stakeholders

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Abstract

Informed by Bronfenbrenner's (1979) eco-systemic model of development, the current research sought to explore how children and young people with selective mutism are understood, identified and supported in school settings. In order to gain detailed and distinct information about these issues, the perceptions and experiences of key stakeholders involved in cases of selective mutism were examined. Participants included nine Educational Psychologists (EPs), five Speech and Language Therapists (SLTs), 3 teachers and two parents (n=19). This research adopted a qualitative research design using semi-structured interviews which were analysed according to Thematic Analysis (Braun and Clarke, 2006). Results indicated that selective mutism can have a significant impact on not just the selectively mute child, but also the individuals around the child. However, there is not a good understanding of selective mutism or the roles which individuals can play in the cases within schools today, particularly with regards to the contributions which EPs can make to cases of selective mutism. Practice on these cases could be improved, therefore, by raising awareness of selective mutism and the work which individuals can undertake to support selectively mute children. The findings are presented and interpreted in light of their significance for promoting the role of EPs, SLTs, teachers and parents on cases

of selective mutism. Further research into selective mutism is also suggested.

Declaration

I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

Signed:

Date:

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1. Introduction

1.1. Overview of the Chapter

This chapter outlines the purpose and aims of the present research study and its relevance to the field of psychology, education and the role of the Educational Psychologist (EP), as well as other professionals and stakeholders working and interacting with selectively mute children. The chapter concludes with an introduction to the structure of the remainder of the thesis.

1.2. Aims, Rationale and Justification for the Research

This thesis investigates how children and young people with selective mutism can best be understood, identified and supported in school settings. In order to gain detailed and distinct information about these issues, and to further our knowledge and understanding of the condition, the perceptions and experiences of key stakeholders involved in cases of selective mutism and the role of these individuals are examined.

Selective mutism was chosen as the topic for the present study due to both the personal interests of the researcher and the researcher's professional work as a trainee Educational Psychologist (TEP). Although the researcher has encountered only a very small number of cases of selective mutism thus far, it became clear from these cases that despite selective mutism being a rare condition, the implications and consequences of it can be immense. Indeed selective mutism can have devastating consequences on children, both while they are selectively mute and later as they enter into adulthood, and has the potential to negatively impact many different areas of a child's development, as well as their long-term social and emotional development, and academic achievement (Cline & Baldwin, 1998; Kristenson, 2004).

The condition not only has the potential to have a long-lasting effect on the selectively mute child themselves, but can also have a significant impact on parents and the people working and interacting with

the child, namely teachers, and professionals (Cline & Baldwin, 1998; Kristenson, 2004). The limited research on this subject has found that working with a selectively mute child can be a very stressful and worrying experience for these people (Dean, 2012). Baldwin (1985) stated, for example, that "the presence of a mute child has a powerful effect on teachers' feelings and often generates intense reactions" (p. 70). Cline and Baldwin (2004), based on findings from an empirical study which look at the experiences of teachers working with selectively mute children, have also argued that many people working with a selectively mute child may interpret a persistent refusal to speak as rudeness and defiance, leading them to view the anxious and mute behaviour as controlling and manipulative, and consequently resulting in them developing feelings of anger and hostility towards the child (Baldwin & Cline, 1998; Imich, 1998).

Despite the seriousness of these issues, however, there is a paucity of information within the research literature about how best to support children and young people with selective mutism, and only limited

research into the experiences and feelings of some of the key stakeholders involved in cases of this nature. This lack of information about the perceptions, experiences and roles of people working with selectively mute children is highlighted by Cline and Baldwin's statement (1998) that "in contrast to the numerous descriptions of selectively mute children … there has been very little written about the … effect on teachers and others in school" (p. 70). Indeed, the lack of information and understanding about selective mutism and the people involved in cases of this nature is underlined by the fact that although this statement was written more than a decade ago, it is still in keeping with current research on this subject which also emphasises the "lack of knowledge of SM (selective mutism) not only among parents and educators but also among health care professionals who often misdiagnose SM as shy behaviour that will eventually be out-grown" (Harwood & Bork, 2011, pg. 138).

Given the potential consequences and the serious effect selective mutism can have on both the child and individuals around the child, it is therefore clear that

there is a need for high quality, comprehensive research regarding the experiences and perceptions of individuals working with selectively mute children so as to inform better teaching and professional practice and to promote awareness and understanding of the condition in schools (Schwartz, Freedy & Sheridan, 2006; Standart & Le Couteur, 2003). The main purpose of the current study is consequently to address this gap within the literature and gather information about the perceptions and experiences of individuals who work with selectively mute children.

In addition to this gap in the literature, the researcher's interest in the topic of selective mutism has also been fuelled by discussions with staff and parents in schools which has further emphasised the lack of understanding and information about selective mutism in school settings today, and the uncertainty around what constitutes best practice in these cases and what interventions can be the most effective. This is in keeping with the research literature on the subject which suggests that many children with selective mutism are currently not being properly

identified, diagnosed and referred to appropriate professionals (Harwood & Bork, 2011; Sharp, Sherman & Gross, 2007). This is also something which has been reported within the research literature over the past 20 years (Black & Uhde, 1995; Dummit, Klein, Tancer, & Asche, 1997) and a perspective which means that selective mutism may actually be more common than was once believed and is currently reported (Blanchard, Gurka & Blackman, 2006; Ford, Sladeczef, Carson & Kratochwill, 1998; Harwood & Bork, 2011; Mulligan, 2012).

Furthermore, the researcher’s discussions with school staff and parents have also highlighted the limited knowledge and awareness within schools about the role which professionals and other individuals can play in cases of selective mutism. This is especially worrying, given the lack of information within the research literature concerning what support for children with selective mutism should entail and what exactly the aspects or particulars of professionals’ roles are with regards to selective mutism. Johnson and Wintgens (2001) have also stated, in their book entitled the *Selective Mutism*

Resource Manual, that many of the professionals who encounter selectively mute children for the first time rarely have sufficient information to feel confident about putting an intervention programme into practice and are unsure how to work and what their role is in cases of selective mutism.

Consequently, this lack of information, both in the research literature and within school settings, about the role of professionals in cases of selective mutism poses many frustrating challenges for EPs and other professionals today, raising questions about how they can work most effectively and their role when working with school staff, parents and other agencies during these cases. The research questions for the present study consequently arose out of this aspect of the researcher's work.

Overall, the ultimate aim of the present study is to inform the work of EPs and other professionals and individuals involved in cases of selective mutism by expanding the knowledge base and promoting awareness of the role key stakeholders can play in

identifying, assessing and supporting children and young people with the condition. It is also hoped that having a better understanding of the experiences and roles of key stakeholders with regards to selective mutism might help the formation and implementation of effective interventions, most of which are currently school based and thus well within the remit of professional EP practice today (Johnson & Wintgens, 2001). The significance and originality of this thesis therefore, is the investigation of the experiences, perceptions and roles of the main professionals and individuals highlighted in the research literature as being involved in cases of selective mutism (EPs and Speech and Language Therapists [SLTs]), and two of the primary recipients of EP services, teachers and parents.

1.3. Outline of the Thesis

To investigate the issues presented above, the present thesis begins with a comprehensive review of the research in the area of selective mutism. Within this literature review, information about the prevalence, aetiology and interventions for selective

mutism will be outlined and an overview of the current research into the impact, and role of key stakeholders involved in these cases will be provided. The rationale for conducting the present study in the current context will also be discussed, and a number of research questions will be presented. This literature review will be followed by a description of the methodology used to address the research questions, outlining the research design, participants and procedure used in the present study. The results of the empirical research will then be described with reference to the data from the qualitative analysis undertaken. The remainder of this thesis will consist of a discussion of the findings in relation to the research questions investigated, and the consequent implications for both future research and professional practice in this field. A critical appraisal of the research which was undertaken, a discussion of the strengths and weaknesses of this research and an outline of future directions for research in this field will also be included.

2. Literature Review

2.1. Overview of the Chapter

The literature review begins with a description of selective mutism and the epistemological framework within which the study was conducted. It also provides information about the onset, prevalence, aetiology and consequences of selective mutism and how the condition manifests in both home and school settings. Interventions for supporting children with selective mutism are also discussed. In addition, this chapter examines the literature relevant to the roles, perceptions and experiences of key stakeholders working with selectively mute children, and critically evaluates key theories and studies which link directly to the research questions, which are presented at the end of this chapter.

2.2. Introduction

Selective mutism is a multidimensional condition which can profoundly affect children and young people, leaving them in a world of silence and isolation (Wong, 2010). Referring to children who are able to speak in social settings but who remain silent

in certain situations or with certain people (Cleave, 2009), children with selective mutism often engage, interact, and communicate verbally within comfortable surroundings, such as at home or with trusted peers. These children are capable of speaking and have age-appropriate language skills in their native language, including a good understanding of language and expressive language skills. They also follow typical developmental milestones and can learn, retain and use skills at an age-appropriate level (Imich, 1998). However, when placed in structured social settings such as school, they become mute and are socially withdrawn (American Psychiatric Association, 2000; Nowakowski, Cunningham, McHolm, Evans, Edison, St Pierre, Boyle and Schmidt, 2009), resulting in the potential for social isolation, depression, and poor academic performance if the mutism is not identified and supported (Shipon-Blum, 2007).

Informed by Bronfenbrenner's (1979) eco-systemic model of development, the present study will look at selective mutism through the lens of systemic thinking. Within this framework, the selectively mute

child is perceived as being at the centre of many different 'layers' of society (see Figure 1), which interact together to create the learning and social context from which the child develops his or her own model of understanding regarding their world, and their place in it.

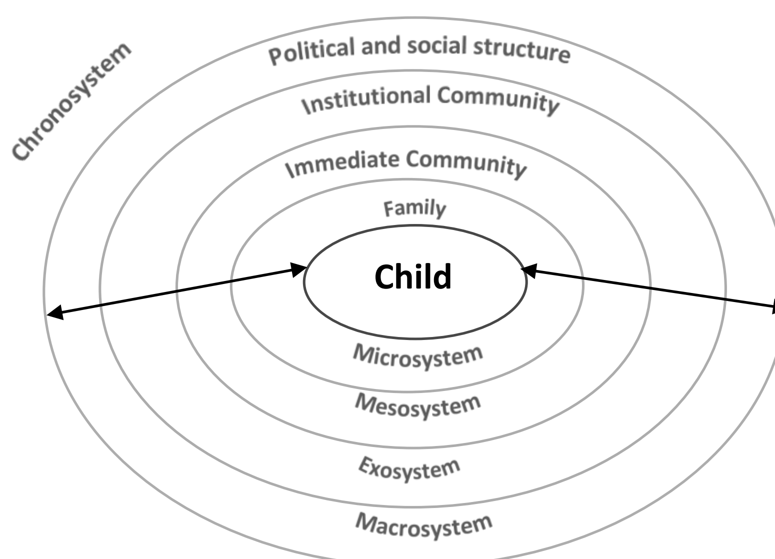

Figure 1. Diagrammatic illustration of Bronfenbrenner's (1977; 1979) Eco- Systemic Model (Richer, 2012).

This eco-systemic model acknowledges the role of different people in shaping the selectively mute child or young person's experiences (Bronfenbrenner, 1977; 1979). Previous research literature on selective mutism has focused predominantly on the first

system, the ‘microsystem’ (i.e. the child’s interactions with parents, immediate family and school), and has looked at the impact and role of parents and teachers in isolation (Richer, 2012). Research suggests, however, that the second system, the ‘mesosystem’ (i.e. relations between the contexts a child or family interact with) may also be highly influential to early child development and the development of selective mutism (e.g. Kail & Cavanaugh, 2010; Vander Zanden, Crandell, & Crandell, 2007). Thus an important part of understanding some of the issues regarding selective mutism is having an understanding of the perspectives of, and the connections between, those people around the child.

The current literature review has therefore brought together evidence from past research in order to explore the perceptions and experiences of key stakeholders involved in cases of selective mutism, not just in the direct context of the child, but also in the school and home context. It aimed to address parents (and, or, other caregivers if necessary), teachers, and other professionals identified within the research as being involved in these cases such as

Educational Psychologists (EPs) and Speech and Language Therapists (SLTs) in order to examine their awareness and understanding of selective mutism and their roles in identifying and supporting children and young people who are selectively mute. Information about the prevalence, aetiology and interventions for selective mutism and the rationale for conducting this study in the current context, and the issues to be explored by the present study, will now be outlined.

2.3. Definitions of Selective Mutism

Selective mutism has been identified and discussed in medical and research literature since the nineteenth century, although selectively mute children were previously identified using different labels. Indeed, the terms that have accompanied the condition within the research literature on the subject have reflected its conceptualisation through the ages. The characteristics of selective mutism were first reported as early as 1877 by the German physician Adolf Kussmaul who termed the condition *aphasia*

voluntaria which emphasised his belief that the child voluntarily chose not to speak. In 1934, Tramer, when investigating the same symptoms, called the problem elective mutism, underlining his belief that these children were “electing” not to speak (Dow, Sonies, Scheib, Moss & Leonard, 1995). Accordingly, the literature at this time highlighted oppositionality as the key variable in selective mutism (e.g. Browne, Wilson & Laybourne, 1963), with Halpern, Hammond and Cohen (1971) describing selectively mute children as “characteristically immature” and “controlling”.

In the *Diagnostic and Statistical Manual of Mental Disorders (*Fourth Edition; *DSM-IV*; American Psychiatric Association [APA], 2000) a new term, selective mutism, was adopted, attempting to abolish the misconception that individuals choose not to speak in various situations (Frankel, 2007). This definition implied that these children do not speak in “select” situations, which appears to be more consistent with new aetiological theories, particularly those that focus on anxiety issues and the child’s failure to speak, rather than a deliberate refusal to

speak as previous terms suggested (e.g. Black & Uhde, 1995; Wong, 2010).

Currently, the recent *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; APA, 2013) outlines the criteria which are needed for a diagnosis of selective mutism (see Table 1). The behaviour must be observed for more than one month and must not be limited to the first month of school. In addition, the behaviour must interfere with educational achievement and not be accounted for by a communication disorder (e.g. stuttering) or a psychotic disorder (APA, 1994). Consequently, selective mutism has been defined as:

> the persistent failure to speak in social situations (e.g., at school, with playmates) when speaking is expected, despite speaking in other situations, a disturbance that interferes with educational or occupational achievement or with social communication (Krysanski, 2003, p.29).

Table 1: DSM5 Diagnostic Criteria for Selective Mutism (APA, 2013).

A). Consistent failure to speak in specific social situations (in which there is an expectation for speaking, e.g. at school) despite speaking in other situations. B). The disturbance interferes with educational or occupational achievement or with social communication. C). The duration of the disturbance is at least one month and is not limited to the first month of school. D). The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation. E). The disturbance cannot be better accounted for by a Communication disorder (e.g. stuttering) and does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder.

In light of this new understanding, the present research sought to further explore the characteristics of selective mutism and the impact it can have children and young people, as well as those around the child, in order to clarify the aetiology of the condition, and highlight the current understanding of

selective mutism among professionals, teachers and parents.

2.4. Onset and Prevalence

The onset of selective mutism typically occurs between the ages of three to six, with diagnosis most often occurring between ages five and eight, after the child has entered school (Wong, 2010; Vecchio & Kearney, 2005, 2009). Although many selectively mute children tend to outgrow the condition spontaneously for unknown reasons, the length can vary; sometimes it may occur for just a few months, other times it may persist for several years, with lower talking behaviours and enduring social phobia and other anxiety conditions potentially persisting well into adulthood (Wong, 2010).

Historically, selective mutism was believed to be extremely rare. Indeed, early prevalence studies from the UK identified less than 1% of children in schools to have the condition (Brown & Lloyd, 1975; Kolvin & Fundudid, 1981). More recent studies, however, have found 2% of children in Finland and Sweden to be

selectively mute (Kumpulainen, Rasanen, Raaska & Samppi, 1998; Kopp & Gillberg, 1997), while the latest prevalence rates from the US identify the number of children with selective mutism as being between 0.5% and 0.7% of the school-aged population (Bergman, Piacentini & McCracken, 2002; Chavira, Stein, Bailey & Stein, 2004; Frankel, 2007). These findings, however, may not reflect the true frequency of the condition and it has been highlighted in the research literature that selective mutism may currently be under-reported. Indeed, research (Sharp, Sherman & Gross, 2007; Standart & Le Couteur, 2003) has found that the discrepancy between the two prevalence rates presented above for the US may be due to the setting in which selective mutism is sampled, as children with selective mutism are not always referred to relevant services and so higher prevalence rates of the condition have been found in schools (e.g. Bergman et al., 2002) as opposed to clinic samples (Chavira et al., 2004).

In addition to this, due to a lack of sufficient national and international epidemiological data and changing diagnostic criteria in some of the most recent versions

of the DSM (DSM5, 2013; Bergman et al., 2002), much variability exists in the research literature regarding the reported prevalence of selective mutism, with recent research (e.g. Bergman, Piacentini, & McCracken, 2002; Cohan, Chavira & Stein, 2006; Cunningham, McHolm & Boyle, 2006; Sanetti & Luiselli, 2009; Sharkey, McNicholas, Barry, Begley & Ahern, 2007) adopting the view that these statistics are underestimated. The research literature suggests that this underestimation may be due to "hidden selective mutism" or those children who are part of families living in social isolation, or whose parents do not report the condition because they are not aware due to selective mutism occurring primarily at school (Crundwell, 2006). Schools and teachers may also be unaware of the need to refer children with selective mutism with some research reporting that as many as 40% of children with selective mutism are not properly diagnosed and, or, referred to appropriate professionals (Black & Uhde, 1995; Cohan, Chavira & Stein, 2006; Dummit, Klein, Tancer, & Asche, 1997; Kumpulainen, Rasanen, Raaska, & Somppi, 1998).

Consequently, although there is a need to be cautious about generalising prevalence figures between countries with different school systems and different support services, the research literature does, overall, suggest that selective mutism may be more common than was once believed and is reported (Ford, Sladeczef, Carson, & Kratochwill, 1998). These findings have thus led researchers such as Bergman and colleagues (2002) to postulate (based on a public school sample which demonstrates a 0.71% prevalence rate [16 children out of the 2,256 in the sample in the study were identified as being selectively mute]) that selective mutism is equally prevalent compared to other childhood conditions such as Obsessive Compulsive Disorder (OCD) and depression, and is even more common than Autism Spectrum Disorder (ASD). In addition to this, research (e.g. Garcia, Freeman, Francis, Miller, & Leonard, 2004; Kumpulainen, 2002; Standart & Couteur, 2003) has also found that selective mutism is slightly more prevalent in girls than boys, which reflects a more general gender pattern within anxiety-related conditions, with past research identifying females as experiencing more symptoms of anxiety than males (Standart & Couteur, 2003).

Despite the variability within the prevalence rates among the general population, however, the research literature on this subject clearly shows that there is a higher incidence of selective mutism among samples of immigrant children, with diagnosis among immigrant children being three times higher than children within the general population (Elizur & Perendik, 2003; Steinhausen et al., 2006; Toppelberg, Tabors, Coggins, Lum, & Burger, 2005). Notably, results from an Israeli study found the rate among immigrant children to be 2.2% (Elizur & Perendik, 2003). Toppleberg and colleagues (2005) explain that immigrant children with inhibited or shy natures, are susceptible to experiencing a high level of anxiety and self-consciousness in their new language, which can lead to avoidance of speech and selective mutism. It is important to note, however, that some research over the past 10 years has suggested that these high prevalence rates among immigrant samples may be due to possible clinical misunderstanding of the process of learning a second language (Toppelberg, et al., 2005) and so should be considered with caution.

2.5. Aetiology of Selective Mutism

Although selective mutism may have a higher prevalence rate than once thought, there is still much confusion concerning the classification and aetiology of the condition. Indeed, until recently selective mutism, like its diagnostic predecessor elective mutism, was classified in a miscellaneous section of the DSM-IV entitled “Other Disorders of Infancy, Childhood, and Adolescence” (APA, 2004). The research literature on this topic (Dummit et al., 1997; Scott & Beidel, 2011; Stone, Kratochwill, Sladezcek, & Serlin, 2002; Sharp, Sherman & Gross, 2007) has attributed this confusion, positioning and categorical ambiguity to various factors, including the infrequency and low prevalence rates of the condition, as discussed above in Section 2.4, and also the subsequent lack of large scale empirical studies and studies using control groups and longitudional designs (e.g. as suggested by Hassan, Taha, Abeer & Hanan, 2013; Scott & Beidel, 2011; Sharp, Sherman & Gross, 2007). In consequence to this, researchers such as Sharp and colleagues (2007), and Ulrich (1998) propose that limited data regarding the aetiological factors selective mutism exist and

limitations and gaps in knowledge about the condition still persist.

The data that does exist on the aetiology of selective mutism are also predominantly based on case studies and parent reports and are thus open to the biases and fallacies related to self-report measures (e.g. level of honesty and understanding of participants, participants' introspective abilities), which are well documented within the research literature (Scott & Beidel, 2011; Sharp, Sherman & Gross, 2007). Some researchers (e.g. Omdal, 2007; Omdal & Galloway, 2007) have also attempted to gain information and understanding about selective mutism from the perspective of individuals who have, or have previously had, the condition. For example, Omdal (2007) has used projective tests (e.g. The Raven's Controlled Projection for Children [Raven, 1951]) and retrospective accounts to explore the experience of having selective mutism. Research has pointed, however, to the limitations of retrospective accounts and the possibility of memory distortions or reinterpretations by the participants (Corea, 2011; Hassan, 2006), as well as the poor reliability and

validity of projected tests (Bornstein, 1999; Hiller, Rosenthal, Bornstein, Berry, & Brunell-Neulieb, 1999), and the influence of the administrator on the responses of participants (Burley & Handler, 1997). Data collected from studies such as this, therefore, need to be interpreted with caution.

In addition, there has also been confusion about the condition due to the differing aetiological theories which have prescribed psychodynamic factors, family dysfunction, neurodevelopmental problems, childhood social phobia and oppositional behaviour to selective mutism (Anstendig, 1999). Although many theories have attempted to conceptualise selective mutism, due its heterogeneous nature, the aetiology of the condition still remains somewhat unclear. Historically, based on a psychodynamic perspective, the assumed aetiology of selective mutism was placed in early psychological or physical trauma (i.e., sexual abuse, early illness or hospitalisation, death of a close family member) (Black & Uhde, 1995), and was conceptualised as a manifestation of unresolved psychodynamic conflict.

The family systems model has also been frequently cited as a causal explanation for the development of selective mutism (Spasaro, Platt & Schaefer, 1999). This theory proposes parenting styles and the nature of the parent-child relationship as playing major roles in many anxious or inhibited childhood behaviours such as selective mutism. Indeed, within this theory it is seen as a consequence of having parents who are distant, taciturn, overprotective, and domineering and a response to the unhealthy intense attachments some children form with their parents and which are characterised by extreme interdependency and subsequent fear and distrust of the outside world, fear of strangers, language and social difficulties, and the suppression of speech (i.e. mutism) (Melfsen Walitza & Warnke, 2006). The origins of this theory can be found in behavioural inhibition which describes a child's tendency to withdraw, seek a parent, and inhibit play and vocalisation following encounters with unfamiliar people and events. According to this viewpoint if this behavioural inhibition is repeated it can develop into habitual avoidance of new and unfamiliar situations, such as social withdrawal and mutism.

