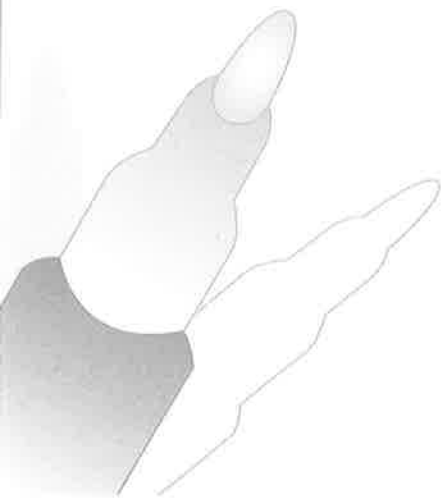




Case Study: Selective Mutism

Wesley is a ten year old boy who attends his local mainstream primary school. He is now in Year 5 and has never spoken in school apart from to his class teacher at the end of Year 4 when he was feeling settled and secure. School describe him as a very sensitive, anxious, shy pupil who has a distinct fear of speaking aloud in school. Teacher's report that his anxiety levels become notably heightened if he is put under pressure to perform or speak. Staff have therefore agreed to keep at a distance if Wesley appears to be very anxious. He will sometimes take part in practical tasks in small groups with familiar peers and at such times he communicates through gestures. Wesley likes to please his teachers and will tidy up at the end of the day and seek approval through eye contact. Wesley appears to enjoy school however and his record of attendance is excellent. Although he does not speak or display many emotions in school Wesley appears to be popular with his peers. He relies heavily on them to provide him with cues to help him understand classroom tasks. Wesley does not appear to be isolated in the playground as he happily play alongside others and will join in with games of football at playtimes and lunchtimes.

When the Educational Psychologist visited school to assess Wesley he refused to speak throughout the session even though his mother attended with him. At a follow-up appointment at home Wesley still refused to talk but he did make a couple of verbal responses in a quiet whispered voice. Wesley's mother reports that he is a 'follower' at home and tends to look to his siblings for clues on how to respond to his mother's directions.



A range of factors may contribute to the child maintaining silence so it is important that they are identified and agreement is reached to ways in which they could be decreased or eliminated. Staff need to be aware that in the early stages any pressure to speak will generate turmoil and the pupil will feel relieved when the pressure is off thus reinforcing for the pupil the belief that silence is preferable. A careful balance therefore needs to be established between moving the child on and reinforcing the child's silence.

Raising Staff Awareness

The film 'Silent Children' (www.selectivemutism.co.uk) could usefully be shown at a whole-school staff meeting to develop an awareness of the nature of SM as an anxiety disorder rather than shyness, stubbornness or defiant behaviour.

It is important for staff to be aware that children with SM can trigger strong feelings of frustration and even anger in the adults to whom they refuse to speak. The fact that the condition is fairly rare makes it even more of a challenge for practitioners as they have to develop strategies and the confidence to manage the difficulties without the benefit of prior experience. It is important staff do not:

- become hurt or offended when children do not speak to them
- challenge or plead with the child to speak or convey how important it is to you to hear them talk
- ask direct questions which puts the child on the spot especially when there is an audience
- look directly at the child after providing the opportunity to speak
- anticipate the child's every need
- give special attention to the child for being silent and do reward and encourage the child's efforts to communicate, help or participate.

Behavioural Programme

The most effective type of intervention is generally agreed to be in the form of a behavioural programme. Johnson and Wintgens (2001) have devised a programme based on a series of ten small steps which sets out staged goals to gradually establish speech with the key worker (usually a teaching assistant) initially on a one-to-one basis. The first stage is characterised by no communication or participation, and gradually arrives through a developmental set of goals to 'free communication'.

Clinical Treatment

If a child does not appear to respond to school-based interventions a referral should be made to an Educational Psychologist or a Speech and Language Therapist. In some cases a referral to the local Child and Adolescent Mental Health Service (CAMHS) will be appropriate.

Clinical treatment usually focuses on lowering the anxiety that the child has for speaking in a particular setting. Treatment does not focus directly on encouraging the child to speak instead behavioural therapy, cognitive behavioural therapy and play therapy may often be used in clinical treatment plans. Medication may also be used. In some cases family therapy is recommended.