

Children who can talk...but don't

Session one: Understanding selective mutism handout pack

Handout order	Handouts
1.	Session one PowerPoint handouts
2.	Selective Mutism is a Phobia*
3.	Selective Mutism is a Phobia (teens/adults)
4.	Quiet child or selective mutism*
5.	Identifying a child with selective mutism
6.	Helping young children to speak at school*
7.	The stages of one-to-one interaction

* Handouts have been sourced from:

Johnson, M. and Wintgens, A. The Selective Mutism Resource Manual. 2nd edn 2016.
London: Speechmark. www.routledge.com


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Children who can talk...but don't
Session one: Understanding selective mutism

Children's Therapies Service






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Before watching this training session

This training will refer to handouts from the session one pack that can be downloaded from the website. It will be useful to save or print the pack in advance so that you can read them after the training session.

- www.kentcht.nhs.uk/childrens-therapies-the-pod/speech-and-language-therapy/selective-mutism/






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Aims

- To understand what selective mutism (SM) is and how it develops.
- To recognise different presentations of SM in children and young people (CYP).
- To understand why attempts to help CYP talk more usually have the opposite effect.
- To be familiar with the small-steps progression which is key to providing effective support.






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There are lots of reasons why children and young people don't talk

Perhaps a quiet child or young person (CYP)...

- is shy, overwhelmed or too upset to talk
- has a speech or language difficulty
- doesn't know the language well
- doesn't see the point of talking (e.g. autism)
- is confused or worried about making a mistake
- is worried they'll be teased or told off if they talk.






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Perhaps a quiet child or young person (CYP)...

- is shy, overwhelmed or too upset to talk
- has a speech or language difficulty
- doesn't know the language well
- doesn't see the point of talking (e.g. autism)
- is confused or worried about making a mistake
- is worried they'll be teased or told off if they talk

or they might have selective mutism (SM) with or without any of the above.

All of us are reluctant to talk at times but that does not mean we have selective mutism






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Nobody likes feeling under pressure to talk

- When we are reluctant to talk there's a good reason for it and any pressure to talk makes it worse.
- If repeatedly encouraged to talk before feeling ready, reluctant talkers can develop SM.
- Children and young people who have SM *want* to talk but can't get their words out. Any pressure or expectation to talk to certain people makes them freeze.
- SM intervention is aimed at removing or reducing this sense of pressure.
- SM strategies will therefore benefit *any* quiet CYP and act as a preventative measure.





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Supporting Quiet Children
Exciting ideas and activities to help 'reluctant talkers' become 'confident talkers'
Maggie Johnson & Michael Jones

Lawrence Educational

(we care) Everyone speaks more easily when the pressure to talk has been removed – not just children with SM.

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What is selective mutism (SM)?

- An anxiety disorder.
- Selective means 'specific', i.e. the mutism only occurs in specific social situations.
- Helpful to refer to it as 'situational mutism'.
- Children and young people with SM do not choose to be quiet – they can only talk freely to a small comfort zone of people, e.g. immediate family, close friends.
- They consistently 'fail to speak' to people outside their comfort zone or when these people are close enough to hear their voices.
- Only people in their comfort zone see their true personality, ability, initiative and potential.

(we care)

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"Silent Children"

A film made by the
Selective Mutism Information and Research Association (SMIRA)

www.selectivemutism.org.uk

(we care)

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What do we normally call a fear of something that is completely harmless, but it fills you with panic and dread and you just can't face that object or situation?

(we care)

SELECTIVE MUTISM IS A PHOBIA

HANDOUT 5

An information sheet for parents and professionals

SELECTIVE MUTISM IS A PHOBIA

Selective mutism is a phobia of talking to certain people in certain situations. This understanding is central to successful treatment. As with all phobias:

- 1 Phobias can be overcome**
So relax and let children who have selective mutism know you have complete confidence that they will conquer their fear of talking.
- 2 Phobias are common and nothing to be ashamed of**
It helps when people talk openly and non-judgementally about fear and we know what we're dealing with – it's not 'just the way we are'.
- 3 Applying pressure makes phobias worse**
Phobic individuals can't be rushed, and any use of force, disapproval, unrealistic targets or bribery will simply raise their anxiety levels even higher.
- 4 Facing fears is the key to success**
The most successful way to overcome a phobia is to gradually face the fear *at your own pace*. So, after *initially* removing all pressure to talk, we help children *gradually*

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SELECTIVE MUTISM IS A PHOBIA

Selective mutism (SM) is a phobia of talking to certain people. A person who has SM will not even want those people to hear their voice in case they are then expected to talk to them. As with all phobias....

