

Reluctant Speaking and Selective Mutism Resource Pack



**For those working within an early years or school setting
This resource pack will assist with the identification of difficulties
and support the implementation of strategies**

4th Edition

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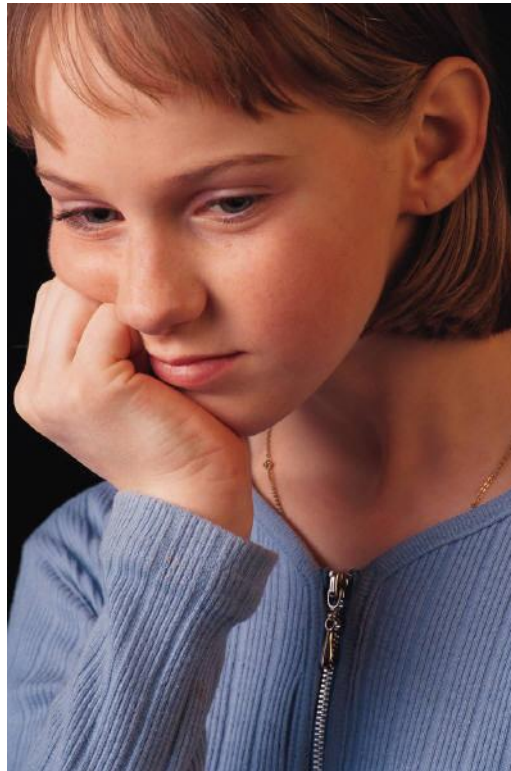
We would like to thank Maggie Johnson for her training and support in the development of this document.

What is Reluctant Speaking?

A reluctant speaker is a child who is anxious about speaking at pre-school or school.

In some cases children may be reluctant to speak as they start in their new school setting. For other children, they may become increasingly withdrawn and anxious at the pre-school / school stage. Some children may use gestures to communicate whilst others may only communicate with their peers rather than with teachers or only talk in single words or a whisper. The child's reluctance to speak is an indication of low confidence in speaking. In some cases the child can be reluctant to speak with particular people at home as well as in the pre-school or school setting.

A child who is reluctant to speak is at risk of developing Selective Mutism if they do not receive early intervention.



What is Selective Mutism?

Selective mutism is an anxiety based disorder when:

- A) A child has a consistent failure to speak in specific social situations at which there is an expectation for speaking.
- B) The disturbance interferes with educational or occupational achievement or with social communication.
- C) The duration of the disturbance is at least one month (not limited to the first month in school).
- D) The failure to speak is not due to a lack of knowledge or comfort with the spoken language required in the social situation.
- E) The disturbance is not 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.

The DSM V, states the aim of early interventions to support reluctant speakers is to have structured activities to increase a child's confidence in using his or her voice.

It is also noted that it is important to create a 'safe space' for the child and adult to work together. The adult should aim to create a relaxed atmosphere where there is a low demand for verbal communication (low communication load).

In a 'safe place' the child will not feel anxious and communication confidence can be re-built.

The child will become increasingly more relaxed in the adult's presence and more confident to communicate.

The purpose of the safe place is to gain the child's trust so the child looks forward to sessions and is relaxed.

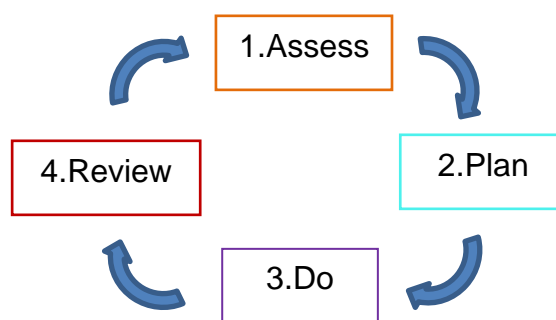
For younger children more play based sessions can be used to establish that the adult is supportive and non threatening.

Key principles will need to be followed i.e. not demanding eye contact, if the child speaks to you they may not in other situations or to other people. The child needs to be an active partner in this process. All activities need to be set at the child's developmental level.

Brief Introduction to Reluctant Speakers Pathway

The Reluctant Speakers Pathway is a result of the collaborative work between Leicester City Psychology Service, Leicestershire Educational Psychology Service, Leicester City Early Years Support Team, the Learning, Communication and Interaction Team (Leicester City), Social, emotional and mental health team, SMIRA and our Leicester, Leicestershire and Rutland NHS partners. The aim of the pathway is to ensure that children who are experiencing anxiety about communicating get access to the right support at the right time.

This document describes a pathway of support for children who are reluctant talkers and who are at risk of developing selective mutism in school. The pathway is built upon the four stage graduated response to meeting children and young people's individual needs; assess, plan, do and review as outlined in the SEND Code of Practice (2015). Each stage of the assess, plan, do, review cycle is colour coded in the Reluctant Speakers Pathway.



Where children are not on roll in a school setting and they are experiencing anxiety about speaking, advice and support can be sought in the first instance through the Children and Family Centres.

As part of the traded services offer training, assessment and casework is available from SEND Support Services.

RELUCTANT SPEAKERS and SELECTIVE MUTISM PATHWAY

Initial screen

Reluctance to speak has been present for more than one month and up to one term.
Consider EAL factors

Raise child's needs with the SENCO.

Advice given to family, child and staff

Concern identified by parent/carer or professional about child reluctant to talk in school/ setting

Concerns shared with school/setting SENCO or another support service and information gathered from parents. Possible referral to SEND Support Services/Early Years Support Team or Early Help Services and liaison with the Public Health Nurse (Health Visitor/School Nurse)*

Meeting/discussion with SENCO, parents and other appropriate professionals to plan support. Keyworker /key member of staff assigned

Strategies/first stage intervention implemented by the setting/school.

