

Breaking the Silence: An IPA study exploring the experiences, thoughts, feelings and perspectives of teachers working with Selectively Mute children.

Charlene Ramos

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**Tavistock and Portman NHS Foundation Trust/
University of Essex**

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Abstract

Research has shown that Selective Mutism occurs more frequently within the school setting particularly when children first start school. A great deal of the research available on Selective Mutism within the school setting is based on evaluating intervention and there is currently a gap in the literature concerning the experiences of teachers. Therefore, the purpose of this research was to give teachers a voice and provide greater insight into how Educational Psychologists can support teachers when working with a Selective Mute in the classroom.

Five teachers' perspectives were gained using semi-structured interviews and Interpretative Phenomenological Analysis was used to analyse the data. Superordinate themes emerged for each of the five teachers leading to six overarching themes that were identified across the whole sample: attempting to create an inclusive environment; taking ownership for helping the child to speak; using others as a source of support; a challenging experience for the teacher; the frustration of teaching a Selective Mute and requiring support and training from other professionals. The findings have been discussed in relation to existing literature and theory. Implications for teachers, the Educational Psychology service and the local authority were considered in regard to providing training and supervision in order to support teachers more effectively.

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Contents

Contents	4
1. Introduction	10
1.1 Chapter Overview.....	10
1.2 Terminology	10
1.3 Aetiology	11
1.3.1 Risk Factors.....	12
1.3.2 Triggers.....	12
1.3.3 Maintaining Factors.....	12
1.4 Prevalence	13
1.5 Comorbidity.....	14
1.5.1 Social Anxiety	14
1.5.2 Language deficits.....	14
1.6 Interventions	15
1.6.1 Behavioural Interventions.....	15
1.6.2 Modifying the environment	17
1.6.3 Psychoanalytic interventions	18
1.6.4 Family Therapy	19
1.6.5 Pharmacological intervention	19
1.7 The impact of SM on teachers	20
1.8 National context.....	20
1.9 Local context	22
1.10 Research rationale and aims	22
1.11 Outline of the thesis.....	23
2 Literature review	23
2. 1 Chapter overview	23
2.2 Inclusion and exclusion criteria.....	24
2.2.1 Inclusion Criteria	24
2.2.2 Exclusion Criteria:.....	24
2.3 Aims of the literature review	26

2.4 Context and Background	26
2.4.1 Case Studies	26
2.4.2 Evaluating Interventions within the school setting.....	27
2.4.3 Follow up studies	29
2.4.4 Assessing and identifying SM	30
2.5 Outcomes and Learning	32
2.5.1 Interventions	32
2.5.2 Strategies and Guidance	34
2.5.3 The role of Genetics	36
2.5.4 Environmental factors and the maintenance of SM in the classroom.....	36
2.5.5 The perspective of the teacher	37
2.5.6 Characteristics linked to SM.....	39
2.5.7 Causal Factors	41
2.5.8 The link between social anxiety and SM	41
2.5.9 The importance of Early Intervention	42
2.5.10 Capturing the perspective of the Selective Mute.	42
2.6 Limitations.....	43
2.6.1 Diagnosing young children	44
2.6.2 Limited training for school staff could impact on interventions.....	44
2.6.3 The pace, length and consistency of intervention.	45
2.6.4 Research did not capture teachers perspectives	46
2.6.5 Interventions carried out by a therapist.	46
2.6.6 Generalizing interventions to the classroom setting	48
2.6.7 Comorbidity.....	49
2.6.8 Selecting a homogenous sample.....	50
2.6.9 Lack of experimental design and control groups	50
2.7 Summary	51
3 Methodology	54
3.1 Overview	54
3.2 Research Design	54

3.3. Phenomenology	55
3.3.1 Husserl.....	55
3.3.2 Heidegger	56
3.3.3 Merleau-Ponty	57
3.3.4 Satre	57
3.4 Hermeneutics	58
3.4.1 Schleiermacher	58
3.4.2 Heidegger	59
3.4.3 Gadamer.....	59
3.5 The Hermeneutic Circle.....	60
3.6 Idiography	60
3.7 Ontology.....	62
3.8 Epistemology.....	63
3.9 Rationale for selecting IPA	63
3.10 Limitations of IPA	64
3.11 Consideration of other methods and approaches	65
3.11.1 Thematic Analysis.....	65
3.11.2 Grounded Theory	66
3.12 Participants	67
3.12.1 Sample.....	67
3.12.2 Inclusion and exclusion criteria	67
3.13 Context	68
3.14 Recruitment.....	69
3.15 Data collection	70
3.15.1 Semi structured interviews	70
3.15.2 Ethical considerations	70
3.15.3 Informed Consent	71
3.15.4 Anonymity and Confidentiality	71
3.15.5 Potential Distress	72
3.15.6 Withdrawal.....	72

3.15.7 Power Imbalance.....	72
3.15.8 Risk and data protection	73
3.16 Data Analysis	73
3.16.1 Stage 1: Reading and re-reading/achieving immersion.	73
3.16.2 Stage 2: Initial noting.	74
3.16.3 Stage 3: Developing emergent themes.	75
3.16.4 Stage 4: Searching for connections across emergent Themes.	75
3.16.5 Stage 5: Moving to the next case.	77
3.16.6 Stage 6: Looking for patterns across cases.	77
3.17 Validity and Quality	77
3.17.1 Sensitivity to Context	78
3.17.2 Commitment and Rigour.....	78
3.17.3 Impact and Importance.....	78
3.17.4 Reflexivity.....	79
3.17.5 Researcher bias	79
3.17.5 The Independent Audit	80
4. Results Section	80
4.1 Chapter Overview.....	80
4.2 Summary of teachers results.....	82
4.2.1 Teacher One: Helen.....	82
4.2.2 Teacher two: Katie	84
4.2.3 Teacher three: Julia.....	85
4.2.4 Teacher four: Ruth	86
4.2.5 Teacher five: Anne	87
4.3 Overarching Theme One: Attempting to create an inclusive environment.....	88
4.4 Overarching Theme Two: Taking ownership for helping the child to speak.....	92
4.4.1 Putting interventions in place	92
4.4.2 A sense of achievement	94
4.5 Overarching Theme Three: Using others as a source of support.....	96
4.5.1 Working successfully with others.....	97

4.5.2 Positive peer support system.....	98
4.6 Overarching Theme Four: A challenging experience for the teacher	101
4.7 Overarching Theme Five: The frustration of teaching a Selective Mute.	105
4.8 Overarching Theme Six: Requiring support and training from other professionals.	109
4.8.1 Going through this journey alone	109
4.8.2 Requiring knowledge and training.	111
4.8.3 A need for early intervention.....	112
4.9 Summary of findings	114
5 Discussion.....	115
5.1 Summary of Main Findings.....	115
5.1.1 Psychoanalytic Framework.....	118
5.1.2 Social Cognitive Theory	127
5.1.3 Methodological issues.....	130
5.2 Implications for practice	136
5.2.1 Implications for Educational Psychologist Practice and Policy	136
5.2.2 Implications for teachers.....	138
5.2.3 The Role and responsibility of the Parents	140
5.3 Implications for research	141
5.3.1 Dissemination of findings.....	141
5.3.2 Implications for Research.....	142
5.4 Final Conclusions	143
References.....	148
Appendices.....	164
Appendix A: List of Included and Excluded articles.....	164
Appendix B: Consent Form.....	175
Appendix C: Information sheet, inclusion and exclusion criteria	176
Appendix D: Interview questions	179
Appendix E: Letter giving ethical approval.....	180
Appendix F: Example of initial noting and emergent themes- Ruth.....	181
Appendix G: Grouping of emergent themes into subordinate themes-Ruth.	216

Appendix H: Grouping Subordinate into Superordinate for all participants.	231
Appendix I: Grouping superordinate into overarching themes	234
Table 1: <i>Search terms and number of records retrieved from ERIC and Pysch Info Databases.</i>	26
Table 2: <i>A table showing how Superordinate themes were grouped into overarching themes.</i>	82
Table 3: <i>Helen Subordinate to Superordinate themes.</i>	83
Table 4: <i>Katie subordinate to superordinate themes.</i>	84
Table 5: <i>Julia subordinate to superordinate themes.</i>	85
Table 6: <i>Ruth subordinate to superordinate themes.</i>	86
Table 7: <i>Anne subordinate to superordinate themes.</i>	88

1. Introduction

1.1 Chapter overview

This research will explore the lived experience of teachers who have worked with a Selective Mute. The introduction focuses on a range of issues around Selective Mutism (SM) such as terminology, aetiology, risk factors, triggers, maintaining factors, prevalence, comorbidity, interventions and the impact of SM on teachers. Furthermore, national and local contexts will be explored. I will discuss the purpose and research aims. Finally, I will outline the structure of the thesis.

1.2 Terminology

SM was first referred to as aphasia voluntaria by Kussmaul (1877) and was later referred to as Elective Mutism by Tramer (1934). Williamson (1977) viewed SM from a behavioural perspective focusing on family interactions and the family history of the Selective Mute. From a psychoanalytic perspective SM was viewed as a regression to an early stage of development which was referred to as stranger reaction (Lesser-Katz, 1988).

Kolvin and Fundudis (1981) emphasised the difference between Traumatic Mutism and Elective Mutism. Traumatic Mutism occurred in response to shock whereas, Elective Mutism referred to individuals who were only able to speak in small group situations. The authors expressed that Elective Mutism was multifaceted and often difficult to treat. Reed (1963) viewed Elective Mutism as learned behaviour; he identified two groups of children; one group presented as manipulative and the other as anxious.

In DSM- 4 (APA, 1994) the term Elective Mutism was changed to Selective Mutism (SM) in order to reflect an avoidance of speaking in specific situations. DSM-5 (APA, 2013) classified SM as an anxiety disorder; a large majority of

individuals with SM have anxiety. The DSM-5 (APA, 2013) specifies that children must show avoidance of speaking for at least one month not including their first month of school and this must greatly impact on daily functioning.

The term SM has Therefore, been defined as persistent difficulty speaking within specific situations such as the school setting (Johnson & Wintgens, 2016). A Selective Mute may choose to speak to their close family members at home but may avoid speaking to other people or in other social settings.

1.3 Aetiology

A number of theories have attempted to explain causal factors related to SM; psychodynamic theory first argued that SM was a response to trauma or unresolved conflicts within the mind (Dow, Sonies, Scheib, Moss & Leonard, 1995). However, modern psychodynamic perceptions of SM moved away from trauma; seeing SM associated with anxiety (Krysanski, 2003). With other theorists identifying that it is useful to take a holistic view of SM by exploring the interaction between risk factors, triggers, maintaining factors and the environment (Johnson & Wintgens, 2016). SM may occur due to a combination of constitutional (within child factors) and environmental influences (Johnson & Wintgens, 2001). For example, anxiety may be genetic or children may become anxious due to their family environment or through being exposed to anxious family members (Goodman & Scott, 1997). Kristen and Torgerson (2002) found that children with SM frequently had relatives who had also experienced SM, severe shyness and anxiety disorders.

1.3.1 Risk factors

A range of risk factors for SM have been found including genetic disposition, having a family history of SM, anxiety or other psychological disorders.

Furthermore, SM is associated with having a reactive personality which makes the child more prone to sensitivity or anxiety which are also considered risk

factors for SM. Sensory issues, delayed motor development and Autism

Spectrum Disorder may also contribute to the development of SM (Johnson and Wintgens, 2016).

1.3.2 Triggers

Johnson and Wintgens (2016) explored a range of factors which may trigger SM.

This included Separation anxiety, being in a new or busy environment, feeling

under pressure, difficulty communicating and being bullied by others. These

triggers can lead to learned fear and repeated avoidance. People in the child's

system may begin to model different ways that speech can be avoided such as

speaking on behalf of the Selective Mute.

1.3.3 Maintaining factors

SM is maintained when the young person develops a negative perception around

speaking in specific situations. Speaking can become linked to a range of

negative emotions such as failure, pressure and anxiety. This can result in a fear

of speaking which causes the individual to avoid situations where they find

speaking difficult and this avoidance provides them with a great sense of relief.

When the individual manages to successfully avoid speaking; avoidance of

speaking can then become linked to positive feelings and the reduction of

anxiety. Therefore, the young person continues to avoid speaking as a method of

avoiding the associated anxiety and fear (Johnson & Wintgens, 2016).

1.4 Prevalence

There is no reliable figure on the number of children with SM currently living in the UK. This may be due to the fact that 40% of children with SM have not been diagnosed or referred to professional services such as speech and language or Educational Psychology Services (Chavira & Stein, 2004; Dummit, Klein, Tancer, & Asche, 1997; Kumpulainen, Rasanen, Raaska, & Somppi, 1998). However, it is estimated that 1 in 140 children in the UK are currently affected by SM (NHS, 2016). Some studies have shown that SM is more commonly experienced by girls, ethnic minorities and children with English as an additional language (Dummit et al., 1997). SM normally occurs between the ages of two and five and may reduce significantly over an eight year period (Remschmidt, Poller, Herpertz-Dahlmann, Hennighausen, & Gutenbrunner, 2001). Research has shown that SM occurs most frequently within school settings and commonly emerges in pre-school (Halpern, Hammon, & Cohen, 1971).

Steinhausen and Juzi, (1996) looked at a sample of one hundred children with SM and found that the ratio of male to female was 1:6 which suggested that girls were more likely to experience the disorder. This research also found that the disorder was more prevalent in immigrant families and children who had to learn an additional language. The long term effects of SM can persist into adulthood even after the individual overcomes SM. A follow up study conducted on children with SM showed that after overcoming the disorder, 60% of young people still continued to experience difficulties with their self-confidence, independence and communication skills (Remschmidt., et al, 2001).

1.5 Comorbidity

Anxiety (particularly social anxiety) and language deficits are two key factors that have been linked to SM (McInnes, Fung, Manassis, Fiksenbaum & Tannock, 2004).

1.5.1 Social anxiety

Black and Uhde (1995) found that alongside SM children frequently had social phobia or avoidant disorder. It was argued that SM was a symptom of Social anxiety disorder rather than a separate syndrome. Furthermore, Dummit et al., (1997); found that a sample of fifty children with SM all had Social phobia or Avoidant disorder and 48% of these children had other comorbid anxiety disorders. This suggests a link between SM and anxiety. Social anxiety disorder causes children to feel anxious when they are presented with certain social situations which interfere significantly with daily living. Similar to SM the child with Social anxiety disorder avoided talking but this was due to the fear that others would ridicule or criticise them. Therefore, the fear was linked to their interactions with others.

1.5.2 Language deficits

There may be a range of expressive and receptive language deficits present in children with SM. Research has shown that 30-50% of children with SM experience language disorders (Kolvin & Fundudis, 1981; Kristensen, 2000; Steinhausen & Juzi, 1996). A critique of research in this area is that assessing the language skills of children with SM is particularly challenging. Therefore, data is often obtained through parental reports. Parents may not be qualified to assess their children's language deficits. Therefore, these studies may lack

validity. McInnes, Fung, Manassis, Fiksenbaum and Tannock, (2004) tested children with SM using a narrative assessment and found some children with SM showed weaker expressive language skills. These children wrote shorter, simpler stories compared to a control group of children with social phobia.

1.6 Interventions

Previous studies have shown that only approximately 60% of young people with SM are referred to professional agencies or given interventions (Black & Uhde, 1995; Dummit et al., 1997). There have been a broad range of different interventions used to treat children with SM. Due to the link between anxiety and SM, the most effective interventions appear to be those that specifically aim to reduce anxiety (Cohan, Chavira & Stein 2006). Johnson and Wintgens (2016) created a resource manual which can be used to support teachers and parents. The authors suggested that interventions that focus on behaviour and cognition can be used in order to reduce anxiety. Imich (1998) stressed the importance of school based interventions and emphasised the role of the Educational Psychologist in helping teachers plan suitable interventions for their pupils with SM.

1.6.1 Behavioural interventions

Literature has shown that behavioural interventions are frequently used to treat SM including stimulus-fading, contingency management, systematic desensitisation, self-modelling and graded exposure (Cohan et al., 2006).

Contingency management intervention refers to rewarding the Selective Mute when they persist in communicating verbally (Cohan et al., 2006). This

intervention involves mapping out which speaking behaviours will be rewarded and the Selective Mute takes part in this process. The young person is rewarded in response to specific behaviours such as whispering or speaking on the phone, this intervention has been found to successfully treat some SM (Porjes, 1992). This is a good starting point to initiate verbal communication However; the Selective Mute may then require more intervention to be able to speak freely within a range of settings.

Another behavioural technique is known as stimulus fading which refers to slowly introducing another individual into the environment where the Selective Mute feels safe. This is also known as the sliding in technique (Johnson & Wirtgen's, 2016). This intervention gradually helps the Selective Mute to increase the number of people they are comfortable speaking in front of and the number of settings in which they are able to speak. The child may initially receive positive reinforcement for speaking to another child in their class; more children are then brought into this group until the Selective Mute can speak in front of a big group of people. This has been a successful way to help children with SM speak to a greater number of people and within a wider range of situations (Masen, Stacks, Caldwell-Colbert, & Jackson, 1996)

Johnson and Wirtgen's (2016) recommended the use of exposure therapy such as graded exposure and systematic desensitisation which are frequently used to help children learn how to reduce anxiety around speech. This is achieved by helping the child take small steps towards facing the event or object which is causing their anxiety. Over time the child begins to feel a sense of achievement

in place of the previous fear reaction. Parents are in the ideal position to help bridge the gap between school staff and the Selective Mute in order to make the child feel more comfortable when facing anxiety provoking events.

Self-modelling has been used to treat SM and is considered an inexpensive intervention (Keble, Owen, & Cress, 1990). A video or audio tape is created which shows the Selective Mute speaking and this is carefully edited so that the Selective Mute can view them speaking in situations where they previously have not spoken. The young person is exposed to these tapes numerous times in the hope that they will become more comfortable listening to themselves speak in different settings. This technique aims to increase self-belief in the Selective Mute.

1.6.2 Modifying the environment

Interventions should also move beyond the individual and consider the wider context of the home and classroom to ensure that interactions with others are not maintaining SM. Cline and Baldwin (1994) argued that teachers who used non-verbal communication to make shy children feel more comfortable when they first entered school were potentially maintaining SM. Johnson and Wirtgen's, (2016) highlighted the importance of making adjustments to the school environment in order to encourage the Selective Mute to be able to speak in their own time. This included accommodating them into the classroom and allowing them to take gradual steps towards speaking. A five point emotions rating scale can be used to ensure that adults know how the child is feeling during the school day.

Methods such as writing, gesturing and drawing could be used when talking is

difficult. However, Johnson and Wirtgen's, (2016) stressed that the teacher needs to achieve the balance between allowing the Selective Mute to respond through alternative methods of communication whilst being careful to avoid maintaining SM. There is a risk that the child will become too reliant on nonverbal methods of communication; therefore, alternative methods of communication should be temporary.

1.6.3 Psychoanalytic interventions

Psychoanalytic methods have also been implemented such as play therapy and psychotherapy. However, these methods are often not seen as successful as behavioural interventions (Imich, 1998). Psychotherapy is another intervention which is frequently used to support children with SM (Steinhausen and Juzi, 1996). Psychoanalytic treatment of SM involves understanding why the child is Selective Mute and interpreting the unconscious reasons behind SM.

Psychoanalysis can be conducted on older children; whereas play therapy or art therapy are more frequently used with younger children (Bonovitz, 2003). Play therapy gives the Selective Mute a space to explore their feelings through the medium of games and toys; the child can take the lead and the therapist interprets the child's behaviour. Art therapy also allows the Selective Mute to communicate their feelings through drawing, painting and making models out of clay. Psychoanalytic interventions do not directly target SM; however, the therapist remains curious and analyses the child's behaviour in order to explore the reasons around why the SM may be occurring. Through play or art therapy the child can act out their inner unconscious conflicts and this may remove the

need for SM. It is difficult to determine the outcomes of psychoanalytic approaches due to the lack of controlled studies (Cohan et al., 2006).

1.6.4 Family therapy

Family therapy has also been used to explore the function of SM within the family (Steinhausen & Juzi, 1996). The therapist helps the family to think about the dynamics between different family members and the patterns of communications which may have led to SM or may be maintaining the behaviour of the Selective Mute. These sessions include the whole family and the family therapist would support positive ways to approach SM. Tatem and DelCampo (1995) used family therapy to treat a Selective Mute by focusing on the relationship between the mother and daughter. From this perspective the therapist focused on the mothers over bearing behaviour, strict boundaries and lack of emotional responsiveness. The therapist introduced play therapy in order to help the child become more independent; the mother was guided through how to take a less controlling approach. Furthermore, members of the extended family were educated about not placing pressure on the Selective Mute; leading to positive outcomes for the child. However, this was an uncontrolled study Therefore, it is difficult to infer whether the Selective Mute began speaking due to this intervention.

1.6.5 Pharmacological intervention

Medication such as Selective Serotonin Reuptake inhibitors have been used to reduce anxiety in children with SM. The medicine is often administered alongside behavioural intervention and tends not to be implemented within the UK. Johnson and Wintgens (2016) suggest medication is only used in extreme circumstances for older children where SM has become embedded.

1.7 The impact of SM on teachers

Johnson and Wintgens (2016) suggest that every teacher should expect to encounter a student with SM during their career. Therefore, teacher-training courses should include information on SM. SM may often have a powerful emotional impact on teachers. It may cause feelings of rejection and fear to surface when children do not interact and communicate in the expected way.

Cline and Baldwin (1994) stated that teachers working with a Selective Mute may feel a range of emotions such as frustration and helplessness. Many teachers may not feel knowledgeable about SM or feel confident enough to put interventions in place. Furthermore, the Selective Mute may be overlooked in the classroom as more attention and resources may be given to more disruptive children (Johnson & Wintgens, 2001). Many teachers working with SM children may feel isolated and deskilled due to the rarity of the disorder (Cline & Baldwin, 1994, Cleave, 2009).

Research has shown that teachers can experience high levels of frustration and anger when teaching a Selective Mute and the situation can lead to a power imbalance and create a difficult dynamic between the class teacher and student (Imich, 1998). Furthermore, teachers may find themselves preoccupied with getting the child to speak and searching for ways to engage the child with learning (Cline and Baldwin, 1994).