Similarly, family pathology theories have also suggested that children who are selectively mute are attempting to imitate their parents' distrust of others and reticence with strangers (e.g. Goll, 1979; Spasaro, Platt & Schaefer, 1999). This theory has pointed to research which has found parents of selectively mute children to have personality characteristics indicative of social anxiety, social phobia and excessive shyness in comparison to control groups (blocked on age and gender) which consisted of parents of children who were not selectively mute (Chavira, Shipon-Blum, Hitchcock, Cohan & Stein, 2007; Kristensen & Torgersen, 2001).

For example, in a study conducted by Chavira and colleagues (2007) which used parent-child dyads to examine the relationship between psychiatric disorders in parents of children with selective mutism compared to parents of children in a control group who were not selectively mute, participants were interviewed using the Structured Clinical Interview for anxiety disorders, mood disorders, avoidant personality disorder, and schizoid personality disorder (*DSM-IV*, 2000). Results indicated that

parents of children with selective mutism are three to four times more likely to have general social phobia and avoidant personality disorder (Chavira, Shipon-Blum, Hitchcock, Cohan and Stein, 2007) compared to parents of children without selective mutism, and that parents of children with the condition are more neurotic and less open than parents in the control group. These findings should be taken with caution, however, as interviews in the study were conducted via telephone, thus there was an absence of visual cues which may have resulted in loss of contextual and nonverbal data and compromised rapport building, probing, and the interpretation of participants' responses (Novick, 2008), all of which seem particularly pertinent to a study of this nature.

Despite findings such as these, overall the explanations within the research literature regarding parental pathology and selective mutism lack sufficient empirical validation (Dow et al., 1995) and researchers have questioned how common the link really is between parenting styles or pathology and selective mutism. Cunningham, McHolm, and Boyle (2006), for example, found no differences in parenting

styles (i.e., permissive versus coercive) between control (non-selectively mute and blocked on age and gender) and selectively mute groups. However, it is important to note that their study was limited by the fact that the parental participants initiated contact with the service which the researchers were affiliated with, and volunteered for the study, meaning that the sample may have included a disproportionate number of motivated parents and families. Further research is therefore needed to elucidate the role of the family in shaping selective mutism.

Research has also found no conclusive evidence of a causal association between psychologically or physically traumatic experiences and the development of selective mutism (e.g. Sharkey & McNicholas, 2008). In addition, researchers today generally agree that the condition does not fall under the realm of speech/language disorders, communication disorders, defiant or oppositional behaviour, or shyness (Scott & Beidel, 2011; Sharp, Sherman & Gross, 2007). Indeed, selective mutism has been found to be distinctly dissimilar from shyness due to the severity and debilitating nature of

the condition and the duration of symptoms, while the description of some selectively mute children as oppositional implies that mutism is a conscious choice; a viewpoint which is clearly disputed by the research literature (e.g. Sharkey & McNicholas, 2008).

Despite this, however, it should be noted that research has recently sought to integrate multiple theoretical perspectives (biological, genetic, developmental, psychodynamic, behavioural, family systems, and ecological) and has subsequently classified selective mutism as a multidimensional condition, associated with a combination of biological factors, temperament and anxiety (Steinhausen et al., 2006). This research has highlighted the link between anxiety and selective mutism to be the most apparent, with researchers reframing selective mutism as a symptom of social anxiety (e.g. Black & Uhde, 1995), a social phobia (Dummit et al., 1997) or as a specific phobia of expressive language (Omdal & Galloway, 2007). These particular phobias prohibit children from interacting and communicating within social settings, such as school and the wider community. A growing

body of evidence from both descriptive and comparative studies suggests that selective mutism and anxiety disorders are closely related (Sharp, Sherman & Gross, 2007). For example, findings from a number of large-scale descriptive studies suggest that anxiety disorders and selective mutism occur simultaneously in the majority of selective mutism cases (e.g. Dummit et al., 1997; Kristensen, 2000).

Research has also found that family temperament, in regards to shyness and anxiety, is also positively correlated with children with selective mutism and may play a genetic and, or, environmental role. Kristensen and Torgersen (2001), for instance, in an empirical study which compared self-reported personality and symptom traits in the parents of 50 children with selective mutism and matched controls found that parents of children with selective mutism had personality characteristics indicative of social anxiety and excessive shyness in comparison to the control group which contained parents of non-selectively mute children, while Chavira, Shipon-Blum, Hitchcock, Cohan and Stein (2007)'s empirical study concerning possible familial relationship with

selective mutism found that these parents (parents of children with selective mutism) were three to four times more likely to have general social phobia and avoidant personality disorder compared to parents of children in a control group. McInnes, Fung, Manassis, Fiksenbuam and Tannock (2004) also assessed anxiety, non-verbal cognitive, and receptive and expressive language abilities in 7 children with selective mutism. In addition to finding that children with the condition produced shorter, linguistically simpler, and less detailed narratives when retelling stories to a parent, these researchers also found that children with selective mutism can often be described as shy with a biologically determined sensitive temperament (e.g. how responsive they are to noises, light etc.) that can be observed in infancy.

However, although progress has been made in understanding the prominent role that anxiety plays in selective mutism, it has been difficult to ascribe the aetiology of selective mutism directly to anxiety. The research literature suggests that this may be because selectively mute children present as a heterogeneous group, and often demonstrate varying levels of co-

occurring developmental and, or, behavioural concerns (Black & Uhde, 1995). Indeed, other conditions besides anxiety have been connected with selective mutism including depression, panic disorders and obsessive-compulsive behaviour (Krysanski, 2003; Kumpulainen, 2002). Consequently, researchers such as Sharp, Sherman and Gross (2007) and McInnes et al. (2004), have pointed to the high rate of comorbidity among the selectively mute sample as complicating the aetiological picture of selective mutism, and making the identification, assessment and the development of interventions for the condition much more difficult for teachers and other professionals. There is consequently a need for research which clarifies the impact and characteristics of selective mutism in order to further investigate the aetiology of the condition.

2.6. Behavioural Manifestations of Selective Mutism

Selective mutism usually becomes most apparent when a child enters school and does not talk to the teacher or the other people in his or her class (Imich,

1998; Scott & Bediel, 2011; Sharp, Sherman & Gross, 2007). Although retinence and apprehension about speaking in unfamilar circumstances or with unfamiliar people may be accepted as a common occurance today, it is when this anxiety develops and extends that it can become a problem for some children and young people, who ultimately may refuse to speak at all in the school setting (Baldwin and Cline, 1991; Sharp, Sherman and Gross, 2007).

It should be noted, however, that not all children demonstrate their anxiety in the same way (Imich, 1998; Sharp, Sherman & Gross, 2007). Thus, while some children may be completely mute and unable to speak or communicate to anyone in social settings, others may only be able to whisper or communicate with certain people; some children may interact easily with peers in and outside of school while other children may interact with peers, but do not verbally communicate with them (Schwartz & Shipon-Blum, 2005; Shipon-Blum, 2011). Severely affected children may appear ‘frozen’ with fear in specific social settings, and present themselves as expressionless and unemotional. These children may avoid activities

that require speaking (i.e., classroom discussion, show and tell), and communicate through the use of whispering or body gestures. They are often socially isolated and selective mutism has also been reported to be connected to enuresis and vomiting for some younger children, who are unable to ask to go to the bathroom or communicate about their anxiety (Kehle, Bray & Theodore, 2004; Shipon-Blum, 2011).

Less severely affected children may appear to be relaxed and carefree and may even interact with certain children around them but do not effectively communicate with teachers or peers (Schwartz & Shipon-Blum, 2005; Shipon-Blum, 2011). In addition to verbal communication, many children with selective mutism are also inhibited in other ways (McHolm, Cunningham, & Vanier, 2005), with avoidance of eye contact, lack of smiling, tantrums, clinginess, blushing, and fidgeting being common behavioural manifestations associated with the condition (Kristensen, 2001; Shipon-Blum, 2007). Consequently, there is a need for research that will further investigate the ways in which selective mutism manifests itself in school and other relevant settings.

2.7. Consequences of Selective Mutism for Children

The under-identification of selective mutism is a major concern, given that spontaneous improvement (e.g. increased talking behaviours) of children with the condition is uncommon (Bergman, Piacentini and McCracken, 2002) and lack of intervention is likely to have a long-term detrimental impact on the child's social and emotional development (Cline and Baldwin, 1998). Research indicates that selective mutism "is associated with ample impairment and distress during childhood" (Podsiadlo, 2010, p. 7) and that children and young people with selective mutism are at a significant disadvantage personally, academically and socially (e.g. Gallagher & Gallagher, 2004; Kristenson, 2004).

Although some past research does suggest that selectively mute children and young people do well academically (e.g. Cline & Baldwin, 1994), more contemporary research into this topic has found their academic performance to be significantly lower than their non-selectively mute peers (e.g. Bergman et al.,

2002) and identifies them as being at increased risk of motivation and achievement issues (e.g. having to repeat classes once or several times, dropping out of school early) (Remschmidt, Poller, Herpertz-Dahlman, Hennighausen, & Gutenbrunner, 2001). For example, in a study conducted by Manassis, Tannock, Garland, Minde and McInnes (2007), 44 children with selective mutism were compared with a control group of non-selectively mute children using standardised measures of language, nonverbal working memory and social anxiety. Children with selective mutism had significantly lower scores for receptive language skills, grammar and phonemic awareness in comparison to children without selective mutism, which was suggested as affecting their academic performance in school. In light of research such as this, and given the increasing emphasis on verbalisation within the curriculum in the U.K, selective mutism has consequently recently been classified as a major barrier to learning (Dean, 2012; Johnson and Wintgens, 2001).

In addition to learning and academic issues, research has found that children with selective mutism are less

independent and secure and confident within themselves than children without the condition (Young, Bunnel & Beidel, 2012), and are also more susceptible to social isolation (Theodore, Bray, Kehle, & Dioguardi, 2003). These children often have “few friends, limited involvement in outside activities, somatic symptoms, and difficulty attending school” (Gallagher & Gallagher, 2004, p.460). Crundwell (2006, p. 50) also suggests that selectively mute children are:

> less likely to join groups, introduce themselves, start conversations, or invite friends to their houses. These deficits increase the likelihood that children with Selective Mutism will have further problems with social interactions with their peers because they lack the necessary practice and refinement of these skills.

Research (e.g. Omdal, 2007) has also found selectively mute children often feel misunderstood and judged by others around them (Omdal, 2007; Galloway, 2007; Walters, 2002) and this can lead them to become anxious, upset and socially isolated.

Longitudinal research also suggests that if selective mutism is not identified and supported in childhood, it can result in serious consequences as children enter into adulthood (e.g. Keller, 2001; Kristenson, 2004). These consequences include lower educational attainment, difficulties with social and intimate relationships (Keller, 2001; Kessler, 2003; Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996; Van Ameringen, Mancini, and Farvolden, 2003; Wittchen & Fehm, 2003) and a higher chance of engaging in activities such as crime, anti-social behaviour and misuse of alcohol and drugs (Flouri & Buchanan, 2000). Other long term consequences of selective mutism include a higher risk for these individuals of developing mental health problems such as anxiety, depression, stress and eating disorders (Dean, 2012; Steinhausen, Wachter, Laimbock & Metzke, 2006; Flouri & Buchanan, 2000) and also a greater risk of continuing communication difficulties, such as difficulty speaking in certain contexts and with certain people (Ford, Sladeczek, Carlson & Kratochwill, 1998).

For example, in a follow-up study of individuals who had selective mutism as children, Remschmidt, Poller, Herpertz-Dahlman, Hennighausen, and Gutenbrunner (2001) used interviews, standardised psychopathological examinations (i.e. rating scales about anti-social and aggressive behaviour, social contact problems, developmental delays, anxiety, fears and phobias etc.) and standardised biography inventories (i.e. information on family and school situation, health, self-esteem, motivation etc.) to investigate the impact of selective mutism on participants. This study found that 61% of participants continued to have some communication problems (e.g. being afraid to talk to strangers or using the telephone) 12 years after receiving their diagnosis of selective mutism, and this type of research design demonstrated how the effects of selective mutism can be ongoing as children enter adulthood

Overall, therefore, it would appear from the research literature that early identification and assessment of selective mutism is extremely important in order to prevent both current and secondary problems with socialisation, confidence and learning (Wright, Miller,

Cook, & Littmann, 1985). However, despite this, selectively mute children can still be overlooked, with 'the quiet child [being] the forgotten child', and with more attention and resources being directed towards children who are disruptive and distracting in the classroom (Johnson & Wintgens, 2001). Additional research on the effects and characteristics of selective mutism is therefore needed in order to gain information about how best to identify, assess and support selectively mute individuals.

2.8. Selective Mutism in Schools

Keeping in mind the serious consequences which selective mutism can have on children and young people as they progress through school, it seems imperative that teachers are both able and willing to work effectively with them (Marshall, Ralph & Palmer, 2002). However, there appears to be a lack of clear information regarding teachers' attitudes towards, and perceptions of, children with these difficulties and other language needs within the research literature (Dean, 2012; Lindsay & Dockrell, 2000; Marshall, Ralph & Palmer, 2002;). The limited information which does exist stresses how mute behaviour can have a

significant and powerful effect on not just the child, but also those around the child, particularly teachers and other school staff (Kopp & Gillberg, 1997). This research suggests that schools may often interpret the persistent shyness or lack of speech associated with selective mutism as rudeness and defiance (Cline and Baldwin, 1998; Dean, 2012). Working with a selectively mute child has also been identified as an emotional and potentially stressful experience for teachers, having “a powerful effect on teachers’ feelings” and generating “intense reactions” within them (Baldwin, 1985 p. 70).

Indeed, with the nature of selective mutism disrupting the normal process of interaction, and with language central to the school curriculum in the U.K., studies on teachers’ perceptions suggest that selective mutism can be a profoundly disturbing condition for teachers who may experience a range of emotions due to having a selectively mute child in their class, including anger, bewilderment, and helplessness (e.g. Dean, 2012; Johnson and Wintgens, 2001; Ulrich, 1998). Dean (2012) used semi-structured interviews to empirically explore the experiences of 20 teachers

who were, or had been, working with selectively mute children and how these experiences changed over time. Results indicated that teachers found working with a selectively mute child to be a stressful experience, during which they may develop negative feelings about the child as being wilful or defiant. Frustration and anxiety were also identified as being the most frequently cited feelings of teachers working with selectively mute children. Research such as this is extremely important in order to inform and improve teaching practice around selective mutism and other anxiety disorders.

This research is also in keeping with Baldwin and Cline's (1991) assertions that teachers can sometimes find themselves quite surprised by the intensity of their anger towards the child. It also supports a similar qualitative study by Cline and Baldwin (1998) which used self-report measures and reported that perceptions of children with selective mutism tended to be negative among teachers with descriptions including "hostile", "anxious", "challenging" and "stubborn". Teachers may also find it quite unnerving and even threatening to their

authority when attempts to draw out a child with selective mutism are apparently rejected (Johnson and Wintgens, 2001). In addition, Imich (1998) found, in a systematic review of selective mutism research, that frustration can often express itself as anger in certain situations, with the child regarded as manipulative, and the situation as a 'battle of wills'.

Omdal and Galloway (2007) have also reported that teachers are often unsure about the amount of pressure they should put on a selectively mute child to speak and frequently respond by adopting various coping and adaptive behaviours or strategies such as altering their teaching style. The difficulty with these teaching adaptions, however, is that there are conflicting views within the research literature between giving the child with selective mutism preferential treatment such as responding to non-verbal responses, versus ignoring the mutism and maintaining equal expectations. In some circumstances, attempts to persuade the child to talk can be counterproductive, strengthening the refusal to speak, and hence deepening the child's social exclusion (Johnson and Wintgens, 2001). On the

other hand, however, making no attempt to include the child in classroom tasks and activities is also likely to reinforce the child's self-exclusion.

For example, in a study by Kumpulainen and colleagues (Kumpulainen, Rasanen, Raaska, & Somppi, 1998) in which the researchers asked the teacher participants to fill in a questionnaire about the selectively mute child in their class and their relationship with this child, it was found that teachers often make allowances with the curriculum for children with selective mutism which serves to reinforce the mute behaviour (e.g. teaching in ways that avoid the need for speech or getting a selectively mute child to point to pictures as opposed to asking questions that require a verbal response). Additional teaching adaptations which may serve to reinforce the mutism include accepting the child's silence, not informing parents of concerns and adopting a passive or distanced attitude with the child due to a perception that the mutism can't be resolved or after experiencing failure while trying to support this (Cline & Baldwin, 1998; Omdal and Galloway, 2007).

Ultimately, due to this confusion regarding how best they can work with selectively mute children, research has found that teachers may experience self-blame regarding their accommodating or forceful behaviour towards these children, believing that it may have helped to maintain and reinforce the mute behaviour (Cline and Baldwin, 1998; Dean, 2012). Consequently, given teachers' negative or confused feelings, and the probability that they may not have come across a selectively mute child before, it has been found that many teachers feel isolated when dealing with selectively mute children in their class (Dean, 2012). This may ultimately result in them seeking support from outside professionals who can play a role in assessing these children, supporting teachers and other school staff, and also in helping to plan and implement intervention programmes.

With all of this in mind, it is imperative that teachers' experiences of working with selectively mute children are examined, and their feelings and thoughts are investigated so as to inform better practices within the classroom and to strengthen professional development and feelings of competency among

teaching staff. Despite this, however, over the past few years there has been limited research into the effect of selective mutism on teachers and other staff in schools, leading to “little empirical evidence about teachers’ perceptions” (Cleave, 2009, p. 235) within the research literature. This is surprising given that teachers can have a key role in helping selectively mute children overcome their fear of speaking on a daily basis.

In addition, there is also limited information within the research literature on teachers’ relationships with the parents of children with selective mutism and the professionals that work with these children. One of the limitations of previous studies in this area, therefore, such as Kumpulainen et al. (1998) and Dean (2012) which are mentioned above, is that the teachers who participated in the study were interviewed primarily about their relationships with the children in their class. A more detailed investigation of their experiences working with parents and professionals would theoretically have provided much needed information about the experiences and perspectives of the key individuals working with

children with selective mutism, rather than information solely about teachers' experience of these children. Consequently, there is a need for further high quality, comprehensive research regarding how teaching staff interact and work with parents and professionals on cases of selective mutism, in addition to research which further examines the impact of selective mutism on teaching staff and how best they can work and deal with a selectively mute child in their class. Research is also needed into how teachers can help inform, plan and implement effective interventions within school settings.

2.9. Selective Mutism at Home

In addition to teachers, selective mutism can also have a significant and powerful effect on parents (Kopp and Gillberg, 1997), who may lack knowledge or awareness of the condition. Indeed, parents of children with selective mutism are often unaware of their child's behaviour in school or other social settings; most children with selective mutism speak at home with their parents without inhibition, with the inhibition only arising in unfamiliar settings and with

unfamiliar people (Krysanski, 2010). Consequently, parents are often only alerted to their child's difficulties when teachers report a concern to them, and research has found that there may often be quite some time between when the mute behaviour is first noticed within schools and when parents are informed about it (Sharp, Sherman and Gross, 2007; Kopp and Gillberg, 1997).

Furthermore, school staff report that they find it very hard to discuss a child's difficulties with parents, even in the most severe cases (Kopp and Gillberg, 1997). This may be due to teachers lacking knowledge and understanding about selective mutism, or believing that the parents themselves may be a factor in the child's mute behaviour. Parents may also struggle to accept selective mutism as a problem in need of intervention and are unaware of the effects the condition can have on their child, if it goes unsupported. In some cases, parents may also believe the problem lies with the classroom, teacher, or school environment as their child speaks freely within the home environment (Kopp and Gillberg, 1997).

This is a worrying finding given that research has demonstrated that both parents and teachers can play important roles within cases of selective mutism (Pionek-Stone, Kratochwill, Sladezcek, and Serlin, 2002). Importantly, parents can provide teachers and professionals with details about the child's development, interests and their behaviour. This information may then be used to inform and assist teachers and professionals in implementing school-based interventions designed to support the selectively mute child in the classroom. With this in mind, the research literature considers parental involvement in cases of selective mutism to be essential, particularly as they may be one of the only persons with whom the child may speak (Schill, Kratochwill, and Gardner, 1996).

Despite the important impact which parents can have, however, few studies have used teachers and parents together in planning, implementing and evaluating interventions, although literature does support this collaborated approach to the condition (Joseph, 1999). Research has also proposed a need for interventions to address both the child and their

parents, as there may be links between parental and child temperaments (e.g. shy, nervous) with parents feeling blameful or guilty, particularly when there is a familial association with anxiety, which may contribute to their child's mutism (Garber and Robinson, 1997).

It appears therefore that further research is needed into the experiences and perspectives of parents, and their role in cases of selective mutism, to raise awareness about the condition, and the role that parents can play in supporting selectively mute children (Omdal, 2008).

2.10. The Role of Professionals in Cases of Selective Mutism

A lack of professional guidance can be a maintenance factor for children with selective mutism (Omdal, 2008). Dunsmuir, Clifford and Took (2006) highlight that EPs and SLTS are the key professional groups working with children with selective mutism today. Certainly, as selective mutism is typically first noticed

in school by teachers, EPs and SLTs, with their professional backgrounds in academic, language and emotional arenas, are in an ideal position to provide support to children with selective mutism (Davidson, 2012).

Although EPs are likely to only encounter a child with selective mutism once every 5 years (Buck, 1988), this finding has been disputed within more contemporary research which suggests that EPs may often be the first point of referral and the most common professional to both identify and confirm these cases (Kratochwill, Sladezcek and Serlin, 2002). Indeed, Stone, Kratochwill, Sladezcek and Serlin (2002) indicated that psychologists are often the most 'helpful professional' in cases of this nature, with psychologists providing services more often for selectively mute children than any other profession. Due to the contextual implications of selective mutism (i.e. the child tends not to speak in the classroom setting where their parents are not present), EPs in particular are well placed to provide consultative and therapeutic work at the individual child level enabling them to offer a wider range of services (Mackay, 2007, 2009). EPs may also have a role in helping to

develop patience and positive relationships between home, school and professionals (Carlson, Mitchell and Segool, 2008).

Despite this, however, within the research literature, there is only limited information about what EP and SLT support with selectively mute children may entail and what exactly the aspects or particulars of the EP and SLT role are with regards to selective mutism. In addition, Johnson and Wintgens (2001) have stated that many of these professionals who encounter selectively mute children for the first time rarely have sufficient information to feel confident about putting an intervention programme into practice, even when they are familiar with the principles involved, and are unsure whether they can actually make an effective contribution to these cases.

The limited information which does exist about the work of these professionals in these cases suggests that SLTs have a role to play in setting “small systemic goals” which will help get the child to talk again (e.g. for teachers and parents not to put pressure on the

child to speak) (Watson, 1995). The role for EPs, on the other hand, may be in consultation and ensuring that members of school staff are aware of the implications of leaving the selective mutism undiagnosed and unsupported (Carlson, Mitchell and Segool, 2008). With regards to assessment and intervention, EPs and SLTs may have a role in supporting and advising parents, teachers and support staff about interventions within the school environment, and in providing guidance in planning work or Individual Education Plans (IEPs) with selectively mute children at school (Imich, 1998). Furthermore, an understanding of evidenced based interventions and methods of evaluation in relation to children with selective mutism is also highlighted within the research as an important role held by professionals (Carlson, Mitchell and Segool, 2008). It is proposed in the research literature that without such information and guidance, any procedures designed to include the child in the class (e.g. appointment of a special needs assistant) may in fact end up deepening the child's exclusion (either by acceptance of selective mutism or by reinforcing mutually dependent behaviour) (Johnson and Wintgens, 2001).