Child's progress reviewed by setting/school and parents (at least termly). Planning for transitions.

No Change

Complete further information gathering including speech, language and communication needs. Further involvement from specialist support services where required**.

Psychology Service consultation. SENCO co-ordinates multi-professional support.

Discuss with SALT where speech and language difficulties identified.

Further intervention and support implemented by school and reviewed after agreed timeframe.

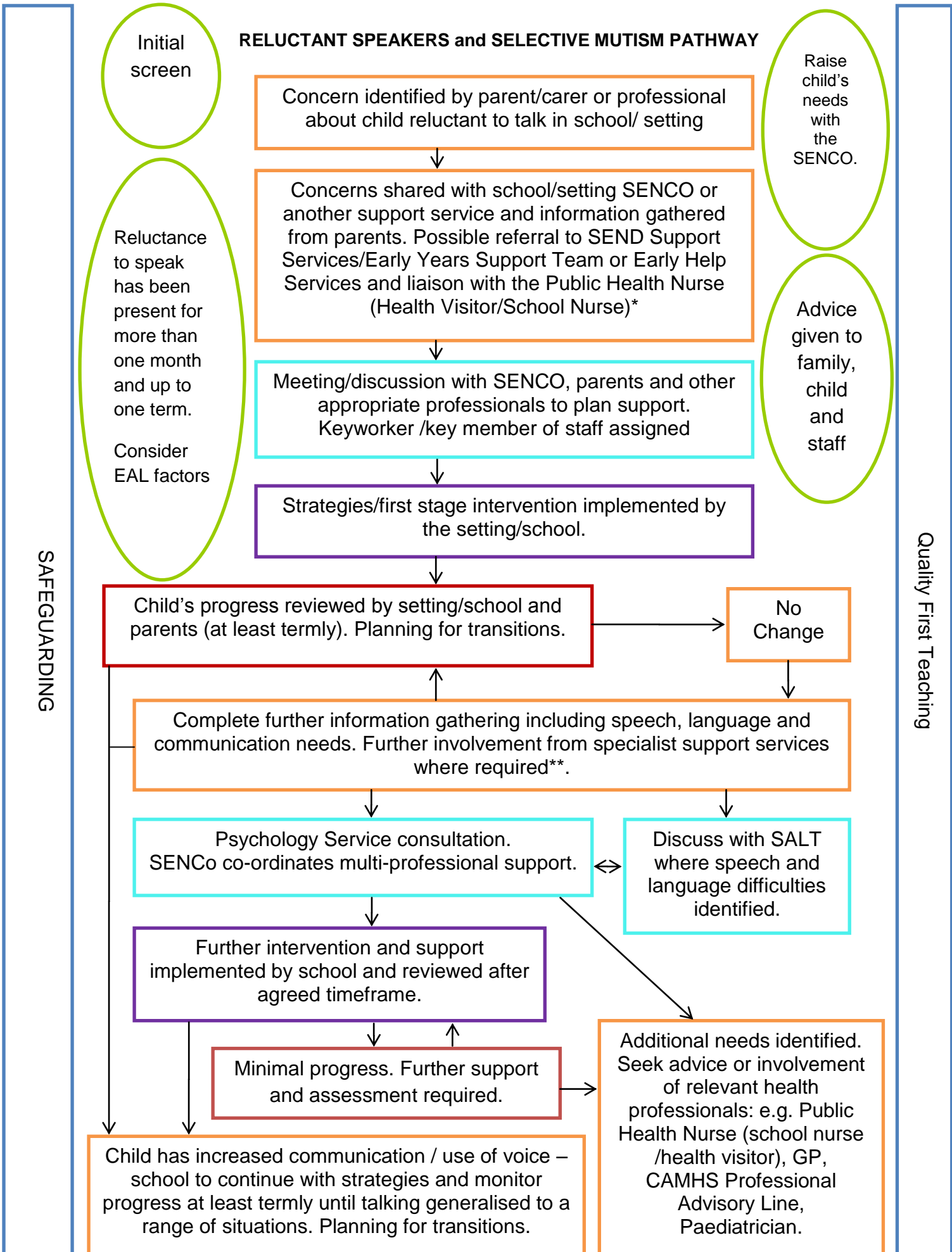
Minimal progress. Further support and assessment required.

Additional needs identified. Seek advice or involvement of relevant health professionals: e.g. Public Health Nurse (school nurse /health visitor), GP, CAMHS Professional Advisory Line, Paediatrician.

Child has increased communication / use of voice – school to continue with strategies and monitor progress at least termly until talking generalised to a range of situations. Planning for transitions.

SAFEGUARDING

Quality First Teaching



Footnotes to pathway

*Parental consent should be sought prior to contact with any specialist support services e.g. Public Health Nurse (HV/ SN), Early Years Support, Learning Communication and Interaction Team, Social, Emotional Mental Health Team, Psychology Service.

PROFESSIONALS WHO MAY BE INVOLVED IN THE PATHWAY

Reluctant Speakers may receive support from a range of professionals depending upon their presenting needs. Below are descriptions of the roles of some key professionals.

The role of the Public Health Nurse (Health Visitor)

Health visitors are registered nurses/midwives who have additional training in community public health nursing. They provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0-5 years and for vulnerable populations targeted according to need. Health visiting is a proactive, universal service that provides a platform from which to reach out to individuals and vulnerable groups, taking into account their different dynamics and needs, and reducing inequalities in health. Pre-school children and their families are a key focus.

The Public Health Nurse (Health Visitor) with parental consent will liaise and refer to specialist support services (e.g. Children's Early Help / Early Years Support Team) where a child is presenting as anxious about communicating and may be presenting as a reluctant speaker.