- 1. Phobias can be overcome**
No-one chooses to have a phobia. The fear reaction is automatic and the natural thing to do is to avoid whatever triggers it. But if approached slowly, it's possible to take back control and stop the feelings of panic.
- 2. Phobias are common and nothing to be ashamed of**
It helps when people talk openly and non-judgementally and we know what we're dealing with – it's not 'just the way we are'. It's just a phobia.
- 3. Applying pressure makes phobias worse**
Phobic individuals can't be rushed, and any use of force, disapproval, unrealistic targets or bribery will simply raise anxiety levels even higher.


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Children and young people with selective mutism...

- *want* to speak to people outside their comfort zone but are unable to – the expectation to talk triggers a panic response (pounding heart, etc.) and they freeze. Like any phobia, this is an automatic reaction beyond their control
- learn to anticipate when this will happen
- become increasingly wary of any form of communication or situation which could lead to an expectation to speak:
 - being overheard by people outside their comfort zone
 - drawing attention to themselves by taking the initiative or doing something different
 - making eye-contact.


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Children and young people with selective mutism...

- avoid distress by avoiding the situations which might trigger their fear (like any phobia)
- are not afraid of the people, just the act of talking – so don't take it personally and don't ignore them, they want to be included
- otherwise they are at risk of becoming increasingly 'invisible' - affects self-esteem and social development
- important not to confuse SM with shyness, just because CYP speak occasionally.


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SM is often missed because CYP may respond but not initiate

- SM is easy to recognise when CYP don't talk to certain people at all ('high-profile').
- Much harder to spot when 'low-profile':
 - some CYP push themselves to give very short answers. Despite their phobia of talking, they are more worried about what will happen if they don't speak (like forcing yourself to edge past a dog with your heart racing)
 - they only respond however. Unable to initiate conversation or ask for help, etc.

An information sheet for parents and professionals

QUIET CHILD or SELECTIVE MUTISM?

Some children are naturally quiet and present a similar personality at home and in school. They do not venture a lot of information but can become quite animated with a familiar topic that captures their imagination. Provided they are coping academically, have a good friend or two and are not being bullied, quiet children move easily between their home and school environments without anxiety. Their relaxed body language and facial expressions show that they are happy to listen, without necessarily feeling the need to talk as much as their noisier peers.

Not all quiet children are comfortable with silence

For some quiet children and young people, however, it's a very different picture. They may have an anxiety disorder called selective mutism (SM) – a phobia of speaking in specific situations. These individuals do not want to be quiet. They may have plenty to say but are unable to speak freely – just the thought of speaking to certain people fills them with dread and can trigger a panic or 'freeze' reaction. Typically, they feel a blockage in the throat as their muscles tense, and they cannot produce sound to talk, laugh, cough or cry out loud.

When is it selective mutism?

Although no two children who have SM are exactly the same, they all have:

- ★ the ability to talk freely to certain people and not others (often described as 'two personalities')




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Diagnostic indicators

- Even when children and young people (CYP) are able to answer with one or two words, their voice is very quiet or strained, body/facial expression is tense.
- Most children and young people do not make any sound at all with certain people (laugh, cry, cough, etc.)
- The sudden change that occurs when they are talking freely to their parent/friend and notice somebody from outside their comfort zone – SM freeze.
- Has lasted at least two months in a new setting and continues whereas shy children talk within a few weeks.


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Is a formal diagnosis needed?

- Referral to speech and language therapy is not necessary if there are no other concerns; it is more important to make an informal diagnosis and apply recommended strategies as soon as possible.
- For further information on referrals to our service, please refer to the 'selective mutism' section on the children's therapies website 'The Pod':
<https://www.kentcht.nhs.uk/childrens-therapies-the-pod/speech-and-language-therapy/selective-mutism/>

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A guide about
identifying a child with selective mutism

Does your child stop talking in certain situations?
Selective mutism is an anxiety disorder that prevents children speaking in a range of social situations, such as playgroup activities, school lessons or in public. However, they're able to speak freely in other situations, such as to close family and friends when nobody else is listening.