1.8 National context

The English Speaking and Listening Curriculum (Department for Education, 2014) led to higher expectations for children in key stage one. For example in year one children are expected to recite rhymes and poems from memory, be able to discuss the meaning of different words and discuss their writing with

teachers and peers. Furthermore, children are required to listen and respond appropriately to adults and their peers at school. Therefore, the New English Speaking and Listening Curriculum (Department for Education, 2014) emphasised the role of speaking in the classroom and provided specific learning objectives for spoken language.

The SEN code of practice places emphasis on gaining the child's voice. It is important that children are able to express their views where possible through conversations with Educational Psychologists and other professionals in order to ensure that they remain part of the decision making process (Children and Families Act, 2014, Special Educational Needs and Disability Code of Practice, 2014).

The Children and Families Act (2014) and the new SEN code of Practice (2014) also encouraged professionals to ensure that children were able to express their views and were involved in decision making processes. Therefore, this research could contribute to helping more children find their voice at school by contributing to research on SM in UK schools.

There is a gap in the literature regarding the experiences and perspectives of teachers working with children who are Selective Mute. Therefore, my research will be contributing to the research within this area. Cline and Baldwin (1994) argued that due to the rarity of the disorder many teachers will not have sufficient knowledge of SM and will need to draw on support and guidance from other professionals such as Educational Psychologists.

1.9 Local context

During peer supervision sessions, the majority of Educational Psychologists in my service have expressed that they do not have a great deal of experience working with a Selective Mute. Furthermore, this limited experience has left Educational Psychologists feeling deskilled when working with a Selective Mute they have been unsure of how to support school staff. Therefore, this piece of research aims to provide information about SM and how teachers can be supported by Educational Psychologists in the future. It is hoped that this will be a helpful source of information for teachers, parents, Educational Psychologists and other professionals working with SM children in my local authority.

My research takes a unique perspective as an Interpretative Phenomenological Analysis methodology has been used which is idiographic in nature focusing on how teachers make sense of SM within their own personal social and cultural contexts. This will capture the unique stories of teachers working within the context of my local authority. My Educational Psychology Service (EPS) is located within a diverse borough. There are a large number of working class families and new arrivals to the UK. This is an ethnically diverse borough with 45% of residents from minority Ethnic groups. This is significant to the research as many studies have found that SM is more commonly experienced by children from ethnic minority backgrounds and children with English as an additional language (Dummit et al., 1997).

1.10 Research rationale and aims

This research is filling a gap in the current literature on SM within the UK. The first aim of this research is to enable teachers to share their experiences of

working with a Selective Mute. Therefore, the purpose of this research is to give a voice to teachers; this rich data will increase understanding of what it feels like to work with a Selective Mute. Multiple perspectives will be gained by interviewing five teachers about their unique experiences.

The second aim is to explore how Educational Psychologists can support teachers when working with a Selective Mute. SM occurs most frequently within school settings (Halpern, Hammon, & Cohen, 1971, Steinhausen & Juzi, 1996). Therefore, research focusing on the perspectives of teachers is beneficial; in order for Educational Psychologists to gain a greater understanding of the impact of SM within the school setting and how they can support teachers more effectively.

1.11 Outline of the thesis

This introduction has outlined the background and aims of the research. The next chapter will explore what is already known in the existing literature about the impact of Selective Mutism in the school setting. The methodology chapter will consider some of the benefits and disadvantages of using IPA to conduct my research and present the approach followed. Following this the results and discussion will be presented and I will reflect on what this means for the Educational Psychology Service and the local authority in terms of how Educational Psychologists can support teachers more effectively in the future.

2 Literature review

2.1 Chapter overview

For the purposes of this literature review I looked at research on SM within the school setting. Although a large proportion of the research available on SM is based on assessment and treatment, it is important to note that few studies have

attempted to gain the perspectives of teachers with students who have SM. The lack of face to face interviews of teachers' experiences has made the review of such experiences necessary. Fourteen articles were critiqued using checklists from the Critical Appraisal Skills Programme (2017). The literature review begins with the context and background of the research; following this there is a discussion around the key findings and finally the limitations of the research.

2.2 Inclusion and exclusion criteria

The following inclusion and exclusion criterion was used to select articles.

2.2.1 Inclusion criteria

- Publication in the English Language.
- Publication after 1994 when the term Elective Mutism was changed to SM in order to reflect an avoidance of speaking in specific situations (APA, 1994).
- Research about the impact of SM in the school environment.
- Academic Journals.
- Peer reviewed Journals.

2.2.2 Exclusion criteria:

- Research about SM in the clinical setting.
- Published prior to 1994 when the term Elective Mutism was changed to SM in order to reflect an avoidance of speaking in specific situations (APA, 1994).
- Books not focusing on research studies.
- The focus of the research is not SM.
- Reports.

- Unpublished thesis and dissertations.
- Articles presenting one possible treatment strategy with no research study.

	Selective Mutism Search Terms 1	Teachers And Schools Search Terms 2	Experience Search Terms 3	Search Terms 1 AND Search Terms (2) AND Search Terms (3)
Data Base	Selective Mutism OR Selectively Mute	Teach* OR learning OR lesson OR classroom AND School OR Primary School OR Elementary School OR First Grade OR Kindergarten OR reception OR year one OR nursery OR preschool OR foundation stage OR early years OR Education	Experience* OR interview* OR working with * phenomenon * describe * consultation OR discuss* OR qualitative OR voice OR lived experience * narrative	Selective Mutism OR Selectively Mute Teach* OR learning OR lesson OR classroom AND School OR Primary School OR Elementary School OR First Grade OR Kindergarten OR reception OR year one OR nursery OR preschool OR foundation stage OR early years OR key stage one Education AND Experience*OR interview* OR working with * phenomenon * describe * consultation OR talk OR discuss* OR conversation OR qualitative OR voice OR lived experience * narrative
PsycINFO	409	457,084	1,438,200	55
ERIC	75	772,555	633, 669	18

Table 1: *Search terms and number of records retrieved from ERIC and Pysch Info Databases.*

See Appendix A for a full list of included and excluded articles and a descriptive account of why each article was excluded. The majority of excluded articles were excluded due to the fact that the research did not relate to the school setting. Many books and descriptive accounts were also excluded. Fifteen articles were selected for further review. These were empirical research studies specifically looking at SM within the school environment. The majority of studies discuss the assessment and treatment of children with SM within the school setting.

2.3 Aims of the literature review

The aim of this literature review is to explore the experience of SM on teachers within the classroom. It also aims to critique research relating to children with SM within the school setting. This includes the experiences of school staff working with a Selective Mute, to gain a greater understanding of the phenomenon of SM; focusing on what it means for teachers and to answer the following question:

What is known about the experience of teaching a child with Selective Mutism?

2.4 Context and background

2.4.1 Case studies

Six articles were descriptive and followed a single case study design. (Hung, Spencer & Dronamraju, 2012, Borger, Bartley, Armstrong, Kaatz & Benson, 2007, Segal, 2003, Masten, Stacks, Cadwell-Colbert & Jackson, 1996, Holley, Johnson & Herzberg, 2014, Rye & Ulman, 1999)

The case study provides a descriptive account meaning that the data is often missing a deeper level of analysis. Furthermore, it can be difficult to replicate as it is specific to one child within one educational setting. The majority of these case studies focused on behavioural intervention with one Selective Mute, producing rich data and helpful recommendations for professionals. Segal's (2003) study was unique as it focused on the onset and development of SM in female monozygotic twins. This descriptive case study explored genetic and environmental influences on the development of SM.

2.4.2 Evaluating interventions within the school setting

Eight studies evaluated intervention for children with SM within the school setting. (Mitchell & Kratochwill, 2013, Oerbeck, Stein, Pripp & Kristensen, 2015, Masten et al., 1996, Holley et al., 2014, Oerbeck, Johansen, Lundhal & Kristenen, 2012, Rye & Ullman 1999, Borger et al., 2007, Howe & Barnett, 2013).

Five of the eight evaluations took place within a single case study design. (Rye & Ullman, 1999, Holley et al., 2014, Masten et al., 1996, Mitchell & Kratochwill, 2013, Howe and Barnett, 2013). This means the generalisability of the results is more limited. Oerbeck et al., (2015) implemented a randomised control study and included a relatively large sample of twenty-four children with a diagnosis of SM. Therefore, this use of a randomised control methodology as opposed to a single case study design reduced the effect of confounding variables such as researcher bias.

Mitchell and Kratochwill's (2013) study had more methodological rigour as the intervention came from a standardised manual. Mitchell and Kratochwill (2013) carried out a psychosocial intervention on four children with SM. This single case experimental design enabled the researchers to make valid interpretations from the results. Detailed interviews were carried out in order to analyse the baseline assessments and to plan the implementation of an intervention. Furthermore, Mitchell and Kratochwill (2013) formulated research questions based on whether the intervention would reduce SM and anxiety. Data collection was also discussed in depth. Mitchell and Kratochwill (2013) stated that the Selective Mute who did not make as much progress as the others was the only child of mixed heritage, Caucasian and Native American, the possible confounding factor of cultural difference was not explored in more detail which was a limitation of the study. The researchers' hypothesised that anxiety levels would reduce as a result of the intervention. Conversely, the results showed that this did not happen for any of the children. However, this research was published before the DSM- V diagnostic criteria where SM was recognised as an anxiety disorder. Therefore, it is possible that Mitchell and Kratochwill (2013) did not place emphasis on specifically targeting anxiety.

Howe and Barnett (2013) increased the validity of their case study by having a comparison group of similar children without SM. An A-B single case accountability design was used; baseline data was collected followed by intervention and outcomes were measured through observations and teacher reports. The use of multiple measures improved the A-B design. Data was collected using direct observations lasting thirty minutes per week, teacher and

parent interviews. Through this, professionals were able to form a hypothesis as to why the child was not speaking informed by multiple sources of information. Similarly Borger et al., (2007) also gained a range of perspectives using a case study design, this descriptive study focused on direct observations or descriptive accounts thus tracking the progress of the intervention. However, Borger et al., (2007) did not describe their approach to analysis; although there is some discussion of the findings including the perspectives of the class teachers.

2.4.3 Follow up studies

Many studies provide a descriptive account of the short- term outcomes of treatment but few studies review the long- term outcomes. Three studies included follow up assessments on children one year after the intervention took place, to explore whether outcomes remained positive (Rye & Ullman, 1999, Oerbeck et al., 2012, Oerbeck et al., 2015).

Oerbeck et al., (2015) conducted a randomised controlled treatment study and then revisited the children three months, six months and one year after treatment to monitor their speaking patterns. Children completed six months of Cognitive Behavioural Therapy and class teachers provided outcome data following treatment. Oerbeck et al., (2015) implemented a statistical measure to analyse data from questionnaires in order to measure positive change. Similarly, Rye and Ullman (1999) evaluated an intervention for a child who had been Selective Mute for many years and then completed another evaluation one year later. A Likert scale was used to track progress throughout the intervention and this was compared to baseline data. However, due to the lack of experimental design it is

unclear whether any successful outcomes occurred as a result of the intervention. Finally, Oerbeck et al., (2012) were the first to tailor their intervention to the needs of the child. This uncontrolled pilot study used pre and post measures to evaluate the outcomes of intervention for SM. There was a rigorous assessment procedure involving standardised questionnaires, interviews and direct cognitive assessment. Oerbeck et al., 2012 conducted a statistical analysis and reported significant differences in the results.

2.4.4 Assessing and identifying SM

Seven studies discussed the assessment and identification of children with SM within the school setting (Martinez, Tannock, Manassis, Garland, Clark & McInnes, 2015, Omdal & Galloway, 2008, Cunningham, McHolm & Boyle, 2006, Black & Uhde, 1995, Hung et al., 2012, Borger et al., 2007, Segal, 2003). Of the seven studies, four studies focused exclusively on the teacher's role in the assessment of SM. (Martinez et al., 2015, Black & Uhde, 1995, Omdal, 2008, Omdal & Galloway, 2008, Cunningham et al., 2006.)

Martinez et al., (2015) emphasised the role of the teacher in the early assessment of SM within the school setting. Teachers were able to provide detailed information about how the Selective Mute behaved with peers during break time, in small groups and within whole class sessions. This study involved the development of a teacher reported assessment tool that was high in validity, reliability and internal consistency. Martinez et al., (2015) stated that there was a lack of validated teacher measures prior to this. The authors' subscale of SM correlated with a clinical diagnosis of SM thus demonstrating evidence of predictive validity.

On the other hand, Black and Uhde's (1995) pilot study aimed to assess the characteristic features of SM and explore possible similarities, differences and casual factors in a sample of children with SM. Thirty children were included in the research and it was found that a vast majority of these children also experienced some form of social phobia. Parents and teachers were required to provide information through rating scales and this data was analysed statistically to try and identify patterns of symptomology. There were a number of research questions exploring the severity of SM, whether there were comorbid disorders, family history, the impact of significant life events in the family such as divorce or loss of a loved one and the connection between trauma and the onset of SM.

Omdal and Galloway (2008) aimed to create a greater understanding of SM, specifically focusing on interactions with peers and teachers. This research included teacher and parent views. Adults who had recovered from SM were asked to speak about their experiences within the school setting. Omdal and Galloway (2008) transcribed data from interviews and observations which were analysed using NVIVO software; direct quotes were used to describe the experience of SM at home and at school from a range of different perspectives. Themes included the stigma of being labelled as SM, stubbornness or determinedness as behavioural traits, fear of speaking and children being described as highly sociable despite not speaking to others.

Cunningham et al., (2006) highlighted that teachers are often the best people to identify SM. This research created two subgroups of SM; children who specifically did not speak to school staff (Specific Mutism) and those who did not speak within a wider range of settings, such as with their peers and in a variety of

situations outside of the house (Generalised Mutism). The findings showed children with specific SM could only be identified through teacher's assessments. The study included a large sample of fifty eight children with SM and fifty two children who were the same age and gender from sixty one schools. Therefore, the controls were representative of the population; limiting the effect of selection bias.

2.5 Outcomes and learning

2.5.1 Interventions

The literature shows that a range of behavioural techniques have been used to treat children with SM. Such treatments include shaping, positive reinforcement, systematic desensitization and stimulus fading. In several studies children made significant progress and were eventually able to interact and communicate at the same level as their typically developing peers. (Hung et al., 2012, Howe & Barnett, 2013, Borger et al., 2007, Masten et al., 1996, Rye & Ullman, 1999).

The person who implemented the intervention varied across studies. In the majority of studies everyone worked collaboratively to help the Selective Mute. Howe and Barnett (2013) used a classroom intervention based on a consultation framework that was carried out by the class teacher. Whereas Hung et al., (2012) employed a therapist who carried out play therapy. Not many studies specify whether there was any involvement from the Educational Psychologist. However, in Rye and Ullman's (1999) study the school psychologist was able to help staff think about how to implement strategies effectively.

Research showed that a range of other interventions have been used to successfully treat SM. The psychosocial approach in Mitchell and Kratochwill's (2013) study added a different dimension compared to other studies. On the other hand, Howe and Barnett's (2013) intervention was framed within a Tier 1 support system which led to an approach that was not intrusive for the child; many of the techniques were embedded into the school timetable and the teaching style. Some children with SM may also experience delayed social skills due to the length of time they have been experiencing SM. Therefore, Rye and Ullman (1999) focused on improving the social skills of children with SM. Role play was used as a technique to teach these skills and show different approaches to communicating with peers, such as how to start a conversation.

Technology has also been used to assist the treatment of children with SM. Holley et al., (2014) conducted a unique piece of research with a student who was both blind and Selective Mute. This intervention involved the use of voice-output devices. These are electronic devices which generate speech allowing communication using a machine. Furthermore, following the advice of the mental health team; Borger et al., (2007) incorporated video feedback treatment into their intervention which has not featured in any of the previous case studies. A video was created with the child speaking and edited so it showed the child speaking to his teacher; this was available for the child to watch twice a day. A critique of this research was that a rich level of data was collected. However, it was only used to inform the next step of the intervention; the data was not analysed in further detail and no hypothesis were made about why the child was not speaking within the classroom environment. The authors felt that video

feedback treatment improved the child's perception of his ability to speak to his teacher however, the lack of experimental design means that the authors did not provide strong evidence to support these claims.

2.5.2 Strategies and guidance

A number of studies contain strategies, guidance and advice for professionals.

Strategies for professionals working with SM include forming a team, including the parents, class teacher, peers and the therapist or psychologist, to implement effective interventions. This can provide a source of support throughout the process and help to maintain open communication between home and school. In several studies, all professionals worked closely together and attended regular team meetings to ensure the intervention was implemented effectively across multiple settings. (Hung et al., 2012, Howe & Barnett, 2013, Borger et al., 2007, Oerbeck et al., 2012, Mitchell & Kratochwill, 2013, Rye & Ullman, 1999).

Staff training is a crucial element of being able to support children with SM within the school setting. Borger et al., (2007) emphasised the importance of training and educating other professionals' and the child's peers about SM. Some teachers felt it was important to educate other children in the class about SM, to ensure understanding. Other children were made aware that the child with SM was able to speak and did have a voice. Furthermore, it was important that everyone in the classroom understood SM in order to increase acceptance. Segal (2003) also reported that some teachers mentally prepared the other children in the class, to ensure that children with SM were included and treated equally.

Oerbeck et al., (2012) also emphasised the importance of psycho-education by ensuring that parents and teachers received in-depth training about SM, to improve their understanding. Appropriate ways of approaching SM were role modelled, such as engaging the child in joint activities and thinking aloud, rather than being directive with questioning. Oerbeck et al., (2012) ensured that most staff who were implementing interventions were experienced professionals, who had a history of working with Selective Mutes' for ten years. Only one child was treated by a local professional who had never worked with a Selective Mute. This individual was guided through the intervention through supervision. Additionally, Rye and Ullman (1999) provided staff training through a therapist who educated school staff about SM and provided information about the anxiety associated with SM. Rye and Ullman (1999) argued that staff training played a major role in helping teachers raise expectations for children with SM. However, there is not strong evidence to support the claim that the improvements described were directly linked to the teachers' expectations.

There is general agreement in the research that reducing pressure is an important factor in treating SM. Hung et al., (2012) suggested that the Selective Mute should not be blamed or pressurised to speak. Moreover, when the child does speak their teacher should not overly react, as this could cause them to revert backwards. Rye and Ullman (1999) found that parents often identified with their child and did not want the school to pressure them into speaking. One school threatened legal action against the parents if they did not seek help and guidance from other professionals. The parents felt forced to seek professional advice from a psychology clinic regarding their child's SM. This indicates that the

school staff may not have felt expert enough to teach the Selective Mute, and that it was not their responsibility to make the referral. Similarly, research by Segal (2003) reported that parents are often encouraged by the child's class teacher to seek professional support for SM.

2.5.3 The role of genetics

Many parents identified with the label of quiet and shy from their own childhood experiences and were often slow to refer for assessment to avoid increasing their child's anxiety (Omdal, 2008). Furthermore, Segal (2003) noted that one parent related to her twins' experience of SM and stated that when she was younger she experienced anxiety symptoms associated with public speaking. SM in monozygotic female twins and their mother's anxiety around public speaking could provide evidence of a genetic component to SM. However, there were also a number of environmental factors that appeared to impact the development and maintenance of SM. It was hard to change the behaviour of both twins due to the influence they had on each other. Adoption studies were posed as potentially able to help distinguish between the genetic and environmental causes of SM.

2.5.4 Environmental factors and the maintenance of SM in the classroom

Research has shown that the school system can maintain SM. Segal (2003) discovered that SM was being maintained by both school staff and peers. The school may have failed to encourage children with SM to speak by allowing them to bring in video tapes, instead of asking them to participate verbally during activities. Furthermore, Rye and Ullman (1999) argued that teachers negatively reinforced SM by failing to expect the child's verbal participation. Teachers avoided questioning the Selective Mute due to a lack of response. This could have contributed to the long-term maintenance of SM in a boy who had not

spoken at school for several years. Additionally, Hung et al., 2012 implied that this may be avoided through exploring aspects of the child's environment to remove potential barriers and by encouraging family members to frequently participate in school activities. However, the research was specific to one Selective Mute Therefore, the results may not generalise to others.

Furthermore, children with SM may gain special attention from their peers which could potentially act as a maintaining factor. Segal (2003) claimed that children with SM were not socially excluded and that SM made children more popular amongst their peers. However, this claim was based on observational data from the class teacher and the perspectives of the Selective Mutes themselves; Segal (2003) failed to gain the perspectives of the other students in the class.

Therefore, Segal (2003) does not provide strong evidence to support this claim.

2.5.5 The perspective of the teacher

Several studies offered a brief insight into the teachers' perspectives of SM (Hung et al., 2012, Borger et al., 2007, Mitchell & Kratochwill, 2013, Segal, 2003, Oerbeck et al., 2012, Rye & Ullman, 1999, Omdal & Galloway, 2008, Omdal, 2008). Some teachers were asked to provide a descriptive account of the student, disallowing the reader to gain insight into their emotional or practical experiences (Hung et al., 2012, Mitchell & Kratochwill, 2013).

Two qualitative studies (Omdal & Galloway, 2008 and Omdal, 2008) conducted interviews with teachers. The interview transcripts were analysed in great detail which provided a valid and reliable source of evidence for teacher's views around SM. However, it was not clear which methodological framework was used to analyse the data as this was not clearly outlined; the procedure suggests that it

was thematic analysis. Direct quotes described the experience of working with a Selective Mute from different perspectives. Themes in the first study by Omdal and Galloway (2008) included the stigma of being labelled as SM, stubbornness or determinedness as behavioural traits, fear of speaking and children being described as highly sociable despite not using verbal communication.

Themes in a different study by Omdal (2008) featured assessment of SM within the school setting, maintenance of SM within the classroom setting, classroom interactions, and difficulty in the relationship between school and parents. Omdal (2008) found that four schools had involvement from outside professionals.

Furthermore, teachers perceived that the school psychologist was the right person to provide guidance around how to treat SM. However, some teachers did not find their advice helpful as teachers were frequently asked to put therapeutic interventions in place which they did not sufficient time to carry out. Teachers felt that the advice that they received was not based on observations or individual work with the Selective Mute and professionals did not demonstrate adequate knowledge around SM. Omdal (2008) did not provide any information about the teachers in this study such as how long they had been teaching or whether they had any experience working with SM in the past Therefore, it was difficult to know whether their comments about working with outside professionals were based on multiple examples or one experience.