The SEND Support Service (Leicester City)

The Leicester City SEND Support Service consists of several specialist teams. The Early Years Support Team (EYST), the Learning, Communication and Interaction Team (LCI) and the Primary Social, Emotional and Mental Health Team (SEMH) and the Psychology Service are Leicester City SEND Support Services, who may contribute to the support arrangements for Reluctant Speakers in Schools.

The role of the Early Years Support Teacher/Area SENCO

The Early Years Support Team work within schools and settings, with children who are 0-5 years.

Once a referral has been received, the Early Years Support Teacher/Area SENCO will discuss the child's needs with the school/setting staff and may support the staff in meeting with parents and gathering further information. Following this the EYST will usually carry out observations and play-based assessment and then meet with

the setting and parents to share information from these and also to support in planning to meet the child's needs.

The Early Years Support teacher will support the school / setting in monitoring and reviewing the child's progress and following the review will discuss the possibility of a request for Educational Psychologist (EP) advice if limited progress is made.

The EYST will support settings/school in managing transitions within and across settings. At transition into KS1, the Early Years Teacher should discuss with either the EP or teachers from the SEND Support Service how the child will be supported as s/he moves on to the next phase.

The role of the Educational Psychologist

The role of the EP will be to provide consultation and psychological advice to adults who are working with the reluctant speaker regarding the child's special educational needs and the most appropriate interventions. EPs work with children from 0-25 with identified SEND needs.

With parental consent, the EP will work with the SENCo, teacher and/or keyworker to ensure a small stepped program of support is in place as well as classroom support.

Where agreed, the EP will become involved with a child, where either there has been limited progress despite interventions being put in place to build a child's confidence in communicating or there may be additional concerns regarding the child's special educational needs or emotional well-being and /or mental health.

The EP can provide a holistic assessment of the child's needs to inform consultation and intervention planning. With parental consent, the EP will liaise and refer to the Speech and Language Therapy Service, Early Help, Community Paediatrician where considered appropriate and where further specialist involvement is required.

In only a small number of cases the EP may provide direct intervention work with the child/ young person. The purpose of the EP's involvement and the time available will be agreed with the school and parents at the point of referral. The EP may contribute to the review of progress for the child and progress should be monitored by the school through the usual SEND processes.

The role of the Speech and Language Therapy Service

The Children's Speech and Language Therapy Service will be an active participant in the multi-agency collaborative assessment and intervention approach for reluctant talkers who also show specific difficulty with the development of speech, language and communication skills. The Speech and Language Therapy Service may work with children up to the age of 18 years.

The Speech and Language Therapist will contribute to the multi-agency assessment for these specific children when a request for involvement is made with agreement from the Psychology Service.

A speech and language therapy assessment will involve:

- Liaison with the child's parent/carer/other family members as needed, in order to collect all information relating to the child's speech, language, communication and associated skills and development. In addition, the family's patterns of communication will be considered. This will form the case history.
- Liaison with all other professionals involved with the child and the family in order to share and gather further information about the child's language and communication both at home and in different settings outside the home e.g. in school.
- The Speech and Language Therapist will assess the child's speech and language and communication skills. This will include direct and indirect assessment, with the spoken aspects needing an indirect assessment, in the child's home, via a parent/carer video, which the therapist will analyse.
- Participation in multi-agency meetings post assessment, when information gathered and assessments, including those from Speech and Language Therapy, can be discussed and the way forward agreed.

The '*timing*' of intervention from Children's Speech and Language Therapy will be agreed with the multi-agency group working with the child. This will be '*needs led*' and development on the pattern of difficulties being experienced by the child. Intervention for comprehension, non-verbal and social communication might be started in collaboration with other agencies working with the child.

Work on the spoken aspect of language, especially, speech sound work, will need to wait until intervention from other professionals for the anxiety aspects of the condition have produced positive outcomes resulting in the child being able to participate in spoken activities. Some intervention for spoken language development might be delivered indirectly in the home via training to parent/carers who will then carry out the intervention at home. The use of any necessary visual communication support or system can be implemented in collaboration with others working with the child.

Phase 1 - Meeting with parents to share information, resources and strategies



1. Who Should be at the Meeting?

Parents, teacher and other relevant staff should be invited to discuss concerns when a child is not talking within the school environment. This is an early stage so outside professionals are unlikely to be involved.

2. Purpose of the Meeting?

The purpose of the meeting is to ensure a shared understanding of the concerns raised and to look at early intervention within the school setting.

Members of staff can give reassurance to parents that there are changes that can be made to help the child develop their confidence in speaking. Communication and interaction can be a challenge for any child who is shy or reluctant to talk. However, with additional support this can be overcome.

The possibility that the observed behaviours may be characteristic of selective mutism should be held in mind. At this stage there is less emphasis on labelling a child with selective mutism and more on developing supportive, successful strategies.

Sharing information about the reluctant talking is recommended. Other professionals who may be consulted include the setting's educational psychologist and/or the local speech and language therapist.

3. Materials which will be helpful in preparing for the initial meeting

- 'The Selective Mutism Resource Manual: 2nd edition' - Maggie Johnson: Speechmark Publications. Essential reading.
- 'Silent Children' - DVD, (SMIRA)
- 'Can I tell you about selective mutism?' - (Jessica Kingsley , 2012)
- 'My friend Daniel Doesn't Talk' - (Speechmark Publications)

4. Materials that are recommended for parents

Selective mutism leaflets (available from SMIRA website www.smira.org.uk).

'Supporting children with Selective Mutism' a handout for parents.

5. Gathering information

Gather information about the individual's speaking habits and their 'talking environment'. Use the Behavioural Assessment (Cline and Baldwin Selective Mutism in children, 2004). This can be completed by parents or parents and teacher.