The child is not voluntarily refusing to speak but is unable to speak freely, feeling frozen in certain social situations. This sensation is so distressing that the child copes by avoiding the need to speak as much as possible. Appropriate support is essential to overcome selective mutism.

Shy children are generally unsure of themselves and usually welcome help with joining in, whereas children with selective mutism have a specific dread of speaking.

Who is affected?

- Selective mutism affects one in 150 children.
- It's more common in girls and children who are self-conscious about making mistakes (when learning a new language for example).
- Selective mutism usually occurs in early childhood and is first noticed when the child begins to interact outside the family circle, for example, when the child starts nursery or school.
- Any sensitive child can develop selective mutism – it is not a sign of bad parenting.

What are the signs?

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Onset and incidence

- Most frequently reported age of onset is between three and five years.
- Sometimes later onset which is usually linked to bullying/humiliation.
- Sometimes gradual development from 'low profile' to 'high profile' selective mutism.
- At least as many girls as boys are affected.
- Affects approximately 1 in 140 young children and at least 1 in 2400 adults (Sutton and Forrester, 2015).
- Four times more common in migrant/bilingual families.
- Children with SM are two to three times more likely to have speech and/or language difficulties.

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Factors contributing to the development of SM

- **Personality type:** Sensitive, wary, cautious, need to get it right, hate uncertainty, perfectionist.
- **Life events:** Circumstances lead to escalated anxiety and panic. The child links these feelings to the person (often a stranger) who tries to engage them in conversation (generally in the parents' absence). Next time someone talks to the child in similar circumstances, the same feelings of fear/panic flood back and the child cannot talk.
- **Maintaining factors:** The CYP's fear is strengthened and prolonged by others' reactions to their silence.

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HANDOUT 9

An advice sheet for early years practitioners and carers working with quiet children

HELPING YOUNG CHILDREN TO SPEAK AT SCHOOL

Early years staff members have seen an increase in the number of children who talk happily and noisily to close family but say much less outside the home. Children need to be eased into new settings gently, so that initial reluctance to speak does not become an intense fear of speaking.

Why is this happening? While family life gets busier, children are going into school younger and may not be ready to separate from parents and talk confidently to strangers. Some children are particularly sensitive to change and anything new. Well-meaning attempts to encourage speech can actually make them more anxious about talking.

Turn this worrying trend around now! By expecting less while supporting more, children are allowed to succeed and develop the confidence to take small steps forward.



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Fear of the dark



How would you help your child go to bed if they were afraid of the dark and too scared to go into a dark room?

Leave the light on

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Fear of the dark



Would you leave the light on forever?

No or they would never get over their fear

You could gradually:

- fade dimmer switch
- close the door
- reduce the light source (e.g. night light)


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Maintaining factors: Behaviour that strengthens and prolongs the CYP's SM

- Anything that increases the CYP's discomfort (pressure or gentle encouragement to talk before the child is ready; negative comments).
- Anything that teaches the CYP that avoidance is preferable to talking (e.g. support to avoid social situations; making the CYP feel very uncomfortable while you wait for them to talk; answering for the CYP).
- Unfortunately, these are the very things that people think will help, but they actually make talking harder and reinforce the CYP's SM.




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Dealing with fears

Pressure doesn't work, and neither does avoidance - what's the middle ground?

1. Remove all the pressure and reassure the CYP that they will be fine, they'll get there and you will help them.
2. Support the CYP to do whatever they can manage, one tiny step at a time, *at their own pace*. In the case of SM, the first step is **to join in** with no expectation to talk (just the opportunity to talk when they are ready).

Have a think about what the next step might be!




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The stages of one-to-one interaction

totally frozen

↑

↓

connected sentences

Children and young people (CYP) pass up and down this progression all day, depending on how relaxed or anxious they are feeling. When their fear response is triggered, they freeze and interact less; as they relax, they interact more.




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The stages of one-to-one interaction

Stage 1 – **frozen** or absent
 Stage 2 – **participation**
 Stage 3 – **communication without talking** (CYP points, nods, writes etc.)
 Stage 4 – **talking through parent/other** (CYP answers indirectly via parent, friend or voice recording)
 Stage 5 – **voice** (child uses voice to read, count or to make a sound, for example, hums, laughs, 'uh-uh', brmmm!)
 Stage 6 – **single word** response
 Stage 7 – **phrase or sentence** response
 Stage 8 – **connected** sentences
 Stage 8+ group work, talking in public, free conversation and initiation.



