

**‘What is useful for staff in secondary schools to know about helping teenagers with Selective Mutism? In their own words:**

*a summary of interviews with teenagers who went on to be able to talk’*

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**What is Selective Mutism (SM)**

SM is a consistent failure to speak in specific social situations, but where they can speak confidently in others. It affects educational and social life and last for more than 1 month (DSM 5, 2013).

- It is relatively rare i.e. 1 in 140 but this does mean there will be several in any one secondary school
- It is more common in girls than boys
- There is a higher incidence in bi-lingual children
- There are often Co-morbid conditions especially anxiety disorders

**Why is this important?**

There is less information available about working with teenagers with Selective mutism than younger children with the condition. It is generally held that primary schools are a more nurturing environment where children can be ‘a big fish in a little pool’ but when they move to secondary school, everything changes. Interestingly 35% of those interviewed started with SM when they began secondary school.

When speech and language therapists are working with older children and teenagers in secondary schools, teachers want to know what they can do or what is helpful. I felt is important to ask those who really know, to help make a bigger difference. I have learned that it is often wrong to assume!

**The group:**

20 initially agreed to take part in the interview. 10 more were added across the next 2 years.

All had high profile SM at one time i.e. could not talk to staff at all, at school. All had made significant progress. 18 had been clients of Small Talk over the past 5 years, the others were people some of the group communicated with online, in support groups.

Table 1 age of onset of SM

age	Number	percentage
2	5	16.7

3	10	33.3
4	4	13.33
5	4	13.33
11	4	13.33
12	3	10

Table 2 Co-morbid conditions

	Number	Percentage
Social anxiety	12	53.32
SLC difficulties	4	13.33
ASD	7	23.33
Learning difficulties	1	3.33
Phobias	12	53.32

\*Please note that some had more than one so it does not add to 100%

Table 3 Still affected by SM?

	no	sometimes	yes
Parent view	22	7	1
Teenager view	6	18	6

Data was gathered by posing the following questions:

1. What age did you start with SM?
2. Are you still affected now? Parent/carer were also asked this question
3. An open-ended question: 'I need to know what to say to teachers about the ways they can help a teenager with SM; what advice can you give me to pass on please?'

The responses contained a lot of information about what had gone wrong, how awful the experience of secondary school had actually been, many examples of fairly draconian treatment and individual information which made extremely disturbing listening/reading. However, the purpose of the study was to be able to let staff in secondary schools know what works, what is positive and what will facilitate a more beneficial outcome for students and young people. I am not ignoring these reports and will save for a later date.

**Conclusions:** The responses have been collated into the following headings.

### General

- Greater understanding about selective mutism: 100% felt that best way to help a student with SM is to recognise that they are manifestations of anxiety. The student is not choosing to be silent and the lack of speech is not because they are not motivated nor trying to be deliberately difficult.

- 75% felt that teachers had a huge role in helping/building the student's self-esteem and self-confidence. 95% felt that increasing confidence helped to reduce anxiety at school
- 100% discussed taking the pressure away by not expecting them to speak was a huge help.
- 75% discussed that the expectation to communicate nonverbally was just as stressful e.g. given cards or other device to use. 100% mentioned a need not to stick out in any way.
- 25% mentioned that pressure to speak comes in many forms. Cajoling, teasing, punishing and the promise of a reward are all forms of pressure.
- The position where the student sits was mentioned in 75% of the responses. Interestingly 25% of these said to sit in a less conspicuous locations such as back half of the room, towards the sides, and away from the teacher's desk while 75% of them preferred the front of the class so the teacher could see if they needed help but few others would be aware.
- 100% wanted staff to avoid singling out the individual or calling attention to any achievements or differences. 30% talked about post-it notes as subtle feedback.
- 75% mentioned a trusted adult such as a TA, teacher or counsellor, responsible for maintaining a continuous relationship with the student from year to year
- 4 participants mentioned that it is useful at the beginning of a new school year for new teachers to allow for plenty of time for the child to get used to the new situation. 3 of the respondees had experienced phased settling in time at secondary school while 4 felt that this was not a good idea as they would have missed lessons and then feel worse about going in.
- 100% felt they could not ask for help but 50% found it useful if the teacher checked-in on them to see if they needed anything. 2 talked about the fact that it's easier to say, 'No,' if someone asked if they wanted help to avoid being conspicuous while 4 others discussed that to say yes to questions is easier than arguing why, 'No,' is actually more appropriate.
- If the student is unable to respond, move on rather than waiting for the student to answer, was talked about 8 times.
- 75% had found it best where they had a means of communicating with teachers especially either sharing good news and letting them know if anything has upset them, e.g. via email, a liaison book or a go-between

- 50% had experienced staff who had taken it personally when they had not been able to talk to them. They had appeared hurt or offended when the YP remained silent. To realise it's not personal, is best.
- 50% wanted staff to know that anxious teenagers are often too tense to process information quickly or accurately, so please repeat instructions quietly and calmly as necessary.