Identify a keyworker who will be able to support the child. The keyworker should be a member of staff who has a positive relationship with the child and time to provide daily support. The keyworker's role is to befriend and build rapport, using non-verbal activities. Parents can be included if the child is very young.

Plan to make small changes to the home and school environment using the information gained from the behavioural assessment.

6. Handouts

These information sheets can be given to parents to provide support and information – see appendices section.

- 'Supporting children with Selective Mutism'
- 'Creating a speaking environment at home and school'

7. Identify the stage of confident speaking

Use the stages of confident speaking from the selective mutism resource manual to identify target activities.

8. Identify any maintaining factors at home or school

See section on 'Maintaining Factors' in the Resource Manual and plan to:-

- Identify the anxiety triggers and agree a plan of small steps targets to overcome the anxiety of speaking for the child.
- Arrange a date to review the child's progress towards individualised targets.

9. Early intervention

Creating a supportive and therapeutic environment is essential for encouraging reluctant talkers to speak.

The aim of the keyworker is to support and create a positive environment for the child to develop positive communication and speaking.

Selective Mutism – Advice for Parents

(based on the work of Maggie Johnson and Alison Wintgens)



1. Ensure that your child feels valued and secure

Children with selective mutism get so anxious about talking that their vocal cords freeze and no sound can come out of their mouths. Any anxiety, disapproval or uncertainty they pick up will increase their own sense of guilt, failure and fear about the future, children can become anxious and tense and find it even harder to speak.

It is not just teasing that makes children feel bad about themselves. Repeatedly asking 'Did you talk today?' or 'How did you get on?' makes children dread going to school in case they let you down. Asking 'Why don't you talk?' implies that you don't like them the way they are, wish they were different and worst of all, have no idea what to do about it. They will worry that they are upsetting you and try to avoid talking situations.

We need to tell children why they find it hard to speak at certain times rather than asking questions they cannot answer. Reassure them that everyone grows up with childhood fears and although they find talking difficult right now, they'll find it gets easier as they get older. Their fear will go away if they get used to talking, one tiny step at a time. Your child needs approval whether they speak or not, so be positive about their efforts. The calmer you are, the more relaxed your child will be and the quicker they'll improve.

2. Try to reduce embarrassment or anger about your child's behaviour

We have to accept our children as they are and not put them on the spot by pushing them to talk to other people or drawing attention to their speech. Allow them to warm up in their own time, find activities to do together or give them a job to do and they are much more likely to relax sufficiently for their vocal cords to start moving again.

3. Build confidence by focusing on your child's achievements

In conversations with your friends, your child and yourself, focus on what your child CAN do, not on what they CAN'T. Support them in their interests and creative talents and find ways in which they can comfortably demonstrate their skills to others.

4. Educate family and friends about the nature of your child's difficulties

Make sure no-one pressures your child to speak and knows how to react when he or she does speak (not to over react). Help others respect alternative forms of communication – nodding, pointing, smiling, waving, writing, talking through a friend or parent etc.

For example:

“Joe needs a little while to warm up, please don't think he's being rude.”

“Aafiya will be full of this when she gets home but at the moment she needs to watch and listen before she's ready to join in.”

“Sam's having a great time and if we just let him join in at his own pace he'll be able to start talking.”

“Jaar can't answer your questions at the moment but he'd love to play with you if you do all the talking today.”

“Sarah's just going to listen and text her friends while we have a chat.”

“When Gemma is used to everyone she'll talk as much here as she does at home!”

“Can you please make sure no-one makes a big fuss when Dale starts talking? If you just talk back quietly he'll find it easy to carry on.”

5. Provide an escape route

If children are anxious about a school trip or going to a friend's house for example, arrange to pick them up at lunchtime so they only go for half the day or say you will phone at intervals to see if they need collecting. Gradually extend the time and keep your child in the picture about the time span.

6. **Keep busy and have a routine**

Activity and physical exercise are good for mind, body and soul and help to keep anxiety at bay. Sitting around doing nothing increases stress, as does uncertainty about the day's events. Start each day with a plan that includes exercise – whether this is letting off steam after school for younger children, sweeping up leaves or walking the dog for older children with an adult.



7. **Let children know what is happening**

Warn children of changes to their routine and prepare them for new events by talking through what will happen. Rehearse or make a game of real-life scenarios such as going to the doctors, opticians, going to a restaurant or ordering food. Take it in turns to be the patient, doctor, server, etc. and practice/write down phone calls.

8. **Make things easier for your child to achieve rather than allowing total avoidance**

If we do things for our children or let them avoid activities completely, we are giving children the message that these things are too difficult and threatening for them, and they should lean on adults to support and protect them. In short, through our fear of the child failing, we are taking away their opportunities to learn, experience success and become independent.

The secret is to make activities easier, shorter or more manageable so that children do not fail, and can feel proud of their achievements e.g. Instead of ordering for your child, ask them to show the waiter what they want.

Instead of avoiding a party completely, go for the first 10 minutes when it's quiet. Instead of taking something that is offered to your child, ask for it to be put it on the table so your child can take it when they are ready.

Instead of turning down an invitation, ask if you can go too as a helper.

If children are not attending school, do not let avoidance become a fun option. Make sure they stay in bed if they are unwell or do schoolwork during school hours rather than play. This way you are not rewarding your child for not going to school.

Discuss your child's concerns and enlist the school's support to ensure a positive return.

9. Accompany your child but as a general helper rather than their personal assistant

If the only way your child will attend a school trip, Brownies, football etc. is if you go with them, volunteer yourself as a general helper, make a point of talking to other children and get actively involved to assist socialisation rather than dependency.