Given the potentially negative consequences of selectively mute children going unidentified or unsupported in school settings, therefore, it is vital that EPs and SLTs are aware of the roles which they can play in these cases and work in a collaborative way with each other, and with parents and teachers, in order to share information and ensure that these children receive the most comprehensive and effective support possible. Indeed, supporting and including children with selective mutism, both educationally and socially, requires close teamwork and exchange of information between home, school and relevant services (e.g. Omdal, 2008). Further research is needed, therefore into the experiences and views of professionals working with selectively mute children so as to increase professional practice and the effectiveness of interventions designed to support selectively mute children and young people.

2.11. Interventions which may be helpful to Selective Mutism

Selective mutism often does not respond to intervention, making it very difficult to support (Kyrsanski, 2003; Sanetti & Luiselli, 2009; Schwartz & Shipon Blum, 2005). The longer a child is mute and the more the mutism and its associated behaviours become embedded within the child, the less effective many interventions will be that are put in place for the child (e.g. Krysanski, 2003). Consequently, researchers (e.g. (Auster, FeeneyKettler, & Kratochwill, 2006; Cohan et al., 2006; Schwartz, and Shipon-Blum, 2005) suggest that early intervention is vital if selective mutism is to be successfully addressed.

Several studies have surveyed the range of interventions that are considered to be effective with selectively mute children (Bergman, 2013; Cline and Baldwin, 2004; Johnson and Wintgens, 2001; Anstendig, 1998; Steinhausen and Juzi, 1996). These studies have found that the interventions used for the condition are often parallel to the understanding of its aetiology among particular individuals or at any given time. For example, psychodynamic and family therapy interventions (including play therapy and

family therapy) typically focus on unresolved internal conflicts within the child, and the function that the child's mutism serves within the family (Kyrsanski, 2003). Behavioural and cognitive behavioural interventions (CBT) (Ishikawa, Okajima, Matsouka & Sakano, 2007), on the other hand, view selective mutism as a learned behaviour which functions to either gain attention or escape from anxiety (Cohan et al., 2006; Dow et al., 1995). Interventions in line with this way of thinking consequently involve cognitive techniques (e.g. identifying and challenging maladaptive beliefs and developing coping plans), and behavioural exercises (e.g. relaxation training) and focus on psycho-education and removing the stimulus which increases attention and mitigates the anxiety (Cohan, Chavira and Stein, 200; Dow et al., 1995; Fung, Manassis, Kenny and Fiskenbaum, 2002). These interventions may include stimulus fading (which includes the *sliding-in technique*), shaping, reinforcement, desensitisation, social skills training, modelling (Cohan et al., 2006; Dow et al., 1995; Krysanski, 2003; Schwartz & Shipon Blum, 2005). However, it should be noted that the research literature suggests that younger children may not yet have developed mature cognitive skills which are

essential for CBT interventions, such as causal reasoning, perspective taking, self-reflection, verbal expression, and so this approach is therefore more suitable for older children (Cohan, Chavira & Stein. 2006).

To discuss this approach in more detail, *stimulus fading* such as the *sliding in technique* involves gradually introducing the child or young person to speaking in a particular setting or with a particular audience. For example, the child may be placed in a social setting which requires speech, e.g. an after school activity and with an individual who they trust and feel comfortable with. They might be asked to engage in simple tasks which require a verbal response from the child (e.g. turn taking activities such as naming pictures or counting). After a while, however, other people with whom the child was previously mute may be gradually introduced, and the difference for the child between people who they speak and do not speak to is gradually faded (Schwartz and Shipon-Blum, 2005). Research using single subject and cases study designs have yielded positive outcomes for this type of intervention (e.g.

Amerietal, 1999; Porjes, 1992). However, due to a lack of follow-up data, the extent to which these results are maintained once the process is finished, remains unclear (Cohan, Shavira, Stein, 2006).

Similarly, *self-modelling* is a cognitive-behavioural approach which involves the use of edited videotapes or audio recordings that depict the child speaking in certain environments, e.g. the classroom. However, the child in reality has been taped responding to parental requests for verbal responses. The videotape is then shown to the child in school on several occasions. Gradually, the child grows accustomed to speaking in these environments and becomes less anxious about this (Dow et al., 1995). Although self-modelling has been described as successful and cost-effective intervention for selectively mute children (Blum, Kell, Starr, Lender, Bradley-Klug, Osbourne, et al., 1998; Kehle, Owen, & Cressy, 1990), research has highlighted that this approach should be used with caution, as some children with selective mutism may not want their voices to be recorded. Listening to, or looking at, these tapes might also serve to increase some

children's anxiety (Blum et al., 1998; Powell and Dalley, 1995).

Other interventions such as *systematic desensitisation, shaping* and *exposure* involve the combined use of relaxation skills and gradual exposure from the setting which causes the child the least amount of anxiety to the setting or situation which is the most anxiety provoking or a gradual increase in the number of people and environments in which the child will speak (Cohen et al., 2006). Reinforcement can be provided to the child when they begin to communicate more, whether initially through pointing or whispering through to speaking with different people in different settings.

However, although there is some limited evidence within the research literature to suggest that these interventions can be effective for selective mutism, overall due to their lengthiness, limited empirical support, lack of generalisability and unknown long-term success (Anstendig, 1998; Dow et al., 1995), it is unclear whether any one of these interventions are consistently successful in addressing the condition

(Krysanski, 2003; Sanetti & Luiselli, 2009; Schwartz & Shipon-Blum, 2005). Indeed, research has noted that the majority of studies which explore interventions for selective mutism have small sample sizes with no control groups, and lack standardised diagnostic tools or outcome measures, making them very difficult to replicate (Dow et al., 1995; Cohan et al., 2006) and making it very difficult to see if any effects of the intervention are sustained in the longer term.

Longitudinal studies addressing the issue of effective interventions are also generally absent within the literature (Davidson, 2012). Nonetheless, Pionek-Stone and colleagues (2002), based on a systematic analysis of the major intervention approaches to selective mutism suggested (based on quantitative analysis i.e. nonparametric statistical tests of effect sizes), that any intervention for selective mutism is better than no intervention; that behavioural interventions are better than other ways of addressing selective mutism, and that the results of two behavioural intervention models did not significantly differ from one another.

Consequently, given the lack of information about any individual method to support the condition, research has proposed a multi-method behavioural approach to selective mutism which is targeted and individual to the child as the recommended best practice (Krysanski, 2003). With this in mind, behavioural methods such as stimulus-fading, shaping, positive reinforcement for speaking and withholding reinforcement for mutism, and psychodynamic methods such as psychotherapy or play therapy, family therapy may also, therefore, be used either solely or in combination to support the mutism.

Interventions at a systemic level may be more effective in promoting long-term change, helping to move away from a within-child deficit model and ensuring a focus on other factors or contexts around the child. The present research points to the importance of family and school involvement in order for effective management to take place with the people, and in the situations, where the mutism most frequently occurs (Johnson & Wintgens, 2001). It has been proposed, for example, that parent training or

information sessions and behaviour modification programmes which facilitate anxiety reduction and address oppositionality (Yeganeh, Beidel, Turner, & Silverman, 2003) may be highly effective intervention techniques with regards to selective mutism, while Cleave (2009) has recommended interventions which are designed to increase verbal and non-verbal communication as well as social interaction.

It is important to remember, however, that regardless of the type of intervention used, as the aetiology of the condition currently remains unclear, it is vital that all causes of the mutism are considered. Consequently, although many interventions for selectively mute children are often based around reducing and treating anxiety, these interventions will also need to think about and address other hypotheses (Kristenson, 2004). In addition, the majority of contemporary research has identified the most successful interventions with these children as being the "least intrusive and disruptive interventions", which involve input from home, school and appropriate professionals (Cohan, Chavira & Stein, 2006). Further research is therefore needed to establish the role of

parents, teachers and professionals in these cases and how they can best work together to identify and support selectively mute children.

2.12. The Present Study

The present study seeks to examine how children and young people with selective mutism can best be understood, identified and supported in school settings. In order to gain detailed and distinct information about these issues, the perceptions and experiences of key stakeholders involved in cases of selective mutism will be examined. The present study will therefore focus on parents, teachers, and the professionals identified within the literature as being involved in these cases (EPs and SLTs) and will consequently attempt to answer the following questions:

1). What do parents, teachers, EPs and SLTs understand by the term selective mutism?

2). What do parents, teachers, EPs and SLTs consider to be the effect of selective mutism on

children and young people?

3). What do parents, teachers, EPs and SLTs perceive as their role in cases of selective mutism?

4). What are the biggest challenges to the work of teachers, EPs and SLTS in cases of selective mutism?

5). Is there anything that can be done to improve teacher, EP and SLT practice in cases of selective mutism?

The present research therefore aims to contribute to the existing literature on selective mutism by gaining detailed and distinct information about parents, teachers, EPs and SLTs and their work with selectively mute children. The research questions have been generated as a response to the gap in research identified in this literature review and to facilitate understanding within this field of psychology. In answering them, it is hoped that the knowledge base about selective mutism can be expanded and the information acquired can be applied to better inform teacher, EP and SLT practice with regards to

cases of selective mutism, with findings being used to promote awareness among teachers, parents and other professionals of the role each stakeholder can play in identifying, assessing and supporting children with selective mutism.

2.13 Chapter Summary

This chapter outlined, and critically evaluated, the previous research literature on the topic of selective mutism. The main findings from this review suggest that, within the limited research on this topic, there is not a consistent understanding of selective mutism among professionals, teachers and parents, who may be unaware of, and sometimes confused by, the aetiology of the condition. There are also inconsistent findings within the research literature about the effect which selective mutism can have on a child; some previous studies have found that it can affect a child's academic, social and emotional development, while other studies have not found it to significantly affect children in these areas. In addition, although some limited recent research has explored teacher's experiences and perceptions of selective mutism, there is a gap within the evidence base about the

experiences and perceptions of professionals involved in these cases and also parents of children and young people with selective mutism. Therefore there is currently a paucity of information in the research literature about the roles which professionals and parents can play in cases of selective mutism and how they can work together, and with teachers to support children with the condition. With all of this in mind, five research questions were consequently formulated in light of these overarching themes and which are highlighted in the previous section. The next chapter will describe the methodology utilised to explore these research questions, including the research design, procedure and materials used.

3. Methodology:

3.1. Chapter Overview

The previous chapter reviewed the research literature on the subject of selective mutism and the role, and impact, of the condition on teachers, parents and professionals. It also identified gaps in the research and how the present study aims to address these gaps through five research questions. Chapter 3 will now describe how these research questions will be answered and provides a justification for the methods used. Details are provided regarding the design, sample, materials used and ethical implications in the present study, in addition to information about the data collection process and the analysis of the data.

3.2. Design

The present study implemented a qualitative design using semi-structured interviews in order to determine the experiences and perspectives of EPs, SLTs teachers and parents in supporting children and young people with selective mutism. As the research was concerned with exploring constructions and experiences of selective mutism, a qualitative method using thematic analysis was deemed to be the most appropriate way of gathering data because this

method does not impose or presuppose an objective reality but rather enabled the researcher to explore the subjective realities of the participants (Gillham, 2000; Ritchie and Lewis 2003). This method also allowed insight and understanding into the participants' thoughts, experiences and feelings, and ensured that a rich and detailed picture was built up of these issues (Gillham, 2000).

However, although this framework was chosen for the current study, the researcher acknowledges that there are some other research designs which may have been useful to utilise for this topic, but which were ultimately rejected by the researcher. For example, although a case study design would also have supplied rich data, this design framework was not chosen for the current study as it would have been very difficult to generalise the data collected to the wider population. In addition, given that selective mutism is currently under-reported in schools today, it would also have been very difficult for the researcher to gain access to a full set of participants which included a parent, teacher, SLT and EP. Consequently, on a practical level, a case study

design was not deemed suitable for the current research.

Similarly, Interpretative Phenomenological Analysis (IPA) was also considered by the researcher. Although this method would also have gained valuable information about the topic of the current study, thematic analysis was considered to be a more suitable method as it allowed the researcher to look for broader patterns in the data set and across participants. It was hoped that this information could then be added to the limited literature base about selective mutism, and could also be used to conduct a more fine grained analysis of selective mutism in the future. Indeed, overall, given the lack of information available in the research literature about how best to support selectively mute children and the role of professionals and other individuals in these cases, it was therefore felt that semi-structured qualitative interviews and thematic analysis could provide significant details about these issues, while also allowing for any conclusions made from the present research study to possibly be generalised to the wider public.

Quantitative methods were also not deemed appropriate as the researcher was aware that it is extremely important to enable dialogue with participants in studies of this nature in order to gain detailed understandings of their experiences and views (Smith & Osborn, 2007). Adopting quantitative methods may have limited the responses elicited and therefore lost many important and enriching details which participants may be able to provide (Camic, Rhodes, Jean and Yardley, 2003; Smith & Osborn, 2007). Consequently, instead of testing hypotheses as determined by quantitative methods, the research instead, explored participants' experiences through semi-structured interviews. These interviews were used to elicit the perceptions of EPs, SLTs, teachers and parents. They consisted of pre-determined questions as these provided flexibility to probe depending on the response of the participant and also produce rich data which were co-constructed 'in situ' but enabled clarification of participants' meanings (Robson, 2002).

3.3. Philosophical Position

Previous research literature has reasoned that a researcher's philosophical beliefs or epistemological position about the existence of knowledge, and how this is accessible, can greatly influence and impact upon a research project and how data is collected (Willig, 2013). Within the present research, a social constructionist framework was used to guide thinking. This epistemology argues that knowledge is varied, multiple and socially constructed through interactions with others. Consequently, the same phenomena or events can be described, perceived and understood in various and diverse ways (Creswell, 2009). Throughout the present research, therefore, the author acknowledged that while the experiences and perceptions of the participants were always the product of interpretation and therefore constructed and flexible, rather than determined and fixed, they were nonetheless real to these participants who had these experiences (Willig, 2013).

3.4. Participants

9 EPs, 5 SLTs, 3 teachers and 2 parents participated in the current study (n=19). Due to time and travel constraints on behalf of the researcher and given the

limited number of cases of selective mutism currently encountered by the participants, a purposive convenience sample was used in the present study to recruit these participants. The criteria used to select possible participants were based on ease of access, meaning that participants were primarily drawn from EP and SLT services and schools within the researcher’s placement borough, as well as the two other boroughs which form part of a tri-borough of combined services, which the researcher also had access to, and also from the team of EP tutors on the researcher’s doctorate course. This ensured that the study contained a selection of professionals, teachers and parents from different Local Authorities and Services in London boroughs, which allowed the findings from this study to be generalised to other boroughs, rather than dealing with issues which are relevant or pertinent in only one borough.

Participants were invited to take part in this study via their managers or head of service (e.g. The Principal EP or SLT at the services or Head Teacher of their schools). All of the participants had been professionally (EPs, SLTs and teachers) or personally

(parents) involved in at least one case of selective mutism since the beginning of their careers, and this was a part of the inclusion criteria of the current study. Parents and legal guardians were recruited through the schools and services. Participation by all of these individual groups was voluntary, and no remuneration was provided.

With regards to the EPs, each participant was fully qualified and had undertaken a postgraduate qualification in Educational Psychology (either a Masters or Doctorate). The SLTS were also fully qualified and had undertaken, at minimum, a degree in Speech and Language Therapy. All EPs and SLTs were currently employed by an EP or SLT service in London. The teachers used in the present study were also employed and working in a school in London at the time of the study. As much variability exists within the literature regarding the reported prevalence of selective mutism (Bergman, Piacentini, and McCracken, 2002; Cohan, Chavira and Stein, 2006; Sanetti and Luiselli, 2009) and the level of occurrence with which professionals encounter selectively mute children and young people (e.g. Buck, 1988), the

current study collected information from the EP, SLT and teacher participants concerning their years of employment and experience of selective mutism so as to gain valuable information about the current frequency of the condition and the rate with which professionals are involved in cases of this nature (see Table 2).

Table 2: Participants' Years of Experience and Number of Cases of Selective Mutism Encountered

Participant (Number)	Years of Experience	Cases of Selective Mutism encountered
1 (EP)	3	10
2 (EP)	10	3
3 (EP)	5	2
4 (EP)	20	5
5 (EP)	12	6
6 (EP)	8	6
7 (EP)	20	6

8 (EP)	10	5
9 (EP)	7	6
10 (Teacher)	6	2
11 (Teacher)	5	4
12 (Teacher)	3	2
13 (SLT)	7	2
14 (SLT)	2	2
15 (SLT)	3	2
16 (SLT)	2	1
17 (SLT)	10	4

On average, EPs and teachers had encountered between 1 selectively mute child each year during their careers so far, while SLTs had encountered 2 selectively mute children each year of their careers so far. Parental participants each had a child that had previously been diagnosed with, and received support for, selective mutism.

3.5. Materials

Three interview schedules were drawn up prior to the commencement of the interviews; one for the EPs and SLTs (Appendix A), one for the teachers (Appendix B) and one for the parents (Appendix C). These schedules contained open ended questions developed by translating the aims and overarching themes of the research into questions (Cohen et al, 2008) (Please see Appendix G for more information). The aim of these schedules was to explore key areas of the EPs, SLTs, teachers and parents' roles and perceptions in relation to their involvement and contribution in cases of selective mutism. The interview schedules provided a loose structure for asking open ended questions designed from, and linked to, the researcher's over-arching themes (Cohen et al, 2008). They consisted of some pre-determined questions, which are informed by the main themes presented in the literature review, but the researcher had the flexibility to alter the wording of the questions, and omit or include additional questions as appropriate (Robson, 2002). These schedules thus largely followed the format presented by Robson (2002, p.278), who proposed that semi-

structured interview schedules can take the following structure:

• Introductory comments (possibly a verbatim script);

•List of topic headings and some possible key questions to ask under these headings;

• Set of associated prompts;

• Closing comments.

The use of semi-structured interviews therefore provided the researcher with flexibility to adapt questions and probe further areas of interest as they emerged from the participants. The main areas covered within the interview schedules included the participants' understandings of selective mutism and the effect that the condition can have on a child and also themselves (as EPs, SLTs, teachers and parents), what they saw as their role or the main work they undertook in cases of selective mutism, what helped prepare them for their work with children with selective mutism and their involvement in any interventions or support that were put in place, and what they believe hinders, or could improve, current practice with regards to selective mutism. Parents

were also specifically asked about their child's selective mutism and how they were first informed about this, and both teachers and parents were asked whether they felt that they had received enough support from professionals on these cases. Although many of the same questions were asked to all participants, some questions were not the same but were asked in a similar or parallel way to each group of participants to ensure the reliability and credibility of comparison across the groups, and thus the overall qualitative research (Smith, 2007).

The questions used in the study were open ended questions, so that the information elicited was not just limited to the specific questions dictated by the researcher. This consequently allowed participants to respond with fresh insights into the topic (Wilkinson, Joffe and Yardley, 2004) and allowed participants to further elaborate on issues that were significant for them (Cohen et al, 2008). It also addressed the validity of the study as all of the questions on the interview schedule were designed to provide depth and richness, as recommended by Cohen, Manion and Morrison (2000) when addressing validity in

qualitative research. Non-leading probes or prompts were used to aid clarification and encourage the participant to elaborate.

The interview schedule was piloted on two practicing EPs and also a teacher and a parent of a child in a school in the researcher's placement borough in October 2013. Based on this, the wording of two of the questions on the teacher interview schedule were changed to make them clearer to participants and also the first question of the parents' interviews was changed to put the parents at ease during the initial stages of the interview and make them feel more comfortable, e.g. it was changed from a conceptual question, "what is your understanding of selective mutism?" to a more sensitive and friendly question, "can you tell me a little bit about your child and their mutism?".

A microphone and audio recorder were used to record the interviews. From these devices, interviews were transcribed onto a Dell XPS laptop.

3.6. Procedure

The Principal EP (PEP), Heads of the Speech and Language Therapy Service and Head Teachers of five schools in the researcher's participant boroughs were contacted via email which outlined the purpose, aims and nature of the present study, and asked for permission to contact the EPs, SLTs and teachers within his or her service or school with regards to the study. Permission was granted from all of these managers and the researcher then contacted the EPs, SLTs and teachers within these services or schools to provide them with further information about the study and to invite all of them who met the selection criteria to participate in a semi-structured interview. The schools and services also provided the name and contact details of five potential parental participants to the researcher, who then contacted these parents via email or phone to provide them with an information sheet (Appendix D) and invite them to participate in the present study.

Participants agreeing to take part in the interview replied to the researcher with their consent, after

which a convenient time and location was arranged for the interview to take place. Participants were told that interviews would last approximately 20-30 minutes (based on the pilot timings) and that they, and their service, school and borough, would remain anonymous in the research. Prior to each interview, the purpose and nature of the study was, again, explained to the participants and informed consent was established. Consent was also established which allowed the researcher to record the interviews on a recording device for the purposes of transcription. All consent was informed and voluntary and participants were assured that they could withdraw from the study at any time or refuse to answer any questions during their interview if they so wished. The interviews took place at the EP and SLT services and schools which the EPs, SLTs and teachers worked at, and also the schools where the parental participants' children attended. Interviews lasted between 15-25 minutes.

Each interview was conducted and recorded with an audio recorder by the researcher who then transcribed the interviews for analysis. These interviews will be kept on file by the researcher for six

months, after which time they will be destroyed, in accordance with the Data Protection Act 1998.

3.7. Analysis

Recordings of the semi-structured interviews were transcribed (Appendix E) and analysed using inductive thematic analysis (Appendix F), a method "for identifying, analysing and reporting patterns within data" (Braun and Clarke, 2006, pp79). Thematic qualitative analysis was chosen as the method of analysis in the current study as it enables themes or "recurrent ideas or topics" (Hayes, 2002, p173) to emerge from the interviews and further enhance understanding about selective mutism. The literature review identified a range of factors related to selective mutism which could inform a theory-led thematic analysis. However, as the framework of the current study was based on Bronfenbrenner's eco-systemic theory (and the impact of context), inductive thematic analysis is considered the most suitable method as it acknowledges the issues identified in past research and the role of the researcher in selecting areas of interest in their analysis (Taylor and

Ussher, 2001), while still allowing themes to emerge from the data over the course of analysis (Braun and Clarke, 2006). Indeed, Braun and Clarke state (2006) that “researchers cannot free themselves of their theoretical and epistemological commitments, and data are not coded in an epistemological vacuum” (Braun and Clarke, 2006, p. 84).

The thematic analysis was based on five steps by Braun and Clarke (2006):

1. Becoming familiar with the data
2. Generating initial codes
3. Searching for themes
4. Defining and naming themes
5. Producing the report

The researcher did not complete these stages in a discrete, linear sequence, but instead conformed to these phases as much as possible in order to ensure validity and reliability. Indeed, to ensure honesty, richness and scope of the themes which were generated by the researcher, a second independent researcher coded three of the interviews (Searle,

1999) and similar themes to the researcher's were identified. This ensured that the themes of the current study were reported with authenticity, accuracy, and fidelity to the participants rather than meaning being imposed by the researcher (e.g. Cohen et al., 2008).

