

Introduction. Selective mutism is a disorder that affects the function of speech in various social contexts and environments (Esmail et al, 2020) (Gensthaler et al, 2018) (Muris and Ollendick, 2021) (Oerbeck et al, 2020) (Steains et al, 2018). SM has been strongly linked and treated like an anxiety disorder in young children, however diagnosis is more severe and complex. (Holska-Pokorska et al, 2018 and Schwenck et al, 2019).

Identification and Diagnosis. The Selective Mutism Questionnaire (SMQ) is a parent-rated scale that determines the level of language and severity of impairment observed in Children at home and in public. (Melfsen et al, 2022, Muris et al, 2015, Oerbeck et al, 2020, Pereira et al, 2021, Rodriguez-Pereira et al, 2022 and Tomohisa et al, 2022).The School Speech Questionnaire (SSQ) allows practitioners to implement into different setting environments and social contexts that are less familiar to Children (Pereira et al, 2021, and The Selective Mutism Association, 2024b). This offers a wider reflection of Children's attitudes in different situations and explores behaviours towards academia and socialising with peers that differs from SMQ. Another strength is that these methods of identifying SM are flexible in influencing modifications of treatment, depending on the behaviour characteristics of the unique child (Oerbeck et al, 2020, Powers, 2017 and Raatz, 2016). This Identification of SM behaviours assist in education and care plans to ensure inclusive practice (SEND Act 2018).
The influence of theorists, such as the Freud and Bronfenbrenner considers negative factors of their home life, such as fearful and controlling behaviours from parents can cause feelings of anxiety in exploring unfamiliar environments and become mute in retaliation or out of fear. (Holska-Pokorska et al, 2018 and Smith and Sluckin, 2015). The developmental history of the child, parenting techniques and family circumstances should be evaluated and considered when exploring the cause and effect (Kodama, 2023 and Pereira et al, 2021). Moreover, the tools available are merely to identify symptoms of SM to support and treat individuals and do not offer diagnostic measures and believe more evidence should be gathered to carry out effective interventions for Children with this particular learning need (Esmail et al, 2020, Gensthala et al, 2018, Martinez et al, 2019, SMA, 2024a, and Vogel et al, 2019).

Barriers. It has been understood on a wider scale that Selective Mutism is a rare disorder, however, Slobodin (2023) argues an estimation of 6-8 individuals per 1000 Children that suffer with this condition globally. The phobia or withdrawal in partaking in activities and speaking in a learning environment interferes with the ability to demonstrate social and cognitive capabilities, which are essential skills for success in education, and presents a challenge in determining rates of development accurately (Esmail et al, 2020, Martinez et al, 2015, Slobodin, 2023 and Vogel et al, 2024).
Practitioners naturally notice more external behaviours than internal, that demonstrate distress in Children which could lead to symptoms not being identified. (Edwards, 2022, White, Bond and Carroll, 2022). This misconception of misdiagnosing Children of being shy or insubordinate reduces the motivation of practitioners to engage in interaction with Children and will interact with others who are more affluent in speech, which can be a form of indirect discrimination and excludes them from receiving the appropriate care to meet their needs (Equality Act, 2010). This could potentially lead to inaccurate assessments using the questionnaires to identify SM against other disorders. (Driessen et al, 2020, Mayworm et al, 2014 and Muris et al, 2021). Further training is required to raise awareness of SM in education settings and strategies for support (Zakszeski and DuPaul, 2017).

X Elective Mutism X
X Voluntary Aphasia X

Conclusion. it is widely acknowledged that these individuals with selective mutism could experience exclusion, due to the limited understanding of the condition, and their symptoms are overlooked or are misperceived. This poster was designed to raise awareness of the disorder and to enhance practitioners' commitment to recognise signs, overcome barriers and challenges and implement effective strategies to ensure improved outcomes and inclusive practice for these individuals with this learning need.