10. Help your child offload their stress safely

Being watchful, anxious and unable to speak for much of the day is a great strain on everyone.

It is common and can be challenging for the whole family to get the brunt of SM children's pent up emotions when they come home from school, but they need you to understand that it is natural to feel this way and to provide a calm, safe place rather than more emotional upheaval. Your child may need a chance to relax completely after school before attempting homework, or a physical outlet for their frustration – trampoline, swing-ball or swimming for example. Violent computer games are NOT a good idea!

When upset, your teenage child may use a flat tone of voice which sounds rude and confrontational. Do not rise to this or you will escalate your child's stress and make things even worse. Recognise their anxiety, take a deep breath and continue in a calm gentle tone. If they lash out verbally or physically, calmly reflect, 'I'm sorry you've had such a bad day' and leave them on their own to listen to music, bash a pillow or put it on paper until they feel better. When things are calmer, acknowledge their frustration but explain that the family suffer during their outbursts so you will keep out of their way if they try to take it out on other people. Discuss alternative outlets and say that if you know what has upset them there may be something you can do to help.

Finally, look at your own lifestyle. Does your child have good reason to be concerned about your behaviour? They cannot improve while they are worrying about you.

11. Show your child it is OK to relax and have fun

If parents have unrealistic standards and try to keep their children and house spotless with everything in its place, their children will constantly worry about spilling or breaking something, getting food on their hands or faces, touching something unhygienic or making the room untidy. They will get extremely anxious at school or other people's houses where they perceive a different set of standards. They will not be able to tolerate lively, unstructured behaviour or engage in normal messy play like finger-painting, papier mâché or digging for worms.

This fear of getting dirty and putting something in the wrong place can spread to a fear of using toilets outside the home and inability to take risks. It will certainly impact on children's ability to relax around other people and make friends. It is important for all the family to enjoy mealtimes, gardening, cooking and play without fear of making a mess – put away the wet-wipes until the end of the activity!



12. Remember that it can be just as scary talking to children as adults

Help your child play with other children rather than leaving them to get on with it. Join in with them, starting with activities or games where talking is optional, so you can all concentrate on having fun.

13. If different languages are spoken at school and home, set a good example

Your child needs to hear you having a go at speaking the school language at school and with their new classmates. Show them learning is fun and mistakes are OK! Ask the teacher if your child can spend some time with other children who speak the same language for part of the day, teaching their vocabulary to English speaking children so everyone sees what it is like to learn something new.

14. Make explanations, instructions and reminders visual

Anxious children quickly feel overloaded, forget things easily and tend to take things literally or at face-value. Anxiety causes 'brain-freeze' so we are unable to take in all we hear and cannot think laterally or rationally. Put things on paper so that children have a checklist to follow rather than trying to remember instructions. If they repeatedly ask the same question for reassurance give them a visual reminder and respond to further questions by asking them to look at this and tell *you* the answer.

15. Establish safe boundaries with your child so they can take small steps forward

Laughing, singing, talking in unison and talking to parents will be a lot easier than talking to other people. But children are often afraid to do these things in case it draws attention to them and leads to an expectation to speak.

Reassure your child:

- Grandma knows you can't talk to her just yet, but it's OK to talk to me and Daddy in front of her.
- It's hard to talk to your teacher at the moment but it's OK to laugh.
- It's OK to join in the singing, no-one will make you talk afterwards.
- It's fine to talk to us here in a very quiet voice, no-one will make a fuss.
- You don't need to speak on your own, you can just try joining in when everyone speaks together.

16. Use telephone and recording devices as a stepping-stone to the real thing

Go to www.talkingproducts.co.uk for lovely ideas for presents and talking practice – children can personalise greetings cards with a recorded message or make a talking photo album for example. If children cannot speak to their relatives or teacher face to face yet, they could leave a message on a mobile phone or have a conversation via a 'Talking Pod' or MP3 player. How about encouraging siblings to take it in turns to record the message on your home answerphone? Teachers can listen to children reading to their parents over the phone rather than in the classroom.

Finally, children can get used to talking to strangers by practising with voice recognition software (e.g. Virgin Telesales 0871 977 4222 or Train Tracker 0871 200 4950). This builds up both confidence and volume, safe in the knowledge that it's a robot, not a real person. Before you know it they're ordering a take away over the phone!

17. Encourage a very quiet voice rather than whispering

Accept whispering on the odd occasion if you can genuinely hear and are in a hurry but try not to lower your head so that your child can whisper in your ear. This easily becomes a habit and another form of avoidance. If your child wants to talk to you but is worried about being overheard, either:

- a) turn so that you are blocking your child's view of the person they are concerned about and, maintaining eye-contact, quietly say 'Pardon?' (do not whisper!). Or
- b) move far enough away from the other person so that your child can speak to you face to face rather than in your ear. If you are in the middle of a conversation ask your child to wait a moment before you come and speak to them.

There is no need to explain what you are doing but if your child asks why they can't whisper, explain that too much whispering will give them a sore throat. You can even demonstrate that whispering is easier to hear across a room than a very quiet voice! N.B. This technique only works for parents and people with whom the child has no difficulty talking to when there's no-one else around.

18. Ask friends, relatives, shop-assistants etc to speak to your child through you if you know they will not be able to respond directly e.g.

'What colour would your son like to try on first?'
'Max, what colour would you like to try on first?'
(*Max points to brown shoes*) 'He'd like to try on the brown ones please.'
'I love Max's blazer. Could you ask him what school he goes to?'
'Max –what's the name of your school?'
'St. Joseph's'
'Max says it's called St. Joseph's.'

If children are relaxed with you in public and know you are not pushing them to talk directly to other people, you will find that they begin to cut out the middle man!