3.8. Ethical Considerations

Ethical approval to conduct the study was obtained by the researcher from the Institute of Education, University of London, Ethics Committee. Informed consent was established by communicating the aims and procedures of the study to the participants and then asking them for their verbal consent to take part in the study. As the researcher was asking the participants about their personal feelings and their thoughts on the roles which they played in cases of selective mutism, the researcher was also aware throughout the study, that the topic for research may be sensitive to both the EPs and SLTs and particularly the parents and teachers. The researcher therefore ensured that participants were as comfortable and as honest and open as possible throughout the interviews by reassuring them that their responses were confidential and that they would not be identified

at any time in the study, and that they could withdraw from the study at any time or refuse to answer questions. The researcher also stressed the importance of research in this area, given the lack of knowledge and gaps in the literature about selective mutism and how the knowledge gained from the study had the potential to inform future practice in this area. Participants were also told that they could have access to a copy of the research, if desired, by emailing the author using the details provided on the information sheet.

3.9. Chapter Summary

This chapter provided justification for the research paradigm and described the methodology utilised in the present study, which consisted of a qualitative design using semi-structured interviews. It also highlighted how the study conformed to the Institute of Education, University of London, Ethics Committee guidelines and outlined the data collection instruments, procedures and analysis used, in order to allow for replicability. The next chapter will now present the findings of the present study.

4. Results:

4.1. Chapter Overview

The current chapter will summarise the key findings in relation to the overarching themes and subthemes that derived from the EP, SLT, teacher and parent interviews. These themes and subthemes will then be considered and discussed in the following chapter with respect to the research questions of the study. The themes are presented below in graphical form with a selection of excerpts from the interviews in order to illustrate some of the comments made by the participants and thus, the themes and subthemes of the study.

Six main themes were identified in this study. These are: (1) causes and functions of selective mutism, (2) impact of selective mutism on the child, (3) impact of selective mutism on those around the child, (4) the roles played by people around the selectively mute child, (5) challenges to supporting children with selective mutism, and (6) improving support for children with selective mutism.

4.2. Causes and Functions of Selective Mutism

The first theme which was identified in the present study refers to 'causes and functions of selective mutism'. This relates to the EPs', SLTs', teachers' and parents' perceived understandings of the causes and functions of selective mutism. It stipulates what they believe is the aetiology and purpose or meaning of selective mutism, and what their understandings or beliefs are about why selective mutism occurs in children and young people. The subthemes identified by the participants were the emotional causes of selective mutism, issues regarding language, biological factors associated with selective mutism and cognitive and behavioural causes or functions of the condition. These themes and subthemes are identified on the chart below (Figure 2).

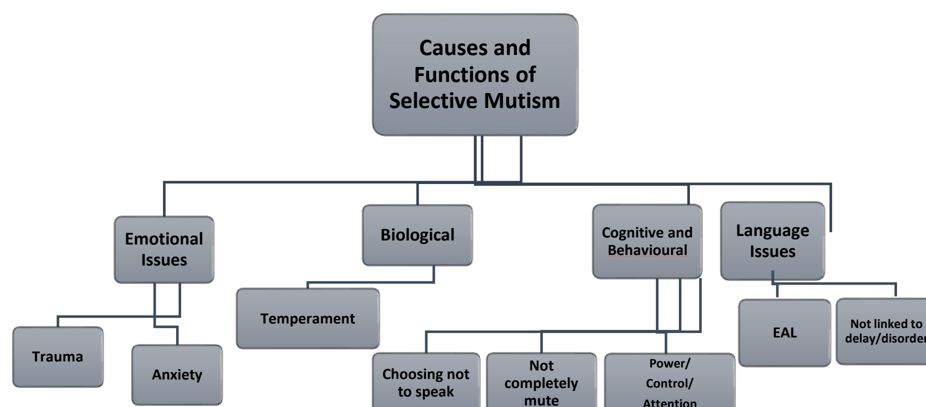

Figure 2: Theme of Causes and Functions of Selective Mutism

4.2.1. Emotional issues

Ten, out of the nineteen, participants (10/19) attributed selective mutism to emotional issues such as anxiety and trauma.

Anxiety

Anxiety was considered the main cause of selective mutism by the majority of EPs (5/9 EPs) and SLTs (4/5) who saw a strong connection between the child's anxiety and their inability to speak, with one EP stating that "*every child that I've encountered with selective mutism has huge anxiety"* (EP #2) and one SLT stating that one selectively mute child she had previously worked with was

> *"very anxious, he had his shoulders hunched…and he constantly moved or shook his legs. I knew even just by looking at him that this child felt anxious"*.

Only one teacher considered selective mutism as having *"a big link to emotional issues"* (Teacher #11), while none of the parents (0/2) in the study attributed selective mutism to anxiety or saw this as a factor or cause of the condition.

Trauma

Six participants (6/19) also considered selective mutism to be related to emotional or psychological

trauma. These included three EPs (3/19). For example, one EP (EP #1) spoke about how incidents from the child's early childhood (e.g. "*mum suffered from depression…and actually thought a lot about committing suicide during this time"*) may have affected his ability to speak in school. Two of the teachers (2/3) also linked selective mutism with trauma, with one associating the selective mutism of a child who had been in her class with *"emotional stress from her early years"* (Teacher #10). One of the parents (1/2) also classified selective mutism as being related to emotional or psychological trauma, stating that *"there were a few things that happened when she was very little that might have caused that [selective mutism]"* (Parent #19).

4.2.2. Cognitive and behavioural issues

Participants spoke about the cognitive and behavioural causes and functions of selective mutism in terms of it being a choice, it being connected to power, control and attention, and children with selective mutism not being completely mute.

It's a choice

The majority of EPs (5/9) in the present study understood selective mutism as a choice for children with the condition, as did two of the SLTs (2/5). For example, one EP stated that:

> *"my understanding [of selective mutism] is applied to children who may choose not to speak to certain people around them…so they choose to speak to some people and not others"* (EP #4).

Two SLT participants also viewed selective mutism as a choice, as did all three of the teachers (3/3), one of whom considered children with selective mutism as *"choosing not to verbalise any of their ideas or needs"* (Teacher #10). None of the parental participants mentioned choice as a factor of selective mutism.

Power, Control and Attention

Power and control were also identified as being factors which are associated with selective mutism for five of the participants (5/19), with two of the EPs (2/9) interviewed mentioning these. One EP, for example, stated that selective mutism *"is very much a*

psychological power game" (EP #6), while another EP asked *"why does the child feel that they have to control their environment in that particular way?"* (EP #8). All three of the teachers identified selective mutism as being related to power and control (3/3). One teacher, for example, stated that having a child with selective mutism in her class

> *"felt like a power thing, in a way it was her way of showing she had some power, like hey I have power, I'm not going to speak!"* (Teacher #10).

None of the parents or SLTs interviewed as part of the present research mentioned power or control in relation to selective mutism.

Selective mutism was also considered to be associated with children seeking attention for one of the EPs (1/9) and one of the teachers (1/3). For example, the EP stated that *"I think it's about trying to get adults to feel so sympathetic [for them]"* (EP #7). Attention was not mentioned as a factor of selective mutism from SLTs or parents.

Not Completely Mute

In addition, EPs and teachers stipulated that not all children with selective mutism demonstrate their mutism in the same way, with selectively mute children displaying varying degrees of mutism. Two EPs (2/9) spoke about selective mutism as existing

> *"on a kind of continuum…you get lots of kids that are very passive very quiet and don't contribute and are within themselves, a kid who is selectively mute is just further down that scale in my opinion, where they have become completely closed, although they still might say a few words or whisper or things like that"* (EP #3).

All of the teachers (3/3) mentioned children with the condition that they had worked with as being not completely mute, with one teacher stated, for example, that "*she didn't speak but she sometimes whispered to her friends and she also screamed a lot sometimes"* (Teacher #10) and another teacher speaking about how a selectively mute child that she had worked with

"didn't really contribute during whole class teaching but they would talk to certain individuals sometimes" (Teacher #12).

No SLTs or parents who participated spoke about this factor being connected to selective mutism.

4.2.3. Language issues

Language issues were also identified from the participants' interviews as being another subtheme of Theme 1 (causes and functions of selective mutism).

Language delay or disorder

Three of the participants (3/19) understood selective mutism to be linked to having language difficulties or a language delay, with one EP (1/9) and two SLTs (2/5) mentioning this connection. For example, one of the SLTs spoke about children with selective mutism often having *"underlying language issues or difficulties"* (SLT #13).

EAL

Four participants in the study (4/19) related selective mutism as being associated with children who have English as an additional language (EAL). Two EPs (2/9) stated that

> *"where I used to work there were lots of EAL children and there's often a period where they don't talk and are selectively mute"* (EP #1),
>
> and
>
> *"not much English was being spoken at home and so it's important to deal with selective mutism as being connected to a foreign language"* (EP #6).

One of the SLTs (1/5) also mentioned EAL issues when talking about the cause and, or, function of selective mutism, while one parent (1/2) also linked selective mutism to their child's English language levels, stating that

> *"we speak Portuguese and English at home and I suppose that's where I thought his issues were coming from…I thought maybe when he was in school he was a little confused by all the English*

and so that's why he wasn't speaking" (Parent #18).

No teachers mentioned a child's EAL status as being connected with their selective mutism, however.

4.2.4. Biological issues

The final subtheme under Theme 1 relates to biological factors or traits of the child's temperament which participants believe have led to them becoming selectively mute.

Temperament

Four participants (4/19) linked selective mutism to the temperament of children with the condition. Two of the teachers (2/3), for example, mentioned details such as *"he was naturally quite a shy child and seemed very nervous about things"* (Teacher #3). All of the parents in the current study (2/2) also attributed selective mutism to their child's temperament. For example, one parent stated (when speaking about her child) that

> *"she's quite a nervous child. She's very scared to do things…like if we meet someone on the street she gets very shy and acts kind of strange and she wouldn't talk to shopkeepers or anything like that if I asked her to…I think if you met her you would describe her as shy and this is why she didn't speak maybe"* (Parent #19).

None of the EP or SLT participants in the present study mentioned biological or temperament factors as being related to children's selective mutism.

4.3. Impact on the child

This next theme relates to what the participants consider to be the impact of selective mutism on a child with the condition. All of the participants (19/19) considered selective mutism to have a major impact upon on the child who is not speaking (see Figure 3). This impact was considered in terms of learning, socialisation, confidence and emotional stability.

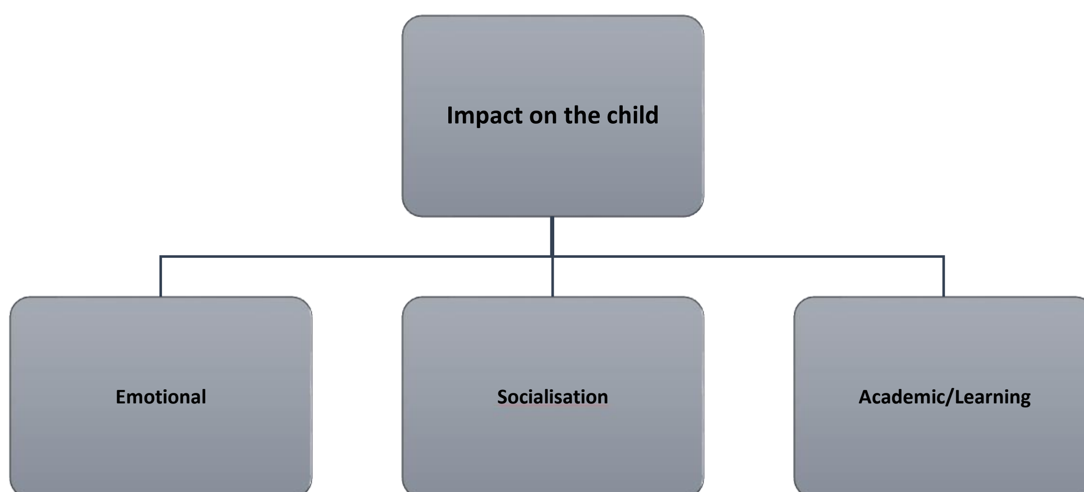

Figure 3: Theme of Impact on the child

4.3.1. Learning and Academic

With regards to learning, ten participants (10/19) mentioned that selective mutism can severely affect a child's academic progress and learning in school. Five EPs, for example, (5/9) spoke about this issue, with one stating that

> "*her not speaking was interfering with her school work and perhaps her ability to work towards the national curriculum"* (EP #5).

One of the SLTs (1/5) spoke about the impact of selective mutism on a child's learning, while all of the teachers (3/3) mentioned that selective mutism

affects a child's ability to learn and make progress in class. For example, one teacher stated:

> *"the mutism affected her academically…we encourage the children to say what they want to write so they can hear the sounds and sound out words but because she wasn't saying anything, her written language was awful"* (Teacher #10).

Another teacher in the study also spoke about the effect of selective mutism on a child's learning, stating that

> *"he was quite a bright boy but it was hard to tell because he was non-verbal and he was losing out in class because of this*" (Teacher #12).

None of the parents spoke about the impact that selective mutism can have on a child's learning.

4.3.2. Socialisation

The next subtheme relates to the impact or effect of selective mutism on the socialisation of the child. Six participants out of nineteen in the study (6/19) felt that selectively mute children may not find it easy to interact with other children or make, or maintain,

friendships. These included three EPs (3/9) and two teachers (2/3) who discussed selective mutism leading to issues with socialisation for children and stated that *"she was very socially isolated, she just stayed on her own in the playground"* (EP #5). One parent in the present study also mentioned that "*it did affect him making friends''.* The impact of selective mutism on the socialisation of a child with the condition was not mentioned by any of the SLTs in the current study.

4.3.3. Emotional Impact

In addition to learning and socialisation, four participants (4/19) also felt that selective mutism can affect a child emotionally, particularly with regards to their confidence, mood and self-esteem. Two EPs (2/9) spoke about the fact that selectively mute children they had worked *with "had no confidence in [themselves]"* (EP #9) and used to *"worry and get upset about a lot of things that were happening within the classroom"* (EP #2). One SLT (1/5) and one teacher (1/3) also mentioned that children with selective mutism can often *"be really insecure and*

lack self-esteem and confidence in their abilities" (SLT Participant #5). No parents (0/2) in the study spoke about the emotional impact of selective mutism on a child.

4.4. The impact on those around the child

In addition to highlighting the impact that selective mutism can have on a child, a consistent theme throughout the interviews was that selective mutism has the potential to have a significant and devastating effect, not just on the child themselves, but also on the people around the child (see Figure 4). Working and interacting with children with selective mutism was categorised in the present study as having an emotional and also a professional impact on EPs, SLTs, teachers and parents. These subthemes and their categories will be discussed in further detail below.

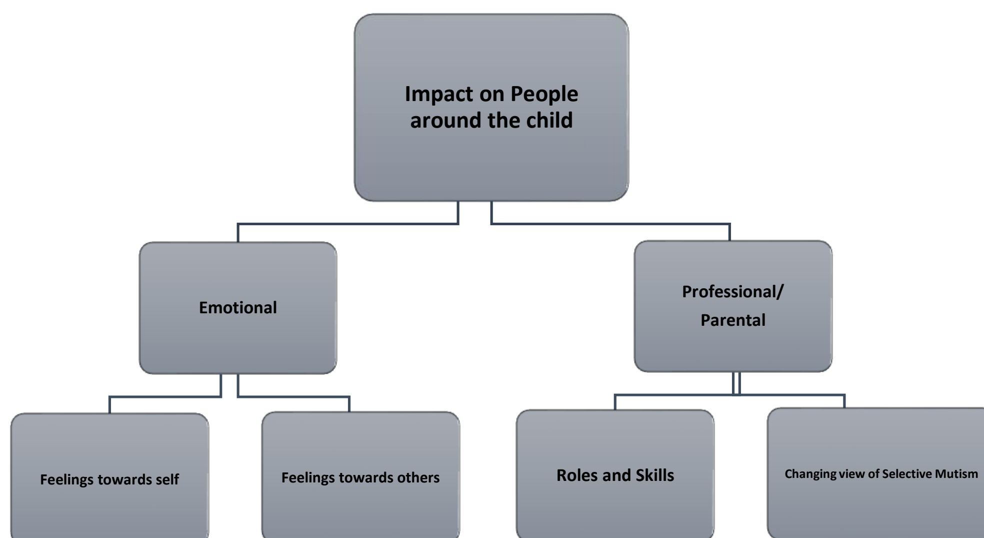

Figure 4: Theme of Impact on those around the child

1.1.1. <u>Emotional Impact</u>

Fourteen of the nineteen participants (14/19) who were interviewed for this research spoke about the effect that selective mutism had upon themselves and the feelings it resulted in, both towards themselves and also others around them (e.g. the child, parents and professionals involved).

Feelings towards self

Five of the EPs (5/9) spoke about the personal feelings they had while they were involved in cases of selective mutism. These feelings ranged from *"anxious"* (EP #1, #5, #7 and #9) and *"scared"* (EP #1, #3 and #9) to *"frustrated"* (EP #3 and #7). Four of the SLTs (4/5) also discussed the emotional impact that working with a selectively mute child had on them, stating that they felt *"stressed"* (SLT #13, #14 and #17), *"anxious"* (SLT #13 and #16), *"panicked"* (SLT #17) and *"not very good"* (SLT #17) while working on these cases. For example, one of the SLTs stated that she was *"a bit bogged down during this case as there were so many different elements to it*" (SLT #14).

The teachers (3/3) also spoke about their feelings as a result of having a child with selective mutism in their class, including feeling *"frustrated", "confused", "despondent"*, (Teacher #11), *"stressed", "unhappy", "responsible* [for the mutism]" (Teacher #12), *"devastated", "guilty", "worried" and "scared"* (Teacher #10). One teacher, for example, stated that she was *"constantly getting stressed and angry with*

[herself] about the situation" and felt that she *"should be doing more for the child".* She also questioned whether *she "may have caused this or was it me that was making it worse?"* (Teacher #12).

The parents (2/2) also indicated feeling a wide range of emotions including *"confusion", "upset", "guilt"* (Parent #19), *"anger"* and *"embarrassment"* (Parent #18) towards themselves due to their child's selective mutism. Parent #18, for example, spoke about her anger and confusion when she was told that her child was selectively mute, stating that *"I just thought what, my son is not mute, I hear him talking all the time! So it was hard for me".* The other parent in the study also indicated feeling *"confused"* by her child's mutism, stating that *"it was hard to get my head around it and still is to be honest"* (Parent #19).

Feelings towards others

With regards to feelings towards others that resulted from working and interacting with selectively mute children, EPs spoke about their feelings towards the children (EP Participant #4), parents (EP Participants

#4, #6, #7 and #9) and teachers (EP Participants #2 and #4) that they worked with. One EP (1/9) admitted to feeling pity, annoyed and frustration towards the selectively mute child that they were working with, stating that:

> *"I felt sorry for him really, because he just used to sit there and look sad….but I was also quite frustrated with him as I knew he could talk yet he just wasn't doing it in the classroom. So if I'm completely honest, then this was annoying for me at first"* (EP #4).

Towards the parents that they worked with, four EPs (4/9) stipulated feeling *"frustrated"*. For example, one EP spoke about the mother of a selectively mute child:

> *"just not really listening to what we were telling her to do. We needed her to be a part of it but she just kept doing the opposite of what we said, like putting lots of pressure on him. It was very frustrating"* (EP #6).

Two EPs (2/9) also spoke about their feelings towards the teachers, stating that

> "*I felt really sorry for her because she was trying her best and was obviously very frustrated with the child and the situation in general"* (EP #2).

One SLT in the study acknowledged feeling *"frustrated"* towards a selectively mute child who they worked (SLT #17), stating that

> *"I knew I shouldn't have been but I was frustrated with him because he wasn't responding to what we were doing".*

The other SLTs, however, did not speak about their feelings towards the selectively mute children who they worked with. With regards to their feelings towards the schools, two SLTs (SLT Participant #13 and #17) also stated that they felt *"disappointed"* and *"frustrated"* by the schools that they worked in on these cases. For example, one SLT asserted that she was

> *"disappointed that the school were not prioritising this and that they were just leaving this boy not speaking"* (SLT #16).

None of the SLTs in the current study spoke about their feelings directed towards the teachers they were working with but three of the SLTs (SLT #14, #16 and #17) did discuss their feelings towards the parents, which ranged from *"frustration"* (SLT Participant #14, #16 and #17) and *"anger"* (SLT Participant #17) to *"pity"* (SLT Participant #16). For example, one SLT stated that she was:

> *"very frustrated with mum because we took a long time dealing with her and explaining everything to her and then she just kept turning around and just putting pressure on her daughter…she would say talk, talk, talk and it was frustrating for me because we had told her not to do that"* (SLT #14).

One SLT (SLT #16) also admitted to feeling pity towards the parents, stating that *"I felt sorry for mum actually because I think she was just overwhelmed by it all".*

The teachers spoke about feelings that were directed towards the child (all teacher participants), the school (all teacher participants) and professionals (Teacher #11 and #12). With regards to their feelings towards

children with selective mutism that they have worked with, the teachers admitted feelings which included *“frustration*” and *“coldness”* (Teacher #10, #11 and #12), *“being manipulated*” (Teacher #10 and #12), *“resentment”* (Teacher #10 and #12), *“anger”* (Teacher #11 and #12), *“confusion*” (Teacher #12), and “pity” (Teacher #12). For example, one teacher stated that the selective mute child who was in her class was:

> *“horrible and doing things manipulatively and on purpose…it was quite frustrating when she wouldn’t answer you or when she would do things and not explain herself…you just don’t feel warm towards this child”* (Teacher #10).

Towards the schools they worked in, the teachers discussed feeling *“supported”* (Teacher #10), *“unsupported”* (Teacher #11 and #12), *“angry”* (Teacher #11), *“ignored”* and *“shocked”* (Teacher #12). Teacher participant #10, for example, stated that she felt *“supported because the school gave me a lot of support…and I could talk to them about all of this”*, while the other two teachers interviewed for the current study admitted feeling *“like the school just*

didn't care about me. I was on my own really, or that's how I felt" (Teacher #11).

Two of the teachers (2/3) also stipulated feeling *"supported"* by the professionals who they worked with one stating that *"I just felt supported by them. The situation became more manageable for me"* (Teacher #11). The other teacher interviewed for the present study (Teacher #10) did not speak about her feelings towards professionals that she worked with.

Both parental participants (2/2) spoke about feelings of *"frustration"* (Parent #18 and #19), "*embarrassment"* and *"shame"* (Parent #18), *"anger"* (Parent #18 and #19) and *"confusion"* (Parent #18 and #19) towards their child as a result of their selective mutism. One parent, for example, discussed how she

> *"just kept thinking, why was it my child that had to act this why? Why was he being like this? I was so angry at him"* (Parent #18)

while another admitted to feeling *"embarrassment about why she was like this, I nearly felt ashamed of her"* (Parent #19). Both parents in the current study

also stipulated feeling *"worried", "angry", "frustrated"* and *"confused"* (Parents #18 and #19) with the school that their child attends and connected these feelings with the school not identifying the selective mutism early enough (Parent #18 and #19), not doing enough to support their child (Parent #18 and #19), prioritising other children (Parent #19) and taking too long to put support in place for their child (Parent #19). With regards to their feelings about the professionals working with their selectively mute child, the two parents who were interviewed for the current study (2/2) discussed feeling *"happy"* (Parent #18 and #19), *"informed"* (Parent #18 and #19), *"helped"* (Parent #18 and #19) and *"empowered"* (Parent #19) as a result of their involvement. For example, one parent in the study also discussed a professional

> *"just making me feel more informed…I felt like I knew what was going on so I felt empowered I suppose and just happier about their involvement and the whole thing in general"* (Parent #19).