Additionally, some of the teachers in Rye and Ullman's (1999) study expressed their frustration when teaching a Selective Mute. Furthermore, Hung et al., (2012) found teachers reported the Selective Mute did not enjoy being spoken to which

caused staff to withdraw further. For example, one student was described as having a blank look and freezing when questioned in the classroom. On the other hand, in some cases teachers seemed to show empathy towards such children who were unable to speak. During interview one teacher stated that twins with SM were popular within the class and gained attention. They were affectionate towards their peers and participated in all activities using nonverbal communication techniques. This allowed them to remain as part of the class; there was no evidence of ostracism despite the absence of verbal communication (Segal, 2003). Oerbeck et al., (2012) spoke to professionals about potential emotions that may arise in response to working with a Selective Mute, such as helplessness and anger. Methods of coping with these emotional reactions were also discussed.

2.5.6 Characteristics linked to SM

Many teachers described young people with SM as manipulative and their behaviour was often seen as stubborn (Rye & Ullman, 1999). However, Segal (2003) argued that children with SM should not all be categorised as shy and withdrawn or stubborn and manipulative. Segal (2003) found that twins displayed characteristics that were not commonly associated with SM. They were described as helpful, friendly, cooperative and affectionate towards other children in the class. Both girls made good eye contact and demonstrated good non-verbal social skills. The twins used their expressive facial expressions to communicate with people without speaking; this observational data provides a greater insight into the varying characteristics of SM. Furthermore, Black and Uhde (1995) found that contrary to previous research there was not a high level of oppositional

defiant disorder found in children with SM. Parents did describe some moderate characteristics of oppositional behaviour such as stubbornness; However, this was not largely reported on the teacher rating scales. In this study, all interventions and assessment were completed by one professional Therefore, the findings may lack validity and reliability due to the possibility of investigator bias.

The characteristics of children with SM was also explored by Cunningham et al., (2006) who asked parents and teachers to complete a questionnaire measuring concepts such as oppositional behaviour and social skills. Cunningham et al., (2006) recognised that there was a biasing effect on questionnaires which had been previously used to measure oppositional behaviour in children which reflected the speech related symptoms such as “argues a lot with adults”. In order to increase the reliability of their study the authors developed their own non-verbal measure of psychiatric symptoms so that lack of speech would not influence teacher rating scores for children with SM. Despite this, results showed that teachers reported much lower scores compared to parents. Generalised SM was not associated with oppositional behaviour; Cunningham et al., (2006) argued that teachers may not have perceived children as oppositional due to the fact they were not verbally oppositional in comparison to the control group. Cunningham et al., (2006) found that both groups of children demonstrated poor verbal social skills. In comparison to a control group of children the results showed that children who were categorized with generalised SM (Selective Mute in a wide range of settings and with their peers) appeared to suffer from more somatic symptoms such as depression and obsessive behaviour.

2.5.7 Causal factors

Omdal and Galloway (2008) hypothesised that it was helpful for professionals to conceptualise SM as a specific phobia of expressive speech. Black and Uhde (1995) used a standardized parent questionnaire and teacher rating scale to explore factors influencing SM. Findings did not suggest that life events such as divorce immediately resulted in the symptoms of SM. Furthermore, Black and Uhde's (1995) research did not support the link between trauma and SM; four out of thirty children had experienced early trauma. No causal relationship between the onset of SM and suffering early trauma was indicated. Parents reported that the severity of SM varied depending on the setting. For example, children were more reluctant to speak at school and to adults. Teachers reported that children were more reluctant to speak to teachers compared to other students.

2.5.8 The link between social anxiety and SM

Black and Uhde (1995) identified that children with SM often have a strong family history of Social phobia and hypothesised that they may continue to experience social anxiety throughout life, even after being successfully treated for SM. Black and Uhde (1995) described SM as a symptom of a wider Social anxiety disorder and Social phobia. Black and Uhde (1995) argued that SM could not be separated from Social anxiety and was a symptom of it. The research included a relatively large sample of 30 children with SM.

In addition, Martinez et al., (2015) found that there were some similarities in children with SM and those with Social anxiety. However, Martinez et al., 2015 did not find a strong link between the SM subscale and Social anxiety measures, arguing that the symptoms of SM are different. This needs to be explored in more

detail on a larger sample size. Statistical analysis of teacher reports revealed that children with SM demonstrated some difficulty engaging with non-verbal communicative activities such as writing on the whiteboard.

2.5.9 The importance of early intervention

Many studies highlight the importance of identification and intervention of SM as soon as the child enters education. (Hung et al., 2012, Borger et al., 2007, Martinez et al., 2015, Segal, 2003). Teachers are often the first to identify SM and parents are often unaware of their child's difficulties until it is reported by the school. Teachers are in a key position to identify SM and to implement interventions. Research indicates the importance of screening children for SM early. Results imply that some children with SM may require social skills training (Cunningham, McHolm and Boyle, 2006).

2.5.10 Capturing the perspective of the Selective Mute.

Four studies attempted to gain the perspective of the Selective Mute (Borger et al., 2007, Segal, 2003, Omdal & Galloway, 2008, Rye & Ullman, 1999).

Rye and Ullman (1999) were able to capture the voice of a child with SM. The Selective Mute described feeling nervous to speak at school; he was preoccupied with being rejected which maintained SM for several years. This student was also able to rate his own behaviour and frequency of speech at school, which was consistent with other sources of information provided by his parents and school staff. This secondary school student was actively involved in decisions about his treatment. However, it is important to note that older students face different challenges; Omdal and Galloway (2008) interviewed adults who had overcome

SM, they found that the behaviour can start to become entrenched in young people who have lived with SM for a long time and can begin to form part of their identity. Oerbeck et al., (2015) found that feelings of loneliness began to emerge in children who had been Selective Mute for many years. This research showed that a behavioural intervention was more successful with younger participants' and many of the older children remained Selective Mute despite intervention. Furthermore, Oerbeck et al., (2015) argued that this may be due to the entrenched behavioural patterns within the older sample. Additionally, Borger et al., (2007) emphasised that when implementing interventions, it was important for students to be aware of their treatment goals. It was useful to give the Selective Mute some control over the intervention implementation. In this study, the Selective Mute was able to take the lead.

Segal (2003) also gained the Selective Mute's perspective. Twins with SM stated that they did not speak due to the fact that their friends liked the fact that they were Selective Mute. SM had formed part of their identity and their peers enjoyed speaking to them using non-verbal methods. The teacher discussed how the gains from special attention may have reinforced their non-speaking behaviour and maintained SM. On the other hand, a boy in Rye and Ullman's (1999) study who had been Selective Mute for several years was coached on how to approach his peer group when they asked him why he had not spoken for so many years; this helped him anticipate anxiety provoking situations and overcome the identity of Selective Mute.

2.6 Limitations

2.6.1 Diagnosing young children

Most research articles focus on working with the younger age group of Selective Mutes'; children who have just started school or nursery. However, this can present a problem due to parental opposition. Moreover, Howe and Barnett (2013) outlined various issues with teachers and parents not wanting to diagnose or refer their Selective Mute students at four years of age. Howe & Barnett (2013) stated that the teacher wanted to give the child time to adjust and that parents were concerned about such early mental health service involvement.

Oerbeck et al's., (2011) intervention on children aged 3-5, noted it was difficult to distinguish whether progress was due to reaching their developmental milestones or the intervention. Which may explain why children are not always assessed by external professionals or allocated additional resources, especially as Borger et al., (2007) found that it was difficult for the class teacher to assess a child with SM. Borger et al. (2007) asserting that this highlights the importance of early intervention, though as children with SM may not be perceived as disruptive they are not always reported in school (Omdal & Galloway, 2008). Additionally, there is a report of one parent that SM was a natural stage in her daughter's development and school staff members believing that her SM would diminish over time and so did not provide additional support. Oerbeck et al., (2011) felt it was important to treat SM at this young age, it was argued that the children involved may not have begun speaking without the intervention.

2.6.2 Limited training for school staff could impact on interventions

The research has not always indicated whether teachers have been supported by an Educational Psychologist or had received training. Many researchers do not

specify how much training has been provided to individuals who are carrying out treatment. To elaborate, Borger et al., (2007) did not outline whether there was any involvement from a school or Educational Psychologist. However, there was involvement from the school social worker who implemented some of the intervention within a clinical setting. Therefore, it is often unclear whether staff have received any support from external agencies. In comparison Howe and Barrett, (2013) did not specify how much knowledge teachers had about SM and whether teachers and parents had received any related training. Similarly, parents and teachers in Omdal and Galloway's (2008) study gained minimal guidance from professionals or external agencies. Furthermore, some parents reported that their children were treated unsuccessfully within the clinical setting and continued not to speak at school. One boy was treated for two years within the clinical setting and remained SM in all situations. Therefore, insufficient guidance and training may impact on the delivery and success of an intervention

2.6.3 The pace, length and consistency of intervention.

Another limitation of the research is that some interventions were not carried out for a significant length of time. This was particularly relevant in Mitchell and Kratochwill's (2013) research. One of the children did not make significant progress and initially parents and teachers reported that the treatment had not been effective however, after returning from the summer break and recommencement of treatment the Selective Mute began to make progress. Therefore, this highlights the importance of a long term and consistent intervention. On the other hand, some interventions were delivered too quickly, and the Selective Mute was not able to make adequate progress during this time. Mitchell and Kratochwill (2013) found that children seemed to make slower

progress over time. This may be due to inappropriately high treatment expectation and intervention pacing. Implementing long term interventions can place additional strain on teachers who need to be allocated extra time to focus on working with the Selective Mute. Subsequently Mitchell and Kratochwill (2013) found that teachers and parents found it hard to find additional time after school hours to attend intervention sessions.

2.6.4 Research did not capture teachers perspectives

A major limitation of the literature is that some researchers' have failed to gain the perspectives of teachers thus losing a level of insight. Some studies interviewed teachers but failed to gain a deeper perspective by focusing on student description. For example, in Hung et al., (2012) study, the perspectives of the teachers, parent and therapist were captured throughout the case study focusing only on descriptive behavioural observations of the child. The research did not capture what it felt like to work with a Selective Mute. Oerbeck et al., (2015) did not conduct interviews with the teachers of the children who remained SM after their intervention. Interviews with professionals who worked with the Selective Mute students could have provided insight into why the intervention was unsuccessful with some children. Furthermore, Masten et al's., (1996) case study could have been improved by conducting face to face interviews with parents to discuss what led to their child's improvement. Black and Uhde (1995) also failed to interview teachers who had taught a Selective Mute, limiting insight.

2.6.5 Interventions carried out by a therapist.

When implementing interventions with a Selective Mute it is important to consider who will implement the intervention. Teachers may be in the best position to carry

out interventions as they know the child well. However, research has shown that this is not always the case. Hung et al., 2012 placed emphasis on the use of a therapist who was able to build a good relationship with the child. However, there are some disadvantages to working with a therapist, schools may not have access to a therapist or may not have funding to do so; therapy can be a slow process where the child must earn trust over time in order to feel secure. Training a parent or teacher the child is already familiar with the child to carry out behavioural interventions may speed up this process.

Oerbeck et al., (2015) stated that the intervention was carried out by therapists who implemented a school and home- based treatment plan that exposed the children to situations that involved speaking anxiety. A limitation of this study was that many of the therapists had no experience with SM, proving both a potential strength and weakness of the research. On one hand, this demonstrated how straightforward the treatment plan was to put into place as many children experienced positive outcomes. On the other hand, significantly more progress may have been observed if these therapists had previous experience of working with diagnosed children. Similarly, in Holley et al's., (2014) study the intervention took place over two years and lasted for three minutes each day. Two specialist teachers who had experience teaching children with visual impairments were used as the child was also blind. However, the research did not specify whether teachers received any formal training while implementing the intervention. Therefore, it was unclear how much experience teachers had with SM.

2.6.6 Generalizing interventions to the classroom setting

A further limitation of the research is that any progress that took place outside the classroom did not always generalise into the classroom setting. Therefore, some children were still unable to speak when they returned to the classroom following intervention. In a number of studies, the child was able to form a relationship with the therapist or member of staff within a quiet therapeutic space but could not translate this to the classroom (Mitchell & Kratochwill, 2013, Hung et al., 2012).

Hung et al., (2012) found that professionals working with Selective Mutes' often encouraged them to communicate in whatever form they felt comfortable with; for example, using drawings, facial expressions or whispering in an adult's ear.

However, a critique of this strategy is that over time children could become dependent of non-verbal methods of communication and lose desire to speak.

This could explain why some children found it difficult to generalise progress to the classroom setting. Hung et al., (2012) used systematic desensitization or the sliding in technique, to manage anxiety and to help the child speak in the classroom.

In Mitchell and Kratochwill's (2013) study the treatment sessions were initially carried out in the clinic setting with another professional, or after school with the class teacher and parent in order to ensure validity. However, the intervention was not integrated into the natural classroom setting and children with SM struggled to apply these skills in the classroom. This research was subject to time constraints as it had to be terminated during the summer holiday, so children did not receive the full length of treatment (ten sessions), limiting the success of the

intervention. In the same way Masten et al., (1996) found that the Selective Mute was able to speak in small group settings, but this did not generalise to the classroom setting. As previously discussed, this study could have been improved if intervention sessions took place within the classroom setting but was prevented by head teacher policy.

In contrast Howe and Barnett's (2013) study demonstrates the advantage of training teachers to carry out ongoing interventions as opposed to sporadic sessions from an unfamiliar professional. The Selective Mute appeared to benefit from the teacher's familiarity and was able to generalize speaking to the classroom. Furthermore, Oerbeck et al., (2012) acknowledged the importance of treatment in both the home and school setting encouraging speech in both environments. Rye and Ullman (1999) also recognised the importance of this and ensured that their intervention generalised to the classroom setting.

2.6.7 Comorbidity

It is important to reflect on the presence of comorbid disorders when treating children with SM and how this can impact the effectiveness of interventions and the validity of the results. Oerbeck et al., (2015) noted that some children had other comorbid anxiety disorders such as social phobia; possibly limiting their progress. This could act as a possible confounding factor if not addressed separately. To elaborate Oerbeck et al., (2012) recognised that children with language delay may have required a different treatment approach. The child in this study with additional needs did not respond in the same way and regressed back into SM one year after the intervention. Furthermore, Segal (2003) suggested that twins with SM were symptomatic of social and separation anxiety

as comorbid disorders. However, this was based on observational data and needed to be explored in greater depth.

2.6.8 Selecting a homogenous sample

Children with SM may vary in symptoms and behaviour but researchers can aim to recruit participants who are similar in age. It may be difficult to compare the behaviours of a four-year old Selective Mute and a thirteen-year old Selective Mute. Furthermore, SM can become more embedded within older children and older children face different challenges, so it may be more valid to look at a homogenous sample with children at the same developmental stages. (Omdal & Galloway, 2008). It is also useful to consider whether the Selective Mutes' included in the research are from a clinical sample or have been obtained from a school sample. Martinez et al., (2015) recruited participants from a clinical sample including children experiencing severe symptoms of SM, but results may have differed if a school- based sample was used.

2.6.9 Lack of experimental design and control groups.

Many studies did not use an experimental design, so it is difficult to ensure that children with SM progressed due to the intervention itself. (Rye & Ullman, 1999, Holley et al., 2014, Masten et al., 1996). Due to the single case study design the researchers often did not objectively evaluate the success of the interventions; meaning there were no standardized measures, no research aims, or questions and that data was not analysed in detail. It was therefore, unclear how improvement in speaking was recorded, other than through behavioural observations. Observations are subject to error particularly when they take place within a busy classroom setting. Mitchell and Kratochwill (2013) stated that in

their study the teachers were trained to observe the children and record the information. However, some teachers did not tally the number of times the child spoke correctly and some provided a rough estimate. This resulted in unusable data and decreased the validity of the study. The teachers had many demands and were not able to give their full attention to the Selective Mute. In one classroom, the teaching assistant took the role of observer, resulting in more accurate data.

Additionally, in Black and Uhde's (1995) research the vast amount of information about family history and mental illness was subjective and the validity of the data relied on the honesty and integrity of parents. Some parents may have chosen not to reveal sensitive information about their past; it may have been more valid to check medical records. Interviews and assessment were conducted by one professional. Therefore; the findings may have been impacted by investigator bias. Research findings revealed that children with SM were more likely to experience a comorbid psychiatric disorder such as social phobia or separation anxiety. However, due to the lack of a control group and the small sample size, it may not be possible to generalise these findings. On the contrary Oerbeck et al., (2011) conducted a detailed level of data analysis and reported significant differences in the results however, the research lacked reliability as there was no control group.

2.7 Summary

What is known about the experience of teaching a child with Selective Mutism?

Research on SM largely focuses on assessing and treating children in order to reduce symptoms. Teachers may be required to observe and provide data on the progress of the Selective Mute. Few studies have captured the teacher's perspective of teaching a child with SM. Some research attempted to gain teachers views through semi structured interviews but in most studies presented, researchers did not conduct face to face interviews. This meant that little insight was gained about the thoughts, feelings and experiences of the teachers.

Martinez et al., (2015) emphasised the role of the teacher in the early assessment of SM within the school setting. Implying that teachers can play a key role in identifying SM in the classroom before the behaviour becomes entrenched; this is particularly important as SM is increasingly difficult to treat in older children. However, some parents are uncomfortable referring their children to mental health services at such a young age. Teachers are also in the best position to implement interventions due to the fact they know the child well and can ensure that when children with SM start to speak, this is generalised to the classroom setting.

Many articles highlight the importance of having a team of professionals' working collaboratively. It is apparent that teachers require support and training in order to teach and support children with SM. Research revealed that teachers reported the lack of expertise or understanding of SM in order to implement change (Omdal & Galloway, 2008). SM presents some significant challenges for teachers; specifically, the class teacher's difficulty in assessing a child that does not speak within the classroom setting. SM can also create a power imbalance

and research indicated that some students with SM were engaged in a dependent or controlling relationship with their teacher.

In conclusion, there appears to be insufficient guidance and training available for professionals working with Selective Mute students. In many cases, interventions are not carried out for a sufficient length of time and only three studies followed up the children a year later to evaluate the long-term outcomes. In a number of articles, the intervention was implemented away from the classroom or with external professionals. Therefore, the Selective Mute often failed to generalise what they had learnt to the classroom setting. Despite such evidence, research reveals that teachers are not always involved in implementing interventions. Many of the studies did not demonstrate methodological rigour; a descriptive account was often provided, and approach to analysis was frequently unclear and the epistemological and ontological stance was not stated by any of the authors. Despite these limitations most research discussed has found that behavioural interventions have a high success rate in the treatment of SM. Furthermore, interventions involving teachers, parents and other professionals all implementing a range of behavioural techniques have had the most successful outcomes. Therefore, all studies encourage a collaborative approach when supporting children with SM in the school setting. Many studies do not specify whether the Educational Psychologist had a role in the implementation of interventions. There is an opportunity for Educational Psychologists to be more involved in supporting teachers working with a Selective Mute, through supervision and training.

3 Methodology

3.1 Overview

This is a piece of qualitative research that intended to explore the experiences of teachers when working with a Selective Mute using Interpretative Phenomenological Analysis (IPA). IPA explores the way individuals' give meaning to their experiences (Smith, Jarman & Osborn, 1999). Therefore, I feel this methodology enabled me to explore each teachers' reflections about the phenomenon of SM.

In the following chapter I will outline my research aims; following this I will explore the philosophical underpinnings of IPA and present my ontological and epistemological perspective. I will consider some of the advantages and criticisms of using IPA methodology and alternative methodologies. Finally, I share my approach to analysis and end with a discussion around validity and ethical considerations.

3.2 Research Design

The aim of this research was to explore the lived experience of teachers and the emotional impact of working with a Selective Mute within the school setting. I have encouraged teachers to share their experiences and reflections in an honest and authentic way so that I will be able to comprehend their unique stories. I chose to conduct a piece of qualitative research due to the fact that I focus on gaining a detailed account of the individual experiences of the teachers. The process of analysis was data driven following an inductive approach (Trochim and Donnelly, 2008).

3.3. Phenomenology

In this section I discuss phenomenology which offers a philosophical perspective on the lived experience of people. A common theme in phenomenology is trying to understand what it feels like to be human and what is important and meaningful to people. This section will explore the work of four key figures in the field of phenomenology: Husserl (1927), Heidegger (1927), Merleau-Ponty (1962) and Satre (1948).

3.3.1 Husserl

Husserl (1927) felt that it was important for people to understand their own experiences in a way which enabled them to be able to describe the key characteristics of that experience. In order to explore their experiences people were encouraged to engage in reflexive thinking; to look inward and think about their perception of the world. As a researcher, I have engaged in reflexive thinking enabling me to consider my own perspective. Husserl (1927) also discussed the concept of intentionality which refers to our reflections on what we see, think and remember. According to Husserl (1927) there is an intentional link between a phenomenon and our consciousness of that phenomenon.

Husserl (1970) argued that we have to “bracket” our preconceptions of a phenomenon in order to focus on the conscious perception of the phenomenon in terms of our memory, thoughts and reflections of the world. Husserl’s (1970) concept of eidetic reduction refers to techniques which enable an individual to go deeper than their subjective perception of an experience and access the properties of the experience which do not change. Free imaginative variation is

one method which helps to achieve this; by describing all possible variations of a particular phenomenon the individual can come to understand the key characteristics and essence of the phenomenon focusing on both the practical elements and the feelings connected to this experience. Husserl (1970) aimed to explore the concept of consciousness and look at what allows people to become conscious of any experience. This was known as transcendental reduction. Throughout this research process I have thought about the importance of reflection, paying attention and becoming conscious about my experiences when conducting IPA methodology.