Treatment. Cognitive behavioural therapy is a productive method in supporting SM symptoms (Fung, Kw an, Zi Jun, 2021, Ostergaard, 2018 and Steains et al, 2018). Exchanging the negative with positive thought patterns and an increase in self-confidence could encourage a child to speak (Pietrangelo, 2019). A challenge of this method of support is given its rigid structure, and depending on the severity of mutism displayed, that this may not be as effective for these Children (The CBT Clinic, 2016). Further investigation could be explored in how effective CBT supports those with persistent symptoms and circumstances that are more severe. CBT's focus is improving the perspective of the child and improving thought processes, however it does not consider the circumstances of their family and environment at home and how these can impact their negative thoughts (Oerbeck et al, 2018 and Vogel et al, 2019).
Role Play. Educators should implement strategies to ensure that the mental health and emotional wellbeing of Children are continuously improved and all efforts of equal opportunities supported into mainstream education (Childcare Act, 2006). This play type can act as therapy that practitioners can enable in the setting environment (Klein et al, 2016). Montessori and Pestalozzi are pioneers in supporting wellbeing in Children with disabilities, and endorse this method of play where real, open-ended resources are available to enhance motivation to learn and develop nurturing and trusting relationships (Pound, 2019 and Winship, 2021). This enhances socio-emotional development and structure of cognitive functioning through expressing imagination and creativity of various scenarios, whilst being understanding and responsive to a Child's abilities and needs (Kitta and Kapinga, 2015, Imig and Sellars, 2020 and Winship, 2021). Children can engage in the moment with practitioners and take control of acting out situations that they would normally experience anxiety and utilise non-verbal methods of communication for expression and discover solutions to problems in a safe environment (Adelmann, 2017).
A Challenge experienced by practitioners in implementing these strategies is the limited funding to offer 1:1 support for young Children. The Secretary of NAHT stated that budget cuts have resulted in limited availability for teaching assistants to be able support Children with ALN effectively, (Nursery World, 2018 and The National Association for Headteachers, 2021). Although the necessary further funding has been provided to support Children with ALN in schools, there is still confusion across authorities, where these increased funds have been spent, as the outcomes of Children have generally not improved since the expenditure, suggesting a review of these concerns to be made (Conn and Hutt, 2020, Additional Learning Needs Code for Wales, 2021 and Puffett, 2020).

SCRIPT.

Question 1 for Sharon: Have you had to speak to parents about a Child you believe has ASD and how did you approach them?

Question 2 for Chloe: You have spoken about many different disorders that can be mistakenly identified as ADHD, are there any more examples of disorders that are mistaken for ADHD?

Hello, my name is Emili Greenacre (2203794) and I'm presenting a poster on selective mutism.

Introduction.

Muris and Ollendick (2021) Oerbeck et al (2020) Steains et al (2018) identify Selective mutism as a disorder that affects the function of speech in various social contexts and environments. Esmail et al (2020) and Gensthaler et al (2018) indicate it is an early years setting where mutism is observed in greater quantity, where children experience discomfort in communicating with practitioners and peers that they are not familiar with, however have the competency to speak with close family with confidence. Holska-Pokorska et al (2018) and Schwenck et al (2019) agree that SM has been strongly linked and treated like an anxiety disorder in young children, and state it is a more severe and complex diagnosis. Milic et al (2020)'s study proposes that participants of Children in groups of those with selective mutism and those who experience anxiety demonstrated more similarities than differing symptoms.

Identification and Diagnosis.

Melfsen et al (2022), Oerbeck et al (2020), Pereira et al (2021) and Rodriguez-Pereira et al (2022) endorse the Selective Mutism Questionnaire (SMQ) as a reliable and valid parent-rated scale to determine the level of language and severity of impairment observed in Children in a variety of situations at home and in public. (Muris et al, 2015 and Tomohisa et al, 2022).

Pereira et al (2021) and The Selective Mutism Association (2024b) agree the School Speech Questionnaire (SSQ) is an adapted method of the SMQ that allows practitioners to implement the questionnaire into different setting environments and social contexts that are less familiar to Children. This offers a wider reflection of Children's attitudes in different situations and explores behaviours towards academia and socialising with peers that differs from SMQ. Another strength is that these methods of identifying SM are flexible in influencing modifications of treatment, depending on the behaviour characteristics and circumstances of the unique child (Oerbeck et al, 2020, Powers, 2017 and Raatz, 2016). This Identification of SM behaviours assist in education and care plans to support inclusion and integration of the Child within the setting Community (SEND Act 2018). Esmail et al (2020) and Holska-Pokorska et al (2018) endorse both of these questionnaires in determining psychological measurement of SM symptoms observed in the learning environment and activities and monitor progression in speaking behaviours.