The stages of one to one interaction

Stage 1: The child does not communicate nor participate
 e.g. *passively accepts help [e.g. stands while coat is buttoned] but makes no attempt to seek assistance; retreats to bedroom when visitors arrive*

Stage 2: The child participates but limited communication
 e.g. *complies with requests which are perceived as non-threatening or non-invasive (may deal out cards, pass an object or draw a picture, but be unable to copy gestures or point to objects on request); joins in group activities 'singing' (mouthing) or moving in unison*

Stage 3: The child communicates without talking
 e.g. *responds by nodding/shaking head; points to indicate answer or make a choice; writes a message; provides an action or gesture to complete a sentence or convey a message*

TALKING BRIDGE: The child talks to an existing conversational partner (CP) within earshot of a 'new' person
 e.g. *talks to mother in same room as teacher, either quietly or at normal volume; talks to parents or siblings at home in front of visitors*

Stage 4: The child talks to a 'new' person through their CP
 e.g. *answers teacher's question by telling parent or friend the answer; participates in turn-taking games with parent and teaching assistant or therapist (even when*


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The stages of one-to-one interaction

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 Stage 6 – **single word** response
 Stage 7 – **phrase or sentence** response
 Stage 8 – **connected** sentences.

- Look through the stages and consider how the CYP's stage of communication changes with the different people they are with.
- Asking questions puts CYP at stages 6 to 8 – too much, too soon, need to get there gradually. People who are happy to do all the talking put CYP at ease at stages 1 to 3.



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 Stage 8 – **connected** sentences.

- Bear this progression in mind for all your interactions with the CYP – for building rapport, for assessment and for helping them to gradually enjoy conversations. Allow CYP to fully relax at the stage they are at, and then gently provide the opportunity for them to move up a stage.




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You have completed training session one: Understanding selective mutism

Depending on the age of the CYP you are working with, you will need to access the following training sessions:

	early years	primary school	secondary and beyond
Session one: Understanding selective mutism	✓	✓	✓
Session two: Effective, round-the-clock support	✓	✓	✓
Session three: Implementing a small-steps programme		✓	✓
Session four: Generalisation and transitions	✓	✓	✓
Session five: Additional considerations for secondary+			✓




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Further support

- KCHFT** virtual family groups available to all relatives of CYP with SM who have accessed training. See website for further details: <https://www.kentcht.nhs.uk/childrens-therapies-the-pod/speech-and-language-therapy/selective-mutism/>
- SMIRA** (Selective Mutism Information and Research Association) – a parent/professional support group based in Leicester with free membership: info@selectivemutism.org.uk

SMIRA website www.selectivemutism.org.uk and **SMIRA Facebook Group** with free downloads, info packs and chat rooms (older CYP have their own 'SM Space Café' Facebook group).




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Resources

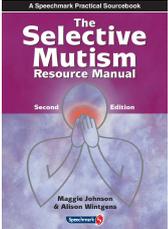
- Supporting Quiet Children: Helping reluctant talkers become confident talkers** by Maggie Johnson and Michael Jones
<https://www.yellow-door.net/products/supporting-quiet-children/>
- The Selective Mutism Resource Manual** (2016) Speechmark Publications
<https://www.routledge.com/The-Selective-Mutism-Resource-Manual-2nd-Edition/Johnson-Wintgens/p/book/9781909301337>




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The Selective Mutism Resource Manual Maggie Johnson and Alison Wintgens

This manual provides in depth information for parents and professionals on identifying and supporting CYP with selective mutism. The manual is accompanied by a downloadable 244 page online resource which contains assessment forms, progress charts and advice handouts, some of which have been included in your handout pack today.



The Selective Mutism Resource Manual (2016) Speechmark Publications www.routledge.com




An information sheet for parents and professionals

SELECTIVE MUTISM IS A PHOBIA

Selective mutism is a phobia of talking to certain people in certain situations.

This understanding is central to successful treatment. As with all phobias:

1 Phobias can be overcome

So relax and let children who have selective mutism know you have complete confidence that they will conquer their fear of talking.