3.3.2 Heidegger

Heidegger's (1927) work in the field of phenomenology focused on linking hermeneutic and existential theories. Heidegger (1927) looked at how we come to know specifically thinking about existence, relationships, and what becomes important to us through our experiences. Heidegger (1927) stated that people are always seen in context. He explored inter subjectivity which refers to the concept that people are social beings who engage with the world through relationships and shared experiences. Heidegger (1927) stated that the way people relate to each other is a significant part of human experience (Larkin, Watts, & Clifton, 2006). Heidegger (1927) offered a hermeneutic approach to phenomenology; people were seen as being placed within a world of objects, relationships and language. Heidegger (1927) viewed the world as a place where events happen within social contexts and people interpret events and assign meaning. This is an important aspect of phenomenological inquiry and relates to the fact that

teachers experience of SM were influenced by their unique social and cultural contexts.

3.3.3 Merleau-Ponty

Another important figure in phenomenology was Merleau-Ponty (1962) who shared Heidegger's (1927) perspective that people interpret events and assign meaning to their world. Merleau-Ponty (1962) considered the way human beings relate to objects around them by using their body as a point of contact. Merleau-Ponty (1962) suggested that our interpretation of others is based on our own perspective of the world. Our experiences are personal to us and we can never truly understand another person's experience as it will be influenced by our prior knowledge.

3.3.4 Satre

The work of Satre (1948) is influential in the field of phenomenology. Satre (1948) stated that during our life people are engaged in the life-long project of discovering who they are and actively search for meaning in the world. Similar to the work of Heidegger (1927); Satre (1948) focused on the relationships that people develop with others and argued that interpretation of the world does not occur in isolation. Satre (1948) felt that it was important to view people within the entirety of the context of their life including history, society, and cultural aspects. Therefore, I recognise that my methodology will capture a moment of time in context.

In this section I have discussed the key researchers in the area of phenomenological philosophy; Husserl (1927) Heidegger (1927), Merleau-Ponty (1962) and Sartre (1948) share the perspective that people should be viewed within the context of their history and place in society. Furthermore, we are social beings who engage with the world through relationships and shared experiences.

3.4 Hermeneutics

IPA involves interpreting the experiences of others and looking at the meaning that people make of their events and life experiences. Therefore, it is useful to explore Hermeneutics the theory of interpretation. This section will explore the theory of Hermeneutics in more detail focusing on three influential figures: Schleiermacher (1998), Heidegger (1927) and Gadamer (1960).

3.4.1 Schleiermacher

Schleiermacher (1998) was an early influential figure in the field of hermeneutics; stating that interpretation had both a grammatical and psychological element. The grammatical interpretation refers to the author or speaker's unique characteristics. The psychological interpretation reflects the accurate and objective meaning of the text. Schleiermacher (1998) felt that the writer of the text influences the meaning of the text; therefore, interpretation requires some form of creative ability and could not be achieved through following a set of instructions. IPA focuses on interpreting the meaning of language for each individual person. Through analysis the researcher may be able to uncover aspects of the participant's unconscious communications and as

a result may be able to gain a deeper perspective. I have explored the linguistic details of my interview transcripts to gain a deeper understanding.

3.4.2 Heidegger

Heidegger (1927) was also a key figure in the field of hermeneutics; he connected hermeneutics to phenomenology. Heidegger (1927) stated that phenomenology involved looking at aspects of the phenomenon which are under the surface alongside looking objectively. Heidegger (1927) argued that all concepts must be examined in detail in order to uncover their meaning; highlighting the fact that the interpreter always brings their own thoughts, feelings and experiences. Therefore, it is challenging and may not be possible to analyse data without the influence of our own assumptions. During interpretation, it is necessary for me to pay as much attention to new data as possible and try not to be influenced by my prior experiences which could influence my interpretations. This is known as bracketing; it may not be impossible to fully achieve this. However, I have aimed to achieve this by being aware of how my prior experiences might influence the analysis and have tried to put aside my own assumptions.

3.4.3 Gadamer

Gadamer (1960) highlighted the historical and traditional influences on the process of interpretation. Similar to Heidegger (1927), Gadamer (1960) recognised the intricate connection between the person doing the interpreting and the data being interpreted. Gadamer (1960) reiterated that it was important

to focus on the data that was being interpreted despite the various distractions that occur within the individual. People attempting to make meaning of the data may also project their own meaning on the data when the initial meaning surfaces. It is essential that I am able to reflect on how my own assumptions and previous knowledge may be influencing the way I interpret new information. There needs to be a balance between what the interpreter brings to the data and what the data brings to the interpreter (Smith, Flowers and Larkin, 2009). The teacher must first make sense of the experience for themselves and then I am able to interpret the teacher's lived experience through the information that has been shared. This is known as a double hermeneutic.

3.5 The Hermeneutic Circle

The hermeneutic circle is an important aspect of IPA which reflects a non-linear way of thinking where the information is always viewed within a wider context. During the analysis, the interpreter may move in multiple directions and may not follow a fixed order. Gadamer (1960) acknowledged Heidegger's (1927) view that it was not completely possible to "bracket off" prior experiences and assumptions which may come to light through the interpretation. Gadamer (1960) highlighted the importance of the researcher being open. Therefore, engaging in reflexive practice helped me to take into account what I was bringing to the data throughout the research process.

3.6 Idiography

The theory of Idiography places emphasis on the detailed analysis of each individual case while still allowing the researcher to reach some more general conclusions (Harre, 1979). However, I did not lose the unique aspect of each

teacher's experience. Furthermore, each experience existed within the wider context of society, relationships and cultural influences. Idiography relates to the specific meanings of life events for individual people. There is an attention to detail and depth of analysis and this should be organised and systematic. This research aimed to grasp the way individual teachers have understood the concept of SM within the context of the school. Due to the fact that IPA is looking at specific experiences it was advisable to select the small number of five teachers and engage in an intricate level of analysis.

Traditional Nomothetic approaches employ a method of analysis which may cause the individual experiences of the participants to be lost as the data is generalised it is no longer possible to identify each individual response. This is known as individual difference research; a form of analysis which does not allow the researcher to reflect on particular aspects of individual's responses such as the behavioural and psychological aspects. Moreover, nomothetic approaches are more suitable to research studies which focus on obtaining average scores (Lamiell, 1987). Bromley (1986) argued that a case study could be used to provide generalised conclusions and should not just be considered for exploratory pieces of research. After individual cases have been analysed in detail there can be a process of bringing all the information together with a further level of enquiry. Looking at the specific experiences of teachers working with a Selective Mute helped me gain a greater understanding of the universal phenomenon of SM. Through reflecting on each person's unique experience, I was able to reflect on how other teachers may approach SM in the same way

even though they have worked with different children and are in different scenarios (Warnock, 1987).

IPA is idiographic focusing on the particular, looking at participants within the wider context of their lives and aiming to try and understand each person's unique perspective. IPA involves detailed analysis of individual cases and then it is possible to bring all the information together to reach more general conclusions. IPA methodology looks at an important experience of a significant event; this research is focusing on the experiences of individual teachers who have encountered the phenomenon of SM.

3.7 Ontology

Ontology refers to what people know about reality and the world around them (Denzin & Lincoln, 2005). Postmodernism has had a major influence on the way that people define reality. Modernism emphasised absolute truth; postmodernism brought a contrasting perspective that there are multiple realities (Robson, 2011). One view of ontology places realist and relativist ontological on a circular continuum. A realist perspective states that there is one reality which is not dependent on human experience. Realist ontology reflects the view that there is an absolute truth; individuals are able to observe one reality (Willig, 2012). On the other hand, a relativist view is that we perceive and create reality based on our experiences. I am taking a relativist stance by acknowledging that there are multiple realities (Schwant, 2003). I acknowledge how my prior experiences shape my own world view and my perceptions of the teachers' experiences (Smith, Flower, & Larkin, 2009). This fits with relativist ontology which outlines that there is not one absolute truth and reality exists in relation to society, culture and historical context (Schwant, 2003).

3.8 Epistemology

Epistemology is our understanding of knowledge; it reflects how we know what we know. Epistemology involves understanding how we perceive reality (Denzin & Lincoln, 2005). There are two views to the theory of Epistemology; the first is that reality is objective and does not change according to who is observing it. Objectivism argues that only when human bias is taken away can true knowledge be uncovered. Knowledge will not be altered by the person observing and the observer is not impacted by what is being observed. The second perspective argues that reality is subjective and is influenced by factors such as class, gender, ethnicity and language. Subjectivism does not take away from the idea that there is an external reality; subjectivism proposes that reality is shaped according to human experience, interpretations and reflections. Therefore, objectivism and subjectivism offer contrasting perspectives of how we come to understand reality (Crotty, 1998). This research is taking a constructivist epistemological view which states that individuals actively create their own knowledge of the world. Therefore, this research is based on teachers constructing their own knowledge of SM based on their individual experiences. Knowledge is subjective and specific to every individual and there are different ways of viewing the world (Robson, 2011).

3.9 Rationale for selecting IPA

One advantage of IPA studies is the level of detailed analysis that occurs. The researcher is able to focus on the lived experiences of a small group of participants' and interpret the data in a great level of detail focusing on the thoughts and feelings of the individuals'. This is due to the fact that IPA involves

hermeneutics which is the theory of interpretation. The participant must first make sense of the experience for themselves and then the researcher is able to interpret the participant's lived experience through the information that has been shared. This is known as a double hermeneutic, which results in detailed and rich data (Smith, Flowers & Larkin, 2009). IPA works well when participants are from a homogenous group. This fits well with my research design as I have interviewed nursery and reception teachers and I had clear criteria for identifying SM in children. Therefore, it was possible to compare and contrast the experiences and reach some commonality of conclusions. Most research on SM focuses on the experiences of children and young people who currently have SM or have experienced SM in the past. This research often extends to the experiences of parents who are raising children with SM. However, currently there is not a great deal of research focusing on the experiences of primary school teachers in the UK who are working with a Selective Mute. IPA will help me gain insight into the thoughts, feelings and reflections of teachers in order to close this gap in the literature.

3.10 Limitations of IPA

The small number of participants used in IPA studies may be viewed as a disadvantage. The experiences are personal and unique to this particular group of teachers so it may be difficult for other people to connect with the information that has been shared and link it to their own experiences. However, through the use of a homogenous group others can see the applicability to their situation.

Another criticism is that IPA research relies on the quality of information that is shared with the researcher. Participants' may not have shared all of the

information about their experience. For example, the teachers may have found it difficult to share their emotions around difficult experiences. Furthermore, there is a risk of misinterpreting the teachers' experiences. I have overcome this through checking that I have understood and represented each teacher's experience accurately throughout the research process.

3.11 Consideration of other methods and approaches

3.11.1 Thematic Analysis

Thematic Analysis was considered as an alternative methodological approach; it is appropriate for qualitative research and can support a relativist ontological view which explores people's experiences. Thematic analysis requires the researcher to compare data and create codes which later become themes; the researcher is constantly looking for connections and linking data together; also called constant comparison analysis (Robson, 2011). Thematic analysis differs from other methods of data analysis for example grounded theory due to the fact it is not linked to one specific theoretical framework and can be used to support a range of different types of research. The analysis is easy to share with others and can be easily communicated to different professionals and members of the general public (Robson, 2011).

Thematic Analysis is widely used in exploratory research however; it may lead me to a descriptive account with limited interpretation of the results. Furthermore, many researchers fail to provide a clear account of the process of analysis and focus on the themes without explaining how these themes emerged. Finally, Thematic Analysis is a more generalised approach in comparison to other forms of methodology such as IPA (Robson, 2011). Therefore, I feel that Thematic

Analysis would not capture the richness of the thoughts and feelings of my participants. IPA differs from other methodologies due to the fact that IPA adopts an epistemological position that allows the researcher to access an individual's inner world through careful analysis and interpretation. (Smith, Flowers, & Larkin, 2009).

3.11.2 Grounded Theory

Grounded Theory was considered as another alternative approach to my research. If I had taken a different perspective and wanted to explain why SM occurs more frequently within the classroom setting. I could have implemented Corbin and Strauss's (2008) interpretative method of Grounded Theory (Bryant & Charmaz, 2007, Corbin & Strauss, 2008) to conduct a piece of explanatory research.

Corbin and Strauss's (2008) approach to Grounded Theory provides researchers with a solid foundation for data analysis. Researchers are able to avoid being flooded with data due to a more focused and strategic approach. Furthermore, Corbin and Strauss (2008) are more flexible and allow the research to adopt a range of theoretical viewpoints. The researcher brings their own view of the world to the research which impacts on the way they work with the emerging information. This requires the researcher to be self-reflective and participate in reflexive analysis (Bryant & Charmaz, 2007).

A major critique of this methodology is that some researchers may feel restricted by the explicit theoretical perspective within the coding paradigm. Glaser (1992) argued that this methodology requires researchers to force categories on the

data. The researcher may become concerned with following the coding procedures and fail to engage with the dynamic and creative aspect of qualitative analysis. However, due to the gap in the research in exploring the perspectives of staff that work with SM children; I conducted an exploratory piece of research using IPA analysis.

3.12 Participants

3.12.1 Sample

I interviewed two nursery teachers and three reception teachers who had worked with a Selective Mute after September 2014. I chose this time frame in order to be in line with the implementation of the New Speaking and Listening Curriculum which places greater emphasis on spoken language in the classroom environment (Department for Education, 2014). All of the teachers I interviewed had worked with a Selective Mute within the current academic year and many had worked with more than one child with SM. Therefore, each participant was able to recall their experiences in depth and I was able to gain a variety of perspectives.

3.12.2 Inclusion and exclusion criteria

Class teachers were asked to identify SM according to the following inclusion and exclusion criteria as defined by (Johnson & Wintgens, 2001).

3.12.2.1 Inclusion criteria for SM child

- The child does not talk in certain settings, or under specific conditions, and this pattern of behaviour is consistent.
- The child does not speak within the classroom setting for at least one month (not including the first month of school).

- There are no indications that the lack of verbal communication can be explained entirely by speech or language impairment.
- There is no indication of major behavioural, developmental or psychotic difficulties.
- The child interacts well with one or more familiar people.

3.12.2.2. Exclusion Criteria for SM child.

- Children with developmental language impairment who do not show a reluctance to speak in the classroom.
- Children with general learning disability.
- Children with emotional, behavioural or psychiatric problems such as separation anxiety, conduct disorder, pervasive developmental disorder or total mutism following a traumatic event.
- Children who are not yet confident with the English Language.

3.13 Context

Research has revealed that SM occurs more frequently within school settings compared to other settings particularly when children first start school (Halpern, Hammon, & Cohen, 1971, Roe, 2011, Steinhausen & Juzi, 1996).

According to my initial investigations (phone calls and emailing the relevant services within the local authority) there was no clear information available relating to diagnoses or treatment of children with SM. There were no facts and figures about the number of children seen each year or the treatment plans available for schools, children and parents. Therefore, it appeared that there was

no information about how to access a support network for teachers. The Speech and language therapy service did not provide any information about the number of children seen each year or the support available for schools. Child Adolescent Mental Health Services stated that they were not able to provide any information about the number of children diagnosed with SM or frequency of diagnosis within my local authority. On reflection, it was difficult to access any information about SM within this local authority. This meant that schools within my local authority were enthusiastic to participate in my research in order to gain more insight.

3.14 Recruitment

Using my current school allocation of seven primary schools, I approached schools systematically through a process of purposive selection. When I did not receive a response or the school declined I selected another primary school from the list until I had approached each school accordingly. Two out of seven of my schools were able to participate in my research; the other schools did not have any teachers that had worked with a Selective Mute. I approached one of my supervisor's schools as I was informed there was a teacher that was interested in participating in my research. Finally, I approached another colleague's school and the SENCO informed me that there were two teachers who were currently working with a Selective Mute who would be very interested in participating in my research.

Teachers were provided with a consent form (see Appendix B), information sheet and inclusion and exclusion criteria (see Appendix C) to help them identify SM correctly. The school SENCO's provided me with contact details for teachers who

were interested and teachers were contacted initially via email and telephone conversation to ensure that they were suitable.

3.15 Data collection

3.15.1 Semi structured interviews

IPA interviewing is different in the sense that the researcher must try to go into the interview without any preconceptions. Therefore, it was important for me not to be influenced by my prior knowledge in order to try to see the experience through the teacher's lens. This is known as bracketing; I was not aiming to reach a shared understanding rather I wanted to interpret the participant's inner world (Smith, Flowers & Larkin, 2009).

In order to gain the perspectives of the teachers I used a qualitative approach involving rigorous interviews as I felt that this would provide me with rich data. I conducted face to face semi-structured interviews with teachers who had previously worked with a Selective Mute after September 2014. I interviewed five teachers as I understood this would enable me to analyse the interview transcripts in great detail and think about aspects such as facial expression, tone of voice and body language (Smith & Osborn, 1999). Participants' were reminded that the aim of the interview was to capture their unique lived experience; due to this they were asked to talk freely about their experiences. See Appendix D for interview questions which were only drawn upon when required. These questions were used when the participant needed a prompt to keep their ideas flowing.

3.15.2 Ethical considerations

There are a number of ethical issues that could have impacted on my research such as, informed consent, power imbalance, withdrawal, anonymity and

confidentiality, risk and data protection. Here I will explore possible ethical dilemmas and demonstrate how I would have dealt with them appropriately and with enough rigour. I have discussed my research with the Principal Educational Psychologist in my Educational Psychology Service (EPS) and gained consent to carry out this research project in my local authority. The research was supervised by an Educational Psychologist at the Tavistock and I gained consent from the university ethics committee (TREC) see Appendix E. I aim to disseminate my findings to participating schools and I will also share my findings with the EPS.

3.15.3 Informed Consent

As the researcher, it was my responsibility to gain consent from the head teacher of each of the schools. Furthermore, I ensured that I gained written consent from all teachers that I worked with. I provided participants with information about the aims of the study, the right to withdraw and anonymity of the data (British Psychological Society, 2009). Additionally, I remained transparent about the aims of my research by providing participants with an information sheet and timetable of events. The information sheet provided details of how I aim to feedback my findings to the participants.

3.15.4 Anonymity and Confidentiality

I ensured that schools, children, teachers and other professionals were not identified in any of the data. Furthermore, I anonymised data that revealed the location of the schools or the personal details of the participants (British Psychological Society, 2009). Participants were reminded during the interview that this was a confidential space.

3.15.5 Potential Distress

Throughout the interview process I remained aware of any difficult experiences that had been shared and I was available to talk to participants' who required additional support. All teachers were debriefed after the interview had taken place and I was prepared to direct them to other services if I felt they required further support. Fortunately, this did not occur during any of the interviews.

Participants' were given access to my email address in order to contact me when needed. If participants had disclosed something that made me concerned about their safety or the safety of anyone else I would have shared this information with the relevant people for safe guarding purposes. Before the interview I explained that should participants get distressed they could stop the interview at any point and decide whether to continue or discontinue.

3.15.6 Withdrawal

Before I conducted the interview, I communicated to all participants that they had the right to withdraw from the study up until the analysis and coding stage.

Furthermore, schools were informed that if they chose to withdraw from the study this would not damage the relationship between the school and the local authority or impact negatively on any future work I carried out as their link Educational Psychologist (British, Psychological Society, 2009).

3.15.7 Power Imbalance

The British Psychological code of ethics and conduct (2009) states that ethics are linked to the control of power. Therefore, it was important for me to remain honest, accurate and fair during all interactions with participants. I achieved this by being transparent about the aims of the research.

3.15.8 Risk and data protection

I asked participants to share their thoughts regarding SM and I was aware that this may trigger unpleasant memories. Therefore, I made it clear that I would be available after the interview for a debriefing session where participants could share any questions or concerns they had about the research. Furthermore, participants were given the opportunity to discuss any distressing emotions that had resurfaced in response to the interview. I aimed to be a containing researcher and did not wish to leave participants with any unpleasant thoughts or feelings. In the event that participants did get upset I would have sign posted them to relevant third party organisations for further support. Information was kept locked in the EPS office and disposed of as confidential waste accordingly. Information stored electronically was password protected.

3.16 Data Analysis

Each interview was audio-recorded and transcribed. The transcriptions were analysed using IPA and following the six-stage iterative process outlined by Smith & flowers (2009).

3.16.1 Stage 1: Reading and re-reading/achieving immersion.

This was achieved by checking the interview material for accuracy and repeated cycles of reading and listening to the audio recordings. The first stage of analysis helped me to keep the teacher at the centre of the research. I recorded initial thoughts and ideas to help prevent becoming lost in the data. I also kept a reflective diary containing my thoughts and feelings throughout the process of analysis. My research diary helped me to think about my response to the interviews and I used the diary to record my reflections and ideas during research supervision. After each interview, I recorded information about the participants,

their expressions, body language and any information that stood out or featured heavily during the interview in the research diary. I recorded the participant's response to me as the researcher, and whether I thought they were comfortable with the process. This helped me to provide contextual information and think about their emotional responses during the interview. IPA interviewing was a new concept for me so I used the research diary to write notes about how to conduct myself during the interviews; this helped me to remain curious: see extract below from research diary:

“Listen out for key words, such as adjectives, remain really open and curious. Let the teachers create a monologue and encourage them to share their stories. Provide clarifying questions but no reframing. Keep it open and exploratory with a curious mind-set.”

3.16.2 Stage 2: Initial noting.

During this stage I started to record a commentary next to the transcript. This initial exploratory analysis included a description of phenomenological aspects of the interview which referred to the lived experience of the teachers. Moreover, I included aspects of their relationships with other people, key life events and their core values. Another way I explored the transcript was to record descriptive comments focusing on information about their experience of teaching a Selective Mute. A further aspect which I explored were linguistic comments focusing on the choice of words and phrases used by each teacher. Lastly conceptual comments were explored reflecting mental concepts. I conducted a systematic and rigorous analysis paying close attention to the meaning behind the experience.

3.16.3 Stage 3: Developing emergent themes.

The next stage involved searching for possible emergent themes and patterns using the initial notes for guidance (see Appendix F for an example of initial noting and emergent themes.) This was where I attempted to bring the data together as one unit rather than focusing on fragmented pieces, it was important not to lose the complexity of the comments while trying to organise and link the information together. This process of breaking down the interview into parts during the analysis and then connecting the parts of the interview together as a new whole reflects the hermeneutic circle. During each stage I was careful not to become more removed from the participant as I engaged with my own interpretation. Moreover, the final analysis reflected the perspectives of both the participant and myself as the researcher. The emergent themes embodied the original quotes and experiences of the teachers and my own interpretations and understanding of the events which were shared.