19. Push the boundaries, starting with safe strangers

Do not be afraid to let children go without every now and then so they develop that bit of extra determination to confront and overcome their fears. They'll often surprise you! E.g. explain you are too busy to stop what you are doing but there is the money if they want to get an ice-cream. Do not get it for them. If the ice-cream van drives away, calmly say, 'Never mind, you can try again tomorrow'.

Reassure children that only a couple of words are needed and there will be no need to have a conversation.

20. Acknowledge anxiety but do not fuel it with an emotional reaction; calmly provide a diversion or clear plan of action

Children need brief sympathy followed by matter of fact guidance and strength – not anger, worried looks or protective cuddles which just confirm that there is something to be afraid of. For example, if they don't want to go to the doctor's say 'We can take something with us to play in the waiting room'.

Let's choose something and have a game now'. If they have difficulty separating from you, stay but do not cling to them or put them on your lap – explore the room together and find things to do. If appropriate, explain how you or others are going to make situations manageable for your child.

Older children will need to discuss their fears about starting a new school, changing class, going on a school trip etc. Externalise their anxieties by breaking the events down and writing each component on a post-it note – the coach-journey, taking the right clothes, getting to the toilet in time etc. Then sort the post-it notes into 3 columns – things I don't have to worry about, things that worry me a bit and things that worry me a lot. Now you can agree on which part to tackle first and strategies to help. Some post-it notes you will leave to deal with another time but already the anxiety will be out of the child's head and seem more manageable. Unless problems are broken down in this way, children will want to avoid situations completely without understanding the specific source of their anxiety.

21. Answer anxiety questions with another question so that your child becomes the problem solver

Children tend to bombard parents with questions as they try to control their anxiety, e.g.

Who's going to be there?
How long will it last?
Have they gone?
Are you going to use the phone? etc.

Instead of answering (which tends to become very circular) ask a question back so that children start to understand their anxiety, e.g.

Is there anyone you are worried about?
How long do you think you can manage?
Why do you need to know if they have gone?
Does it bother you if I use the phone?

22. Celebrate your child's unique qualities

We cannot change the personality of SM children – and wouldn't want to! They are naturally sensitive individuals who take life seriously and set themselves impossibly high standards. The downside is a tendency to be overwhelmed by novelty, change and criticism; the upside is an empathetic, loyal and conscientious nature. When treated fairly and allowed to show their true colours, SM students often display far more creativity and insight than their peers.



Creating The Right Environment At Home and School

Based on the work of Maggie Johnson and Alison Wintgens



DO:

- openly acknowledge the child's speech difficulty in an accepting and relaxed way, while stressing that the situation is only temporary;
- reassure the child they will find talking easier if they just take things slowly and try to join in one small step at a time;
- try to visit the child at home to build rapport in a non-threatening environment;
- encourage communication in a relaxed atmosphere, with no pressure on the child to actually speak e.g. by warmly responding to attempts to communicate through gesture;
- allow the child to sit and work with friends they talk to within their own home;
- introduce alternative forms of communication (e.g. pointing, holding up a picture, using a dry-wipe board) as a temporary stepping stone while the child is finding speech difficult;
- include whole class or small group activities which do not require speech, making this clear *before* the activity;
- invite parents to take part in classroom activities to ease the child into talking at school;
- encourage parents to invite classmates home after school and during holidays;
- prepare the child for changes and transitions well in advance, with photos, visits, and pictorial timetables;

- provide the *opportunity* rather than expectation to join in, e.g. 'I love this colour - I wonder what your favourite colour is?'; 'Look at this! I bet you haven't seen one of those before';
- try to find time to be with the child alone in a corner of the classroom or in a quiet room;
- set tasks which provide opportunities for speech in situations which the child may find less threatening e.g. 'Can you take [new child] to the pegs and show her where to put her PE bag?'; 'Take Mummy to the hall and show her the models we've been making for assembly', 'Please help [less able child] tidy up - he's not sure what he's got to do';
- actively support friendships and associations with other children;
- use puppets, masks, voice-activated toys and recorded messages to help the child adopt another 'persona';
- allow hands-up or involve whole class in a social activity at registration;
- ensure relatives, supply teachers, playground and canteen staff understand the child's needs.

DO NOT:

- be hurt or offended when children remain silent;
- beg, bribe or challenge the child to speak, nor let on how important it is to you to hear them talk;
- ask direct questions which put the child on the spot, especially when others are watching and waiting for an answer;
- look directly at the child after providing the opportunity to speak;
- anticipate the child's every need;
- give special attention for being silent, but do reward effort to communicate, help or participate in whatever form that may take.

Selective Mutism: Maintaining Factors

Written by Maggie Johnson and Alison Wintgens 2013

Selectively mute children have associated the need to socially engage or communicate with severe anxiety in the past, and subsequently link communication outside the immediate family to unpleasant feelings such as discomfort, fear or nausea. They learn to avoid such feelings by remaining silent. Unwittingly, we often reinforce this avoidance.