4.4.1. Professional and Parental Impact

In addition to the personal feelings, towards both themselves and others, that resulted from interacting or working with a selectively mute child, the EPs, SLTs, teachers and parents also spoke about the impact of selective mutism on them professionally, with it affecting their role and skills as professionals and as parents.

Roles and Skills

Six EPs (6/9) and three SLTs (3/5) in the study acknowledged that working on cases of selective mutism can have an impact on their professional work. For the EPs, working on these cases affected their professional confidence (EP #1, #3, #6, #7 and #8) and were challenging pieces of work (EP #1, #3, #4, and #7). For example, one EP expressed feeling *"really out of my depth at the beginning"* (EP #1). SLTs also discussed working on cases of selective mutism as affecting their skills and confidence as professionals (SLT #11, #12, #13 and #14) and also the challenging nature of working with children with

selective mutism (SLT #11, #13 and #14). One SLT, for example, admitted to

> *"having to do a lot of work for this case. I did a lot of reading and tried to make myself feel prepared. But even then, I didn't"* (SLT #11).

With regards to teachers, all three of the teacher participants (3/3) also mentioned that selective mutism can often threaten their skills in their own classroom, making them feel *"powerless"* (Teacher #11 and #12), *"deskilled"* (Teacher #10 and #12), *less confident* (Teacher #10 and #12). One teacher, for example, mentioned feeling

> *"really unconfident in my own classroom. I used to look at him and he would just sit there silently and I just didn't know what to do"* (Teacher #12),

while another stated that she

> *"basically felt powerless in my own classroom. Every time I looked at him I just felt like a really bad teacher and like I was letting him down"* (Teacher #11).

Both of the parental participants (2/2) also spoke about selective mutism impacting on their skills and role as parents, with one parent speaking about feeling

> *"at a loss with him. I was his parent but I couldn't understand what was going on or why he was doing this or what I should do about it….I felt like I was a terrible parent to be honest"* (Parent #18).

Changing View of Selective Mutism

With regards to the other category within the subtheme of the impact of selective mutism on professional or parental skills or roles, eight participants (8/19) acknowledged that their view of selective mutism had changed or developed due to their work on these cases. For example, four EPs (EP #2, #4, #7 and #9) and two SLTs (2/5) (SLT #16 and #17) in the current study spoke about

> *"just having a different opinion about these children after I had worked with a few. I really didn't*

understand what was going on for them before, but now I feel I do, or I am more informed to" (EP #4)

and

"I learned so much and I just really changed how I viewed selective mutism, it has such an emotional element" (SLT #16).

One teacher (1/3) also stated that *"my whole viewpoint about it changed"* (Teacher #11), while one parent acknowledged *"I understand it now but at the time I hadn't a clue. I was thinking about it in the wrong way"* (Parent #19)

4.5. The Roles and Contributions of those around the child:

The fourth theme in the present study captures the role that EPs, SLTs, teachers and parents see for themselves in cases of selective mutism. Participants discussed their contribution in these cases as taking place in four key areas: assessment, consultation, interventions and systems work (see Figure 5). These

subthemes and their categories will be further outlined below.

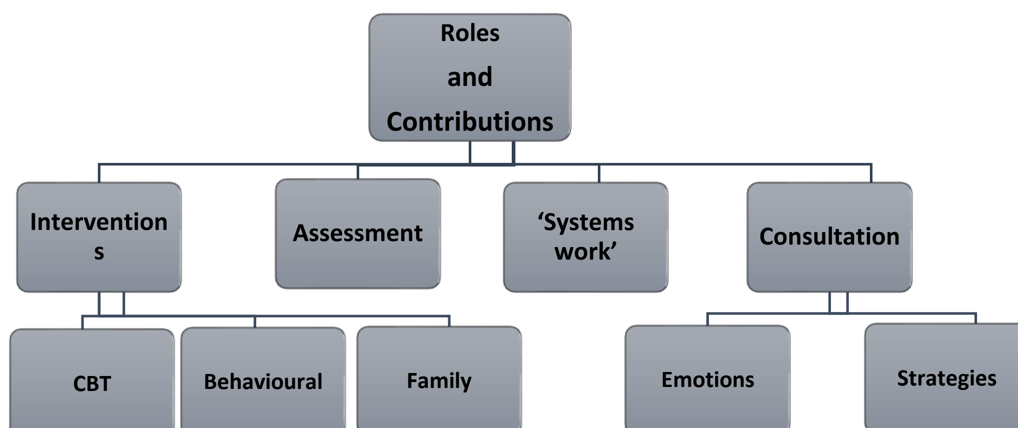

Figure 5: The Role and Contributions of those around the selectively mute child

4.5.1. *Assessment*

Firstly, fifteen out of the nineteen participants (15/19) in the study felt that they had an assessment role to play within cases of selective mutism. These included all of the EPs in the current study (9/9 EPs) who remarked about such things as being

> *"asked to assess the [selectively mute] girl and she didn't communicate with language so we did some assessment work together"* (EP #1)

and doing *"a play based assessment with the child"* (EP #4). Other EPs also stated that they have "*observed selectively mute children"* (EP #7). Four SLTs (4/5 SLTs) also spoke about doing *"an assessment to rule out language difficulties"* (SLT #15).

With regards to the teachers, two out of the three teacher participants (2/3) spoke about their roles within assessment work with selective mute children, stating that they were in a good position to assess different aspect of a child's learning, academic and language skills, e.g. literacy and mathematical skills. No parental participants (0/2), however, mentioned having an assessment role or contribution within cases of selective mutism.

4.5.2. Consultation

In addition to assessment, eight participants (8/19) also identified consultation as a part of their role in cases of selective mutism, speaking about it in terms of consultation work undertaken to deal with the emotions of people around the child, and also consultation work in connection with strategies which could be put in place to support the selectively mute child. Five EPs, for example (5/9) considered themselves to be able to provide consultative work to teachers, other school staff and parents, stating that *"we use the consultation model…so helping parents understand and informing them a bit more and providing strategies to teachers"* (EP #4).

Three SLTs (3/5) also spoke about consultation being a part of their role in cases of selective mutism. SLT Participant 13, for example, discussed

> *"using consultation to support adults to put less pressure on these children and help them feel more relaxed in their environment"*.

No teachers (0/3) or parents (0/2) in the current study acknowledged a role for themselves in consultation.

4.5.3. Interventions

As well as consultation, fifteen out of the nineteen participants saw a role for themselves in cases of selective mutism by informing, supporting or helping implement interventions. Five of the EP participants (5/9) spoke about this during their interviews. For example, one EP stated that *"I also helped put the sliding in technique in place at the school"* (EP #9), while other EPs also spoke about helping discuss interventions such as *"the parents coming in and playing with the child in the nursery…recording the child's voice"* (EP #7) and

> *"I suggested an intervention which involved the mother using a tape-recorder at home, in a way the idea was to transport the child's voice into the school and to bring more of the child's words into the school"* (EP #6).

All of the SLTs (5/5) and teachers (3/3) considered interventions to be a part of their role on cases of selective mutism, particularly the *sliding in technique*. In addition to this, the two parents in the current study

(2/2) also mentioned interventions as part of their role on these cases.

4.5.4. Systems Work

Eleven participants (11/19) also considered their role to be connected with 'systems work' or

> *"looking at all the systems and bringing them together so you're not just focused on one aspect of it"* (EP #7).

All of the EPs in the study (9/9) spoke about systems work as being a role that they see for themselves in cases of selective mutism, with one EP declaring that

> *"we might never have to meet the child but by working with the people around the child and bringing everyone together we can create change and make a difference"* (EP #9).

It was this role which three EPs (3/9) in the present study also identified as making them *"unique"* and *"best placed"* (EP #6) to work within cases of selective mutism.

Two SLTs (2/5) also spoke about their role in these cases as involving systems work. No teachers or

parents spoke about this type of work as being a part of their role in cases of selective mutism.

4.6. Challenges to supporting Children with Selective Mutism

The fifth theme that was identified in the present study by the EPs, SLTs, teachers and parents relates to what they see as the challenges to supporting children and young people with selective mutism (see Figure 6). This theme was split into three subthemes; lack of awareness or knowledge of selective mutism, lack of awareness and knowledge about the roles and, or, contributions which professionals, school staff and parents can make in cases of selective mutism, and the nature of cases of selective mutism. These subthemes and their categories will now be outlined below.

4.6.1. *Lack of Awareness and understanding about selective mutism*

A number of participants in the current study stated that they believe there is a lack of awareness about selective mutism among professionals, schools and parents which hinders the support which children with selective mutism receive.

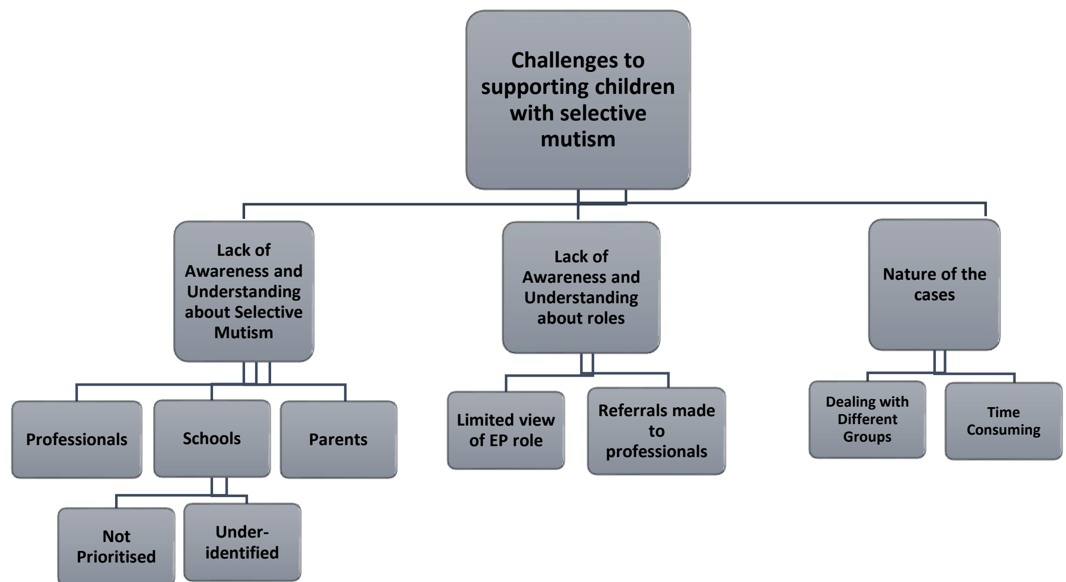

Figure 6: The Challenges to Supporting children with Selective Mutism

Schools

With regards to schools, fifteen participants (15/19) stipulated that there is a lack of knowledge about selective mutism in these settings, which leads to children being under-identified in schools. Seven of the EPs (7/9), for example, spoke about schools lacking an awareness or understanding of selective mutism in their interviews. These EPs commented that schools don't

> "*always identify and prioritise these children, because quiet children just aren't the priority in schools today"* (EP Participant #2)
>
> and
>
> *"I think sometimes these children may not be given as high priority as other children who are acting out and having behaviour problems because they are not just, not making any fuss*" (EP #8).

Four SLTs (4/5) also stated that they believe schools lack an awareness and knowledge about selective mutism. One SLT, for example, said that *"schools don't encounter these children very often and*

sometimes they can be unsure of what to do with these children" (SLT #13), while another admitted:

> *"some of the schools I've worked in do seem to have trouble…well I suppose they sometimes find it difficult to identify when a child is maybe just developing their language or English language skills and so are just a little quiet and when there is something else going on, like selective mutism"* (SLT #17).

Two teachers (2/3) also discussed a lack of awareness about selective mutism within their schools, as did both parents (2/2). For example, one stated that:

> *"to be honest I don't think the school really understood what was happening [with my daughter]. They told me lots of times that this was the first child with selective mutism that they had seen at the school and pretty much told me that they weren't sure what to do*" (Parent 18).

4.6.2. Parents

Regarding parents, eleven participants (11/19) felt that a lack of parental understanding of selective mutism was another challenge to supporting children with the condition. Four EPs (4/19) and four SLTs (4/5) for example, made comments such as "*mum found it hard to understand what was happening so we had to deal a lot with her"* (EP #6) and *"mum's level of understanding of the situation and who was involved was low"* (SLT #14). All of the teachers (3/3) also spoke about a lack of understanding by parents in the study.

4.6.3. Lack of understanding and awareness about the roles which people can play in these cases

The next subtheme within theme 5 relates to another challenge identified by the participants in the study; a lack of knowledge or understanding about the roles people can play within cases of selective mutism. Eleven participants (11/19) in the study spoke about a lack of knowledge or understanding within schools about the roles which professionals, teachers and

parents can play in supporting children with selective mutism.

Limited View of Professionals' Roles

Five EPs in the current study (5/9), talked about how schools sometimes did not see selective mutism as something which EPs should become involved with, stating that *"the schools think that it's an issue for SLTs, not us"* (EP #1). These EPs also felt that schools had a narrow view of the EP role, with one explaining that

> *"they didn't ask me to get involved until they wanted an assessment of the child…they just assumed that would be my only role, but I think EPs can do much more than that"* (EP #2).

All of the SLTs (5/5) also spoke about the lack of awareness of the roles of professionals in cases of selective mutism, particularly with regards to EPs and parents, with one stating that*:*

> *"because selective mutism is affecting communication, schools think of speech and language therapy is what we need for him or her*

> *but actually the important question is why are they not talking and often that means involving psychology services*" (SLT #14).

Referrals made to Professionals

One parent (1/2) also spoke about her child not being referred to relevant professionals, stating that

> *"the school didn't really want to use people's [e.g. EPs, SLTs] time or their effort of whatever to deal with her"* (Parent #19).

One SLT (1/5) also spoke about a lack of understanding among parents about the role which professionals could play in these cases, stating that there was *"confusion with the family…they didn't fully understand why a psychologist had to be involved"* (SLT #17).

4.6.4. The nature of cases of selective mutism

The next subtheme within the current theme concerns the nature of cases of selective mutism, which seven

participants (7/19) in the current study identified as being another challenge to supporting children with the condition.

Time Consuming

Firstly, four EPs (4/9) spoke about cases of selective mutism as being time consuming, involving

> *"slow progress. Slow incremental progress over a long period of time. And so it's easy for people to get despondent"* (EP #8)

and

> *"lots of research. I had to do so much reading around this case"* (EP #9). Three SLTs (3/5) also discussed the time these cases require, adding that *"I spent a lot of nights on my computer reading articles and looking at research"* (SLT #17).

Dealing with Different Groups

Two participants (one EP [1/9] and one SLT [1/5]) in the present study also spoke about how dealing with, and managing, the different groups in these cases

can be a challenge. For example, one EP stated that these cases *"can be intensive, managing everyone and getting everyone together"* (EP #8). One SLT participant also mentioned that

> *"there's a lot of dynamics to deal with on these cases so they can be tricky and this can often be a big challenge for us"* (SLT #13).

4.7. Improving Support for Children with Selective Mutism

The sixth and final theme identified in the present study relates to what EPs, SLTs, teachers and parents felt could improve support for children and young people with selective mutism. Within this theme, three subthemes were found which are concerned with raising awareness, training and the work undertaken by professionals in schools. This theme and the subthemes will now be outlined below.

4.7.1. Raising Awareness

Participants in the current study identified the need to raise awareness as a factor which could improve

support to selectively mute children. Specifically, the need for increased awareness in two areas were recognised by the participants; increased awareness of selective mutism and increased awareness of the roles and contributions which people can play within these cases were found (please see Figure 7).

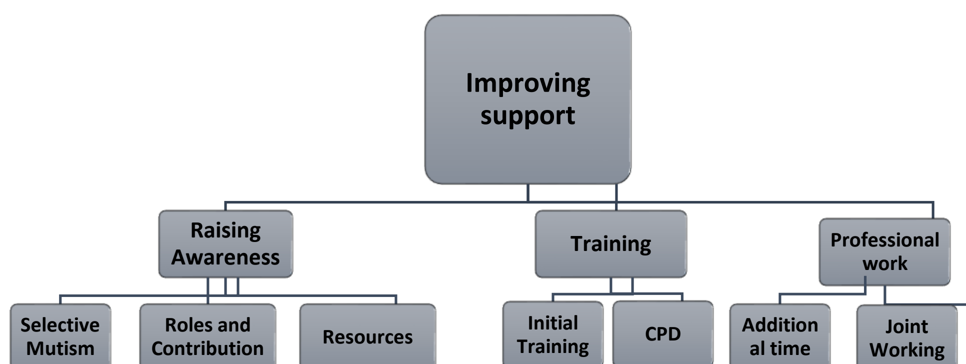

Figure 7: Improving support for selectively mute

Raising Awareness of Selective Mutism

Seven EPs (7/9) felt that raising awareness of selective mutism could improve support to selectively mute children. These EPs stipulated

> "*if we can get schools to understand it [selective mutism] better, then more children can be identified and referred and they can receive support"* (EP #9).

Three of the SLTs (3/5) also discussed the need for increased awareness of selective mutism, stating that

> *"schools are still struggling to understand what selective mutism is so they are going to need a lot of advice and training in order to give the child the best support possible"* (SLT #14).

Two teachers (2/3) also discussed the need for increased awareness about selective mutism, while both parents (2/2) also spoke about raising awareness of selective mutism within schools, stating that

> *"if they had more information then they can better deal with it"* (Parent #18) and *"they need to know*

> *what they are talking about, otherwise they can't help these children"* (Parent #19).

Raising Awareness of Roles

Eight EPs (8/9) also discussed raising awareness about the EP role within schools, stating that

> *"we really need to work with schools so that they are informed and aware of our role, besides assessment work. We need to promote all the work we can actually do"* (EP #2).

Another EP also admitted that

> "*raising awareness of our role is vital, raising awareness of the EP role to include more work with more complex children because I think we tend to get a bit side-lined to children in relation to the curriculum"* (EP #7).

Two SLTs (2/5) in the study also spoke about a need for increased awareness of the roles which people can undertake in these cases, as did one teacher who took part in the study. No parent, however, talked about the need to raise awareness of the role of

professionals and other individuals in cases of selective mutism.

Resources

Six participants out of the nineteen in the present study (6/19) also acknowledged that more resources about selective mutism could assist in raising awareness about selective mutism and the role of professionals and thus help support children with the condition. Three EPs (3/9) discussed this topic, stating that

> *"there weren't many resources that I can think of which were available in the EPs which specifically deal with selective mutism, so those would be helpful"* (EP #2)

and "resources here in the service would be great" (EP #5). Two SLTs (2/5) also expressed that

> "*I think it's important that there are more leaflets or information packs or books or whatever about this so that they are easily accessed when needed*" (SLT #17),

while one parent stated that *"it would have been really helpful…if they could have given me a booklet or somethin*g" (Parent #19). No teacher discussed resources within their interviews.

4.7.2. *Training*

The next subtheme in this section refers to the training which participants felt could improve support to children with selective mutism. Eleven participants out of the nineteen in this study (11/19) mentioned training in their interviews.

Initial Training

Five EPs (5/9) discussed a need for information about selective mutism to be included on initial professional training courses. These EPs reported that

> *"it would be helpful when training to discuss selective mutism and the implications…perhaps trainees could practice a scenario about selective mutism as well"* (EP #2).

One SLT also mentioned that *"there is a need for training when you first start"* (SLT #17), while one

teacher felt that *"practically it would have been good to hear about strategies"* (Teacher #10).

Continued Professional Development (CPD)

With regards to continued professional development (CPD), two EPs (2/9) spoke about the need for *"having more time to talk about these cases during team meetings"* (EP #9), while three SLTs (3/5) also felt that "*it would be really good to have more case discussion and share more information about these cases"* (SLT #13). No teachers spoke about continued professional development.

4.7.3. The Work of Professionals

Another subtheme identified from the participants' interviews which could improve support to children with selective mutism concerned the work undertaken by professionals and how this could be directly improved.

Joint Working

Nine participants spoke about the need for joint or multi-disciplinary working on cases of selective mutism. Five EPs (5/9) in the current study reported that more joint working with other professionals could improve practice in this area. These EPs stated that *"joint working would be great so that SLTs and us can have these conversations together*" (EP #1). Four SLTs (4/5) also discussed joint working as something which could improve support to selectively mute children and stated that *"a multidisciplinary approach to these cases would be really beneficial"* (SLT #13).

Additional Time

Increased time for professional work within schools was also identified by four participants (4/19) within their interviews as a factor which could help support children with selective mutism. Two EPs (2/9) mentioned that

> *"the use of EP time by schools needs to be reassessed so that we can spend longer with these children and support them better"* (EP #7),

as did one SLT (1/5). One parent (1/2) also spoke about this topic, expressing how *"more time and involvement from professionals*" would have been beneficial (Parent #19).

4.8. Chapter Summary:

This chapter presented the main themes which emerged from participant interviews in the present study. Overall, findings indicate that there is no common understanding among professionals, teachers and parents regarding the aetiology and impact of selective mutism. There is also limited awareness of the role which professionals, teachers and parents can undertake in cases of selective mutism and the contributions which these individuals can make in supporting a selectively mute child. Consequently, there is a need for increased awareness about selective mutism and how best to identify and support children with selective mutism within schools today. The next chapter will further discuss, and critically evaluate, these findings in light of the research questions which were outlined at the

beginning of the study, as well as previous theory and research.

5. Discussion

5.1. Chapter Overview

The present study set out to explore how professionals, teachers and parents understand, identify and support children and young people with selective mutism in school settings. As no previous studies have looked at this topic, it is hoped that the findings from the present research can be used to expand the knowledge base about selective mutism and inform the work of professionals and other individuals working with selectively mute children, as well as interventions to support these children.

The previous chapter presented the key findings relating to the overarching themes that derived from the participant interviews. Using graphical representations and a selection of excerpts from these interviews, the chapter highlighted some of the

comments made by participants and illustrated the six main themes and subthemes of the research. The final chapter will further consider and discuss these themes in terms of the research questions which were formulated at the beginning of this study. It will also critically evaluate these findings with reference to previous theory and research.

5.2. Research Question 1 - What do parents, teachers, EPs and SLTs understand by the term 'selective mutism'?

No common understanding of selective mutism was found among the EPs, SLTs, teachers and parents who participated in the present study. It therefore appears that there is much confusion among, and between, these groups about the aetiology and function of the condition, with participants perceiving selective mutism in a number of different and divergent ways, which were categorised according to emotional, language, cognitive and behavioural, and biological factors.

Anxiety was considered the main cause of selective mutism by the majority of EPs and SLTs, who saw a strong connection between the child's anxiety and their inability to speak. Over the past decade, anxiety has emerged as a central factor in the development of selective mutism (e.g. Cunningham, McHolm, Boyle & Patel, 2004; Pionek-Stone, Kratochwill, Sladezcek & Serlin, 2002; Steinhausen et al., 2006). Thus, this finding is in line with the most prevalent aetiological theories on this subject which have highlighted the link between anxiety and selective mutism to be the most prominent, with researchers reframing selective mutism as an indication of social anxiety (e.g. Black and Uhde, 1995), a social phobia (Dummit et al., 1997) or a specific phobia of expressive language (Omdal and Galloway, 2007). It also supports and extends research such as Cunningham, McHolm, Boyle and Patel (2004) which found that parents and teachers considered selectively mute children to be more anxious than a matched control group (non-selectively mute children matched on age and gender). These findings also strengthen the new classification of selective mutism in the most recent DSM-5 as being an 'anxiety disorder' (APA, 2013).