3.16.4 Stage 4: Searching for connections across emergent Themes.

During this stage I began to organise the emergent themes, deciding which themes were relevant to the aims of the research and the research question. I had trouble discarding themes and felt the need to represent all the emergent themes in the final analysis; on reflection, I wanted to ensure that I captured the richness of the data. However, by attempting to include all emergent themes in the final analysis I was in danger of becoming lost in the data and failing to highlight the key learning. At this point I decided to revisit the data; this time discarding miscellaneous themes, this was when the themes started to come together and highlight the most significant aspects of each teacher's experience

Below I will outline some techniques which I used that helped me throughout this process:

Abstraction: Here I connected emergent themes together and began to group them into subordinate themes (see Appendix G for grouping of emergent into subordinate themes). I then grouped subordinate themes into broader superordinate themes (see appendix H for grouping of subordinate themes into superordinate themes). This was achieved through a process of matching similar emergent themes together and creating a name to describe the ideas presented within the new subordinate themes and then creating broader super-ordinate themes.

Subsumption: This technique was slightly different to abstraction, at times I decided that an emergent theme had become a subordinate theme or a subordinate theme had become a broader superordinate theme due to the fact that it helped to link ideas together.

Contextualization: This process aided me with exploring patterns and contextual or narrative aspects of the transcript. It was often useful to consider references to key events in the teacher's career or important events in the school year, there was often a story telling element to the transcript.

Numeration: During this process, I choose to record the amount of times a particular theme featured within the interview. Greater frequency did not imply

greater importance. However; it was useful to consider which themes featured more frequently within the transcript.

Bringing it together: Throughout the process of analysis I kept notes about the techniques that I used to link the information together. I also kept a reflective diary containing my thoughts and feelings during the process of analysis.

3.16.5 Stage 5: Moving to the next case.

When all the superordinate themes were established and the important elements of one transcript were highlighted the process was repeated on another transcript. To the best of my ability I attempted to bracket off that which was gained which could potentially cloud my perspective of the new transcript. Each case was treated on an individual basis which fits with the idiographic nature of the methodology.

3.16.6 Stage 6: Looking for patterns across cases.

The final stage brought the data together and some more common claims could be made (see Appendix I for grouping of superordinate into overarching themes). Here I was able to connect the important themes arising from the different cases again disregarding miscellaneous themes that were not relevant to the research aims or question. Several themes were present in every case, whereas some themes were only relevant to individual cases. Six overarching themes emerged from the data.

3.17 Validity and Quality

When conducting IPA research there are a number of issues surrounding the validity of the research (Smith, Flowers & Larkin, 2009). Researcher bias,

reflexivity, sensitivity to context, commitment and rigour are some elements related to the validity of qualitative research some of these are based on Yardley's (2000) criteria for testing the validity of qualitative studies. I will explore each of these areas and discuss how relevant they are to my research.

3.17.1 Sensitivity to Context

It is important that the researcher is skilled when gathering data during the interview process. The quality of the data impacts on the level of the analysis and the validity of the study. I have remained sensitive to the context and the raw data by showing empathy, demonstrating good interpersonal skills and being aware of the possible power imbalance. Any interpretations I make are accompanied by quotes from the interview and I was careful when making general claims (Yardley, 2000).

3.17.2 Commitment and Rigour

When conducting IPA I demonstrated a commitment to gaining the voice of the teachers in a detailed and accurate way. In order to do this, I remained observant and thoughtful throughout my interactions with participants and when analysing the data in order to ensure that the correct interpretation was represented. I rigorously selected a homogenous sample of teachers who had worked with a Selective Mute using the inclusion and exclusion criteria.

3.17.3 Impact and Importance

This piece of research provides more information about SM and how teachers can be supported by Educational Psychologist's in the future. This information will be helpful for teachers, parents, Educational Psychologist's and other

professionals working with a Selective Mute in my local authority. Teachers working with a Selective Mute may feel incredibly isolated and deskilled due to the rarity of the disorder (Cline & Baldwin, 1994, Cleave, 2009). There is a gap in the literature regarding the experiences and perspectives of teachers working with children who are Selective Mute. Therefore, my research will be contributing to research in this area. Lastly the Children and Families Act (2014) and the new SEN code of Practice (2014) encourage professionals to ensure that children are able to express their views and are involved in decision making processes. Therefore, this research could contribute to helping more children find their voice at school by contributing to the limited research on SM in UK schools.

3.17.4 Reflexivity

Reflexivity shows that the researcher is thinking about their contribution to the research. As a researcher, I have remained aware of my beliefs, feelings and interpretations throughout the research process (Cresswell, 2014). In order to fully engage with this, I recorded my thoughts and feelings in a research diary and regularly reflected on the process (Fox, Martin & Green, 2007).

3.17.5 Researcher bias

Researcher bias could have reduced the validity of my research project due to the fact that I conducted one to one interviews with participants'. However, I was careful not to influence the results in a way which reduced the validity of the study. Some researchers may use inter-rater reliability scores to ensure consistency between interviewers. However, this quantitative technique may fail to capture the complexity, context and experiential nature of qualitative research. (Breakwell, Smith, & Wright, 2012). Therefore, I checked a sample of my

emergent themes and transcripts with another member of my course to ensure validity. This process of validating the themes involved me sharing a copy of my interview transcript with a fellow trainee who read it and highlighted anything that stood out, or any aspects that they found interesting. Following this there was a discussion about my emergent themes and an opportunity for them to express whether they felt the emergent themes fit with the data; this process enabled me to ensure that I gained another person's perspective. The emergent themes were seen to adequately capture the information that had been shared during the interview.

3.17.5 The Independent Audit

Another way to show that I completed a valid piece of IPA research was by recording my research journey step by step. In order to achieve this, I kept a detailed record of everything I did including the plan of the research, the proposal, notes from supervision meetings, the interview schedule, voice recordings, annotations of the interviews, emerging themes and all draft copies of the thesis. This was so that an external person could retrace my steps and conclude that I had completed a valid piece of research (Smith, Flowers and Larkin 2009).

4. Results Section

4.1 Chapter Overview

In this chapter I discuss the results of the data analysis and present the six overarching themes linked to the teacher's experiences. I provide a

contextualising paragraph which includes background information about each of the five teachers.

The following six overarching themes have emerged from analysis:

- Attempting to create an inclusive environment.
- Taking ownership for helping the child to speak.
- Using others as a source of support.
- A challenging experience for the teacher.
- The frustration of teaching a Selective Mute.
- Requiring support and training from other professionals.

<u>Overarching theme 1</u> Attempting to create an inclusive environment.	<u>Overarching theme 2</u> Taking ownership for helping the child to speak.	<u>Overarching theme 3</u> Using others as a source of support.	<u>Overarching theme 4</u> A challenging experience for the teacher.	<u>Overarching theme 5</u> The frustration of teaching a Selective Mute.	<u>Overarching theme 6</u> Requiring support and training from other professionals.
Superordinate themes					
Teacher 1: Helen					
Environmental factors impacting on Selective Mutism.	Interventions and strategies implemented by the teacher.	Working with others is helpful.	Selective Mutism is linked to challenging behaviour.	Sympathy towards the child.	Reflecting on previous experiences.
Reducing pressure to speak.					
Teacher 2: Katie					
	Interventions have been put in place by the teacher.	Good relationships with peer group.	The child demonstrates challenging behaviour towards the teacher.	Feelings of frustration, powerlessness and sympathy.	The teacher is looking for support from other professionals
					Reflecting on previous experiences of selective mutism
Teacher 3: Julia					

	Sense of achievement	Positive peer support system			Feeling unsupported
Teacher 4: Ruth					
Creating an inclusive environment.		Working successfully with others	Challenging behaviour shown by the child.	Feeling frustrated worried and sad.	Lack of clarity around how to treat Selective Mutism.
Teacher 5: Anne					
Reducing pressure to speak.	Sense of achievement.	Using others as a source of support	Challenging behaviour demonstrated by the child.	Feeling a sense of rejection and lack of knowledge.	
	Putting interventions in place.		A challenging experience for the teacher.		
Creating an inclusive environment	Attempting to help the child.				

Table 2: A table showing how Superordinate themes were grouped into overarching themes.

4.2 Summary of teachers results

This section includes background information about each teacher including how many years they have worked as a teacher, previous experience of SM and how they presented during interview. There is a table showing how subordinate themes have been grouped into superordinate themes for each teacher.

4.2.1 Teacher One: Helen

Subordinate themes	Superordinate themes
Collaborative Working between home and school	Working with others is helpful.
Positive Peer Support System	
Providing advice to other teachers.	
Selective Mutism is linked to Oppositional and Defiant Behaviour.	Selective Mutism is linked to Challenging behaviour.
Difficulty of assessing a Selectively	Difficulty of assessing a Selectively

Mute child.	Mute child.
Strategies/Interventions.	Interventions and strategies implemented by the teacher.
Finding a way to communicate with the child.	
Giving the child time and space to develop.	
Teacher taking responsibility	
Parental Concerns.	Reducing pressure to speak.
Pressure to speak	
Sympathetic teacher.	sympathy towards the child
Comparison of two children with Selective Mutism.	Reflecting on previous experiences of selective mutism.
Environmental factors at home and school impacting on selective mutism.	Environmental factors impacting on Selective Mutism.

Table 3: *Helen Subordinate to Superordinate themes.*

Helen was a reception teacher who had been a teacher for over ten years and had worked in four different schools. Helen had recently encountered two children with SM and was excited to share her experiences. She compared her teaching experiences in the UK to her childhood experiences in Germany where children start school much later *“probably my approach as a teacher it’s different because of my own upbringing” (line 165)*. English was not her first language and she often seemed to be searching for the right words to express her thoughts and feelings which made her transcript hard to follow at times. Helen had a sympathetic approach and placed emphasis on giving the Selective Mute time and space *“I would give them time and space to just develop” (line 256-257)*. Helen had gained some knowledge of SM through reading. However, she was also looking for advice and direction as she questioned me about what she could do next to help her student.

4.2.2 Teacher two: Katie

Subordinate themes	Superordinate themes
Comparison of two children with Selective Mutism.	Reflecting on previous experiences of Selective Mutism.
Behavioural and social interventions implemented by the teacher.	Interventions have been put in place by the teacher.
The importance of giving the child time and Space	
Oppositional and Defiant Behaviour	The child demonstrates challenging behaviour toward the teacher.
Feeling unsupported due to lack of involvement from other professionals.	The teacher is looking for support from other professionals.
Teacher wanting a formal diagnosis	
Fear of making the child worse due to Lack of knowledge.	
The Child wanting attention from others.	The child wants to engage with others.
The child's desire to speak.	
Good peer interaction.	Good relationship with Peer group.
Feelings of frustration, powerlessness and sympathy from the teacher.	Feelings of frustration, powerlessness and sympathy.

Table 4: *Katie subordinate to superordinate themes.*

Katie, a reception, teacher had been teaching for two years in one setting. This was the third Selective Mute that she had taught. Katie was extremely talkative and seemed to relax as the interview progressed. She described the student as challenging and oppositional and felt that she was perceived as a rude child by the other teachers in the school “*her facial expression ...gave the impression that she could be quite rude...especially if you didn't realise that... she kind of couldn't communicate*” (line 148-150). Katie frequently compared her experiences to a battle “*you were fighting with a four year old*” (line 289). It

seemed that Katie was fighting to maintain her authority as the class teacher “*it felt like a battle of wills*” (line 292). Katie feared that she may damage her student through lack of knowledge “*I think what you fear is that you’re making it worse*” (line 209).

4.2.3 Teacher three: Julia

Subordinate themes	Superordinate themes
Strategies and Interventions.	Implementing interventions.
The teacher feels a Sense of Achievement.	Sense of achievement.
The teacher went through this journey alone.	Feeling unsupported.
The difficulty of trying to interpret the child’s needs.	Trying to find alternative methods of communication.
Methods of Non Verbal Communication.	
Good peer relationships	Positive peer support system.

Table 5: *Julia subordinate to superordinate themes.*

Julia was a reception teacher who had been teaching for over four years in one primary school. Julia was currently working with three Selective Mutes’, one was a student in her class and she also taught twins at a Polish Saturday school. English was not her first language this could have been the reason why Julia spoke very little and did not elaborate on many of her responses. Julia chose to focus on the interventions that she had implemented and the progress that her student had made. Julia had a sense of going through this journey alone “*yeah I had to go through this journey all by myself*” (line 70). She seemed to feel a great sense of personal achievement when her student started to make progress “*An*

achievement you know, you have goals that you set yourself and you're achieving it with those little steps” (line 60)

4.2.4 Teacher four: Ruth

Subordinate themes	Superordinate themes
Creating an Inclusive environment.	Creating an inclusive environment
Finding alternative methods to assess academic ability.	
Strong Peer relationships.	Working successfully with others.
Training and the support provided by the inclusion team in the school.	
Communication between home and school.	
The Child is communicating non-verbally.	The child is attempting to communicate
The child is communicating with others.	
The child shows challenging behaviour.	Challenging behaviour shown by the child.
Negative emotional response from teacher; worry, frustration and sadness.	Feeling frustrated worried and sad.
Lack of early intervention.	Lack of clarity around how to treat Selective Mutism.
Limited Knowledge about Selective Mutism.	
Limited awareness of the referral process.	

Table 6: *Ruth subordinate to superordinate themes.*

Ruth was a nursery school teacher in a primary school. She was the most experienced teacher in the group and had been teaching for over thirty years.

During this time, she had worked in three mainstream and two specialist provisions. Ruth spoke about three children with SM. It was interesting that all three children belonged to the same family. She was currently teaching twins with SM and had previously taught their older sibling. Ruth spoke about the challenge

of getting the twins to settle into the nursery: *“They’d stand by the door, they wouldn’t move away from the door at all. Wouldn’t say a word and for the whole, basically three hours, no matter what coaxing we did, they would not come away from the door”* (line 5-7). Ruth seemed to rely on a strong support system within the school *“we did have the support of the inclusion team and they knew that we were doing all we possibly could”* (line 250-252).

4.2.5 Teacher five: Anne

Subordinate themes	Superordinate themes
The teacher found it challenging to teach a Selective Mute.	A challenging experience for the teacher.
Difficult for the teacher to assess the child’s academic ability.	
Lack of support from parents.	
Student is not interacting with the teacher.	Challenging behaviour demonstrated by the child.
Challenging Behaviour from the child.	
Desire to build a relationship with the child.	Attempting to help the child.
Teacher taking responsibility for treating selective mutism.	
Intervention and Strategies	Putting interventions in place.
Sense of Achievement	Sense of Achievement.
Reducing Pressure	Reducing pressure to speak
Creating an Inclusive Classroom	Creating an inclusive environment.
Adjusting the teaching style to meet the needs of the child.	
Sense of rejection and feeling deskilled.	Feeling a sense of rejection and lack of knowledge.

Seeking Support from School Staff.	Using others as a source of support.
Good Relationships with peers.	

Table 7: *Anne subordinate to superordinate themes.*

Anne was also a nursery school teacher in a primary school who had taught for eleven years in four different settings. Anne had a vibrant personality and described herself as “*very loud*” (line 119). She had taught two children with SM. Her first experience of SM was during her first year as a teacher and she reflected on how challenging this had been. For Anne there was a strong desire to be liked by all her pupils and this resulted in a sense of rejection when her Selective Mute did not warm to her: “*all the children, that’s like one hundred and eighteen kids, all really warm to me, and she hasn’t*” (line 153-154)”. Anne seemed to find this experience challenging and it impacted on her confidence about her teaching ability: “*Am I doing things right? Do I know the curriculum? You know, am I confident enough to be able to deliver it?*” (Line 41-42).

4.3 Overarching Theme One: Attempting to create an inclusive environment.

Three teachers spoke about trying to create an inclusive environment for students with SM. Reducing pressure was a prominent theme for all three teachers. Helen and Anne felt that it was particularly important to reduce pressure coming from home and school. The teachers agreeing that reducing pressure, giving the student the choice to speak and not excluding them from any activities was the best way forward.

Helen felt it was her role as class teacher to create an inclusive environment for her students: “*I think the environment you provide as a teacher, uh it’s very important ... because she feels safe and she feels comfortable as well.*” (line

218-219). Helen believed that creating the right environment could make the Selective Mute feel safe and comfortable. Helen is aware that SM may have become more embedded if she permitted the student to avoid speaking during classroom situations. This meant that even when she did not respond Helen continued to give her a “*chance.. to talk*” (line 224). Helen says she is not “*excluding her*” (line 224) she is determined to provide her with the same learning opportunities.

Helen grew up in Germany and she felt it was important to share her early educational experiences. Helen believed that the early year’s curriculum did not create the best environment for her students. Through comparing the education system in Germany to schooling in the United Kingdom; Helen highlights the fact that she feels there are too many high expectations placed on children at an early age.

“I think many people do forget the fact that so young and...in formal schooling for long hours and um... my schooling background is very different because I wasn’t bought up in UK.” (line 155)

Helen also focused on the fact that in Germany children learn through play and start formal schooling at the age of seven. Helen implies that an environment where so much is required from small children could be placing more pressure on the Selective Mute:

“We were ... allowed to be children, to play when we wanted to play. We weren’t forced.. to know the sounds or to know at an early age, we started primary school when we were seven. So, um in Germany...the system is way different we have cue cards where we play.” (line 157-159)

This therefore, lead to Helen expressing that it is important to reduce pressure and create an environment where the child is given the opportunity to speak but is not pressurised into speaking:

“I don’t know if she feels pressurised at home by mum actually to speak speak speak speak speak.” (line 33-34)

“because obviously at this point in time um, if I say “talk, talk, talk, talk, I don’t think it’s the way forward.” (line 125)

“when we sit down in circle time, she doesn’t want to talk. Um I say “don’t worry, you can talk tomorrow.” (line 220-221)

Helen expresses that parents may be putting pressure on the student to speak. The repetition on the words “*speak*” and “*talk*” highlight the intensity of the situation and the strong desire for the student to start speaking. Helen appears to perceive SM as a choice that the child has made in response to this pressure, which links with the feeling that reducing pressure may encourage her student to speak.

Anne also felt that it was important to reduce pressure; sharing similar views to Helen and believed that students with SM must be given choices and not forced to speak. For both Helen and Anne reducing pressure was an important task.

“I’d try everything, like keeping quiet, not demanding, not putting rules or regulations, you know, giving her choices.” (line 17-19)

*“I think being too hard on them doesn’t work. Or putting pressure upon them.”
(line 254)*

Anne also felt pressure to “*perform*” as the teacher, using the metaphor of the “*beast*” which implies that this is a dangerous place to be and she could be consumed by all the pressure. In response to this Anne takes responsibility for providing an environment where her students can thrive socially, emotionally, physically and academically:

“If the results are not good or childrens behaviour was not good, it's always on you. And that's one of the natures of the beast: you always have to perform, but your performance is judged on what your children produce and where your children go from there. And that is everything within being socially stable, emotionally stable, physically stable and academically good you want everything: a well-rounded little person. It is pressure: pressure coming from your team leader pressure coming from society and pressure coming from the parents.”
(line 62-67)

Anne and Helen both feel they have the power to create an inclusive environment for their students with SM. This creates a culture of acceptance within the classroom. Both teachers feel the need to make adjustments to ensure that the Selective Mutes’ are included in the same way as the others. Anne believes that if she maintains an inclusive classroom environment where everyone feels “*welcome*” (line 48) and is “*part of the class*” (line 48) then the Selective Mute can thrive.

Ruth found that twins with SM struggled to settle into the nursery environment and she hypothesized that this could be linked to their lack of exposure to social situations outside of school.

“they haven’t had that social situation before of coming into a nursery where you’ve got, you know, twenty odd other children all..Babbling away.” (line 162-163)

“so, they’ve no relatives that live nearby and I got the impression that they didn’t really.. play with other friends and things like that.” (line 60-61)

“So it’s very much an isolated family, situation.” (line 63)

Ruth felt that the twins' inability to settle into nursery was linked to their lack of exposure to other children. Ruth believed that the home environment was important and children should be exposed to situations where they are interacting with other people outside of the immediate family.

Similar to the other teachers Ruth strived to create an inclusive environment where her students were allowed to make their own choices. Ruth developed non-verbal methods of communication to ensure that the twins could let her know how they felt. Reducing threat was important to Ruth; this implies that she is linking SM to fear or anxiety:

“we tried to made it as inclusive as possible and sort of as non-threatening as possible. So, they weren't forced into anything and we would say you know, do the thumbs up or you know hold your finger.. things like that to encourage them.”
(line 165-167)

4.4 Overarching Theme Two: Taking ownership for helping the child to speak.

Four teachers took ownership for helping their Selective Mute to speak. Katie, Helen and Anne focused on implementing interventions. Anne and Julia felt a sense of achievement when their pupils started speaking at school; they felt they had made a positive contribution.

4.4.1 Putting interventions in place

Katie took responsibility for helping her Selective Mute to speak by putting interventions in place. Katie was committed to the task of helping her student to speak, she uses the phrase *“to get her talking”* (line 6), portraying the sense that this is an important task and takes personal responsibility for this:

“She did lots of intervention groups um and... I would try and get them to do this thing called ‘pair share’ so they could talk together rather than just her having to talk.” (line 6-8)

“so they do Pals...Basically it’s just a social skills group.” (line 193-194).

“I think what was helpful was um giving her time. I kind of wish I’d given her more time because... I think they need to feel comfortable with you.” (line 269-270)

Katie understood that her Selective Mute faced many challenges this meant that a flexible approach was required when she was having a *“difficult day”*(line 303).

Katie felt that it was important to know when to give her student space; she demonstrated patience and was willing to give her the *“time”* (line 317) that was needed: *“trying to be a bit flexible because you know if she was having a particularly difficult day, there was no point trying to get her to go and do that bit of work.”* (line 303-304).