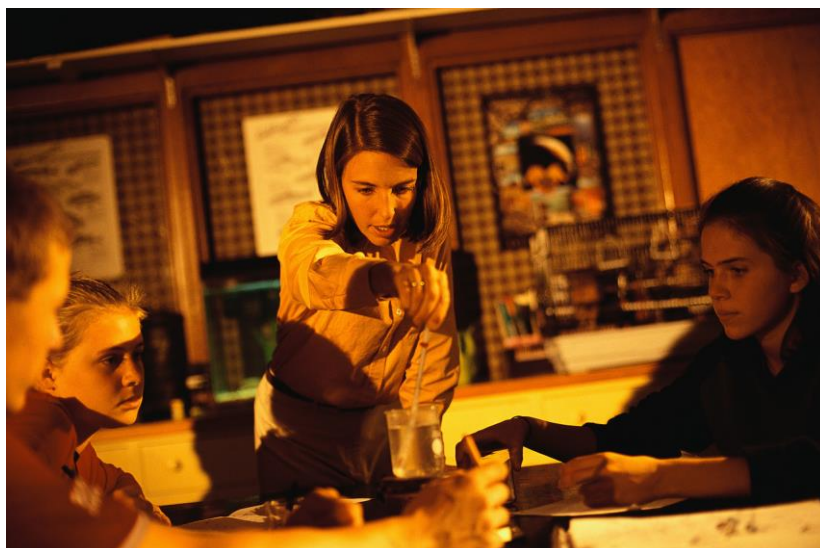
Possible home factors maintaining silence / delaying improvement

- little expectation or need to speak/communicate
- parent always takes lead to spare embarrassment/anxiety/disappointment
- silence modelled as a reaction to visitors
- limited social life/modelling of social interaction
- intense warnings about speaking to strangers/taking risks
- ready acceptance of mutism prevents child seeing that change is possible/desirable
- love/cuddles given for withdrawal rather than participation
- child pressed to talk when clearly uncomfortable
- speech withdrawal/anxiety not acknowledged
- mutism causing family members great anxiety which is conveyed to child (e.g. frequent questioning about progress, sharing concerns in front of child)



Possible school factors maintaining silence / delaying improvement

- silence is accepted, but only after child has 'had a go' at speech
- rewards in place for what child might do, rather than what child actually does
- child feels expectation to speak e.g. 'Are you ready to talk to me today?' 'I can't help you if you don't tell me'
- speech withdrawal/anxiety not acknowledged
- always a large audience no opportunities for small group work i.e. one or two children in a place they aren't overheard
- teasing/name-calling/demands to talk from peers
- lack of social relationships/ isolation/ ignored by peers and/or teachers
- breakdown of trust (e.g. teacher given video/tape without child's consent)
- mixed messages/expectations



General anxiety triggers

- mixed messages/expectations
- a lack of size/familiarity within the immediate audience
- being overheard by others (location/background noise)
- watching child/expecting eye-contact
- adults'/children's expectation of response (time-pressure)
- amount of articulatory/physical effort/speech volume required
- listener's knowledge of mutism/likelihood of reacting to speech
- fear of consequences
- communication load (see below)

Communication load

- risk of error/ blunder
- linguistic complexity/ sentence length
- need to initiate/volunteer (verbal/non-verbal)
- exposure to value judgement

Phase Two: Strategies and First Step Interventions

Activities to Build Confidence



The keyworker can use a range of approaches and activities to develop rapport with the child. The time with a key worker should be fun. There are a number of key principles in implementing first step intervention:

- Create an accepting and rewarding atmosphere, helping the child to feel valued, regardless of any talking.
- Do not put any pressure on the child to talk. Have a quiet word with the child, explaining that you understand that it is difficult for them, and that they can talk when they are ready.
- Do not insist on eye contact initially.
- Try a little bit of regular special time, playing or doing an activity without demanding speech.
- Give the child plenty of encouragement to interact with the other children.
- Encourage joint activities with a quieter child to see if a friendship can develop.
- Try some small group or whole class activities in unison, chanting or reciting a well-known rhyme, counting or reading all together. Sometimes it helps to clap or tap a steady rhythm at the same time.
- At story time get the child to sit close enough to the front to be involved occasionally in turning a page if you also ask others.
- Give praise for any of the child's achievements.
- Do not make the register an issue – accept a smile, nod or raised hand.
- Wherever possible adapt the curriculum so tasks can be achieved through non-verbal communication as a matter of course, rather than as a substitute for speech.

- Try to make sure the child is
 - a) not getting extra attention for silence and
 - b) not too comfortable with alternative forms of communication.
- Use louder instruments in music sessions.
- Encourage the child to find a space gradually further away from the wall or the teacher in physical education or hall sessions.
- Encourage the child to join in mime or movement sessions with bigger, stronger actions.
- Develop confidence on the climbing apparatus in the hall or playground, perhaps with some extra encouragement in an individual or small group session with a classroom assistant when others are not around.
- Give jobs or responsibilities in the classroom and ask the child to run errands, perhaps with another child at first, such as taking the register to the office.
- Use puppets in play or drama, possibly in conjunction with a screen.
- Encouraging artistic expression through clay and painting, movement and dance.
- Trying noisy group activities such as pretending to be big, fierce animals or doing tribal dances accompanied by vocalisation.
- Play structured games and activities such as connect 4, pairs.

For younger children

- Parents may stay with their child to allow them to settle.
- Take a non-directive approach following the child's and focus of attention, showing interest in his or her choice of activity. Gradually suggest ways of developing the play or activity and encourage co-operative play with comments such as 'why don't we try giving all the animals a ride?' or 'I wonder which one would look nice in here?'

Summary of Activities Based on the Selective Mutism Resource Manual

(2016, Johnson p 344 -377).