However, although anxiety is the principle aetiological factor which has been prescribed to selective mutism by the majority of research on this topic (e.g. Bergman et al., 2002; Black & Uhde, 1992; Cohan et al., 2006; Dummit et al., 1996; Steinhausen et al., 2006), this study indicates that many teachers and parents are currently unaware of the connections between a selectively mute child's anxiety and their inability to speak; no parent and only one teacher in the current study cited anxiety as being associated with selective mutism, while nearly half of EPs and one of the SLTs also failed to mention the aetiological link between anxiety and selective mutism.

This raises many concerns that teachers, parents and even some professionals who are not fully aware of the most contemporary understandings of selective mutism might presume, for example, that a selectively mute child is choosing not to speak, rather than being unable to express themselves due to their anxiety or other issues. Indeed, this viewpoint was the second most predominant understanding of selective mutism for the professional and teacher participants in the

present study, with just over half of the total participants considering selectively mute children as *"choosing not to speak even though they can*" in certain situations (Teacher #11). Although no parents viewed selective mutism as being a choice, all of the teachers and half of the EPs in the study stated that this was their understanding of the condition, while nearly half of the SLTs also considered selective mutism to be a choice not to speak in school. A quarter of EPs and all of the teachers in the study also understood selective mutism as related to power, and it was also linked to attention for one EP and teacher.

These conceptions support previous psychodynamic explanations of selective mutism which have highlighted control as a key feature of the condition (Anthony, 1977). However, they are worrying as they imply that selectively mute children are making a conscious choice not to speak, a viewpoint which contemporary literature on the subject strongly challenges (e.g. Sharkey and McNicholas, 2008). Indeed, research suggests that understandings such as these can have detrimental effects on both the selectively mute child and the people around the

child. For example, if a teacher views selective mutism as a choice and as an intentional refusal to verbally engage with others, then it could be hypothesised (based on past research such as Cleave, 2009; Dean, 2012; Imich, 1998) that they are more likely to become frustrated and be impatient with a selectively mute child, and view their lack of verbal participation as “wilful defiance and a threat” to their authority and skills (Cleave, 2009, p.235). Consequently, they may employ strategies which strengthen the mutism, such as pressuring the child to speak or misunderstanding why the child will not speak in the classroom. These methods have been found in previous literature to exacerbate a selectively mute child’s anxiety, leading to a “battle of wills” (Imich, 1998, p.58) which may damage the teacher-student relationship (Cleave, 2009; Dean, 2013; Mulligan, 2012).

Furthermore, a lack of knowledge about what selective mutism actually is can lead teachers and professionals to assume that children who are presenting with selective mutism are actually dealing with other issues, such as trauma (as cited by a third

of EPs and teachers and half of the parents), a shy temperament (as cited by two thirds of teachers and half of the parents), being an EAL student (as cited by nearly a quarter of EPs and SLTs, and half of parents), or having language difficulties (as cited by one EP, nearly a quarter of SLTs and half of the parents). However, these viewpoints differ from that of the research literature which has found no conclusive evidence of a causal association between physically or psychologically traumatic experiences and selective mutism (Black and Uhde, 1995) or speech/language or communication disorders (Imich, 1998).

Research (e.g. Toppelberg, Tabors, Coggins, Lum, & Burger, 2005) has also identified selective mutism as being different from the silent or non-verbal period which some EAL children present with when learning a second language, and which Tabors (1997) describes as “a normal period in the acquisition of a second language in young children, characterized by lack of verbal communication”. This period typically begins when EAL children realise that their primary language isn’t understood at school and their second

language skills are inadequate or even absent, which may cause them to stop speaking. However, research suggests, that selective mutism is different from this non-verbal period because it will affect all languages that a child may speak, meaning that non-selectively mute EAL children will typically present with mutism in just one language and for only a few months, whereas EAL children who are also selectively mute will present with mutism in both of their languages (and not just their newest/weakest one) (Busse and Downey, 2011; Toppelberg, Tabors, Coggins, Lum, & Burger, 2005). With this in mind, the new DSM diagnostic criteria therefore protects EAL children from unwarranted diagnoses of selective mutism, although it is important to keep in mind that there are some circumstances in which the condition should not be dismissed for a child who is learning a second language.

The lack of understanding identified among participants in the present study about the aetiology of the condition can therefore have serious implications for the way in which selective mutism is identified in schools today, suggesting that some

school staff and even professionals are currently unaware of the importance of referring and providing support to these children. This finding may therefore explain why some previous research has reported that as many as 40% of children with selective mutism are not identified, diagnosed and referred to professionals (Black and Uhde, 1995; Dummit, Klein, Tancer, and Asche, 1997). This is extremely worrying given that spontaneous improvement of selective mutism (e.g. increased talking behaviours) is uncommon (Bergman, Piacentini and McCracken, 2002) and lack of intervention is likely to have a long-term detrimental impact on the child's academic, social and emotional development (Cline and Baldwin, 1998).

In addition, although a diagnosis of selective mutism does not exclude other forms of communication, such as gesturing, whispering, nodding the head, pulling or pushing, screaming or grunting (Sharp, Sherman & Gross, 2007), no SLTs or parents understood selective mutism to involve these alternative forms of communication, while less than a quarter of EPs stated that children with selective mutism may

demonstrate their anxiety in different ways; some *"may whisper or say certain things"* (EP #8) while others may be completely silent. Consequently, it appears that many selectively mute children may be further overlooked in schools today due to a lack of understanding about the diagnostic criteria of selective mutism.

It is important to note, however, that all of the teachers in the current study spoke about selective mutism as involving different forms of communication (e.g. whispering, talking to certain individuals). Although the use of non-verbal and alternative forms of communication has previously been mentioned in the research literature (Baldwin & Cline, 1991; Baldwin & Cline, 2004), there is limited evidence about this topic and the methods used, and this viewpoint therefore adds new knowledge on this subject. It also extends some recent findings such as those from a study conducted by Roe (2011) which asked 30 selectively mute children and their parents to complete self-report measures of non-verbal communication strategies and found that all but one of these children used non-verbal communication methods, while 80% used alternative verbal methods. It appears,

therefore, from the present findings and the limited research literature that selectively mute children display their anxiety in many diverse ways and thus it is important for people working with these children to be aware of this factor.

Nevertheless, overall this research suggests that there is not a consistent and accurate understanding among professionals, teachers and parents regarding the aetiology, purpose, and function of selective mutism. Although the majority of EPs and SLTs identified selective mutism in terms of anxiety, the most prevalent aetiological understanding of the condition, it appears that many professionals today who work with selectively mute children are still unclear about the aetiology of selective mutism, or prescribe multiple aetiological factors to it (e.g. one EP in the study understood selective mutism in terms of anxiety, trauma, being a choice, and power factors). This may be due to the heterogeneous nature of the condition and the different aetiological theories which have assigned numerous factors to selective mutism in the past and present many different understandings of selective mutism

(Anstendig, 1999). However, it seems imperative that the professionals working with these children, are aware of the latest and most current thinking regarding the aetiology and function of selective mutism if they are to be able to effectively inform teachers and parents about the condition and provide guidance and support for strategies or interventions.

Moreover, this research suggests that teachers, parents and professionals need to be better informed about selective mutism so that they can identify selectively mute children and subsequently get them the help and support that they need. This finding is particularly pertinent in light of previous findings that early identification leads to faster intervention, which can prevent or minimise later functional impairment in selectively mute children (e.g. social, academic) (Schwartz, Freedy, & Sheridan, 2006).

5.3. Research Question 2: What do parents, teachers, EPs and SLTs consider to be the effect of selective mutism on children and young people?

The participants of the present research considered selective mutism to affect children and young people in three ways which were categorised according to learning or academic, socialisation and emotional factors.

Overall, the results suggest that teachers have a good understanding and awareness of the effects of selective mutism on a child, particularly with regards to the educational and social impact of the mutism, which all teachers mentioned in their interviews. EPs also have a good awareness of how selective mutism might impair a child's learning and academic achievement; over half of EPs mentioned that the child's lack of contribution in class will affect his or her ability to access the National Curriculum, and will also make it harder for teachers to gain an understanding of what levels the child is at with regards to the curriculum.

Previous research on this topic has yielded conflicting results, with some studies suggesting that selectively mute children do well academically in school. For

example, Cunningham and colleagues (2004) asked 104 children (52 selectively mute children and 52 non-selectively mute children) to complete brief reading and maths tests and also asked teachers to rate these children on their reading, maths and general classroom skills. No differences were found between these two groups on these factors and it was suggested that selective mutism may not affect a child's academic performance in school. The researcher suggests, however, that these findings should be interpreted with caution, as the children completed the reading and maths tests in their home settings which would have been a less anxiety-provoking test situation than completing them in the classroom (which is typically where selectively mute children do not speak). In addition, when the selectively mute children would not speak to the researchers, their parents administered the verbal parts of the reading and maths questions, and so these home assessments may have overestimated the selectively mute children's classroom performance. Findings from the present study, therefore, dispute findings such as these. They also extend and improve upon previous studies (e.g. Dean, 2012; Cline and Baldwin, 1998) which have

used teacher report ratings in isolation (about the academic performance or abilities of selectively mute children), as these may be flawed due to some teachers underestimating a child's skills, or having difficulty assessing these skills adequately, due to the child's non-verbal behaviours. The present study therefore gained information from others around the child (EPs, SLTs and parents) in addition to teachers in order to provide a more accurate reflection (and avoid an over or under-estimation) of these skills.

Consequently, the present study supports previous research which suggests that the academic performance of children with selective mutism is significantly lower than their non-selectively mute peers (e.g. Bergman et al., 2002) and that selective mutism is a barrier to learning (Johnson and Wintgens, 2001). The present findings therefore, add weight to previous assertions that selective mutism does noticeably impact on a child's learning and academic performance (Johnson and Wintgens, 2001; Kristenson, 2004) in school. Indeed, as language is fundamental to accessing the school curriculum in the UK (Cleave, 2006), and with an ever

increasing emphasis on verbalisation within the curriculum, the present research suggests that if a child does not speak at school, he or she will ultimately experience significant difficulties in accessing the National Curriculum, and increase the probability of other academic problems arising. It therefore reinforces the importance of identifying and supporting selectively mute children as soon as possible when the mutism becomes apparent, and in providing guidance and training to teachers about how they can best assess children and young people who are non-verbal.

In light of this finding, therefore, it is surprising that only one SLT mentioned the effect that selective mutism can have on a child's learning. SLTs in the study also appear to lack an awareness of the effect of selective mutism on the emotions and socialisation of a selectively mute child, with no SLTs discussing how selective mutism can impair a child socially and only one having an awareness of the emotional impact of selective mutism. In addition, although EPs had a good awareness of the impact of selective mutism on learning, they appear to lack an

understanding of the potential effects of selective mutism in other areas, with less than a quarter of EPs who participated in the study mentioning the emotional impact of the condition and a third mentioning the impact on socialisation.

This is concerning given that much research has recently highlighted the link between selective mutism and poor socialisation and increased isolation in children with the condition (Crundwell, 2006; Cunningham, McHolm & Boyle, 2006; Theodore, Bray, Kehle & Dioguardi, 2003). This research literature suggests that a lack of academic progress in school can be further compounded for these children by the lack of social progress which would inevitably arise through reduced, or perhaps, absent, communication with peers (Imich, 1998). For example, in a study conducted by Cunningham and colleagues (2006) which compared the social skills of 58 selectively mute children with 52 non-selectively mute children from a stratified random sample who were matched on age and gender, it was found (based on teacher and parent ratings) that children with selective mutism are at a higher risk of socially

phobic behaviour and social skills deficits than children without the condition. Crundwell (2006) has also suggested that selectively mute children may have increased problems with social interactions as they get older as they do not have opportunities to practice and improve their social skills.

The findings that EPs and SLTs may currently not be aware of these issues is consequently worrying and it appears that professionals need to be more informed about the potential consequences of selective mutism on the socialisation of children and young people with the condition. It is encouraging, however, that two of the teachers in the study mentioned that selectively mute children may not find it easy to interact with other children or make, or maintain, friendships.

Although only two parents took part in the present study, the findings also suggest that some parents currently lack an understanding and awareness of the potential effects of selective mutism on their child, with one parent reporting that it can affect the socialisation of a child (Hayden, 1980). Parents were

also not aware that selective mutism can affect their children academically or emotionally. These findings are important as no recent studies have explored parent perceptions of the impact of selective mutism on a child and so they may be used to inform the support which individuals receive during cases of selective, such as parent information packages or leaflets and family interventions.

In addition to parents, less than a quarter of EPs and SLTs and only one of the teachers understood selective mutism to have an emotional effect on a child, having the potential to negatively impact their confidence, mood and self-esteem. This finding is worrying given previous research which states that children with selective mutism are less independent and secure and confident within themselves than children without the condition (Young, Bunnel & Beidel, 2012). It has also been found that selectively mute children are at risk of developing mental health problems such as anxiety, depression, stress and eating disorders, both while they are mute and also as they get older (Flouri & Buchanan, 2000; Dean,

2012; Steinhausen, Wachter, Laimbock & Metzke, 2006).

It appears overall, therefore, that teachers, parents and professionals need to be more informed about the potential effects of selective mutism on a child. It is hoped that if these individuals are aware of the impact on a child's social, emotional and academic development, then selectively mute children are more likely to be identified and receive appropriate support and interventions in school. These particular findings therefore elucidate the need for an increased understanding of selective mutism among parents, teachers and professionals.

5.4. Research Question 3: What do parents, teachers, EPs and SLTs perceive as their role in cases of selective mutism?

The results of the present study suggest that there is an important role for professionals, teachers and parents to play in cases of selective mutism and that a collaborative approach to supporting selectively mute children is the most effective and helpful. This

supports and extends previous research literature which has found the most successful interventions with selectively mute children involve input from home, school and appropriate professionals (Lumb and Wolff, 1988). EPs and SLTs considered their role in these cases to involve support in four different areas (assessment, interventions, systems work and consultation), while teachers identified two areas (assessment and interventions) and parents one area (interventions) in which they can make contributions.

First and foremost, all of the EPs and the majority of SLTs teachers considered assessment work to be a major part of their role in supporting children and young people with selective mutism. The participants spoke about this role as arising from a need to clarify a selectively mute child's literacy, language or cognitive skills which can help schools to be more informed about the academic profile of the child. Manassis and colleagues (2007), based on a study which investigated memory and language skills in children with selective mutism, children with anxiety disorders and normal controls, found that language deficits and some memory deficits are evident in

selectively mute children. Consequently, these researchers stressed the importance of teachers and professionals assessing these skills (including phonemic awareness, grammar and working memory skills) in selectively mute children. The information which is acquired from such assessment work can then be used to inform interventions or support which a selectively mute child might need in school (Cleave, 2006; Johnson and Wintgens, 2001; Kristenson, 2004).

Consequently, in light of the potential negative impact of selective mutism on the learning and academic skills of children, which was discussed in the previous section, it appears that this contribution to cases of selective mutism is extremely important if a selectively mute child is to keep up with the National Curriculum, and thus avoid the long–term negative academic and employment outcomes associated with selectively mute children remaining unsupported (Dean, 2012; Imich, 1998; Manassis et al., 2007; Steinhausen, Wachter, Laimbock & Metzke, 2006).

EPs, SLTs, teachers and parents also saw a role for themselves in informing and supporting interventions for children and young people with selective mutism. In particular, EPs and SLTs in the present study felt that they could help inform teachers and parents and guide them about appropriate interventions for selectively mute children. This supports and extends recent research by Dean (2012) who found that teachers consider professionals such as EPs and SLTs to be uniquely placed to provide support in this area. This is encouraging, given that the research literature suggests that without such informed guidance, any strategies designed to help the child may in fact end up deepening the child's exclusion (either by acceptance of selective mutism or by reinforcing the mute behaviour) (Cleave, 2009; Dean, 2012; Johnson & Wintgens, 2001). It is also in line with findings that professionals can contribute to interventions which reflect on knowledge about the child's interactions both at home and in school (Cline & Baldwin, 2004; Johnson and Wintgens, 2001).

Furthermore, teachers in the present study felt that once they had received guidance and information

from EPs or SLTs, they were confident to set up and implement interventions, while parents felt that they could also be a part of interventions, predominantly in interacting with and helping to relieve the child's anxiety while these interventions were taking place. As only limited research has looked at the role of parents in interventions for selectively mute children, this finding is therefore reassuring and should be used to inform both EP and SLT work with parents and also strategies and interventions for the child.

With regards to the specific interventions which were discussed by the participants, the predominant interventions which were mentioned as being effective were behavioural interventions, such as the *'sliding-in'* technique and *'gradual desensitisation'* and also psycho-education interventions which involved school staff and parents (this will be further discussed below). These findings are important as previous findings about interventions for selective mutism are largely derived from clinic based samples and thus need to be considered with caution (e.g. Cohen et al., 2006; Anstendig, 1998; Standart & Le Couteur, 2003). The present study, however, gained

information from teachers, parents and professionals about non-clinic based selectively mute children, and thus provides details about the ways in which effective, individualised intervention programmes can be implemented in the school environment.

Consultation was also identified by more than half of EPs and SLTs as being a large part of their role in cases of selective mutism. As previously suggested by Davidson (2012), a consultation approach will allow information about the selectively mute child's background and current behaviours and learning to be collected so that a complete picture can be developed. These professionals discussed being well placed and having the ability to help the people around the child to deal with their emotions regarding a selectively mute child through a consultative process, which can help teachers and parents to feel calmer or more reassured. By using a consultation approach, EPs and SLTs may be able to support teachers before they become overwhelmed or frustrated with a selectively mute child in their class, and work in a collaborative manner with them in order to brainstorm ideas, set goals, share information and

develop interventions and strategies (Wagner, 2006; Davidson, 2012).

This is particularly important given that findings from the present research suggest that working with a selectively mute child can have a significant impact on teacher and parents and be a very emotional and potentially stressful experience, resulting in feelings such as shame, embarrassment, anger, guilt and hopelessness. Findings stipulate that many teachers and parents develop negative feelings towards both themselves (in terms of their role) and the selectively mute child. This supports past research such as Dean (2012) and Cline and Baldwin (1998)'s empirical studies which both explored teachers' experiences of working with selectively mute children, and which also interviewed teachers about their experiences of working with these children. These studies found that teachers sometimes perceive the selectively mute child as hostile, stubborn and wilful. EPs and SLTs in the present study therefore, felt that they can work with these individuals to reframe their thinking about the child and foster more positive feelings about themselves and their role or work. EPs and SLTs also have a role in providing support and reassurance to

teachers and parents (Ingersoll & Smith, 2003), something which Jordan and Stanovich (2003) have also reported, stating that applied psychologists are a valuable resource for teacher support. In particular, these professionals could promote teachers' professional confidence and self-efficacy which have been argued as personal resource factors to reduce the possibility of teachers' stress escalating to burnout (Dean, 2012; Schwarzer & Hallam, 2008).

As well as supporting them emotionally, EPs and SLTs also felt that they can use a consultation approach to work in collaboration with teachers and parents to come up with some strategies, such as *"parents coming in and playing with the child, doing activities where language would normally occur"* (EP #6), and facilitating processes such as referrals to other support services and home-school communication, which may improve the situation for the child and the people around the child (Gameson, Rhydderch, Ellis & Carroll, 2003, 2005; Gameson & Rhydderch, 2008).

In light of these findings in the present study, which suggest that working with a selectively mute child can have a negative impact on the feelings of teachers and parents, it is encouraging that the professionals considered systems work to be particularly important in cases of selective mutism, and an aspect of their role which sets them apart from other professionals who may look at within-child or single factors (Bronfenbrenner, 1979; Swick and Williams, 2006). In particular, all of the EPs and approximately half of the SLTs in the study felt that they have the ability to access the relevant contexts and work at the individual, group and organisational levels to promote positive change. EPs, in particular, with their knowledge of communication, social and school systems, considered themselves well placed to look at the whole child and all of the factors around the child in order to *"bring everything together*" (EP #8), and it was this role which some EPs identified as making their work distinctive within cases of selective mutism.

This is consistent with Johnson and Wintgen's (2001) judgments, in their *Selective Mutism Resource*

Manual book, that EPs may be able to provide assistance not just to the child, but to their families, teachers and school staff, looking at all the different contexts around the child. These findings are also in keeping with literature on the subject which suggests that most EPs today work in a “strategic, systematic and preventative” way, which impacts upon “…broader organisational contexts” (Webster et al, 2003 p.119), working in collaboration with children, teachers and school staff, parents and multi-agencies in order to consider the contextual and holistic factors that may be affecting a child’s learning or performance in school.

Overall, findings from the present study suggest that EPs, SLTs, teachers and parents can make distinct contributions to cases of selective mutism. However, whether schools and other professionals are aware of this contribution is something which is addressed by the next research question.

5.1. Research Question 4: What are the biggest challenges to the work of teachers, EPs and SLTS

in cases of selective mutism?

A number of challenges to working with a child with selective mutism were highlighted in the present study. Principally, the majority of professionals and teachers and all of the parents in the study felt that schools lack an awareness and understanding of selective mutism and that this can result in selectively mute children not being identified or prioritised for support in schools, compared to other children who may have behavioural, learning or cognitive difficulties. In light of findings related to the first research question, it appears that many schools (as well as professionals and parents) may not have a clear understanding of the causes, functions and characteristics of selective mutism and so may not be able to identify these children or be aware of the support which children with the condition need, and the importance of getting this support for these children as soon as possible. This is a worrying finding given that previous research has found that early identification and intervention are vital to effectively supporting children with selective mutism (Cohan et al., 2006; Schwartz & Shipon-Blum, 2005), and particularly in light of previous findings which have viewed the ‘wait and see’ philosophy within

some school settings as increasingly detrimental to the child's academic and social life, adding to the probability of a poor prognosis (Wright et al., 1985).

Many participants also felt that schools lack an understanding of which professionals can best support children with selective mutism and who they should refer these children to. In particular, all of the SLTs in the study and half of the EPs felt that schools often viewed selective mutism as being an issue for SLTs, as they are not aware of contemporary understandings of selective mutism and its link to anxiety and emotional issues. Participants also felt that schools had a narrow or limited view of the role which EPs (and other psychologists) could play in these cases; although participants thought that schools were aware that EPs could assess these children, they felt that schools lacked knowledge about other areas in which EPs could make a contribution, such as consultation, systems work and putting interventions in place (see research question 3 for more information about this).

Consequently, there is often a confusion within schools about referring selectively mute children, with schools not being aware of the work which EPs can do in cases of selective mutism, or not considering it worthwhile to use EP time on selectively mute children. This deviates from previous research from Stone and colleagues (2002) which suggests that psychologists such as EPs may often be the first professionals whom selectively mute children are referred to and the most common professional to identify and provide support in cases of this nature. As Stone’s study took place in the United States, however, the researcher proposes that this discrepancy may be due to differing EP practices and understandings of the EP role between the United States and the U.K. This finding also both supports and deviates from Dunsmuir, Clifford and Took (2006)’s findings that EPs and SLTs are the key professional groups working with children with selective mutism today; although SLTs appear to often be involved with selectively mute children in the present study, it was felt that EPs were not the main point of referral for children with selective mutism and this was something which the professional

participants felt hindered the support which children and young people with selective mutism receive.

