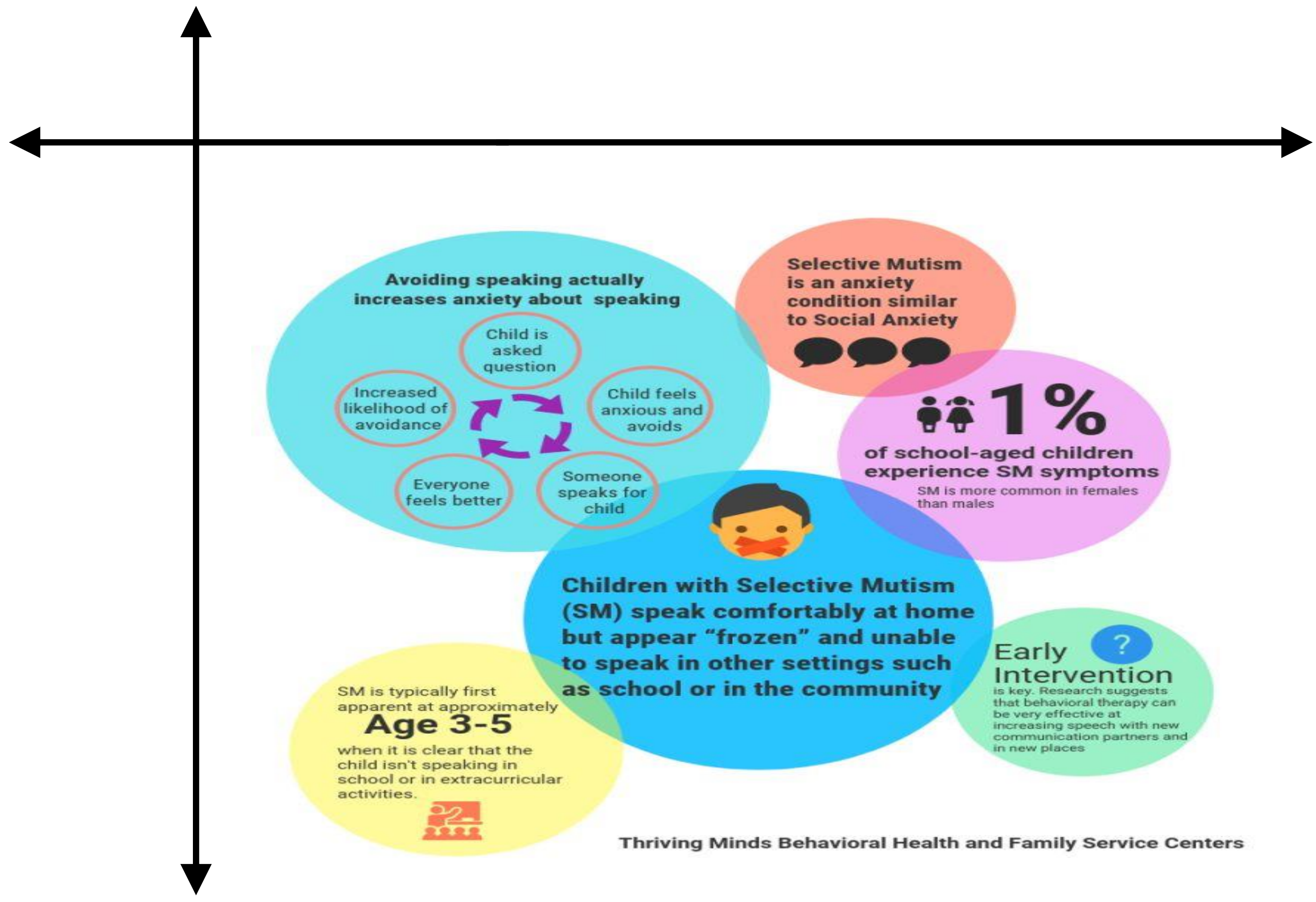


Selective Mutism

‘Selective mutism is a severe anxiety disorder where a person is unable to speak in certain social situations, such as classmates at school or to relatives they do not see very often’ (NHS, 2022)

ECEY6006 – Supporting Children with Additional Learning Needs



Source: weareteachers.com (2021)

Challenges

The Royal College of Speech and Language Therapists (2022) acknowledges that without the correct support, children with selective mutism could endure severe long-term negative consequences and impact their academic, social, and emotional functioning. The importance of early intervention is vital and can be associated with better outcomes in a shorter period. Bulotsky-Shearer et al. (2012) states that when children engage in high-quality interactions with their teachers and peers, they exhibit higher levels of academic and social development. Zakszeski and DuPaul (2016) affirm that it is essential for school-based practitioners to be equipped to effectively intervene with children with selective mutism to minimize the potential detrimental effects selective mutism could have on a child’s academic and social development. Previous studies have shown that children with selective mutism participate in school-based treatments more than any other professional treatment and that parents found school-based treatment to be the most helpful. However, Kehle et al. (2012) highlights the limited knowledge and training that was expressed by most school practitioners.