2 Phobias are common and nothing to be ashamed of

It helps when people talk openly and non-judgementally about fear and we know what we're dealing with – it's not 'just the way we are'.

3 Applying pressure makes phobias worse

Phobic individuals can't be rushed, and any use of force, disapproval, unrealistic targets or bribery will simply raise their anxiety levels even higher.

4 Facing fears is the key to success

The most successful way to overcome a phobia is to gradually face the fear *at your own pace*. So, after *initially* removing all pressure to talk, we help children *gradually* participate in conversations, one small step at a time. It's like leaving the light on when a child is afraid of the dark, and gradually darkening the room, using a dimmer switch.

5 Avoidance is not an option

The longer you put off facing your fear, the stronger it becomes and the better avoidance feels. So we must find ways to make difficult situations more manageable, rather than avoiding them altogether.

6 Confidence has a ripple effect

Nurture a positive self-image, anxiety-coping strategies and courage!

Selective mutism is a phobia

Selective mutism (SM) is a phobia of talking to certain people. A person who has SM will not even want those people to hear their voice in case they are then expected to talk to them. As with all phobias....

1. Phobias can be overcome

No-one chooses to have a phobia. The fear reaction is automatic and the natural thing to do is to avoid whatever triggers it. But if approached slowly, it's possible to take back control and stop the feelings of panic.

2. Phobias are common and nothing to be ashamed of

It helps when people talk openly and non-judgmentally and we know what we're dealing with – it's not 'just the way we are'. It's just a phobia.

3. Applying pressure makes phobias worse

Phobic individuals can't be rushed, and any use of force, disapproval, unrealistic targets or bribery will simply raise anxiety levels even higher.

4. Facing fears is the key to success

The most successful way to overcome a phobia is to understand how it arose and what maintains it, and then gradually face the fear *at your own pace*. In the case of SM, this can only work if other people accept you as you are and allow you to progress at whatever rate is comfortable for *you*.

5. Avoidance is not an option

The longer you put off facing your fear, the stronger it becomes and the better avoidance feels. So it's important to find ways to make difficult situations more manageable rather than avoiding them altogether.

6. It takes courage to overcome a phobia

Even though there's no danger, phobias trick us into believing that escape is the only safe option. Never underestimate the determination and courage that goes into each tiny step in the opposite direction!

Reference

The Selective Mutism Resource Manual (2016) by Maggie Johnson and Alison Wintgens, Routledge.

An information sheet for parents and professionals

QUIET CHILD or SELECTIVE MUTISM?

Some children are naturally quiet and present a similar personality at home and in school. They do not venture a lot of information but can become quite animated with a familiar topic that captures their imagination. Provided they are coping academically, have a good friend or two and are not being bullied, quiet children move easily between their home and school environments without anxiety. Their relaxed body language and facial expressions show that they are happy to listen, without necessarily feeling the need to talk as much as their noisier peers.

Not all quiet children are comfortable with silence

For some quiet children and young people, however, it's a very different picture. They may have an anxiety disorder called selective mutism (SM) – a phobia of speaking in specific situations. These individuals do not want to be quiet. They may have plenty to say but are unable to speak freely – just the thought of speaking to certain people fills them with dread and can trigger a panic or 'freeze' reaction. Typically, they feel a blockage in the throat as their muscles tense, and they cannot produce sound to talk, laugh, cough or cry out loud.

When is it selective mutism?

Although no two children who have SM are exactly the same, they all have:

- ★ the ability to talk freely to certain people and not others (often described as 'two personalities')
- ★ a consistent pattern of situations where speech is possible and not possible
- ★ avoidance or reluctance to attend events where they will be expected to speak
- ★ high levels of distress when their difficulty speaking freely is not understood.

Some children who have SM are recognised more easily than others ...

High-profile selective mutism

These children and young people do not speak at all to certain people. They are therefore quite easily recognised by the observable contrasts in their speaking patterns. They may speak to children in their educational setting, for example, but not adults. They may speak freely to their friends in the playground but not in the classroom where they will be overheard by other people. They may speak to relatives they see on a regular basis, but not those they see infrequently. And, typically, they speak to parents as soon as they move out of earshot of other people.

Once recognised, there is generally a willingness to accept that these children have an anxiety-related communication difficulty.