In addition, over half of the professional and teacher participants thought that a lack of parental understanding about selective mutism was another challenge to supporting children with the condition. As this study looked at both parental understanding of selective mutism and also teacher and professionals' perceptions of this understanding, the present findings therefore extend and support previous research which looked solely at teacher's perceptions of parents of selectively mute children. Dean's (2012) study, for example, found that parents who were not engaging or were being avoidant served to exacerbate the situation and were a source of anxiety for the teacher participants.

In the present study, all of the teachers, four of the SLTs and nearly half of the EPs, thought that it was difficult for parents to understand that their child wasn't talking in school when they were verbal at home and in other settings. This supports previous

findings that parents of children with selective mutism are often unaware of their child's behaviour in school or other social settings, making it difficult for school staff to discuss a child's difficulties with selective mutism with parents, even in the most severe cases (Dean, 2012; Kopp and Gillberg, 1997; Krysanski, 2010). Indeed, participants felt that, due to this lack of understanding or awareness, some parents find it difficult to follow strategies designed to support the selectively mute child, e.g. not putting pressure on them to speak, and were often reluctant or anxious about taking part in interventions for their child. One teacher consequently called this aspect of her work with a selectively mute child *"the hardest thing"* (Teacher #11).

The nature of the work which professionals and teachers have to undertake on cases of selective mutism was also identified in the study as being a challenge. Participants pointed to these cases as being quite time consuming, since it often takes quite a long time to implement interventions and see any positive change in the verbal behaviour of the child. Indeed, in order to provide effective support,

participants from all of the groups in the study indicated that ongoing consultations and regular meetings need to take place between the teacher, parent and the SLT or EP to help teachers develop and implement intervention strategies, as well as providing a forum for discussion and support for them and parents. This supports previous assertions by Imich (1998) that time and patience are vital factors to these cases.

In addition, as selective mutism is quite a rare condition and one which many individuals have not encountered before, these cases also often involve professionals and teachers having to research selective mutism, and a number of EPs and SLTs spoke about staying *“up for hours each night reading everything I could find about selective mutism and what I could do to support the child”* (EP #8). These cases can also be quite demanding and call for professionals to work with many different groups or individuals in order to fully support the child. The demands of these cases can often result in high levels of emotions for professionals and teachers, who may feel deskilled or unconfident about their roles in these

cases and what they can contribute to them (see section 5.4 for more information).

Overall, it appears that the biggest challenges to supporting children with selective mutism is a lack of understanding within schools, and among parents and teachers, which consequently causes selectively mute children to be under-reported and identified, and not referred to relevant professionals who will be able to deal with many of the different aspects and dynamics of these cases.

5.5. Research Question 5: Is there anything that can be done to improve teacher, EP and SLT practice in cases of selective mutism?

The findings from the present study suggest that much can be done to improve the support which children with selective mutism receive from professionals, teachers and their parents. Overall, results indicate that increasing awareness of selective mutism within schools and across the groups working with children in school settings is extremely important

if selectively mute children are to receive targeted and effective support. This finding is particularly pertinent, as previous findings in the present study (as discussed in section 5.2) suggest that there is not a good awareness and understanding of selective mutism in schools today, particularly with regards to contemporary understandings of the condition which generally recognise selective mutism as anxiety based (Davidson, 2012). In light of this, the majority of EPs, SLTs, teachers and both parents in the study indicated that schools require training and support so that they can be fully informed about selective mutism and its causes and characteristics. This, in turn, might potentially increase the identification of children with selective mutism in schools and ensure that they receive timely support from the professionals who are best equipped to deal with these cases (Imich, 1998).

In addition to raising awareness of selective mutism, participants also felt that there needs to be an increased understanding of the roles which people can play in cases of selective mutism. By being more informed about the type of support which individuals can provide to children and young people with

selective mutism, participants indicated that schools will be more aware about who to contact when a selectively mute child is identified and what they can expect in terms of support from these individuals. It was felt by nearly all of the EPs, approximately half of SLTs and a third of teachers, that EPs in particular need to raise their profile and disseminate information about the work they can do in these cases, as there is currently sometimes quite a limited view within schools of the contributions which EPs can make to cases of selective mutism, besides assessment work.

Participants also indicated that parents need to be more informed about the important role which they can play in cases of selective mutism, and how valuable they can be to making their child feel more comfortable in the school setting during interventions. This is consistent with previous findings from a study by Davidson (2012) which interviewed teachers to gain information about their knowledge and awareness of selective mutism and their experiences in teaching these children. This study also found that it is extremely important for parents to be involved in a school's response to a child's selective mutism as

parents can play a large role in reducing their child's stress and anxiety levels.

To increase awareness and understanding of both selective mutism and the EP role (in addition to the roles of others), therefore, it was suggested that local authorities or EP and SLT services need to promote their roles through the literature of their services (e.g. information sheets, pamphlets, booklets, websites) which can be distributed to schools and parents, providing them with details about selective mutism, its diagnostic criteria, and the services they can access in order to support selectively mute children. This supports research by Davidson (2012) which found 40% of teacher participants reported a desire for resources about selective mutism, such as books, pamphlets, and websites. Information about strategies, classroom modifications and interventions which have a good evidence base with regards to children with selective mutism or other anxiety issues could also, therefore, be provided to schools, such as teachers using visual cues in the classroom (e.g. picture cards), refraining from pressuring the student to speak and involving the parent in classroom and

intervention strategies to decrease the child's anxiety levels (Cohan et al., 2006; Dow et al., 1995; Krysanski, 2003; Schwartz & Shipon-Blum, 2005). Information about specific interventions such as the sliding-in technique, which was most commonly used by participants in the present study, could also be provided and this supports an assertion by Mulligan (2012) that EPs are:

> a valuable resource as a consultant to families, school personnel, and medical professionals for children with selective mutism. The school psychologist has a unique opportunity to educate school personnel and the family of the selectively mute child regarding empirically supported treatments (pg. 86).

Additional resources (e.g. booklets etc.) by, and within, EP and SLT services can, therefore, increase awareness about selective mutism and the different roles individuals can play in these cases. In addition, findings from the present study also suggest that having reasonable access to resources at their services might decrease the amount of time which professionals need to spend reading around these

cases, something which was identified in this study as being a challenge to work of this nature. This would *"free up"* (EP #7) their time in schools and lead them to be more involved in implementing many of the recommendations made by the participants in this study such as being involved in developing interventions, undertaking systems work and working collaboratively with parents, teachers and other professionals within schools.

Increasing the amount of time which EPs and SLTs can spend working with each other and staff and parents within schools was also identified by participants in the present study as a way in which to improve practice within cases of selective mutism. Previous findings support using a collaborative approach to these cases. For example, in a study by Ford and colleagues (1998), which explored the mechanisms and interventions adults felt had been the biggest and most effective support to them and their mutism, 153 parents of children with selective mutism and also adults with selective mutism stated that parent-school collaboration, family support and psychological involvement had helped them the most,

in addition to an intervention which contained a gradual fading approach (e.g. the sliding in technique). It is encouraging, therefore, that the majority of professional participants in this study felt that a multi-disciplinary approach to these cases would be an excellent way in which to share information among professionals, so that each professional agency has a better understanding of the child's mutism, as well as what they can contribute to supporting them and the people around them. More collaborative work would also allow EPs and SLTs (and other professionals such as other type of Psychologists and Psychotherapists, for example) to share ideas and discuss what they have found to be effective within these cases so that these can be implemented into further practice (Plucker, Begheto & Dow, 2004). A collaborative approach to these cases would also offer opportunities for parents and teachers to share their ideas and information about the child which can be utilised in the development and implementation of interventions.

Training was also identified in the present study as a factor which could improve practice on cases of

selective mutism. In particular, EPs, SLTs and teachers felt that training about selective mutism on their initial training courses would be beneficial. Unfortunately, as selective mutism is a rare condition, it is not currently always included on the curriculum of initial training courses (Dean, 2012). However, participants suggested that it would be beneficial for these courses to include more information about children's emotional needs, particularly related to anxiety conditions. This may help professionals and teachers to feel more prepared when they encounter cases of selective mutism. In addition, it was suggested that initial training courses could provide their trainees with scenarios (e.g. role plays, vignettes) regarding selectively mute children, in order to get them thinking about the issues within these cases. This may also help them to realise that the skills which they are acquiring throughout their training can be transferred and used in cases of selective mutism. For example, one EP mentioned that they had learned all about consultation on her training but wasn't sure how she could apply these skills when she came across her first case of selective mutism. She, therefore, felt that this *"needs to be made clearer while you train"* (EP #1).

Continued Professional Development (CPD) was also something which the professional and teacher participants identified as helping to improve support to selectively mute children. Much literature has highlighted the importance of this type of training when working with children and young people (e.g. Roe, 2002), and Dean (2012) found that teachers who had access to training reported feeling supported, less anxious and more confident about their role in supporting selectively mute children. It was mentioned in the present study that team/staff meetings and supervision are good arenas in which to share information regarding cases of selective mutism that individuals have acquired and some of the factors or practices which have been found to be useful in these cases. Talking about selective mutism more, and having it on the agenda, could also help these individuals increase their confidence in working effectively with selectively mute children, thus allowing them to make important contributions to these cases (Johnson & Wintgens, 2001).

5.6. Chapter Summary

This chapter discussed the findings from the present study in order to provide information about how best to understand, identify and support children and young people with selective mutism. It also critically evaluated these findings with reference to previous theory and research. Implications of these findings for EP, SLT, teacher and other practice will now be outlined, alongside a discussion of the limitations of the study and suggestions for future research.

6. Conclusions

6.1. Limitations of the study and future research

There are a number of limitations associated with the present study. Firstly, as selective mutism is a rare condition and is often under-reported in schools, the researcher had some difficulty recruiting participants who had experience with at least one selectively mute child. In particular, the researcher found it very difficult to recruit parental and teacher participants. Previous studies have found that parents often do not recognise selective mutism as an issue in need of intervention (Hayden, 1980). In addition, other studies have found that children with selective mutism are significantly more likely to have one or both shy parents (51% versus 7%) compared to the general population (Brown & Lloyd, 1975), and that parents often blame themselves for their child's mutism, particularly if there is a genetic or familial history of anxiety (Garber & Robinson, 1997). Research also suggests that teachers may also sometimes blame themselves for a child's mutism or feel guilty due to certain negative feelings that arise from working with a selectively mute child (e.g. Dean, 2012). These

findings, therefore, might explain why the researcher had such difficulty recruiting parental and teacher participants to the present study.

Consequently, the study contained only a small sample size of teachers and parents, meaning that the results gathered here should be considered a limited representation of these populations regarding selective mutism. However, despite this limitation, this difficulty in recruiting parents and teachers to the study has implications for professional practice as it does suggest that interventions for selectively mute children need to address, not just the child themselves, but also parents and teachers. This, therefore, supports the rationale for the present study, which was based on Bronfenbrenner's (1977; 1979) eco-systemic model of development which acknowledges the role of different people in shaping the selectively mute child or young person's experiences.

In addition to this, one of the criteria used to select the professional and teacher participants in the present

study was that they would have encountered, interacted or worked with at least one selectively mute child since the beginning of their careers. However, many of the participants had been working at their present careers for at least seven years, with some EPs having worked professionally for as long as twenty years. This meant that it was difficult for some participants to recall exact details about the cases of selective mutism they had worked on and a few were unclear on certain facts about these children. Consequently, more accurate recollections and viewpoints about selective mutism may have been gathered by only interviewing participants who had worked with selectively mute children over the past five years. This would have limited the sample size quite significantly in the present study, however, and the researcher therefore did not impose this restriction when recruiting participants.

Another limitation in the current study was that information about the child's diagnosis of selective mutism was gathered from interviews of people around the child, rather than through direct observation by the researcher or medical information.

Thus, subjectivity, inaccuracies or omissions about these children were more likely. In addition, although the present study interviewed EPs, SLTs, teachers and parents, no information was gathered directly from the selectively mute children themselves, or children that were previously selectively mute. It would therefore be useful for future research to gain these children's experiences and opinions about their understanding of selective mutism and the support which they received. This could be done through conducting interviews in a context where the child spoke or providing them with questionnaires or rating scales (Omdal & Galloway, 2007; Mulligan, 2012).

Further research into the effectiveness of interventions used during cases of selective mutism would also be extremely beneficial to supporting children and young people with the condition. As has previously been mentioned in this research study, selective mutism is a condition which is often resistant to intervention, making it very difficult to support (Kyrsanski, 2003; Sanetti & Luiselli, 2009; Schwartz & Shipon Blum, 2005). It is also currently unclear whether any one intervention is consistently

successful in addressing the condition (Krysanski, 2003; Sanetti & Luiselli, 2009; Schwartz & Shipon-Blum, 2005). Although participants in the present study mentioned a number of different interventions which they used during these cases, it would be useful to gain additional details about which ones the key stakeholders in these cases felt were the most beneficial to the child. Information could also be gained directly from the child about this issue.

The present study also adopted a social constructionist framework, meaning that the interviews undertaken were concerned with the participants' constructions of reality. This framework adhered to the belief that these interviews were socially constructed on a moment-by-moment collaborative basis between the researcher and participants, meaning that the researcher may have had an influence on participant responses which might have acted as a potential threat to validity. The researcher was therefore aware of this issue and recognised the collaborative qualities of this type of qualitative data throughout the research and made every effort possible to meet and limit these effects.

Indeed, throughout the study, the researcher was extremely mindful that the success and validity of an interview rests on the extent to which the participants' opinions are truly reflected and their perspectives communicated (Punch, 2001). The researcher therefore tried to avoid using leading or rigidly imposed questions; questions were asked in such a way so that participants could explain their opinions and experiences in their own terms (Newton, 2010). There was also an awareness during the interviews and subsequent analysis that the researcher might have some preconceived ideas which might potentially influence what was, and was not, worth discussing and what was meaningful in the interviews. Consequently the researcher had an awareness of how these preconceived ideas, or beliefs, and personal constructions, might be influencing the interpretations of the words of participants.

Despite these efforts, it is acknowledged, given the very nature of face-to-face interviewing and the complexity of language in use, that the researcher may still have impacted on this aspect of the research

(Newton, 2010). However, the researcher deemed this form of design and analysis as being worth these risks and the most appropriate as they best enabled the researcher to gain a depth of meaning and new insights and understandings about selective mutism from participants.

Overall, regardless of these limitations and research needs, the results of the present study suggest that selective mutism is a serious condition which can have a significant effect on the social, academic and emotional development of children, as well as on the people around the selectively mute child. Despite this, however, findings indicate that there is currently not a good understanding of selective mutism among professionals, teachers and parents which can have serious implications on how children and young people with the condition are identified, supported and understood in school settings today. It appears from the current findings that EPs and SLTs are well placed to provide support, information and guidance to parents and teachers but that there needs to be a greater awareness in schools about what selective

mutism actually is and the professionals who are best trained to deal with these cases.

6.2. Implications for Practice

The findings from the present study have many practical implications for both psychology, education and educational psychology practice today.

6.2.1. The Impact of Selective Mutism

Results suggest that selective mutism can impact a child academically, socially and emotionally. It is imperative, therefore, that professionals, teachers and parents are aware of how best to support selectively mute children in these particular areas. However, findings from this study also suggest that selective mutism can have a significant effect not just on the child themselves, but also on the people around the child, leading to many high emotions and negative feelings (e.g. anger, frustration). These feelings are typically directed towards the child and also towards individuals themselves (e.g. teachers feeling deskilled) and others (e.g. towards parents due to their lack of understanding), and can act as barriers to a selectively mute child being identified,

supported and referred to adequate professionals in school settings. This study, therefore recommends that any individuals working on cases of selective mutism are fully aware and informed about this element of these cases and plan accordingly so that they can help support both the child and the people around the child. Information about how to do this is detailed below.

6.2.2. Roles within cases of selective mutism

The results of this study suggest that there is an important role for professionals, teachers and parents to play in cases of selective mutism, with professional participants identifying four different areas in which they can make contributions to these cases (assessment, interventions, systems work and consultation), teachers identifying two areas (assessment and interventions) and parents one area (interventions). This study also supports a collaborative approach to supporting selectively mute children as being the most effective and helpful, in which professionals, teachers and parents work together to support the selectively mute child. However, it appears that this type of work can only be

successful if there is greater clarity between these individuals about their roles and what each of them can contribute to cases of selective mutism. It also appears that this work can be jeopardised by a lack of awareness about selective mutism within schools and among parents and professionals today, both of which will be further discussed below.

6.2.3. Increasing awareness of selective mutism

There was no common understanding of selective mutism found among participants in this study, who prescribed many factors to the condition. This has serious consequences for the identification of selectively mute children in schools today and the subsequent support that they receive; if staff within schools do not know what selective mutism is and what the diagnostic factors for the condition are, then selectively mute children will not be identified and referred to relevant professionals. This is extremely worrying given that findings from the present study support previous research which found that selective mutism can have significant effects on a child's social, emotional development and academic achievement. It therefore appears imperative that schools today can

identify and recognise the distinct features of selective mutism. Consequently, findings indicate that EPs and SLTs have a large role to play in these cases in informing schools and parents about selective mutism. To do this, these professionals will themselves also need to increase their knowledge of selective mutism and have an awareness of contemporary understandings; why it occurs, how it can affect the child and people around the child, and what should be put in place to support or help the situation. EPs and SLTs should therefore constantly update and expand their understanding according to the most current research on the condition, with supervision, team meetings and professional training days being identified as ideal environments within which to do this.

6.2.4. Increasing awareness of roles

In addition to a lack of awareness in schools about selective mutism, findings from the present study also suggest that schools and parents do not currently have a good understanding of the roles which they, and outside professionals such as EPs and SLTs can

play in these cases. It is therefore essential that these professionals work to inform schools and parents about the areas in which they can make contributions and clarify their roles on cases of selective mutism. It is also recommended that EPs facilitate collaborative working between the selectively mute child's parents and teacher and the importance of this to cases of selective mutism, and particularly interventions put in place to support the child.

Furthermore, EPs were principally highlighted as needing to raise their profile with regards to cases of selective mutism and other cases related to anxiety and emotional issues. Findings from this study suggest that schools often have quite a narrow view of the EP role, and view assessment work as the primary area in which EPs can make a contribution. They are often, therefore, not the main point of referral of children with selective mutism. However, this study suggests that not referring selectively mute children to EP services may hinder their development and support, as EPs are in an excellent position to make contributions in many areas, (in addition to assessment work) and should therefore be one of the

first points of referral for these children. EPs, therefore, need to raise their profile and disseminate information about the work they can do in these cases so that schools view their time as worthwhile and beneficial. Without this, it appears that schools will continue to find it difficult to identify these children and who they should refer them too, meaning that EPs may be overlooked despite having the capacity to make an effective and distinct contribution to cases of selective mutism.

6.2.5. The need for systemic work and systemic interventions

As was previously mentioned earlier in this section, findings from this study stipulate that a systemic approach to cases of selective mutism will be the most effective. By focusing on the people and contexts around the child, it is suggested that this approach can promote long-term changes, helping people to move away from a within-child deficit model, and potentially reducing teacher stress and anxiety. Working with these groups will also enable professionals to gather a comprehensive picture and

history of the selectively mute child. EPs and SLTs therefore have a role to play with regards to systemic and family interventions; informing, guiding and helping them to *“break the cycle of negative reinforcement”* (EP #6) and this thus supports previous assertions that EPs may have an important role in helping to develop patience and positive relationships between home, school and professionals on these cases (Carlson, Mitchell and Segool, 2008).

This role for EPs and SLTs is particularly important in light of findings within this research which emphasise the need for parents (and schools) to be better informed about the aetiology and impact of selective mutism. Thus this study recommends that EPs and SLTs increase and develop the systemic work which they undertake on cases of selective mutism, particularly with regards to teacher and parent training or information sessions which previous research has also endorsed (Yeganeh, Beidel, Turner, Pina, & Silverman, 2003). This approach to these cases and interventions to support the selectively mute child are also in keeping with Johnson and Wintgens’ (2001)

assertion that both family and school involvement are necessary for a selectively mute child to be supported effectively.

6.2.6. Additional resources about selective mutism

To increase awareness about selective mutism and the roles which professionals, teachers and parents can undertake in these cases, findings from the present study suggest that EPs and other professional services need to provide schools with resources (e.g. booklets, pamphlets) which outline information about selective mutism and which professionals are best able to deal with these cases. Parents also need to be provided with resources in order to increase their understanding, particularly given that both the present research and previous research by Kopp and Gillberg (1997) suggests that teachers and school staff have difficulty in talking about selective mutism with the parents of children with the condition. Resources such as leaflets or booklets would therefore provide schools and parents with guidance and information, which can later be

strengthened through consultation and systems work undertaken by professionals working on these cases.

EP and SLT services also need to acquire resources about selective mutism so that these are easily accessible to professionals when a selectively mute child is referred to their services. This will make it easier for EPs and SLTs to research these cases and plan support and interventions, potentially increasing the amount of time they can spend working directly with the individuals involved in these cases.

6.2.7. The need for more multi-disciplinary and collaborative work

Multi-disciplinary work was finally identified in the present study as being needed on these cases. EP and SLT participants indicated that they often do not get an opportunity to work with other agencies on these cases and this can subsequently affect the level of support which children and young people with selective mutism receive. Joint working would allow EPs and SLTs (and any other relevant professionals) to share information about these cases and work

together to design and implement the most effective support possible. It would also enable these professionals to clearly clarify their roles and what each can contribute to these cases. This implication, thus supports Imich's (1998) assertion that close work between school, home and professionals will lead to a positive outcome for all on cases of selective mutism.

6.3. Summary and Conclusions

The present study explored how selectively mute children and young people are understood, identified and supported in school settings. By gaining information about the perspectives and experiences of key stakeholders, findings from this study contributed towards an increased understanding of the roles which parents, teachers and professionals can undertake in cases of selective mutism. They also highlighted some key issues which can facilitate and hinder the work of EPs and other professionals on cases of selective mutism. It is hoped that these findings can be used to inform future EP, SLT and teacher practice with regards to selectively mute children.

In particular, it is hoped that information from this study regarding the aetiology and behavioural manifestations of selective mutism (e.g. that it is often connected with anxiety and that some children with selective mutism may whisper or talk to certain people) can be used to increase more accurate identification and inclusion of children and young people with the condition. For example, if parents, teachers and professionals are aware of selective mutism and have an informed understanding of the condition then they are more likely to identify a child who may be selectively mute and be aware of the most effective strategies by which they can fully include this child in the school (or other relevant) settings. Similarly, if parents, teachers and professionals are aware of the roles which individuals can undertake in these cases, it is also hoped that these children will then be referred to the most appropriate professionals who can provide the most comprehensive support possible to both the child themselves, and the people around the child (e.g. supplying information to parents about what selective mutism is). Information from this study highlights the contributions which these groups can make to cases of selective mutism (i.e. assessment, consultation)

and this information is extremely important if targeted, systemic and effective interventions are to be put into place for children with the condition.

Overall, results from the present study also indicate that if EPs and other professionals can successfully promote and raise awareness within schools about selective mutism and the contributions which they can make to these cases, then they are in an ideal position to "aid in the process of the child's voice being heard in the school environment" (Mulligan, 2012, p.86), making effective and positive changes to not just the selectively mute child, but also the key individuals working and interacting with these children.