As part of the updated Additional Learning Needs Code for Wales (Welsh Government, 2021) ALNCoS must contribute to in-service training for teachers and play an important role in the continued professional development for other staff members. It is essential that ALNCoS keep up to date with the current best practice and the latest guidance and support for Additional Learning Needs.

Diagnosis

According to the NHS (2022) Selective Mutism often begins in early childhood between the age 2 and 4 and can often be identified when a child starts nursery or school, as they are required to interact with people outside their immediate family. Selective mutism affects around 1 in 140 young children with it being more common in girls and children who are learning a second language, particularly those who have migrated from their place of birth. The Selective Mutism Association (SMA, 2022) highlight the main warning sign of selective mutism as the child's reaction when engaging with unfamiliar or new people, which can be characterised by a sudden stillness and or frozen facial expression, triggering the freeze response. Other common signs and symptoms may be avoiding eye contact, appearing nervous or uneasy or shy and withdrawn. However, some of the more uncommon signs and symptoms could be a child behaving rudely and disinterested and displaying aggression or having tantrums when questioned by family members (NHS, 2022).

Selective mutism is diagnosed through observations and outlined by specific clinical guidelines (SMA,2022) such as:

- A child who does not speak during school, to unfamiliar persons or when they can be overhead in public.
- A child can speak normally in comfortable situations with familiar persons.
- The inability to speak has lasted for at least a month or 2 months in a new setting.
- Their inability to speak cannot be explained by another mental, communication or behavioural disorder.

Busman (2018) discusses the process of diagnosing selective mutism as complex. As the child is unable to speak, a formal evaluation cannot be carried out. Busman (2018) suggests that through observation and strong family partnership, the most suitable intervention can be put in place to support the child and their family. (Bronfenbrenner, 1979: cited in Muris and Ollendick, 2022) recognises the important role that individuals and environments have in shaping a child's experience. Furthermore, Auster et al. (2006) addresses the importance of collaborative work between home and school in addressing children’s mental health needs.

Support

The NHS (2022) state that children can overcome selective mutism with appropriate handling and treatment. However, the older they are, the longer it might take. In some cases, The need for individual treatment can be avoided by creating a strong relationship between the family and school so that they can work together to create a positive, safe environment to help reduce the child’s anxiety. The NHS (2022) recognise that any treatment for the child should not focus on the speaking itself but to reduce the anxiety that is associated with speaking. It suggests to begin with removing the pressure on the child to speak. Matheison (2015) acknowledges that all children show excellent learning and developments in enabling environments and experiences that meet their individual needs as well as when there is a strong partnership between practitioners and parents or carers. Knight and Crick (2020) discuss the inclusivity of the New Curriculum for Wales (2022) and its dual development with the ALN system that aims to ensure better consistency and continuity in provision for children with additional learning needs and ensures that their rights are respected regardless of the severity or complexity of needs. (Welsh Government, 2018) However, SMA (2022) NHS (2022) and Busse and Downey (2011) both highlight behavioural and cognitive-behavioural therapy to be the most successful in treating selective mutism when the case is more severe and outside agencies are required.

Impact on Children

According to Albert Mehrabian, communication is 55% nonverbal, 38% vocal, and only 7% words. (University of Texas, 2022). However, the NHS (2022) acknowledges the impact of being non-verbal has on children. For example, a child with selective mutism may have other fears and social anxieties within the classroom such as fear of making mistakes or unwanted attention being drawn to them. Ioffe (2018) states that there can also be health implications to children in school who have selective mutism. As they spend 6 hours in school, not being able to ask to go to the toilet or to be excused for drink, can cause accidents or urinary infections. Recurring urinary infections can cause longer lasting health issues.

According to Barnes (2021) children who are unable to verbalise or engage in social situations, risk negatively affective their social development as well as their overall mental health and wellbeing. The feeling of panic that children with selective mutism feel can cause long lasting shame and embarrassment surrounding certain, triggering situations. Barnes (2012) stresses the importance of practitioners being mindful of the way that they speak to a child with selective mutism and to remember that it is not a sign of disobedience. Therefore, it is not acceptable to punish a child with selective mutism or reprimand them for their inability to talk as it could make it even more challenging for them to communicate.

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