Holska-Pokorska et al (2018) and Smith and Sluckin (2015) explore the influence of theorists, such as the Freud and Bronfenbrenner, which believe that negative factors of their home life, such as fearful and controlling behaviours from parents can cause feelings of anxiety in exploring unfamiliar environments, and become mute in retaliation or out of fear (Aubrey and Riley, 2022, Bradbury and Swailes, 2022, and Conkbayir and Pascal, 2014). Kodama (2023) and Pereira et al (2021) indicate the developmental history of the child, parenting techniques and family circumstances should be evaluated and considered when exploring the cause and effect, suggesting a limitation of these methods of identification. Esmail et al (2020), Gensthala et al (2018), Martinez et al (2019), SMA (2024a), and Vogel et al (2019) highlight another limitation of utilising these questionnaires, that the tools available are merely to identify symptoms of SM in order to support and treat individuals and do not offer diagnostic measures, and believe more evidence should be gathered to carry out effective interventions for Children with this particular learning need.

Barriers

It has been understood on a wider scale that Selective Mutism is a rare disorder, however, Slobodin (2023) argues an estimation of 6-8 individuals per 1000 Children that suffer with this condition globally. The phobia or withdrawal in partaking in activities and speaking in a learning environment interferes with the ability to demonstrate social and cognitive capabilities, which are essential skills for success in education, and presents a challenge in determining rates of development accurately (Esmail et al, 2020, Martinez et al, 2015, Slobodin, 2023 and Vogel et al, 2024).

Practitioners naturally notice more external behaviours than internal, that demonstrate distress in Children which could lead to symptoms not being identified. (Edwards, 2022, White, Bond and Carroll, 2022). This misconception of misdiagnosing Children of being shy or insubordinate reduces the motivation of practitioners to engage in interaction with Children and will interact with others who are more affluent in speech, which can be a form of indirect discrimination and excludes them from receiving the appropriate care to meet their needs (Anxiety Canada, 2015 and Equality Act, 2010). Muris et al (2021) and Driessen et al (2020) believe this could potentially lead to inaccurate assessments using the questionnaires to identify SM against other disorders, which delays the intervention process (Mayworm et al, 2014). Further training is required to raise awareness of SM in education settings and strategies for supporting these individuals (Berger and Samuel, 2020, Payne, 2022, Zakszeski and DuPaul, 2017). Everything ok so far?

Chloe Question: If I could interject quickly and ask a question, I have noticed on your poster you have included the terms Elective Mutism and Voluntary Aphasia in Red, Can you expand on these please?

Of course, one of the most concerning barriers in identification and support for Children with Selective Mutism is the persistence of misperception of its complexion (Johnson and Wintgens, 2017, and Muris and Ollendick, 2021 and Smith and Sluckin, 2020). The symptoms have confused researchers for decades, where the general assumption was that the mutism is a deliberate and defiant act and not involuntarily driven by a psychological response as a result of a fear of speaking. The previous terms for these diagnoses were identified as “elective mutism” or “voluntary aphasia”, which are shown on the poster (Edwards, 2022, Kodama, 2023 and White, Bond and Carroll, 2022). This can reduce understanding from the perspectives of practitioners regarding SM and reduces ability to support individuals suffering this disorder. The perception of defiance and internalising behaviours of stress can lead to insistence that Children speak which can be more damaging to their mental health and could allow the disorder to exacerbate in severity (Douglas, 2021, Johnson and Wintgens, 2017, White, Bond and Carroll, 2022).

Treatment.

Fung, Kwan, Zi Jun (2021), Lang et al (2015) Ostergaard (2018) and Steains et al (2018) describe Cognitive behavioural therapy as a productive method in supporting anxiety disorders, such as SM. Pietrangelo (2019) believes exchanging the negative with positive thought patterns and an increase in self-confidence could encourage a child to speak.