Low-profile selective mutism

Children with low-profile SM speak when prompted, so adults usually regard them as shy, quiet or rude and don't realise that speaking provokes the same intense anxiety as high-profile SM. These children manage to say a few words because of their strong desire to be compliant. In effect, their fear of the consequences of *not* speaking outweighs their fear of speaking, but this fine balance only operates when they are fairly confident about the subject matter. So, in school, they may answer the register or read aloud on request, and can answer simple questions, albeit with a much quieter voice and less eye contact than they would use at other times. They may occasionally initiate an essential request, such as using the toilet, or pass on a short message when instructed. In contrast, they do not enter into reciprocal two-way conversation or initiate conversations, except with close friends and family. 'Non-essential' language such as 'please' and 'thank you' is very difficult for them.

Until it is recognised that they are unable to report bullying or illness, seek help, ask permission or explain themselves, these young people are at risk. Their difficulties may go unnoticed and they may be reprimanded, rather than supported, when they don't speak up for themselves. Repeated encouragement to speak louder and make more of a contribution only heightens their discomfort. If their difficulties continue to be mismanaged, they are likely to speak less and less with an increase in school absence and a decrease in self-esteem.

When children with high-profile SM receive the right support, they initially resemble a low-profile child because they answer questions but rarely initiate interaction.

Supporting children and young people who have selective mutism

Children with low-profile and high-profile SM need the same help to achieve anxiety-free communication and participation. Steps must be taken to remove all pressure to speak, followed by a gradual step-by-step approach to face their fear of talking, at their own pace. Importantly, the children need an explanation to recognise that SM is *not* part of their personality. It is something that can be overcome, like other fears they worked through when they were younger; for example, a fear of darkness, fireworks or letting go at the top of a water chute.

- ★ Appoint a member of staff to make a special relationship with the child or young person on a one-to-one basis.
- ★ Actively support the development of friendships and inclusion in pastoral activities.
- ★ Be patient and don't pressurise the child or young person to speak; focus on discovering and acknowledging their many strengths and attributes.
- ★ Continue to support and monitor progress until the child speaks freely and independently.

Seek advice or information on providing appropriate help from websites and organisations such as:

NHS Choices www.nhs.uk/conditions/selective-mutism **Selective Mutism Information and Research Association (SMIRA)** www.smira.org.uk

A guide when working with

children who have selective mutism

What is selective mutism?

Children who have selective mutism have developed a specific fear of talking to certain people. They can talk happily and freely to anyone in an inner talking circle – usually a few close friends and family members with whom they feel comfortable – but find themselves frozen and unable to speak to anyone else. This fear has nothing to do with being treated badly or their personal feelings.

Children with selective mutism are often desperate to please their teachers or grandparents, for example, but still find it impossible to get their words out. The more we put pressure on them to talk, the greater their discomfort, so the more they dread and try to avoid talking all together.

How can you help?

This fear develops in the same way as any other phobia and can be overcome through openness, understanding, reassurance and support to gradually face the fear in exactly the same way that we would help children work through other childhood fears – one small step at a time, at the child's pace.

- Tell the child it's okay just to have fun and to laugh, or join in with group singing until they feel better about talking – no-one minds if they don't talk straightaway. Do not try to rush them into talking.
- Value all attempts to join in and communicate in other ways, through pointing, drawing, nodding, using something which makes a sound, such as a rattle, miming etc.
- Do not encourage avoidance by allowing children to miss lessons, parties, outings, or eating in the school dining room, for example, as this will make their fear grow stronger. Instead, find ways to make the situation manageable, such as accompanying them, going early and just staying for a short time, and reassuring them that they will not be chosen to answer a question unless they volunteer.
- Ensure that everyone is on board and helps in the same way. Agree and write down goals and strategies and review and update this plan regularly.

Where to get help?

The only way to help children overcome a fear is to support them consistently, on a day-to-day basis. Therefore, the best people to help are family members and the staff who get to know the children well at school, nursery and through community activities. Outside specialists are rarely in a position to give this day-to-day support, but are able to provide advice and encouragement.

The Speech and Language Therapy Department offers regular training and information days. This is often all you need to turn things around. For further information please contact us.

When to refer children who have selective mutism to speech and language therapy?