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Appendix A: Interview Schedule- EPs and SALTs:

1). Understanding of Selective Mutism:

- What is your understanding of the term Selective mutism?

2). Referral and Frequency of Involvement:

- Since the start of your career as an EP/ SALT, how often have you been involved in cases of selectively mute children and young people?

Probes: How many years have you worked as an EP/SALT?

- How/by whom were these children referred to you?

Probes: How long was it after the mutism started that the children were referred to you? What was the main reason for this referral, e.g. were staff feeling frustrated etc? Was it interfering with the child's academic and social development at school? etc.

3). Role and Contribution:

- What do you feel is the role of EPs/SALTs in supporting selectively mute children and young people?
- Can you give me some examples of the work which you undertook/are undertaking in cases of selective mutism please?

Probes: Can you please tell me a little about how you identify and assess children and young people with selective mutism? Are there any important factors in this assessment process which EPs/SALTs should be aware of?

- How long do you tend to be involved for in cases of Selective Mutism?

- Is there something unique that EPs/SALTs contribute to cases of selective mutism? If so what is their unique contribution?
- Has your work involved collaboration with any other professionals?

Probes: Psychotherapist, Speech and language, Clinical Psychologist.

Did any of these professionals take on a more prominent role?

Do you feel that all of these professionals worked well together?

- Has your involvement with children and young people with selective mutism changed the way you think about, and the way you work with, these children?

4). Interventions:

- Is there any particular approach to selective mutism you have found to be helpful?

Probes: CBT, Family therapy, Play Therapy, stimulus-fading etc.

5). Knowledge and Training:

- Do you feel that your training as an EP/SALT prepared you for your work within cases of selective mutism in schools?

Probes: Which aspect: academic, placement work, encountering a child with SM early on in career?

- Is there any additional training which you feel would be beneficial to your work in these cases?

Probes: e.g CBT etc.

6). Challenges:

- What would you consider to be the biggest challenges to the work of EPs/SALTs in cases of selective mutism?

Probes: Lack of time, resources, information/training, people (schools/parents) not understanding the role that EPs/SALTs and other professionals can play in cases of selective mutism.

- Is there anything else that can be done to support or improve EPs'/SALTS' involvement in cases of selective mutism? If so, what do you think this should/could be?

Appendix B: Interview Schedule- Teachers

1). Understanding of Selective Mutism:

- What is your understanding of the term selective mutism?

2). Frequency and Background:

- How many children and young people with selective mutism have you encountered during your teaching career?
- Can you tell me a bit about a selectively mute child/children that you have encountered during your teaching career?

Probes: Had you come across a selectively mute child before? If yes, what had been effective with this child? If no, how did you research/find out more about selective mutism?

3). Teacher's Thoughts about Selective Mutism:

- In what ways do you think selective mutism affected the child in school?

Probes: Academically, socially etc.?

- Did having the child in your class affect your work at all? If so, in what way?
- What were your personal feelings about the child's selective mutism?

Probes: Thinking the child will 'grow out of it', thinking it might be my fault?

4). Telling the school and parents:

- How long was it before you told the school about your concerns or the school became aware?
- Tell me about how you informed the parents about their child's selective mutism.

Probes: How did you feel about doing this? What was the parents' response?

5). Role and Contribution of Professionals:

- Did you work with any professionals in this case? If so, who were these professionals?
- What do you think was the role of these professionals in this case?

Probes: assessment, interventions, information etc?

- What do you think was your role in this case?

6). Support:

- Do you feel that you received enough support from the school during this time?

Probes: Tell me about some of the support you received. Did you receive enough information?

- Do you feel that you received enough support from professionals during this time?
- Is there anything else that you might have liked to receive from these professionals in terms of support?

7). Intervention:

- Is there any particular approach to selective mutism you have found to be helpful?

Probes: CBT, Family therapy, Play Therapy, stimulus-fading etc.

8). Training:

- Do you think your teacher training prepared you for this case?

Probes: If yes, in what way. If not, what could be done to better prepare teachers?

9). Changes:

- Do you think there is anything that could have made the situation better?
- Is there anything that you would do differently in future if you encountered a child with selective mutism in your class?

Appendix C: Interview Schedule- Parents

1). The child:

- Can you tell me a little bit about your child and their mutism?

Probes: Age, language, how long it lasted.

2). How parents are Informed:

- **How did your child's selective mutism first come to your attention?**

Probes: Were you informed by the school, an individual teacher? What did they tell you about selective mutism and what your child was doing in school? How long did it take for you to be informed after the Mutism was first noticed?

- **Did you know much about Selective Mutism when you were informed about your child?**

Probes: If no, then how did you gain information about it? If yes, where/why had you gained information about it?

3). Parents Thoughts about Selective Mutism:

- What were your personal thoughts about the situation when it was first brought to your attention?

Probes: Thinking the child will 'grow out of it', thinking it might be the teacher or the school's fault or that it was due to the child being shy?

- How do you feel that the selective mutism was affecting your child?

Probes: Academically, socially, etc.?

4). Role and Contribution of Professionals:

- Were there any professionals involved in your child's case? If so, who were these professionals?
- What do you feel was the role of these professionals in supporting your child?

Probes: assessment, interventions, information etc?

5). Support:

- Do you feel that you received enough support from your child's school during this time?

Probes: Tell me about some of the support you received. Did you receive enough information?

- Do you feel that you received enough support from professionals during this time?

Probes: Tell me about some of the support you received. Did you receive enough information?

- Is there anything else that you might have liked to receive from these professionals in terms of support?

6). Intervention:

- Is there any particular approach to selective mutism you have found to be helpful?

Probes: CBT, Family therapy, Play Therapy, stimulus-fading etc.

- Can you tell me a little bit about your involvement in the support which was offered to your son/daughter?

7). Changes:

- Do you think there is anything that could have made the situation better?

Probes: School informing you earlier, identifying it earlier, professional support etc.?

Appendix D: Example of Parent/Guardian Informaiton Sheet

Dear Parent/Guardian,

I am currently completing my doctorate in Professional Child, Adolescent and Educational Psychology at the Institute of Education, University of London and am a trainee Educational Psychologist (EP) for Westminster EP service. As part of my training, I am researching how children and young people with selective mutism can best be identified, assessed and supported in school settings and would like to gain information from parents, teachers and some professionals (EPs and Speech and Language Therapists) about these issues.

?????? school has informed me that your child has previously been diagnosed with selective mutism. I would therefore like to invite you to participate in my study. Participation would involve meeting with me at a time and place of your choosing to take part in a short interview (approximately 15 minutes) about your child and your experience with selective mutism. These interviews will be audio recorded for the purpose of the study. However, all of the personal information that you supply will be **strictly confidential** which will ensure that your identity is kept **anonymous** at all times. On completion of this research, the data will be retained for a further six months and then destroyed. If you would like to see a summary of findings from this study, then please contact me and I would be happy to provide you with this data when available.

Taking part in this study is entirely voluntary:

It is your decision to take part in this study. You may withdraw and discontinue participation at any time during the interview for any reason without penalty.

Questions:

If you have any questions or require any further information about this research project, please feel free to contact me at any time:

Appendix E: Example of Interview Transcript (EP)

Researcher (R): Ok so firstly I'm just wondering what you're understanding of the term selective mutism (SM) is?

Interviewer (I): As I understand it and I might be completely wrong but it's when there's a child who for some reason chooses not to communicate through speech. So it wouldn't be that there non-verbal, as in that they can't speak it would be that in certain situations and with certain people they choose not to speak but they do speak in other situations. That's how I understand it, is that right?!

R: Yeah I think that's pretty good. And so since the start of your career as an EP, how many years have you been qualified?

I: Oh, em…2 or 3 years. 3 years.

R: Ok so over the past few years, how often have you been involved in cases of SM?

I: Em, I've had quite a few actually. I'd say probably around ten-ish.

R: Wow, it's a lot! So do you want to maybe tell me a little bit about some of the cases that you've been involved in?

I: Yeah often they are either really long or really short, because often they are really little kids and for nursery kids, especially if they are EAL your involvement is usually very quick so you can have explain that this is normal for some kids and then you monitor and review but then sometimes there are cases were there does need to be long involvement. Anyway, so I had a really recent case and then I had one a little

while ago that were quite similar so I'll tell you about those. So this little boy was referred by the school. He was in nursery and they felt they needed a statement for him because he didn't speak but they knew he spoke at home. They thought that he had language difficulties but then they also thought that he was behind the other children developmentally so they wanted me involved. So a SLT had never been involved with this little boy. I met with the mum and there was quite a big background and issues with mum being depressed and a death in the family, so dad took on a lot of the care with the little boy but he was out of the house quite a lot. Neither of the parents' first language was English and I was told that the little boy speaks a lot at home and he can be quite controlling, so he would often play mum off dad because then once mum's depression was a little better she then wanted to parent him and she's a little bit more strict so then he would go to dad and so on but in school he didn't speak at all, not when I was first involved with him. I observed him and the other children would speak for him and I went over and said and the other children said 'oh he doesn't speak' but then I noticed that he was communicating with the other children non verbally but that he wasn't communicating at all with the other adults and then he started to communicate verbally with the other children as my involvement went on, which was probably half way through the nursery year. Em, yeah so that was how I came to be involved with him. But the really interesting that about that one, which is why I brought it up is that I asked the teacher about him being behind the rest of the children and she said to me 'well how can I assess him. He can't speak, which I thought was a bit unusual for a nursery teacher to say that because a lot of nursery children have issues with language so I talked to her about how she could communicate with him, even if it wasn't through language and how to assess him. And she was kind of saying 'how can I assess his maths, I ask him one plus one and he doesn't answer',

and I explained to her that there were loads of ways to do so we talked about things like that a lot. And then we got an SLT involved so that's the very recent case that I was involved with.

R: So it sounds like a lot of your work was with the people around the child?

I: Yeah, and it was a lot of unpicking what was going on. Not necessarily why he wasn't speaking, I mean after the initial meeting with the family it was clear that there were issues within the family that needed to be addressed and issues within the school so, for me, it kind of then became about how to assess children who are non-verbal for whatever reason and then he started to just communicate more once CAMHS got involved with his family so actually nothing directly in this case but I've worked on other cases where there has been a lot more of a focus on their mutism and kind of direct work. In this case, my work was with the adults.

R: Ok, so maybe could you tell me a little bit more about the direct work which you've done?

I: Yeah, so there was a little girl in one of my schools and it was a school where they had a high level of need so too many kids were on the SLT caseload, so this little girl, mum was quite cross that she was a selectively mute because mum said to me that she was very naughty at home, that she was a little madam, and that she comes into school and doesn't speak and she's just doing it for attention. And the school were also really annoyed with this girl and some of the interactions which they had with her were pretty negative. She would speak to other children and speak at playtime but when they'd ask her a question or something she wouldn't respond or she would whisper. So they found this quite rude and uncomfortable so it was impacting a lot on

the adults. But the SLT for the school at the time said ‘well I don’t know anything about SM’ and it was one of those odd situations that I kind of felt that it was very difficult for this little girl because of all the emotions involved, because I had done some work on these cases before and I had done some work with an SLT who showed me what she was doing when I was a trainee. First of all I was asked to assess the girl and she didn’t communicate with language so we did some work together and I noticed that when we worked together she didn’t speak to me but she was able to be responsive once you didn’t put her on the spot and ask her lots of questions. So I was doing some work with her and then modelling for the teacher how you can communicate with her without it being negative and getting frustrated. So then I watched them do work and I would reflect with the teacher about how that went. And then by the time that initial work was over I kind of felt that she needed something more specialist to help her, because there were lots of issues about her being absent from school and so then the SLT said that another SLT would come and do some work around her mutism so she then came and took over. So my role was modelling that kind of work and then she came in and started the work around getting her to speak.

R: Ok, that’s interesting. You’ve mentioned a few times about the emotions that these cases can create for people around the child. Do you feel that’s quite typical of these situations?

I: Yeah, definitely. In fact in every case I’ve done there’s been…I think teachers want to feel like they have relationships with these children, I mean everyone wants to have a relationship with people but to feel that you are one of the only people that the child doesn’t communicate with it can be really upsetting for the teacher so you sometimes see that sensitivity in them, you know they’re asking ‘well why isn’t she talking to me,

I am trying really hard with her' and I find as a psychologist, because I've been getting these cases since I was a trainee and I felt really out of my depth with the at the beginning but then I thought 'ok, as an EP what can I do' because it is to do with language but it's kind of that work, that work focused on emotions and attitudes that you can do a lot of as an EP, because often the kids are quite good and I haven't had an issues with the kids who are around these children but often the parents are also the ones who will be saying 'oh she's so naughty that she won't speak, she's very controlling anyway, that's how she is, she rules the family' so as a psychologist that feels comfortable, I know I can put my skills to work there but it takes a while to get your head around because you are put in a situation that feels quite specific, it's a specific difficulty that they're having and Speech and Language would be the most skilled to deal with it but you do find that people seek you out because you are a psychologist and you can deal with emotions and that stuff.

R: So do you feel that in schools there is a good understanding of SM and what it is and the professionals who should be involved in these cases?

I: No, I don't think so. I didn't have a good understanding at first because I feel I was lucky because where I worked there were a lot of these cases and so an SLT put together a pack about what it was and how to deal with it and they did some training that I went on. Within schools though I'm not sure if there's a good understanding but I've worked for 4 local authorities as a trainee and I haven't always been asked to be involved. But it's like the question you asked me at the beginning about my understanding, I still don't feel like I have a good understanding. I know what it is but I would always feel that a SLT would be involved because I would think they do the training where they learn about this. Actually, sorry I know I'm jumping off but I had

social services involved with this little boy I was working with and he had SM and myself and the teacher kind of came up with an intervention where he talked with his sister so we thought it would be good if he could talk to his sister and then gradually for the teacher to come in…

R: The sliding in technique?

I: Yeah, that's it and speech and language never got involved because it was a social services case and there was a very tight team around the child so I did work with the teacher there but I would usually not feel I was the person to advise on interventions around it because I feel that must be a part of SLT training whereas it's not a part of ours, or wasn't when I was training, that they would be trained in what it is and the interventions side of it but now I'm beginning to think that maybe that's a misunderstanding for me. I think it is linked to anxiety I suppose but then it's also to do with language difficulties.

R: Yeah, and did you work a lot with SLTs on these cases and other professionals?

I: Em, it's actually I think it depends on the way that you work. Here I've just done my bit. Where I worked before the schools used to have regular TAC meetings so any child that you worked with you never really ever worked alone, there was always a team so you would always discuss most kids with the other professionals so I did tend to do multi agency things there but it depends on the school and it depends on the Local Authority you are working for. And there's the whole working with an SLT is quite difficult because they are NHS funded and it can be difficult to meet with them.

R: Ok and what do you feel has been the biggest challenge to your work on these cases?

I: I guess there's not a lot written on it, there's one woman who writes everything, so it makes it really hard because you don't have good points of reference, especially if it's all written by one person. And there's not a lot of, when I was getting my first case I was a trainee and there wasn't that much that I found helpful and there was nothing from the EP perspective, about how you would or could support these children in your role but even having this conversation with you and thinking about it and the work I've done in the past you feel that well actually there is a lot we could offer but probably like me, other EPs would feel insecure, 'is this within my role?' 'how could I be used effectively here?' so I think that's the issues really, lack of stuff out there to read and specifically how it relates to EPs. I think obviously training would be really good for us. I think, it's such a specific thing that the amount of cases I've had and even if you are just doing short work in a nursery, it's good to kind of normalise things and to be able to talk about them quite confidently instead of being like 'oh I don't know, I don't know' so I think that would be good but if SLTs are saying it's not within their role then someone needs to know that it's their role because it is a school based issue. So clarification would be good and yeah training and joint working would be great so that SLTs and us can have these conversations together so it would be good to have opportunities for that.

Appendix F: Interview transcript with Codes and Themes

EP Interviewee

Interviewer: So, what is your understanding of the term Selective Mutism?

SM= Choice

Anxiety and dealing with anxiety.

Causes and functions of selective mutism

EP: Ok…em it's when children choose not to talk. Maybe because they are anxious or worried about something and it's their way of dealing with this. But even though they can speak, they choose not to do it.

I: Since the start of your career as an EP how often have you been involved in cases of Selective Mutism?

EP: Em…I've probably known about….about six probably and I've been an EP for 20 years.

I: Okay, so 6 in 20 years?

EP: Yes.

I: So can you tell me a little bit about your work on these cases?

EP: Yes, em, mostly what I have done is I have observed these children and I have also assessed these children to see if there are any underlying issues about why they aren't talking, so language issues and so on. And then what I have done is work with the adults who know the child best; so the parents, or the teacher or the key worker in a nursery and I've used consultation and together we've thought about strategies about helping the child to become less anxious. So things like, particularly, the first thing I always say is we shouldn't put pressure on the child. So everyone should stop saying ' we need the child to talk' particularly this is important for parents as often they are feeling very frustrated about this chatty child and the child that they know is not talking in school or nursery. So through consultation we've also thought about things that parents and schools can do, things like the parents coming in and playing with the child in the school so that the child feels more comfortable. In one case, this was quite useful, we had the parents videotape the child at home so that the teachers

Working with the people around the child

Working systemically

Thinking about strategies- e.g. not putting pressure on the child.

Role and Contribution on these cases

Observation, assessment- language issues etc.

Anxious

Causes and Functions

Parents- frustrated, difficult to understand given the context.

Parental confusion= Challenge

Parent and school contributions to these cases.

Putting interventions into place, e.g. videotaping.

Avoiding putting pressure on the child.

could see the child talking. Em, and what else? Just about trying to do activities together where language would naturally occur but without putting pressure on the child to talk.

I: Ok, so it seems that you make quite a big contribution to these

Emotions of people around the child

Effect of SM on people around the child

Anxiety

Not connected to speech and language issues.

Working with teachers and parents- about their emotions

Frustration of people around the child. Helplessness.

Emotional issues around SM.

Brining everything together- working systemically.

Emotions

Impact of emotions on the child.

Lack of awareness about EP role.

Speech and language issue

Schools lacking understanding of SM.

Feelings about these children

SM children not be prioritised- get overlooked.

Multi-disciplinary work

cases?

EP: Yeah, I suppose. One of the things that I'm quite keen on doing, because people tend to get quite cross around people who don't talk to them, em is to talk to people about how it's an anxiety issue and not really a speech and language issue or anything to do with a control mechanism. I think it's about trying to get the adults, so teachers and parents, to feel more clear about things and more confident because the frustration often comes from the fact that they're feeling helpless. So I suppose for us as EPs a big element of it is about the emotional aspect of it. I think we probably bring everything together and getting people to articulate how they are feeling in relation to the child. Looking at all the systems and bringing them together, so you're not just focused on one aspect of it. Managing people's emotions is also very important, and again, I don't think that's unique to EPs but I think that often in our role, we do often think about people's emotions about a child, and how they are impacting upon a child, so we try to calm it all down so that it doesn't have such a big impact..

I: Yeah.

EP: And I think awareness of EP's and the work they can do in these cases varies, often depending on the educational context, and their sensitivity to the needs of individual children. So I think that they would involve an EP if they had access to one, but they might go through a speech therapist first because they may think in many cases that the child might have a language difficulty and they might not realise yet that it's actually selective. But I think in schools, probably, children often go unnoticed and are an irritation to teachers who don't understand what's going on. And they often get overlooked compared to some other children.

I: And you mentioned SALTs, has your work involved collaboration with any other professionals?

EP: Em, no. I can't think of anybody else who has ever been involved.

I: Okay, and did anyone take a lead role in any of the cases you worked in?

EP: No, actually. I think it's one of those things, SM, because it does cross every area of concern it's quite a good way to be collaborative because everyone kind of feels at a loss and nobody knows exactly how to solve the problem. It isn't, although SALTs maybe the first point of referral from my experience they may not be that comfortable in managing these cases on their own, and might get stuck because they can't do therapy with children who are not talking.

I: Do you feel like your understanding of SM has changed since you started working with children with SM?

EP: Yes, well I suppose I hadn't realised until I met the first child I had about the anxiety thing, I had thought there was something, em, strong or controlling about it, which there is an element of but mostly it's the anxiety. Because it comes over very strong this refusal to talk so I hadn't realised how much of an anxiety related issues. And I suppose it was surprising to me, because the first child I worked with was the one we videotaped and she was so different in the different contexts. I found that surprising. There was such a sharp difference between the child in one context and another. And possibly there was a bit of a misunderstanding, because a child who appears so anxious in one environment could be fine at home. So that was something which opened my mind. And people's understanding of SM has changed over the years that I have been working with an EP.

I: Do you feel that there is any additional training which would be beneficial to your work in SM cases?

EP: Yes, I mean I've never had any informal training. So yes I think it would be beneficial. I think it would be important to have any training which is related to what you can actually do in schools. With these cases, I think often there's an assumption in schools that it may be something that children will grow out of so they may not involve people early on. I suppose there's an acceptance that develops that the child will not talk, so let's just leave it.

I: So do you think there is anything that can be done to support or improve EP involvement in cases of SM?

Feelings caused by SM

Professionals not feeling confident about their role/unsure what to do.

SLT- may not be best equipped.

Anxiety.

Control.

Feelings towards child and work on these cases.

Confusion about SM due to it taking place in school setting.

Changing view of SM

Lack of training about SM

Opportunities to improve practice.

Schools lacking understanding about SM.

Schools not referring/prioritising SM children.

Raising Awareness of the EP role

Improving support for children

EP: Awareness, awareness of the EP role to include more work with more complex children because I think we tend to get abit side-lined to children in relation to the curriculum and actually don't get to do a lot of work with regards to the emotional needs and so on of children. So schools are concerned with levels of achievement, and so may not be aware of what EPs can actually do, and add to cases of Selectively Mute children. So that would be a change in the EP role and EPs promoting themselves but it is also difficult to actually get schools to prioritise children with emotional needs and behavioural needs at the right time. But the quieter children, I think, don't cause enough concern.

EPs need to promote themselves and what they can do

Improving support for children

These children not prioritised

Challenges to support

Schools lack awareness of EP role on these cases

Challenges to support

Quiet children not a concern- SM children not prioritised

Challenges to support

Appendix G: Illustration of the design of the Interview Schedules (which questions were selected to address each research question).

Interview Schedule Question:	**Research Question**
EP and SLT Schedule Questions 1 and 2. Teacher Schedule 1 and 2. Parent Schedule 1 and 2.	1). What do parents, teachers, EPs and SLTs understand by the term selective mutism?
EP and SLT Schedule Question section 3. Teacher Schedule Question Section 3. Parent Schedule Question 3.	2). What do parents, teachers, EPs and SLTs consider to be the effect of selective mutism on children and young people?
EP and SLT Schedule Question section 3 and 4. Teacher Schedule Question Section 3 and 4.	3). What do parents, teachers, EPs and SLTs perceive as their

Parent Schedule Question 3, 4 and 5.	role in cases of selective mutism?
EP and SLT Schedule section 5. Teacher Schedule section 6. Parent Schedule section 5.	4). What are the biggest challenges to the work of teachers, EPs and SLTS in cases of selective mutism?
EP and SLT Schedule section 4 and 6. Teacher Schedule sections 7, 8 and 9. Parent Schedule sections 6 and 7.	5). Is there anything that can be done to improve teacher, EP and SLT practice in cases of selective mutism?