The CBT Clinic (2016) indicates a challenge of this method of support is given its rigid structure, and depending on the severity of mutism displayed, that this may not be as effective for the young Children in question. Moreover, although studies have seen a decrease in symptoms experienced by Children through using this strategy, further research could be explored in how effective CBT supports those with persistent symptoms and circumstances that are more severe (James et al, 2020, Lawrence, 2017, Oerbeck et al, 2018 and Vogel et al, 2019). Furthermore, in connection with the limitations discussed in the identification section of this poster, CBT’s focus is improving the perspective of the child and improving thought processes, however it does not consider the circumstances of their family and environment at home and how these can impact their negative thoughts.

In relation to this type of learning need, Childcare Act, 2006 proposes that educators should implement strategies to ensure that the mental health and emotional wellbeing of Children are continuously improved and all efforts of equal opportunities supported into mainstream education. Klein et al (2016) and Waters-Davies (2022) value role play as a method of play therapy that practitioners can enable in the setting environment.

According to Pound (2019) and Winship (2021) and Aubrey and Riley (2022), Montessori and Pestalozzi are pioneers in supporting wellbeing in Children with disabilities, and endorse this method of play where real, open-ended resources are available to enhance motivation to learn and develop nurturing and trusting relationships between practitioners and Children and improves social stability (Bork et al, 2015, Grimmer, 2021, KARE 11, 2018 and Lillard et al, 2021). This enhances social and emotional development and the structuring of cognitive functioning through expressing imagination and creativity of various scenarios, whilst being understanding and responsive to a Child's abilities and needs and moving to the pace of the unique child (Kitta and Kapinga, 2015, and Imig and Sellars, 2020 and Winship, 2021).

Children can engage in the moment with practitioners and take control of acting out situations that they are comfortable with, such as family contexts, or would normally experience anxiety with and can utilise non-verbal methods of communication for expression and discover solutions to problems in a safe environment (Adelmann, 2017, Daly and Beloglovsky, 2020 and Fernandez and Sugay, 2016). Narration and praise from the key worker and the endless opportunities this type of play offers can create new positive attitudes towards experiences and discover their strengths, connecting with others and reduces loneliness, which coincides with the social model of disability (Bradbury and Swailes, 2022, Burholt et al, 2016 and Pound et al, 2018). This can be carried out via 1:1 method in a quiet area, and be developed with time to play alongside their peers and interact with them (Fisher, 2016). Pressure is not placed on a child to speak, interactions can occur through modelling of role play and they are still hearing the modelling of language and communication. With meaningful play experiences, time, attention, and nurture offered for these individuals enhances their inclusion into the setting community and culture (Children and Young people's Commissioner Scotland, 2024, Owens, 2015).

A Challenge experienced by practitioners in implementing these strategies is the limited funding to offer 1:1 support for young Children. This is highlighted by Nursery World (2018) and the National Association for Headteachers (2021), where the Secretary stated that budget cuts have resulted in limited availability for teaching assistants to be able support Children with ALN effectively. Moreover, Conn and Hutt (2020) and Welsh Government (2023) and Puffett (2020) state that although the necessary further funding has been provided to support Children with ALN in schools, there is still confusion across authorities, where these increased funds have been spent, as the outcomes of Children have generally not improved since the expenditure.

And the final item on the poster is a conclusion which draws the points of the poster to a close. Any further questions?

Rachael QUESTION: You mentioned the budget cuts and the confusion between where funding was being placed, what could be done to overcome this barrier?

The collaboration between practitioners and parents in sharing ideas and training parents to implement these strategies at home and in the setting can make these circumstances through the endless opportunities that role play offers in any environment (Children and Families Act, 2014, Heafford, 2018, and Welsh Government, 2018). This is an inclusive method of considering and improving Children's home environment and circumstances, which is a limitation that arose when evaluating the identification process and CBT. This could potentially strengthen the confidence in Children to be able to play alongside their peers in a more efficient time, so that there is less of a strain on ratio requirements, and inclusion of Children into activities enhances Children's well-being and sense of belonging (Children and Families Act, 2014 and Welsh Government, 2022). Fisher (2016) and Waters-Davies (2022) propose role play without adult involvement is where true imagination, creativity and cognitive structuring is prominent, and therefore could potentially remove this challenge, where practitioners can observe from afar and engage in the play when invited.

Thank you for listening.

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