You are welcome to seek a referral for further speech and language therapy support if:

- you are concerned that your child has additional difficulties with speech, language or communication development – you've noticed they have some difficulty understanding what you say or expressing themselves, even within their comfortable inner circle
- you have attended a training day, but cannot reach agreement about the nature of the child's difficulties or appropriate strategies to help
- you have tried to implement a programme at school or nursery but little or no progress is being made.

If in doubt, seek help.

Training

For dates and a booking form please email kchft.sltadmin-east@nhs.net

Contact us

Please contact the Children's Therapies Department if you have any queries or concerns regarding the information in this leaflet.

Visit: www.kentcht.nhs.uk/thepod

East | Green Banks, Westfield Road, Margate CT9 5PA
0300 123 8112 or 0300 042 0871

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01622 742326

North | Children's Resource Centre, Darent Valley Hospital, Darent Wood Road, Dartford DA2 8DA
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Do you have feedback about our health services?

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Web: www.kentcht.nhs.uk/PALS

Patient Advice and Liaison Service (PALS)
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An advice sheet for early years practitioners and carers working with quiet children

HELPING YOUNG CHILDREN TO SPEAK AT SCHOOL

! Early years staff members have seen an increase in the number of children who talk happily and noisily to close family but say much less outside the home. Children need to be eased into new settings gently, so that initial reluctance to speak does not become an intense fear of speaking.

? **Why is this happening?** While family life gets busier, children are going into school younger and may not be ready to separate from parents and talk confidently to strangers. Some children are particularly sensitive to change and anything new. Well-meaning attempts to encourage speech can actually make them *more* anxious about talking.



Turn this worrying trend around now! By expecting *less* while supporting *more*, children are allowed to succeed and develop the confidence to take small steps forward.

Be positive and reassuring

- ❖ As soon as it becomes clear that children are remaining silent in response to questions, have a private chat to reassure them. Say you know they want to talk but are finding it difficult at the moment. Tell them not to worry because talking will get easier and they don't have to talk straightaway. Ask them to concentrate on having fun and then it will be easier to be brave and have a go.
- ❖ Make sure that *no* adult applies pressure to talk using bribery, persuasion or negative comments. *Never* force children to say 'Hello', 'Please', 'Thank you', etc. Social conventions are extremely difficult for anxious children.

Build confidence

- ❖ Look out for children who are stiff or frozen in their facial expression or body movements. This is usually caused by extreme anxiety. Focus on physical activity, laughter and general noise making to help them relax.
- ❖ Include plenty of activities which involve children moving, singing or talking *in unison*.
- ❖ Adopt a self-registration system, or repeat 'Is _____ here?', so that the whole class gets to know each other as they answer in unison each time.

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PHOTOCOPIABLE

The Selective Mutism
Resource Manual
second edition
Speechmark Publishing Ltd
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Aison Wintgens, 2016

- ❖ Parents can reduce the anxiety of separation by giving children something of theirs to look after before they leave. Arrange an early return so that parents can join in and make the last part of the session a positive experience.
- ❖ Welcome parents as volunteer helpers for the whole group, not just their child.
- ❖ Encourage non-English-speaking parents to learn and use English at school, to show their child that it's OK to have a go and make mistakes.
- ❖ Organise playground activities and make sure each quiet child has a friend at playtime. Encourage parents to invite the same children home to play.
- ❖ Give extra smiles and attention when children try anything new. Do things *with* children or make things *easier*, rather than doing things *for* them.
- ❖ Ensure that children can access the toilet, drinking water and first aid without asking.

Gradually facilitate speech, being guided by the child's response

- ❖ Encourage *all* children to record messages for each other at home to add to their photographs on a computer or to share with recording devices such as Talking Tins®.
- ❖ Assign an adult to befriend and play with quiet children for short periods of time.
- ❖ Don't ask direct questions while building rapport. Instead, chat in the style of a running commentary, with pauses so that children can join in when they feel ready: "Wow, look how tall you made your tower!"; "I wonder if that's a horse ... or maybe it's a dog ..."; "This is fun, isn't it?". Be prepared to do all the talking for a while!
- ❖ When the child gestures (eg nods or points), talk back as if they spoke to you.
- ❖ When children are relaxed enough to laugh, smile, nod and shake their heads, help them answer questions by providing a *choice*: "What's this on your tree – are they apples or cherries?" Smile and allow a full five seconds for them to answer. If they don't reply, move on the conversation in a positive way: "They look very tasty!" If children struggle to answer near other people, only use the choice technique one-to-one. If they tense up, even on a one-to-one basis, return to commentary-style chat until they relax again.
- ❖ When children speak, praise their ideas or the way they joined in, rather than the fact that they spoke: "Hey, you chose your book really quickly today!"
- ❖ Once children have begun to talk, turn gestures into speech by seeking clarification: "I can see you nodding. Does that mean you want milk or juice?"; "You're pointing over there, are you showing me Tommy or Max?"; "You're shaking your head, does that mean you want to play outside or stay here?"