| Stage of confidence in speaking | Aim of the activity for building communication confidence | High non-verbal communication and low verbal communication |
|--|--|--|
| 1. Helping the frozen child to relax. | <p>Activities based on the child's interest where the adult follows the child's lead (at first). The aim is to provide a safe place where the child can enjoy an activity with an adult where a positive relationship is built.</p> <p>Painting a picture, jumping and popping toys, jigsaws, looking for objects buried in sand, dolls tea party, building with bricks or demonstrate a game on the computer.</p> | <div style="border: 1px solid black; height: 520px; width: 100%;"></div> |
| 2. Helping the child to relax and participate. | Activities based on increasing non-verbal participation i.e. board games, pegboard patterns, picture matching and sorting, continued use of construction toys i.e. Lego, craft activities drawing and colouring. The aim is for increased participation. | |
| 3. Using non-verbal and written communication. | Activities based on increased non-verbal communication i.e. guessing games, mime lotto, no peeping game, guess the action, complete the puzzle (using mimes), memory games, finish the sentence, Simon says (in a group). The aim is for more non-verbal communication. | |
| 4. Talking through other people. | Activities require more non-verbal communication i.e. making sounds, tapping, clapping, drawing, humming, hand snap (no voice used), sound lotto, animal noises, and whispering letter sounds (s, sh, h, t, k, ch). The aim is to produce sounds with an adult. | |
| 5. Using voice to make sounds or read aloud. | Activities where the child may not be speaking directly to the keyworker but may speak with a peer or a family member or chanting in unison (rote counting, days of the week, months of the year, letters of the alphabet and rhymes). The child may record their voice for the keyworker to hear. The aim is for the child to increase the use of their voice into more words with the keyworker. | |
| 6. Using single words to communicate | Speech has been established with the keyworker in the safe place. Activities where there is more spontaneous language. Activities require more complex verbal interaction i.e. yes or no game with silly sentences, Bingo or Lotto games, Snap card game, pick a sweet (name of colour), easy questions requiring a single word answer, pairs, solve a riddle activity. | |
| 7. Using phrases or sentences to communicate | Extension of stage six activities with more verbal communication i.e. 'yes', 'no' or 'I don't know', colour quiz, lotto, harder questions, pick two sweets, finish the sentence, silly sentences. The aim is for the child to speak in longer sentences. | |
| 8. Using connected sentences in conversation. | Activities are better suited to a group good for talking circle activities i.e. all change, alphabet string, name throwing, pot luck questions, I went to the market, telling jokes. The aim is for the child to become comfortable speaking in larger groups. | |

Low non-verbal communication and high verbal communication

Good practice

- Encourage home/school connections, in the form of artwork taken home or something from home brought to school and shown off.
- Keep open relaxed communication between school and the parents, Parents themselves shy and may be embarrassed or resent having attention drawn to their child's lack of communication.
- Remember that the child may have other developmental or educational difficulties, so keep an eye open for these and do not put everything down to the selective mutism.
- Keep an eye open for teasing or bullying, remembering that SM children will not be able to report it for themselves.
- When changing class, the hand-over needs to be carefully planned, ideally with the new teacher coming into the nursery or old class.
- Include individual targets for confidence building and independence if the child is also reticent in situations that do not require speech (see section below for some ideas).
- Remember that when anxious students need help they find it hard to make the first move. Ask quietly during the lesson if there's anything they're not clear about and ensure afterwards that assignments etc. are understood.
- Ensure that students can leave to use the toilet or for any emergency without seeking permission. Consider a whole class system such as signing out that does not discriminate against individuals who find it difficult to make requests.
- Encourage others to make a seat available to the student rather than expecting them to find their own place.
- Always smile at the student, make them feel welcome and say 'Hello' even when no answer is forthcoming.
- Ensure no-one takes it personally if the student maintains a blank expression.
- Agree with the student that you will give advance warning of any questions or that they will signal if they are comfortable to be chosen.
- Avoid asking direct questions and allow students to make their contribution later on in writing or on a one to one basis.

References

'Supporting Quiet Children: Exciting ideas and activities to help *Reluctant Talkers* become confident' by Maggie Johnson.

Phase Three: Further assessment and Intervention

The Leicester City and Leicestershire Educational Psychology Service will carry out a psychological assessment of the child including their speaking habits, predisposing and maintaining factors. The Educational Psychologist may suggest a single point of access referral and a multidisciplinary meeting may be convened.



Intervention

Following a review of early interventions, a structured behavioural intervention may be implemented in consultation with an educational psychologist. Behavioural interventions have been found to be the most effective with children with Selective Mutism.

The Selective Mutism Resource Manual is an excellent resource that may be used to guide practitioners in their intervention. During the process of intervention it will be important to track the stages of confident speaking.

Behavioural Interventions for eliciting speech

All behavioural interventions need to be small steps following a systematic progression. The child should be an active participant in the plan and intervention process and the child should set the pace of the intervention. A child should be prepared for participating in an intervention by reassuring the child.

You may want to say:

‘I know how it feels. I want to help you get rid of that feeling’.

‘You are not alone’.

‘There’s a reason why you feel this way’.

‘This is how we do it – tiny steps’.

‘It won’t always be this way’.

Sliding in approach (Stimulus Fading)

A conversational partner is required for this approach - that is a trusted person with whom the child will speak. With this approach the child talks with a trusted conversational partner (e.g. parent / peer) in a 'minimal anxiety situation' and then one factor is changed. The target may be for the child to speak freely when the keyworker enters. There may be a number of small graded steps to reach this point. For example the keyworker is in the next room and the child speaks with the door ajar.

Shaping / Lone talking

Shaping works well with younger children and with less anxious children. The child starts with non-verbal communication with key worker in a low anxiety situation and then takes tiny steps towards verbal communication by gradually increasing the use of their voice (de-sensitisation). A voice recorder may be used to record the child speaking alone or with a trusted adult and then re-played to build confidence in their voice being heard.

Once speaking has been established with a key worker, using either of these approaches, speech can then be generalised to speaking with others in different places by changing one factor at a time; for example, by fading in new talking partners and fading out parents.

Neuro Linguistic Programming; Relaxation techniques and Cognitive Behavioural Therapy, as well as social skill development can usefully inform a personalised behaviour programme for children with more complex Selective Mutism.

Some children with Selective Mutism 'plateau' and are stuck at a stage of speaking with selected persons or within particular environments. In these circumstances further advice from the local Educational Psychology Service is advisable.

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