### **Task setting:**

- 60% reported that if they understood exactly what was expected of them, they felt less anxious. Where there were clear, specific assignments and expectations for assignments or class activities, it was felt to be beneficial
- Advance notice for class activities so they know what is coming. If they know the day before or earlier in the day was stated by 33%.

### **For assessment/exam purposes:**

- 67% discussed separating the child's performance from the SM so that success is measured by performance only.
- Alternative forms of assessment and participation to substitute for speaking, such as: written work, non-verbal communication, audio- or video-taping had been used in 50% of the cases.
- Extended time for testing and assignments, or non-timed testing had been welcomed by 67%.

### **Friendships**

- To have trusted friends in the same class(es) was felt to be the best way in 100% of the replies. In secondary school, this probably requires scheduling by hand.

- To be able to sit with a trusted friend or have them as a work partner was useful in 93% of the replies.
- Opportunities for small group activities wherever possible in preference to whole class activities, preferably with at least one trusted peer was mentioned in 12 replies.

### **Break/Lunch times**

- Social support at lunchtime, on field trips, and at other unstructured times was discussed in 4 responses. These times were when they had felt most vulnerable
- 67% would have liked support to join in extra-curricular activities

### **Performances**

67% liked alternative forms of participation in school performances. 4 of the students actually enjoyed acting and found it easier to speak in the role of a character. 7 said they would not participate even if it was a non-speaking role. 4 enjoyed contributing as a set designer.

### **The link between mental health/anxiety and SM**

75% wanted teachers to understand that these are related. 2 did not realise it themselves at the time but now realise the importance. 1 discussed the need for privacy e.g. to be able to have a private location to dress for PE would have enabled them to do PE

### **Conclusions:**

1. Training  
This must include an overview of the nature, causes, diagnosis and assessment of selective mutism (SM). It also beneficial for staff to learn how to use informal management strategies and be aware of more small-steps intervention programmes if indicated.

The SMIRA website [www.smira.org](http://www.smira.org) has information on core and extension level training by Maggie Johnson and Alison Wintgens. If this is not available, the Selective Mutism Resource Manual 2 has everything schools need. In an ideal world, this supports the above training.

2. Environmental changes  
To make the environment conducive to lower anxiety by implementing some of the factors mentioned above would, make a valuable difference with little effort

3. Getting to know the individual student: what they like, how they prefer to be consulted. As we saw, some of the suggestions were different for different students so we really need a way to be able to ask the student via the parent, email etc.

4. Good communication with the student and with home

As we cannot rely on the student talking to us directly, we need better communication with home than is traditionally the case in secondary schools.

### **Resources:**

1. SM:

#### **The Selective Mutism Resource Manual 2**

Speechmark Publications 01908 326 944

ISBN 9780 86388 280 7 Order Code: 002-4759

**Can I Tell You about Selective Mutism?** By Maggie Johnson & Alison Wintgens, Jessica Kingsley Publishers, June 2012. ISBN 9781849052894  
[www.jkp.com](http://www.jkp.com) £7.99

**My Friend Daniel Doesn't Talk** by Sharon Longo Speechmark Publications  
[info@Speechmark.net](mailto:info@Speechmark.net) £9.99 ISBN 9780 86388 562 4 Order Code: 002-5288AF

2. Anxiety:

**Dawn Heubner** (2006) *What to do When you Worry too much: a Kid's Guide to Overcoming Anxiety*, Magination Press (order through Amazon)

**Stallard P** (2002) *Think Good – Feel Good: A cognitive behaviour therapy workbook for children and young people*. John Wiley & Sons, Chichester

**Stallard P** (2005) *(A Clinicians' Guide to) Think Good – Feel Good: Using CBT with young Children and young people*, John Wiley & Sons

**Anxiety UK** Children and Young People with Anxiety: *A Guide for Parents and Carers/ Young Person's Guide (£3)*