Do some investigation

- ❖ Ask parents which language is spoken at home, how much the child speaks with family and friends, and whether they have any concerns about their child's pronunciation or ability to understand or speak in sentences.
- ❖ Share the above advice on facilitating speech if the child is quiet with family or friends.

- ❖ Let parents know that you are very pleased with how their child is settling in and that you are working on building their confidence, so that they can do as well with you as they do at home.
- ❖ Make sure that parents are not putting pressure on the child by telling them they must speak at school or with relatives because this will increase separation anxiety and stop the child looking forward to school and social events.
- ❖ Seek advice about bilingualism if appropriate.
- ❖ Ask for advice from the local speech and language therapy service if language development appears to be delayed.
- ❖ If the above advice has been followed for six weeks, and the child is speaking much more at home than at school, the child could have a condition called selective mutism (SM). Continue this advice while seeking information about SM for home and school.

Suitable children's books

Penguin by Polly Dunbar (2007), Walker Books.

Little by Little by Amber Stewart (2008), Oxford University Press.

Lamb Says Boo! by Katherine Sully (2010), Alligator Books Ltd.

Additional resources

Talking Tins[®], Talking Products Ltd, www.talkingproducts.co.uk.

Supporting Quiet Children: Exciting Ideas and Activities to Help 'Reluctant Talkers' Become 'Confident Talkers' by Maggie Johnson and Michael Jones (2012), Lawrence Educational.

The Selective Mutism Resource Manual, 2nd edition, by Maggie Johnson and Alison Wintgens (2016), Speechmark Publishing Ltd.

The stages of one-to-one interaction

Stage 1: The child does not communicate nor participate

e.g. *passively accepts help [e.g. stands while coat is buttoned] but makes no attempt to seek assistance; retreats to bedroom when visitors arrive*

Stage 2: The child participates but limited communication

e.g. *complies with requests which are perceived as non-threatening or non-invasive (may deal out cards, pass an object or draw a picture, but be unable to copy gestures or point to objects on request); joins in group activities 'singing' (mouthing) or moving in unison*

Stage 3: The child communicates without talking

e.g. *responds by nodding/shaking head; points to indicate answer or make a choice; writes a message; provides an action or gesture to complete a sentence or convey a message*

TALKING BRIDGE: The child talks to an existing conversational partner (CP) within earshot of a 'new' person

e.g. *talks to mother in same room as teacher, either quietly or at normal volume; talks to parents or siblings at home in front of visitors*

Stage 4: The child talks to a 'new' person *through* their CP

e.g. *answers teacher's question by telling parent or friend the answer; participates in turn-taking games with parent and teaching assistant or therapist (even when answering the new person, child tends to look at parent)*

Stage 5: The child uses voice with a 'new person'

e.g. *laughs audibly; joins in sound-effects for story; reads aloud (not true communication – easier for confident readers than actual conversation); says 'Mmm' for 'yes'*

Stage 6: The child uses single words with a 'new' person

e.g. *participates in single-word turn-taking games; responds to questions/prompts without parent present, giving minimum of information*

Stage 7: The child uses sentences with a 'new' person

e.g. *uses sentences in structured activities without parent present; answers questions with a phrase/sentence; little initiation unless part of a structured activity*

At this stage it is important to slide parent out if they are present, if only for a short time initially (if parent is still present it counts as Stage 4).
Generalisation: Can now introduce another child or adult, or carry out the same activities in a different location)

Stage 8: The child converses with the 'new' person

e.g. *has an adult-led, two-way conversation, provided no one else is perceived to be listening; volunteers spontaneous comments but questions and true initiation (e.g. asking for help) may be limited.*

Source: The Selective Mutism Resource Manual (2016), Maggie Johnson & Alison Wintgens, Speechmark Publishing Ltd.