Helen also takes responsibility for implementing interventions and takes ownership for the fact that one of her previous students with SM is now speaking. This seems to give Helen a sense of pride and personal achievement. Helen believes in giving her current student with SM the time and space to *“develop”* and feel *“comfortable”*. The strategy of *“time and space”* is frequently spoken of throughout her interview:

“yes, I mean the success of [Child B] story is the fact that I gave him the space.”
(line 245)

“she needs the space and the time in order to um get ..out of this ... anxiousness.” (line 110)

“but If I know it’s just... plain stubbornness or choice then I would give them time and space to just develop” (line 256-257)

Helen may be implying that she wants to give her nursery children with SM some time to reach their developmental milestones and mature and they will speak when they are ready. Her use of the words *“to just develop”* (line 257) suggests that she feels intensive interventions are not needed. However, she later contradicts this view by asking me for advice, support and guidance about what she should do next:

“Was looking forward to meet up with you to see if you can advise me. ...I mean now that we’ve talked ...would there be anything else which I need to do in the classroom or I can do to support her?” (line 188-190)

Helen has had some experience working alongside speech and language therapists and she applies this knowledge when supporting Selective Mutes’. She does recognise that there are other professionals who are available to help her. However, she takes responsibility for raising her concerns with parents and making the referral:

“I work closely and there were some strategies ...um the verb cards or the um clauses with the colours. Colourful semantics as well.” (line 186-187)

“So, I would take things further in terms of referring them for the speech and language therapy.” (line 253)

“I’ve suggested to [child A] mum as well that um... please don’t mention “did you talk?” “Did you speak? Did you do this? Did you do that?” Just ask her “how was your day? Um, what did you do? What did you learn? What’s a new sound.” (line 260-264)

4.4.2 A sense of achievement

Similar to many other teachers, Anne took ownership for helping her student to speak. Anne seemed to be more insecure in her ability to meet the needs of the Selective Mute. During interview Anne often questioned her own teaching ability

and whether she was taking the right approach: *“I know I can be very strict, so I'm thinking, 'k, am I scaring her? Because I have got a big voice?”* (line 144-145). Similar to Helen, Anne also took personal responsibility for raising her concerns with the parents:

“when she came to school, it was a totally different child. I remember saying, I'm a bit worried about her cause she hasn't spoken. Now some of the children when they do come to nursery, they're really quiet, but after a while, after a couple of days...” (line 127-130)

For Anne working with a Selective Mute has been a rewarding experience; she talks about the progress the child has made. It is clear that she invested a great deal of time and she felt that her work has been pivotal in helping the young person overcome SM. Anne expresses a strong desire for the child to speak to her and a sense of relief that she has. Anne sends a message to other teachers that it is worth the time and effort and they should not “give up”.

“But having seen how well she did at the end of the year did make me feel like I had achieved something and there was a reward.” (line 23-24)

“I think because you wait for it for so long, that when it happens, you're like, 'Phew.' So it was a lovely feeling. I think for me it was a big achievement.” (line 86-87)

“I also think, that's a privilege that you actually see that you have made a difference, even though you have a child that could be a little of a challenge, and that our role is to make a difference. A positive difference. Your contribution was worth it. Don't give up.” (line 263-265)

Julia's sense of achievement came from the fact that she set herself goals which she was able to accomplish. In this case Julia saw helping the child to speak as a personal goal. This enabled Julia to feel accomplished when she saw that her interventions were *“working”* (line 61).

“An achievement you know, you have goals that you set yourself and you're achieving it with those little steps, but we are in the fifth week of the second half term, that's over ten weeks, and it's working.” (Line 60-61)

Julia took a more light hearted approach; she often spoke of using humor and positive reinforcement. Furthermore, she appeared to take pleasure from encouraging her student to speak; she states that it is “*nice*” (line 106) when her student opens up. This implies that this is also a rewarding experience for Julia who felt that it was her positive attitude which helped to make a difference in the child’s life. Julia takes ownership for helping the Selective Mute to speak due to the interventions she put in place such as praising her in front of her peers:

“Oh, say it again I didn't hear you. Sorry? Sorry?’ and then she's kind of making it a joke, and preparing to laugh cause she needs to say it again. And it gives her that boost that, 'Ok, I can do it,' and it's not bad anymore, it's not, 'I have to keep myself quiet.' She opens up, and it's nice.” (Line 103-106)

*“I am a kind of a positive person, so always bubbly, always try to talk to children in a happy voice, or give them praise, like with that little girl in my class now... really happy, and a lot of really positive praise that she likes, so even a silly sticker for a child who is four or five years old, that would make a difference.”
(Line 91-94)*

4.5 Overarching Theme Three: Using others as a source of support.

This theme was relevant to all five teachers. Each of the teachers reached out to others for support when working with a Selective Mute whether this support came from other children in the class, school staff or parents. For all the teachers, a positive support system was in place for the Selective Mute. Furthermore, students with SM often felt comfortable talking to their peers before they were able to communicate with their teacher. The teachers drew on the support of the

peer group to help their students' feel more comfortable and to implement interventions.

4.5.1 Working successfully with others

Helen stated that she worked in close partnership with the parents'. Helen took control of the situation advising them of the steps that she was planning to take. Helen felt that it would not work if there was not close communication between home and school.

"uh mum was concerned and I said let's give him time and if by April, half year through, he's still not talking we'll- we'll definitely raise a concern and develop things further." (Line 152)

"So I'm working- it's a partnership definitely it has to be because otherwise....it won't work." (Line 265-266)

Ruth surrounds herself with a team of people which she draws on for support and advice. The first group of people in this support system were the parents of the Selective Mutes'. Ruth ensured that she had regular meeting with parents to discuss the twins' progress at nursery. This constant communication between home and school was a source of support for both parents' and teacher. The parents were "desperate" for their twins to speak at school:

"We've had meetings with the parents um.. And they were desperate, I mean I remember going out and saying to the mum that err.. They'd either said something or joined in something, and she was so pleased she said 'oh I prayed to God that they would' and she was so thrilled that they had." (Line 180-182)

The reason that Ruth was able to support and comfort parents could have been due to the fact she had been embraced by a supportive and understanding inclusion team within the school. Ruth was given instructions about how to

approach the situation. Ruth was the most experienced teacher and it is possible that she was more confident to ask advice from other members of staff as she did not feel she would be judged on her teaching ability *“they knew that we were doing all we possibly could” (Line 250-252):*

“In part.. We’ve got a very supportive inclusion team and I chatted to them and ..And they sort advise and the advice that came back was don’t pressurise them. If they do speak ,don’t make a big thing of it. Just treat it as if it was a normal event ..Um ,and just make them feel sort of very secure.” (Line 125-128)

Ruth stated that the inclusion team spoke to everybody, there was a sense of joint responsibility where everyone was accountable. The inclusion team in the school came to observe the Selective Mutes’; this implies that they attempted to understand what Ruth was going through. Ruth was able to lean on the inclusion team and received practical guidance and reassurance

“I know that the um the two members of the inclusion team over there, they were around and they sort of talked to everybody about the types of things that we; should do.” (Line 221-223)

“The inclusion team over there and as I say they’ve been very supportive, they came over and watched.” (Line 177-178)

4.5.2 Positive peer support system

In Ruth’s school, there was a sense that everybody was accountable for the Selective Mute. This community approach was mirrored by the other children who made every effort to include the students with SM and *“make them feel secure” (line 88)*. Ruth states that the children were *“wonderful” (line 87)* she spoke highly of the way the other children incorporated them into their games. This was also a source of support for Ruth as she was struggling to get the twins to participate: *“It was just the way they tried to incorporate them into their games.*

Even though the children just stood there, the children would still..they would, you know .. almost move their play to around those children” (line 93-95).

For Julia, the peer group were also a source of support for the student with SM. The Selective Mute was able to talk freely with her peers. The student was asking for help from her peers but not from her teacher. This could have caused Julia to feel a sense of rejection which may have been the reason why she did not seem to seek support or advice from any other adults:

“I can see that she's got pretty good relationship with her friends, with other peers.” (Line 6-7)

“She's got the vocabulary; she can chat to her friends freely.” (Line 40)

As Katie reflects on her experience of working with a Selective Mute she uses the word “We” frequently throughout her interview which suggests that she worked closely with others. Similar to other teachers Katie found that her Selective Mute reception child would speak freely to her friends and that some of her friends would “*speak for her*” (line 156). This extended to the fact that the Selective Mute was very loud in the playground and Katie could often hear her “*shouting and screaming at her friends.*” (Line 147). In Katie’s experience, it seemed that peer relationships were both a help and a hindrance. Due to her strong peer support system, the Selective Mute was able to interact with other children. However, the children who had known her for a long time had started speaking for her in the classroom. This could have prolonged symptoms of SM as they were removing the need for her to speak for herself:

“But with (child A), she was very loud as well around her friends. So you’d hear her out in the playground shouting and screaming at her friends and out in the corridor.” (Line 146-147)

“it never stopped her interacting with them...So her friends which she’d probably been with for a long time would try and speak for her” (line 158-159)

Anne was another teacher who made use of the positive peer support system around the child. Anne seemed to place responsibility on close friends of the Selective Mute to look after her and keep her safe. This could have removed some pressure from Anne; she could trust that the Selective Mute was in safe hands and that the others would keep an eye on her.

“And you know she’s got her little group of friends, so you actually make sure that they know what you’re thinking, to keep an eye on her, and if she’s missing, then I’ll be looking at you for that.” (Line 97-99)

Anne seemed to find some relief when she saw that the student was happy and was able to hold a conversation with her peers in an age appropriate way:

“Interviewer: What was she like with her friends? Anne: Chatty, she was a typical little young girl; laughing, giggling” (line 102-103). Anne found it helpful to seek support from other teachers who had previously taught a Selective Mute. Anne states that *“they knew exactly what she was like”* (line 36) this implies that the most helpful advice came from speaking to others who had been through a shared experience.

For Helen’s nursery children with SM the peer group also provided an important source of support. Helen states that he was a *“chatter box to his friends but not to any adults”* (line 67). This was helpful but again there was the potential for the

student to rely too much on others. Helen found that the other children started to communicate on behalf of the Selective Mute:

“[Child A] said she wants to play with the dolly” So, the children are now coming to me to let me know what ... [Child A] is saying.” (Line 85-86)

Helen uses this to her advantage; it provides her with an insight into the child’s thoughts and feelings. The silence is now broken and Helen builds on this; she is able to encourage the Selective Mute to speak to a “*talkative*” girl in the class and this becomes a useful intervention:

“I mean another thing we tried doing in class is um... a buddy. Um she’s got an um a talkative girl so ...in that small group of friendship... to model the language in order to ... develop that further.” (Line 209-211)

4.6 Overarching Theme Four: A challenging experience for the teacher

For the majority of participants’ teaching a Selective Mute has been a significant challenge. Many teachers described their student as stubborn and defiant; they had difficulties getting them to perform simple tasks and this left them feeling helpless and deskilled.

Anne describes her experience as “*really, really challenging*”; she encountered her first Selective Mute when she was a newly qualified teacher. The fact that Anne has limited knowledge about SM also presents a challenge: “*So here I don’t know what I’m doing, and that’s one of the challenges*”. (Line 156). In Anne’s situation part of the difficulty seemed to stem from not understanding how to teach her student and a sense of feeling disconnected from her:

“Throughout the year it was always a challenge. I didn't know whether she had a bad day, I didn't know whether she found the work difficult.” (Line 16-17)

Anne's major challenge was trying to get her Selective Mute to produce work and take part during her lessons. Stating that she was a *“really lovely little girl, but I couldn't get work out of her” (line 4)*. It is possible that Anne may have mixed feelings towards her student; she describes her as both *“lovely” (line 6)* and *“difficult” (line 120)*. Anne shares that other children in the class began to perceive not speaking as a form of challenging behaviour; they would come and tell her that the young person was *“making a bad choice” (line 167)*. Anne provides a number of occasions where she had encountered challenging behaviour from her student; she shares that she would look at her and *“run away” (line 169-170)*, *“she doesn't apologise” (line 177)* and *“she can't ask so she snatches” (line 186)*. Despite this Anne states that she is not *“disruptive” (line 192)*; she may be feeling a sense of embarrassment or shame when sharing these challenging experiences; this may be why she appears to contradict herself at times. Anne may also fear that the challenging behaviour is a reflection of her lack of experience and knowledge of how to approach SM.

In Ruth's opinion, the greatest challenge was helping her Selective Mute pupils to settle into the nursery. Coming to nursery seemed to be a cause of great distress and she tried everything in her power to persuade them to join in: *“They'd stand by the door, they wouldn't move away from the door at all. Wouldn't say a word and for the whole, basically three hours, no matter what coaxing we did, they would not come away from the door.” (Line 5-7)*. Ruth felt that the twins were choosing not to join in and she was faced with the challenge of finding creative

ways to engage them at the risk of them missing out on learning opportunities.

There was a sense that they were resisting her attempts and she states that *“it must have taken immense will power though on their part not to join in”* (line 101).

Ruth felt that she was presented with two strong willed children; she was persistent with her approach and continued to try and tempt the children to join in.

“There were certain things that we did, and you could see they were itching to join in they were sort of ...Basically leaning over the activity but as soon as you said ‘do you want to have a go or do you want to have a taste?’ wouldn’t do it.”
(Line 101-104)

Helen described her Selective Mute as stubborn and defiant. For Helen, the challenge came from her student refusing to follow any of her instructions. Similar to Ruth she felt that the Selective Mute was making a choice not to listen to her:

“That’s almost my way of communicating ‘I don’t want- you can’t oblige me to, I do what I want,” (line 59)

“She was uh the only one who refused bluntly to sit down or cooperate in any shape or form” (line 8-9)

There was a sense that Helen felt her authority was being questioned when the student smiled at her before *“refusing bluntly, very stubbornly to sit down next to her”* (line 50). Helen had a strong desire for the child to cooperate and follow her instructions. This seemed to cause Helen to feel disrespected by the Selective Mute *“It’s just pure...defiant”* (line 86).

Additionally, Katie spends a long time describing how challenging and difficult the experience had been due to the student’s defiant and stubborn behaviour which she mentions seventeen times during the interview:

“It was really difficult because ...it was hard to figure out if she was a Selective Mute or if she was just stubborn, to be quite honest.” (Line 8-10)

Katie’s approach appeared to be more directive than the other teachers. Katie often compares her experiences to being in a fight or a battle:

“again you were just... you were kind of wasting your time because... you were fighting with a four year old and she wasn’t going to give in believe me so it probably just made her feel really ...bad.” (Line 289-290)

“it felt like a battle of wills...it was trying to find that balance between okay accepting that she can’t talk but also not letting her think that she could just kind of do what she wants.” (Line 292-294)

There is a sense of anger and defeat when Katie said, *“you were kind of wasting your time”* she acknowledged that this was a battle that she had already lost. The fact that the parents also seemed to share this view gave the impression that the Selective Mute left the adults around her feeling helpless:

“we found that you just didn’t get anywhere with her, it just didn’t work um because I know- I remember speaking to dad and he was saying that he actually had a two hour standoff with her...” (Line 17-18)

Another challenge was that other members of staff at the school did not know that the student was Selective Mute and Katie felt that she was often perceived as a rude child when she failed to communicate:

“They’d be like ‘where are you going?’ she’d just smile at them and kind of –there was more her facial expression that gave the impression that she could be quite rude. Um, especially if you didn’t realise that...she kind of couldn’t communicate” (line 148-150).

Katie felt that this was out of her control she states that it was a “*big school*” and this meant that it was difficult for members of staff to know “*what these children’s needs are*” (line 134). Katie implies that other members of staff showed limited understanding or sympathy towards the Selective Mute:

“one time she actually wet herself because she was obviously so...because someone had stopped her in assembly and they were like ‘oh she’s being rude’ so I was like child A , you know ...you just... you just need to kind of say to them’ and she literally just stood there and wet herself” (line 184-187)

Katie describes a situation where the Selective Mute was not able to communicate her needs and was perceived as a rude child. Katie places the responsibility on the student and tells her that “*she just needs to say*”. Here Katie also shows limited understanding of what her student may be going through and appears to demand that she should explain herself to the other teachers. Katie appears to be the only teacher who was aware that the child was a Selective Mute; this was an isolating and challenging situation for both Katie and her student.

4.7 Overarching Theme Five: The frustration of teaching a Selective Mute.

In this section, some of the difficult emotions that emerged in response to teaching a Selective Mute are discussed. Four teachers shared feelings of frustration in response to the challenges that they were faced with.

Anne shared her feelings of frustration which possibly came from her lack of knowledge about SM and feeling rejected by her pupil:

“I found it really really frustrating, because I tried every technique; I would ask colleagues, ‘What do I do?’” (Line 4-5)

“Well that was the first thing: Why doesn't she speak, or why doesn't she like me?” (Line 105)

Anne had a strong desire to be liked by her pupils'; she felt that this was part of her role as a teacher. Anne's experience of teaching a child with SM caused her to look inwardly and she came to the conclusion that the Selective Mute did not like her and that is why she did not speak to her:

“Yes, it becomes personal and yet it shouldn't become personal.” (Line 107).

“First of all I didn't even know that she was Selective Mute, I thought that she just didn't like me. I know it's every teachers dream to be liked, we just love to be loved.” (Line 5-7)

This seemed to impact on Anne's self-confidence and her perception of her own teaching ability. For Anne, not being liked by her students was linked to being a poor teacher:

“Well, the first thing was, 'Am I doing things right? Do I know the curriculum?' You know, 'Am I confident enough?' To be able to deliver it.” (Line 41-42)

“I've never ever had a Selective Mute, I've never had a child who does not respond warmly to me, because I'm very loud” (line 118-119)

Anne tries to reassure herself that she is a good teacher when she states, *“one hundred and eighteen kids, all really warm to me, and she hasn't” (line 153-153)*

suggesting that if all the other students like her she must be doing a good job.

Anne also turns to the father of the Selective Mute for reassurance suggesting that the experience has left her feeling insecure and vulnerable: *“so I made a*

joke with dad one day and I said, 'Well I don't think she likes me.' (Line 135).

The silent child seems to provide additional frustration for Anne as she clashes with her “*very loud*” personality. Anne wonders if she is scaring her with her “*big voice*” (line 145).

Helen took a sympathetic approach towards her Selective Mute. Helen did experience some frustration but chose not to take it personally; “*So, it doesn't upset me or it doesn't make me feel uncomfortable*” (line 109). For Helen, it was important for her student to know that she was not upset and that she sympathised with her; “*I'm not upset you're not talking. I am aware you don't want to talk but its fine. Tomorrow it's another day for you to talk*” (line 226-227). Helen demonstrated patience and understanding; she felt that taking a “*rigid*” approach “*could make the child even more anxious and she will probably say I don't want to talk to you, you're forcing me. I'm not talking to you ever*” (line 237-239). For Helen there may have been an element of trying to please her student. Helen seemed to be afraid that if she took the wrong approach the Selective Mute would decide never to speak to her.

Katie seemed to experience mixed feelings towards her Selective Mute. For Katie, there was a continuous question around whether her student was deliberately choosing not to speak and this seemed to anger Katie:

“Yeah, sometimes I felt quite annoyed as well because in the beginning it was really hard because again she kind of came across like she just wasn't going to do it because she didn't feel like it.” (Line 249-250).

Katie seemed torn between feelings of frustration and sympathy; *“So it was a real mixture because you kind of felt frustrated for yourself and her but at the same time you just kind of felt sorry for her”* (line 254-255). Katie found it useful to imagine what it felt like to be Selective Mute, this gave her some insight into how difficult it must be for this young person: *“I can’t imagine not talking and how hard that must be to just want something and just be sitting there like ‘oh I can’t... I can’t ask”* (line 256-257). Katie states that she found it *“really frustrating in the beginning”* (line 31-32); she seemed to experience a higher level of frustration when she first began working with her student and she often questioned whether her student was genuinely Selective Mute:

“It’s really difficult with (child A) um... to be honest, I thought a lot of it was stubbornness... because she could talk to her friends and she could talk kind of when it suited her um... and then other times there wasn’t any real reason why she couldn’t talk um like even saying good morning for the register.” (Line 221-224)

Towards the end of the interview Katie decides to take a more sympathetic approach despite her frustrations. Katie reflects on how many learning opportunities her student has missed out on; *“I just felt quite sorry for her because she was missing out on so much”* (line 247). There is a sense of sadness and a desire for her to speak so that she does not have to miss out on any more learning experiences.

Ruth also experienced frustration which was linked to the fact that her students were missing out on learning opportunities: *“early years, as I say is so much centred around sort of the chit chat and the talking about experiences and things*

like that ..it was..it was..sad. As well as frustrating it was sad ,that you felt they couldn't do that.” (155-157). Ruth feels a sense of sadness when she realises that so many aspects of the early years rely on children being able to speak. Ruth recognises that the Selective Mutes' are at a disadvantage. Ruth feels frustrated that they are not able to reach their full potential due to the way the school system has been set up: “But it was quite frustrating from our point of view because we knew that they were quite bright boys and because early years is so much centred around talk, and developing that talk.” (line 128- 130). Ruth is left feeling concerned and worried; “It feels a bit.. a bit worrying because as I say, you want to do the best for your children and it's the same with any , you know, situation where the children are struggling” (line 245-246).

4.8 Overarching Theme Six: Requiring support and training from other professionals.

Four of the teachers seemed to require further training from other professionals. Many teachers took responsibility for helping their students to speak in the absence of support from others. However, this was not an easy task and they were often left feeling unsupported and perplexed about what to do next.

4.8.1 Going through this journey alone

Katie had difficulty understanding SM and seemed to be looking for support from other professionals: “*we didn't know how to deal with a Selective Mute*” (line 209-210). It was clear Katie had received limited training; she perceived SM as being unable to speak to others. After observing that her student was capable of talking to her friends she struggled to accept that her student had SM. Katie looked for

reassurance by asking parents to gain a formal diagnosis. Katie's student did receive a diagnosis of SM:

I think mum was just kind of... was like 'oh she's a selective mute' but, when we actually looked into it there wasn't any paper work in the beginning (line 123-124).

if you don't have paper work then she's- we can't class her as one you need to kind of get it investigated. (Line 39-40)

Katie shares that *"it was really hard because ... there wasn't any support to be honest."* (line 188). There was also a sense that Katie felt alone and unsure about who she could go to for support: *"I don't even know who you'd go to really, the SENCO but again there's not really anyone for them to go to and especially in reception no one."* (line 204-205).

When Julia described her experience of teaching a Selective Mute she describes going through the journey alone: *"yeah I had to go through this journey all by myself"* (line 70). Julia also feels unsure about where to go for support; she feels that nobody understands what she is going through due to the fact she is only displaying this behaviour with her:

"I would say that the parents maybe they don't even know themselves how to deal with it, maybe she's not like that at home because she's Selective Mute... that means she's obviously selecting the situations that she's quiet." (line 64-67)

For some teachers, their main source of knowledge came from reflecting on their own previous experiences. Katie found it useful to try and implement strategies she had used with previous students with SM. However, on reflection she came to the conclusion that this was not always helpful as every child with SM is different: *"Like I've said I've kind of had three and they're all really different what*

worked with the first little girl didn't work with (child A)" (line 315-316). Katie also felt that her first Selective Mute was "quite easy" whereas she found another child extremely challenging: "The first little girl was quite easy; we needed to build her confidence, whereas with (child A) she kind of had a bit too much confidence in some ways". (line 210-212). Helen also compared and contrasted her own experiences of SM. Helen acknowledged that they were "different children" (line 74) but also found some similarities which offered her a sense of reassurance "now I'm going to make a comparison to a boy which I had last year who was exactly the same (line 64-65).

4.8.2 Requiring knowledge and training.

Katie states her biggest fear when teaching a Selective Mute: "I think what you fear is that your making it worse (line 209)", she repeatedly speaks about "breaking" (line 215), "distressing" (line 216) and "damaging" (line 183) her student. Katie recognises that her lack of training and knowledge about SM could cause her to inflict harm. To Katie there is a right way of doing things. Taking the wrong approach could result in making SM "worse"; this is why Katie feels that specific training and guidance is needed.

Ruth is another teacher who has not received any formal training about SM. Ruth recognises that this is a new experience for her and she does not know which strategies to use in order to provide specific support:

"you want to help them to progress and help them to develop and not having any specific strategies because- with certain children, you know, having a visual time table, having things like that, you feel like you're doing something to support them. But with.. With someone who is not speaking, it's very difficult because.. What do you do? (Laughs) What do you do? I mean I've had no training in this."
(line 173-177)

Ruth believes that being given some “*specific strategies*” (line 243) is the way forward and she believes this will give her some *security*: “*it gives you a bit of security if you’re given strategies you can use because you feel like you’re doing something*” (laughs) (line 247-248). Ruth laughs nervously at the end maybe she feels that she is not doing anything to help. In the absence of any formal training Ruth attempts to do her own research However, she feels there is not enough research available on the internet: “*I sort of looked online a bit to see if I could find any information but.. There isn’t an awful lot out there.*” (line 259-260)

4.8.3 A need for early intervention

Ruth believed that early intervention could make a big difference; “*the sooner we can get that support in the sooner they can give us advice as to what we should do*” (line 139-141). Parents and school staff seemed reluctant to refer to outside professionals and Ruth felt this was delaying the process:

“dad was very much of the attitude that..’Well they’ll talk eventually ‘,um.. Especially as his daughter had talked. And so he was thinking ..he was at first a bit reluctant to go to speech and language ..and I said ‘well, the sooner we can get that support in the sooner they can give us advice as to what we should do..”
(line 138-141)

Ruth wanted support from other professionals such as Speech and language therapists. The referral system seemed to limit her ability to access this support:

“we did also have um ..I think she was a speech and language person...Who came over to talk to me unofficially because we’re at the age where.. ..We can’t instigate things in nursery. When there in reception we can get them involved in

speech and language but when they are in nursery, the parents have to do it through the doctors". (line 223-226)

It was clear that the parents did not support Ruth's views about early intervention; *"dad I think as I say was more of the opinion that.. They'll talk when they're ready."* (line 188-189). This may have left Ruth feeling powerless; she was not able to make the referral and she had to seek help *"unofficially"* from the Speech and language therapist. Furthermore, she was reminded that the parents had the authority to decide whether their child would receive help from the speech and language therapists and ultimately how much specialist training she would receive as their class teacher: *"yeah and so we can't push anything so if dad had been adamant 'No, I'm not going to do it' I don't know how far we could have got with this"* (line 228-229). Ruth feels that there is a need for early intervention but she shows limited awareness of the referral process: *"Because they come under sort of a different medical um.. I.. don't quite know how it works.."* (line 231).

Katie seemed to feel disadvantaged due to the fact that she is a reception teacher and there is an expectation that at such a young age children must be given time to develop:

"There's sort of- there's so much paper work and then... I think as well I think what's really hard in reception is a lot of it gets put down to developmental, so no one really makes the effort to come and see them." (line 198-199)

This is not helpful for Katie who feels she does not understand how to meet the needs of a Selective Mute: *"if they could help us in reception it would makes a*

massive difference because we could set the bases.” (line 201-202)”. Katie states “if they could help us” However, she seems unclear who exactly is available for help. Katie feels that the situation has become worse over the years and there is now even less help available due to financial cuts; “it is hard because there isn’t anyone really especially I think now. Maybe when I first started teaching there were more departments but obviously since the cuts” (line 202-204).

4.9 Summary of findings

This chapter explored the lived experiences of teachers who have worked with a Selective Mute. Six overarching themes emerged across the five teachers’ experiences. Every teacher shared a different journey; I have compared and contrasted the experiences of the five teachers. Using others as a source of support was the most prominent overarching theme and this was significant for all five teachers. Many reached out to others when they were presented with challenge. Every teacher felt a positive peer support system was in place which helped the Selective Mute to feel more secure in the classroom environment. Furthermore, other children were used as a source of support and in many cases they communicated on behalf of their friends with SM. Teachers placed emphasis on providing time and space for the Selective Mute. This created an inclusive environment and reducing pressure to speak was a prominent theme; many teachers took personal responsibility for treating SM through implementing interventions and working closely with parents. Unfortunately, the teachers described a significant lack of adequate training and knowledge which left some feeling helpless and worried that they did not know how to approach the situation

correctly. Many shared feelings of frustration around their lack of knowledge which they found difficult to tolerate. It was clear that for the majority of teachers; teaching a Selective Mute was extremely challenging and many have described children with SM as stubborn and defiant. In the next section I will discuss these findings in relation to relevant theory and research.

5 Discussion

The previous chapter outlined six overarching themes:

- Attempting to create an inclusive environment.
- Taking ownership for helping the child to speak.
- Using others as a source of support.
- A challenging experience for the teacher.
- The frustration of teaching a Selective Mute.
- Requiring support and training from other professionals.

This chapter will explore the six overarching themes in the light of relevant research and theory. I begin with a summary of the main findings and mention of the linked theories which will be explained in detail following the summary. The theories discussed are attachment, containment, projective identification, social learning theory and self-efficacy. These theories are linked to the findings and provide greater insight into the teachers' experiences. At the end of the chapter implications for practice and research are considered.

5.1 Summary of Main Findings

The first aim of this research was to enable teachers to share their experiences of SM. This research has given a voice to teachers who have worked with a

Selective Mute in the classroom setting. This research also explored how Educational Psychologists can support teachers who are teaching a student with SM. The findings showed that all teachers in this study took responsibility for helping their students to overcome SM. However, they identified a lack of support and involvement from other professionals such as an Educational Psychologist. Five teachers described the challenges of maintaining high expectations for their students with SM and continuing to provide opportunities for them to speak in the classroom while attempting to reduce pressure and anxiety. Teachers were proactive in implementing interventions and finding ways to support children with SM despite limited training. Teachers were often the first people to raise concerns that the child was not speaking in the classroom and in many cases, teachers were able to reassure parents who were worried about their children by observing and providing data on the students' interactions.

This research revealed that teachers were seeking to create a positive relationship with the Selective Mute by making the child feel safe in order to reduce anxiety levels and so the theories of attachment and containment become prominent when thinking about how to support the Selective Mute; particularly the concept of the secure base (Bowlby, 1988) (see section 4.3). Furthermore, using others as a source of support was expressed by all the teachers in this study and was a key finding. This was expressed through working closely with others and drawing on a positive peer support system in the classroom. The concept of having a positive peer support system referred to the power of having a supportive network of peers who often assisted the Selective Mute and helped to

break the silence. Therefore, the concept of social learning theory was prominent in this research, reflecting on the importance of relationships (see section 4.5).

Some teachers expressed that the early year's foundation stage (EYFS) national curriculum placed too much pressure on the Selective Mute. The EYFS curriculum places emphasis on communication and language development as one of the three key areas of learning and development (Department for Education, 2014). Expressive language skills are vital in the early years and teachers often assess children through the conversations they have with them. Speech is considered an important part of learning which can create problems for children with SM who may not appear to make academic progress in this area despite being intelligent and capable of speaking to a good standard at home. Helen seemed to struggle with the knowledge that her student was intelligent and there was no way of demonstrating her knowledge in the classroom (See results section chapter 4). Therefore, this research revealed that teachers felt it was difficult for students with SM to participate fully in their lessons. It was equally difficult for teachers to conduct a fair assessment of their abilities to show that learning that had taken place.

Ruth's perception was that the environment children were exposed to outside of school also impacted on SM. The Selective Mutes that she worked with had not been given many opportunities to socialise with other children outside of their immediate family and Ruth felt that this was contributing to the maintenance of SM. Therefore, one teacher's perception of SM was that some children with SM may have had limited exposure to social situations and may require social skills

intervention to help them develop social skills. This was seen as a helpful way to build their confidence.

Many teachers' reported feelings of frustration, helplessness, isolation and rejection when working with a Selective Mute. It is possible that some teachers were identifying with the feelings that were being experienced by their Selectively Mute students. The emotional impact of teaching a child with Selective Mutism can be explored through a psychoanalytic lens using the concept of projective identification (see section 5.1.1.3). This study highlights the need for teachers to have a support network around them, where they can discuss difficult emotions that may arise when teaching a Selective Mute. This support network may also include the Educational Psychologist who can offer therapeutic supervision. The findings from this study show that many teachers took responsibility for helping their students to speak in the absence of support and training from other professionals. However, this left teachers feeling that they could be causing more harm or distress to their students. This impacted on their self-efficacy, their ability to endure frustration, challenge and uncertainty. Furthermore, many teachers did attempt to put interventions in place despite expressing a lack of understanding however, this often left them feeling unsupported and unsure of how to approach the Selective Mute. This research shows that when teachers do not receive training and support this can lead to feelings of isolation; Educational Psychologists are in a position to provide support by raising awareness; through consultation and training.

5. 1.1 Psychoanalytic framework

Psychoanalytic theory explores human nature, motivation, behaviour and links phenomena of the mind with that of the body. It creates a language and

framework for thinking about unconscious and conscious processes and how they impact and influence people.

5.1.1.1 Attachment theory

The concept of making the Selective Mute feel welcome, safe, secure and comfortable in the classroom environment was frequently referred to by class teachers. For example, Helen felt it was her role as class teacher to create an inclusive environment for her students. Helen believed that creating an environment where children with SM felt included could help make them feel more confident about speaking in the classroom. Another common theme was teachers seeking to build a positive relationship with their student in the hope that this relationship would help lower anxiety. Attachment theory suggests that children have a fundamental need to feel safe and secure in order to achieve their developmental milestones and fulfil their full potential (Bowlby (1969, 1988)). There is a focus on parents providing “good enough” care by meeting the child’s basic emotional and physical needs (Winnicott, 1964). Research by Bowlby (1969, 1988) showed that infants will automatically reach out to their primary caregiver expecting their basic needs to be met. Furthermore, research has shown that children who experience a positive relationship with their parents were able to form a connection known as secure attachment.

The Strange Situation was a psychological experiment by Ainsworth & Wittig (1969) which observed the relationship between mother and baby during a scenario where the child was left with a stranger and then reunited with their mother. The following situation was observed:

(1) Mother, baby and experimenter (less than one minute).

- (2) Mother and baby alone.
- (3) Stranger joins mother and infant.
- (4) Mother leaves baby and stranger alone.
- (5) Mother returns and stranger leaves.
- (6) Mother leaves; infant left completely alone.
- (7) Stranger returns.
- (8) Mother returns and stranger leaves.

Ainsworth & Bell (1970), stated that there were different attachment styles and children could have secure attachments or insecure avoidant, ambivalent or disorganised attachments. Understanding these different attachment styles can be a helpful tool when reflecting on why children are exhibiting certain behaviours in the classroom. Children with avoidant attachment styles do not seek help or care from adults. They may present as independent and are difficult to build a relationship with. On the other hand, children with ambivalent attachment styles may present as clingy and rejecting. These children may have been raised by parents with mental health difficulties or issues with substance abuse that were not always emotionally available, therefore the child becomes preoccupied with maintaining the adults' attention. In the classroom, the child is highly anxious about the relationship with the teacher and may not be able to concentrate on learning. Lastly children with a disorganised attachment style are the most unpredictable. These children normally suffered extreme levels of abuse where they did not know what to expect from the parent and lived in constant fear (Ainsworth, Blehar, Waters & Wall, 1978).

Over time children were able to internalise this secure attachment and tolerate periods of separation from the primary caregiver by understanding that other adults are able to meet their needs. Children learn a great deal about themselves, others and the world around them through their initial relationship with their primary caregiver. Longitudinal research has revealed that children with a secure attachment with their care giver have better emotional well-being including higher self-esteem, long term friendships, greater resiliency, greater ability to manage feelings and higher attainment in school (Levy, 1998).

The teachers in this study spoke about wanting to provide a secure base for the Selective Mute by allowing them to experience a positive relationship with an adult who was available for help and comfort when they felt anxious. Positive relationships are an important element of the teaching and learning process. Research has shown that students' who perceive their teacher as encouraging are more likely to engage in learning (Wenger, 1998). Therefore, when teachers are talking about building a positive relationship with their student the aim is to make them feel more secure in creating a safe and inclusive environment. Peers were also used as a secure base in that many Selective Mute students mentioned in this study had a group of children in the class that they felt comfortable speaking to.

Teachers often perceived children with SM as stubborn, difficult and defiant. This behaviour made the experience of working with a Selective Mute more challenging for teachers. Some teachers found it difficult to categorise this

behaviour; it seemed that the behaviour was viewed as stubborn but was not always perceived as disruptive. *“Don’t touch her blocks. But she’ll take your blocks, that’s ok. But she’s not disruptive”*. Anne (Line 192). Here Anne expressed that her student did not share with other children and often took their toys away. However, Anne does not perceive this behaviour as disruptive. Furthermore, Katie states that her student was not badly behaved: *“not that she was badly behaved but like I said just very much on her terms”*. (Line 309-310). Therefore, it seems that in this study the Selective Mute is viewed as stubborn or defiant rather than disruptive or badly behaved. There is a mixed view on whether children with SM present as oppositional and defiant. Previous studies have shown that many teachers describe young people with SM as manipulative and their behaviour was often seen as stubborn (Rye and Ullman, 1999). However, contrary to this, Black and Uhde (1995) found that there was not a high level of oppositional defiant disorder found in children with SM. Parents’ did describe some moderate characteristics of oppositional behaviour such as stubbornness. However, this was not largely reported on the teacher rating scales. The theory of attachment can help teachers to think about why the experience of teaching a child with SM was so challenging; and why the Selective Mute often presented as defiant and stubborn in the classroom. Scroufe (1983) identified a link between secure attachment and children’s ability to adapt and cope within the classroom environment. Secure attachment was seen to impact on the way the student responded towards the teacher. Children with secure attachment were less dependent and showed more positive regard towards their teachers. Therefore, research has shown children with secure attachment are experienced as less challenging within the classroom and have

more capacity to adapt to the pressures of the classroom (Scroufe, 1983). The learning triangle (Geddes, 2006) relates to the interactions between the pupil, teacher and the task. Geddes, (2006) argued that the student must demonstrate the ability to relate to their teacher and the learning task, in doing so they must be able to tolerate the unknown. Furthermore, in students with secure attachment the learning triangle can reflect a healthy balance between the child's ability to accept support from the teacher and be able to engage with the task. The child should be able to become more self-sufficient as he or she slowly learns to depend less on the support from the teacher and begins to engage with more independent learning. Pupils with insecure attachment styles may have a very different perception of the learning triangle and may relate differently to the teacher and task due to their previous early attachment experiences. Barret and Trevitt (1991) argued that teachers are an important attachment figure for children who are anxious, when the teacher becomes a secure base for the child, this can help to reduce anxiety levels and in turn reduce challenging behaviour in the classroom. Winnicott, Shepherd and Davis (1986) proposed that teachers should have the ability to sense when to challenge their students so that the student can work towards achieving a goal and when they are required provide support and guidance. The teacher-pupil relationship can often mirror the parental relationships and so the teacher's ability to provide support can impact on the student's ability to learn about the world (e.g. Geddes, 2006).

It is also useful to reflect on how the teachers own attachment styles may have impacted on their challenges with the Selectively Mute students. Anne

experienced a deep sense of rejection from her selective Mute; she felt that her student did not like her she had a desire to connect with her student (see results section). Anne's attachment style and her desire to connect with and be loved by her students may have caused her to experience the Selective Mute as challenging. *"First of all I didn't even know that she was Selective Mute, I thought that she just didn't like me. I know it's every teachers dream to be liked, we just love to be loved."* (Line 5-7). Riley (2009) argued that to some extent teachers are dependent on the interactions that they experience with their students in order to carry out the role of teacher, this gives the students some relational power. Furthermore, teachers may have unresolved attachment needs that they may try to correct through their relationship with their students (Riley, 2009). Therefore, the teacher may in some way rely on the student in order to maintain their identity as class teacher. Reflecting on the teachers in this study, many may have felt that the Selective Mute was detrimental to their role as class teacher, the students were often active, independent and found other ways to learn and develop without relating to their teachers. Many teachers found this challenging and experienced a sense of frustration and helplessness when teaching students with SM.

5.1.1.2 Containment

The concept of working successfully with others included teachers being able to approach staff as a source of support and guidance. Teachers found it helpful to work with others who had a shared experience of SM. Teachers expressed a desire to feel understood and to speak to other people who knew what they were going through. This included parents and other members of staff who had previously worked with a Selective Mute. Many teachers felt it was important to

work alongside parents and to hold regular meetings to monitor progress. The concept of containment was first explored by Bion (1962) it is a developmental theory relating to children's early experiences of feeling held, emotionally and physically, by their primary care giver. When a baby is distressed (hungry, frightened, tired, needing changing) they can feel helpless and hopeless and cry out for the caregiver. In order for the baby to feel 'contained' and held, the caregiver must hold onto these feelings, reflect on them and return them in a more manageable way (e.g. vocalising 'it's okay, you're hungry/tired/need changing etc.)). By being contained in this way, children can learn to manage distressing emotions later in life. The experience of being contained at any stage of life can help individuals to develop their own ability to think about difficult emotions.

Ruth experienced a sense of containment from the inclusion team within the school. The inclusion team were supportive and reassuring towards Ruth. This could have made the challenging experience of working with a Selective Mute more manageable. It is important to note that Ruth also needed to feel secure and supported to enable her to support the Selective Mute. It may have been more difficult for Ruth to contain the anxiety of the Selective Mute without someone being available to contain her own anxiety around working with the student.

5.1.1.3 Projective identification

Anne, Katie and others experienced a sense of rejection from their pupils. These difficult emotional responses seemed to be unbearable for Anne and often left her feeling deskilled. Anne may have been identifying with the feelings that were

being experienced by her Selective Mute. This can be understood from a psychoanalytic perspective using the concept of projective identification (Klein, 1946). Psychoanalytic theory states that when a feeling is split off and projected into another person, projective identification may follow. This can occur within a relationship where the recipient of the projected emotions begins to identify with the emotional state of the person who projected these emotions into them (Klein, 1946). Projective identification may have contributed towards Anne taking ownership for helping the Selective Mute to speak; this was apparent for many teachers who tried a range of techniques some of which they experienced as unhelpful. This often led to a sense of frustration when the student did not respond accordingly: *“it was really frustrating in the beginning because it was- she didn’t want any help. You know she’d go to groups and .. I just don’t think she knew how to ...accept help” Katie (line 32-33)*. Teachers could use their own emotional responses as a window into how their students with SM may be feeling.

These findings show that teachers may be unaware of how to manage the feelings that can arise when working with a Selective Mute and the unconscious processes underlying their feelings and actions. Many of the teachers in this study seemed to find it hard to think about these emotions which were often unbearable; this resulted in teachers behaving in ways which were not always helpful for the Selective Mute such as trying to be too directive: *“it was frustrating because you try all different approaches, you tried the kind approach, she wasn’t interested, you tried to be strict, she wasn’t interested and it was a shame*

because you were trying to... find a way to engage her but nothing seemed to work." Katie (line 16-7). This awareness of the emotions which are unconsciously projected into us by others could offer a different perspective when working with a child who is not communicating verbally and could be communicating through unconscious mechanisms; (Youell & Canham, 2006).

5.1.2 Social cognitive theory

Social cognitive theory refers to the way people learn and think about the world through their observations, interactions and relationships with others. Social learning can take place through watching other people's behaviour and observing the consequences for this behaviour, this data can then influence the individuals own behaviour.

5.1.2.1 Social learning theory

In Ruth's school, there was a sense of shared responsibility for helping the Selective Mute which did not seem to be present for other teachers in the study. The inclusion team spoke to "everybody" and there was a community approach where everyone was accountable for understanding and helping the Selective Mute, this extended to the children in the nursery: *"The children were wonderful. They cajoled them, I think half of the thing was, the children helping them and making them feel secure."* (Line 87-88). All the teachers in this study expressed that children with SM felt more comfortable speaking to their peers. In many situations, their peers were able to communicate how the Selective Mute was feeling so the teacher could ensure that the child's needs were met. This helped to break the silence and barrier between the Selective Mute and the class teacher. Bandura's (1977) social learning theory states that people learn from

observing others. Social learning takes place when individuals observe influential models in their environment such as teachers or peers. They look to these models to provide an example of how they should behave. In this research teachers found that other children in the class were a valuable support for children with SM. It is possible that through a process of observing and copying their peers, children felt more comfortable speaking at school and many teachers integrated this into their intervention:

“I mean another thing we tried doing in class is um... a buddy. Um she’s got an um a talkative girlin that small group of friendship to model the language to develop that further.” Helen (line 209-211)

Bandura (1977) stressed that if the child experiences good consequences in response to the new behaviour, they are more likely to repeat this. Katie was able to motivate her student by praising her when she spoke; seeking the teacher’s approval was important in this instance: *“We’d make the effort to sit next to her but talk around her um... and then she kind of felt like she was missing out on the praise um... and that helped her come out of herself.” (line 275-276).*

However, in this research positive or negative reinforcement did not have any impact if it did not match the individual needs of the Selective Mute. Katie’s student did not respond to negative reinforcement: *“Um I think what was unhelpful was trying to be strict with her trying to make her talk um... sort of punishing when she didn’t talk ...that was really unhelpful.” Katie- (line 283-284).*

It is useful for teachers to think about what motivates the child to speak. If the child is motivated by positive reinforcement this could be a helpful strategy. It is

also important to note that every child with SM is different and positive reinforcement may not work for every student. Helen's pupil was not motivated by positive reinforcement: "*She was not interested in any stickers or any rewards or any well done or any praise.*" Helen- (line 9-10)

5.1.2.2 Self-Efficacy

Bandura's (1977) social learning theory states that individuals who are high in self-efficacy are more likely to achieve their goals since they perceive that they can achieve these goals. Bandura (1977) researched people who were receiving therapy to overcome phobias. He observed that there were differences in people's perceptions of whether they would be able to implement change outside of the therapy; this became known as self-efficacy. In this study, teachers felt they did not have enough knowledge about SM and often felt unsure of what they were doing. Katie was afraid of damaging her student. Self-efficacy and the teachers belief in their own ability could impact on their perception of their ability to teach a child with SM. Lack of knowledge and training appeared to impact on Anne's self-efficacy: "*Am I doing things right? Do I know the curriculum? You know, am I confident enough to be able to deliver it? But that was the hardest in my first year of teaching: to have such a challenge.*"(Line 39-42). The concept of self-efficacy can influence the effectiveness of interventions. Guo, Connor, Yang, Roehrig, and Morrison (2012) found that self-efficacy was important for teachers. Teachers who experienced high self-efficacy were able to provide more support for their pupils and create a more positive classroom environment.

5.1.3 Methodological issues

5.1.3.1 Strengths and limitations of IPA

A review of the literature on SM showed that there is limited research to date describing the experience of teachers who are working with a Selective Mute student in the UK. IPA enabled me to carry out an exploratory study with five teachers; SM is a rare disorder and there is no reliable figure on the number of children with SM currently living in the local authority where this study took place. This may be due to the fact many children with SM have not been diagnosed or referred to professional services such as speech and language therapy.

Furthermore, children with SM are not frequently referred to the Educational Psychology Service in my local authority. Many of the teachers in this study had not received input from any other professionals and were excited to share their experiences for the first time. Using IPA methodology allowed teachers to share their unique stories of working with a student who did not speak in the classroom setting. Semi structured interviews were used to gain teachers perspectives. This allowed me to introduce some prompt questions when teachers were unsure about what would be useful to share. IPA takes an idiographic stance and my research is based on a constructivist epistemology which explores each teacher's experience in thinking about their unique social and cultural background. The research does not aim to generalise however, key themes have emerged which were prominent for the majority of the teachers in this study and could be used as a helpful resource for teachers who are currently working with a Selective Mute.

The fact that only five teachers were interviewed in this study may be viewed as a limitation; Furthermore, the experiences described in this study are personal

and unique to this particular group of teachers. Therefore, some may argue that it is difficult for other teachers to connect with the information that has been shared and link it to their own experiences of teaching a Selective Mute. However, through the use of a homogenous group containing nursery and reception teachers within mainstream primary schools, it is possible for other teachers to see how this could relate to their experiences. Moreover, this research relies on the quality of information that has been shared during interview. Some teachers were not familiar with sharing their emotional responses; However, I am confident that all teachers in this study were passionate, open and honest about sharing this challenging experience. Finally, there was a risk of misinterpreting the teacher's experiences. In order to overcome this, I attempted to put my own assumptions aside and have ensured that I represented each teacher's experience accurately by first checking with the teachers that I had understood correctly and secondly checking a sample of my emergent themes with another member of my course to ensure validity. This process of validating the themes involved me sharing a copy of my interview transcript with a fellow trainee who read it and highlighted anything that stood out, or any aspects that they found interesting.

5.1.3.2 Generalisability

In this research, it was important for me to capture each person's unique experience of teaching a Selective Mute. IPA analysis has enabled me to look at individual cases and to then use this data in making more generalised claims. However, it is important not to lose the unique aspect of the participant's experiences. All the teachers were working for the same local authority. However, they were from a range of diverse backgrounds. The teacher who was

from Germany was not educated within the British school system and this impacted on her perspective of the way the early years curriculum should be implemented in her classroom. All the teachers interviewed were female and came from a range of different teaching backgrounds. Most of the teachers in this sample appeared to be highly experienced and many had over ten years of experience working with children and young people. However, it was equally important for the less experienced teachers in the group to be able to share their stories of teaching a Selective Mute early on in their career. It was evident that the experience of teaching a Selective Mute did not become less challenging even after thirty years of experience. Furthermore, every child with SM was different and it was not useful for teachers to try and compare various students with SM, every student responded to a slightly different and personalised approach.

1.3.3 Closing the Gap in the Literature

This research both contributes to the current literature on Selective Mutism and fills a gap by sharing the experiences of teachers who have worked with a Selective Mute. Moreover, the research findings are largely in agreement with previous research on Selective Mutism.

In this study teachers felt that reducing pressure to speak was important. This is common to much of the literature reviewed in the area of SM. Hung, Spencer and Dronamraju, (2012) suggested that the Selective Mute should not be blamed or forced to speak; they should not feel pressurised and when they speak this should not be celebrated in an overt way as this can cause them to revert back to SM. Anne reported feeling pressure from a range of sources. This highlights that

it is not only the student who may feel under pressure, this is also a pressurising situation for teachers working with the Selective Mute. Teachers in this study tried to achieve a balance between maintaining high expectations by providing situations for the child to speak and reducing pressure to speak. Helen felt that students with SM should be prevented from avoiding situations where they find speaking difficult. Due to this Helen maintained high expectations for her Selective Mute pupils; she continued to give them a *“chance to talk” (line 224)* and stated that she was not *“excluding” (line 224)* them. On the other hand, Ruth’s main focus was around reducing the anxiety associated with speaking. Consequently, Ruth seemed to lower her expectation for students with SM. Ruth devised an alternative method of communication to interact with her students using nonverbal communication in order to reduce pressure. However, it is wondered whether through this Ruth could have replaced the motivation for the twins to communicate with her using their voice.

Previous research has shown that in some situations the school system can maintain SM; particularly if the child is not being provided with opportunities to speak. Hung, Spencer and Dronamraju (2012) found that teachers did not want to make their student feel uncomfortable, so were discouraged from speaking to the Selective Mute. For example, one student was described as having a blank look and froze when questioned in the classroom so; the teacher stopped communicating with this student. Through this the student was able to avoid situations where he was required to speak at school. Furthermore, Segal (2003) found that some teachers allowed children to bring in video recordings of them completing activities at home which could be played during lessons.

All teachers saw themselves as having an important role in helping their students to overcome SM. They were proactive in helping the Selective Mute feel secure, reassuring parents, implementing interventions, researching information and seeking help from other professionals. Previous research by Martinez, Tannock, Manassis, Garland, Clark and McInnes (2015) emphasised the role of the teacher in the early assessment of SM within the school setting. Teachers can provide detailed information about how the child behaves with their peers, during break time, in small groups and within whole class sessions. This means that teachers are in a good position to identify and support children with SM within the classroom.

The teachers had to manage difficult emotions around the Selective Mute holding back despite being academically able. A common theme in this study was feelings of frustration. Teachers in Rye and Ullman's (1999) study also expressed feelings of frustration when teaching a student with SM. In order to deal with their frustration, Ruth, Katie and Helen found it useful to take a sympathetic approach towards the Selective Mute and try to reach a more understanding perspective. Previous research by Segal (2003) found that a teacher working with twins' with SM also took a sympathetic approach towards students.

Having a sense that the Selective Mute was in control was a common theme for many teachers. Katie recognised that she had no control over the speaking patterns of the Selective Mute and that her student spoke when it suited her not

when it suited Katie. This created a power imbalance leading Katie to feel that the Selective Mute was in control. These findings are in line with previous research by Omdal and Galloway (2008); which indicate that SM could create a power imbalance in relationships between adult and child. Katie expressed that SM had given her student a great deal of control (see results chapter). Class teachers typically have the power in showcasing what their students' have learned at the end of the academic year. However, the teachers in this study felt a sense of loss when they spoke about the learning opportunities their students had missed out on. This was due to the fact they were less able to showcase the learning that had taken place as the Selective Mute pupils held power over what they chose to engage with. Ruth, Katie and Helen described frustration in knowing the Selective Mute was not able to participate in the same learning activities.

In line with previous research findings, many teachers reported having little understanding about SM (Johnson & Wintgens, 2001). None of the five teachers had received formal training and many stated that they felt poorly equipped to deal with the challenge of teaching a Selective Mute. Ruth received some informal training through the inclusion team in the school and a visiting speech and language therapist; this offered her a sense of security. Despite receiving minimal training, many teachers continued to take a proactive approach in helping their student to speak. Generally, teachers were very proud of the work they had done with the Selective Mute. However, some teachers expressed that their lack of knowledge and understanding impacted greatly on their self-efficacy.

Katie had an underlying belief that SM required an expert approach to avoid damaging the student.

5.2 Implications for practice

5.2.1 Implications for Educational Psychologist practice and policy

There is now a greater drive to ensure that more children receive high-quality mental health care each year. In recent years people's views about mental health have improved resulting in greater commitment to change the way we view mental health (NHS, 2017). Emphasis has been placed on professionals working with children to take ownership of improving their psychological well-being and this suggests that mental health should be everybody's business (DfES, 2001; Health Advisory Service 1995). The new mental health green paper; Transforming Children and Young People's Mental Health Provision: a Green Paper (Department for Education, 2017), proposes that increased funding will create a greater opportunity for teachers to provide classroom based support for pupils who are experiencing mental health difficulties. Each school has been asked to select a senior lead for mental health who will focus on helping students to access support and therapy. Furthermore, funding will be used to create mental health support teams who maintain links between schools and the NHS and carry out a range of treatments within schools or near schools. These proposals have the ability to strengthen the relationships with schools and outside professionals to ensure that students with SM can gain access to the support that they need at school. The Special Educational Needs and Disability code of practice (2015) and the children and Families Act (2014) are two key pieces of legislation which communicate the need for all professionals to work

together to provide support for children and families. Emphasis should be placed on the benefits of early assessment and intervention for children with SM. This is particularly important for children with SM who are experiencing high levels of anxiety.

Many studies do not specify whether the Educational Psychologist had a role in the support of teachers working with a Selective Mute. In this study teachers expressed a need for support and training from external professionals when teaching a pupil with SM. This training could be targeted towards specific teachers who raise concerns and could also be included in universal teacher training courses. There is also a greater opportunity for Educational Psychologists to be involved in supporting teachers through therapeutic supervision in order to explore the emotional impact of the work. This is so that teachers do not lose confidence in their own ability and feel deskilled and isolated. Educational Psychologists can help raise awareness of SM and share some behavioural interventions that aim to treat SM through reducing anxiety. Such treatments include shaping, positive reinforcement, systematic desensitization and stimulus fading. Previous studies have shown that such interventions have a high success rate (Hung et al ., 2012, Howe & Barnett, 2013, Borger et al., 2007, Masten et al., 1996, Rye & Ullman, 1999).

This also has implications for Educational Psychologist Training as Educational Psychologists need to ensure that they have up to date research and knowledge around the area of SM. Educational Psychologists can then help to empower teachers by sharing the latest evidence-based interventions, which can be

integrated into classroom practice. Educational Psychologists and teachers may not have the capacity to implement these interventions daily due to other responsibilities. However, they could work alongside other professionals such as speech and language therapists to provide support for pupils with Selective Mutism.

A prominent theme in this research was teachers feeling unsupported and not knowing where to gain advice and help around SM. The local authority could work towards setting up a support group for teachers working with a Selective Mute and needing guidance and advice from others as the teachers expressed a desire to connect with others who had been through a shared experience. This group could be online or face to face and could potentially provide a source of support not only for teachers but for the siblings, parents and the Selective Mutes themselves. There is potential for such a support group to consist of a multidisciplinary team including Educational Psychologists, speech and language therapists and other professionals who have experience working with a student who has SM. This study has highlighted the importance of working closely with others, every teacher found this helpful and the students with SM often relied on the support from other children in their class.

5.2.2 Implications for teachers

The EYFS national curriculum places responsibility on teachers to ensure that children with communication and language problems are supported adequately. The guidance states that children should be exposed to a rich language environment and should be able to speak and express themselves in several different situations (Department for Education, 2014). This may explain why

teachers took responsibility for supporting students with SM during early education as a means of helping them reach these learning goals. Therefore, this research highlights the importance of early intervention; children who remain Selective Mute throughout their school years present a challenge for their teachers in terms of assessment and showing the learning that has taken place. Special Educational Needs Coordinators can take a more active role in referring children with SM to the EPS. Students with SM were not always viewed as disruptive although they present a significant challenge to class teachers. Therefore, it is important to stress that they may require access to additional resources and specialist professionals.

In this study teachers demonstrated the ability to take an active role in helping their students to overcome SM. Teachers reassured parents, implemented interventions, created a secure base and tracked the progress of their students with SM. Many teachers argued that this led to successful outcomes. This shows that teachers are in a good position to be able to support children with SM in the classroom setting. This research also demonstrates the benefits of teachers having access to other members of staff who can help them think about the experience of working with a Selective Mute. Johnson and Wintgens (2016) state that teacher training courses should include training on SM so that teachers are already equipped with the knowledge and are aware of what to expect when they come across a student with SM. Katie recognised that the Selective Mute faced emotional difficulties that were complex, and she did not want to add to her anxiety levels by taking an approach that was too forceful. Previous research has

highlighted the benefits of training staff. Oerbeck, Johansen, Lundhal and Kristenen (2011) emphasised the importance of psycho-education by ensuring that parents and teachers received intensive training to increase their understanding of SM. Appropriate ways of approaching SM were role modelled such as engaging the child in joint activities and thinking aloud rather than being directive with questioning.

5.2.3 The role and responsibility of the parents/carers

Teachers expressed a desire to feel understood and to speak to other people who knew what they were going through. This included parents and other members of staff who had previously worked with the Selective Mute. Many teachers felt it was important to work alongside parents and to hold regular meetings to monitor progress. Parents were able to help teachers overcome the hurdle of assessing a child with SM by providing video recordings that could be used to assess the learning that had taken place. Children often spoke to their parents about what they had learned at school and parents were able to share this information with the class teacher. This study highlights the fact that parents/carers have a responsibility to work alongside teachers when supporting a Selective Mute in the school environment. Julia expressed that the Selective Mute was able to speak freely to her parents and peers, so Julia was essentially the only one who was dealing with the impact of SM every day. Similarly, Anne also felt that other people only experienced a snapshot of the challenges she was facing. In line with previous research many parents felt that their children were too young to be referred to external services. Therefore, at times teachers were not able to gain support and additional resources for children with SM.

Many studies highlight the importance of identifying SM as soon as children enter education and providing early intervention. (Hung, Spencer & Dronamraju, 2012, Borger, Bartley, Armstrong, Kaatz & Benson, 2007, Martinez, Tannock, Manassis, Garland, Clark & McInnes, 2015, Segal, 2003). Teachers are often the first people to identify SM in children and parents/carers may not become aware that their child does not speak at school until a member of staff points this out. In this study, teachers were not permitted to refer children to external services unless this was supported and instigated by the parents. However, this also limited teachers access to professionals outside of the school setting. Ruth expressed her frustration about not being able to engage with the Speech and language therapists in the way that she wanted.

5.3 Implications for research

5.3.1 Dissemination of findings

The research findings will be disseminated in various ways. I will summarise the findings of this study and the implications for schools, the Educational Psychology Service and local authorities. This written information will be sent out to the schools that have participated in the study. I will ask the teachers to contact me if they wish to discuss the findings further. I aim to present my research to the EPS in July 2018 to share the experiences of the teachers and information about how Educational Psychologists can support teachers in my local authority. I will also present my research to my supervisors and fellow trainee Educational Psychologists' at the Tavistock and Portman NHS trust during July 2018. In September 2018, I will be presenting my research at the

SENCO forum where all the SENCO's in my local authority will have a chance to discuss my research and the implications for schools. Finally, I want to share my research on a larger platform such as registered charity SMIRA-Selective Mutism Information and Research Association in order to disseminate the findings to a wider audience; I also hope to publish my research in the future.

5.3.2 Implications for research

The present study enabled teachers to share their experiences of teaching children with SM. The study highlights that teachers have a key role in identifying SM and supporting students with SM in the classroom setting.

Research findings have shown that teachers feel children with SM demonstrate stubborn and defiant behaviour in the classroom. Future research is needed to explore the link between defiant behaviour and SM, specifically focusing on how this impacts on the teachers' ability to support students within the classroom.

Many teachers found it difficult to manage the behaviour displayed and the control asserted by the Selective Mute; which they saw as limiting their ability to show learning which had taken place. Teachers need support to understand why this behaviour occurs and how to manage this appropriately.

A different approach could be taken in thinking about teachers experiences through a psychoanalytic lens. Teachers were able to share their own emotional responses when working with a Selective Mute such as feelings of helplessness and rejection; which were viewed as their emotions rather than a possible projection from the Selective Mute. This research identified the emotional

experience for teachers of teaching the Selective Mute child. Future research could look at teachers experience of SM from a psychoanalytic perspective by using emotional communication as data.

More research is needed to explore the characteristics of Selective Mute students and whether there is an impact on their learning. There are many factors that could have impacted on the work that teachers were doing such as; having English as an additional language, gender, family history, social skills and having a twin or a sibling with SM. Future research can focus on how these factors influence the way the Selective Mute responds in the classroom setting.

Furthermore, future research is required to gain the views of children with SM who have been able to overcome their inability to speak in the classroom.

Through this, professionals can gain greater insight into which aspects of the teachers' approach have been most helpful and what enabled Selective Mutes to start speaking in the classroom.

Finally, it would be helpful to explore SENCO's perception of SM and why Educational Psychologists are not frequently asked to support teachers who are working with a Selective Mute within the local authority. Findings showed that students with SM were not viewed as being disruptive in the school setting, though they seemed to present a significant challenge to class teachers.

5.4 Final conclusions

My interest and passion in the area of SM began when I delivered play based therapy to a Selective Mute who had not spoken at school for several years. This was during my first year as a trainee Educational Psychologist and my first experience of SM. I became conscious of feeling a strong desire to make her speak. Through conducting this research, I have learnt a great deal about SM. I feel that I have given teachers a platform to share their experiences' of teaching a Selective Mute. This research produced a rich amount of data and one of my challenges was trying to present the findings in a way that captured key learning, without losing a sense of the unique and complex journey that each teacher shared. I felt that I was empowering teachers by acknowledging the time and effort they had invested in their students with SM. The teachers I interviewed were very proud of their work and had gained a sense of achievement. Involvement in this research proved to be challenging for all five of the teachers. They were not familiar with IPA methodology; also, the idea of sharing their emotions was a new experience for some. However, they were open, genuine and authentic about the challenges and the emotional responses experienced whilst teaching a Selective Mute. I am so grateful for having the opportunity to work with teachers who were so passionate about helping their students, despite the frustration they faced throughout the process.

The present study provides rich data about the experience of teaching a Selective Mute. This study highlights that teachers can take a key role in identifying SM and supporting students with SM within the school setting. The research also provides an example of aspects that make the experience more difficult; such as lack of understanding and knowledge about SM and the

emotional impact of the work. There is an opportunity for me as an Educational Psychologist to provide supervision and training for school staff who are working with a Selective Mute, to think about the emotional impact and how to implement effective evidence-based interventions. As a result of this research one of my primary schools has asked me to deliver training on SM for the teaching staff. The findings in this research could be used to support others currently working with a Selective Mute and to prevent other professionals' feeling unsupported, deskilled and isolated.

Teachers experiences have been condensed into six overarching themes: attempting to create an inclusive environment; taking ownership for helping the child to speak; using others as a source of support; a challenging experience for the teacher; the frustration of teaching a Selective Mute and requiring support and training from other professionals. The six overarching themes overlap and link together. Creating an inclusive environment, taking ownership for helping the child to speak and using others as a source of support all demonstrate the teachers' role in taking a proactive role in treating SM. Using others as a source of support and requiring support and training from other professionals provides an example of how teachers feel when they are supported, in comparison to how they feel when they are not supported by the system around them. When teachers felt unsupported it was a challenging isolating experience, often leading to frustration. The most prominent overarching theme for all five teachers was the importance of relationships and drawing on others as a source of support. Teachers often worked collaboratively with parents and other members of staff to implement change.

The six overarching themes have been related to the concepts of: attachment theory and the concept of a secure base, containment, projective identification, self-efficacy, social learning theory.

These findings could have implications for how SM is approached in primary schools and nursery school settings. Teachers could be more involved in the identification and treatment of pupils with SM and early intervention is advisable. Parents and friends were found not to observe SM in the same way as teachers and school staff. Teachers often had the most intense experience of SM; working consistently with a child who did not speak to them.

Another aim of the research was to explore how Educational Psychologists' could support teachers to manage the experience of teaching a young person with SM. Findings suggest that teachers would benefit from therapeutic supervision with an Educational Psychologist who has knowledge in the area of SM and knowledge of unconscious processes. Through gaining a deeper understanding of the concepts of attachment, projection and containment teachers can recognise and understand the difficult feelings they may experience and the challenging behaviour they may come across when working with a Selective Mute. With the help of an Educational Psychologist teachers can digest and reflect on their emotional responses.

This research fills a gap in the literature by allowing teachers to share their unique stories. IPA has enabled me to capture the unique and fascinating

experience of teaching a student who does not speak in the classroom. The findings highlight that teachers are in a key position to be able to implement effective interventions. However, teachers need support and supervision to manage the challenging experience of teaching a student that is not speaking in the classroom. It is hoped that the information presented in this research will provide support for professionals working with a Selective Mute, preventing feelings of isolation in their experiences.

Word count: 38086

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& Health*, 15(2), 215-228.

<http://dx.doi.org/10.1080/08870440008400302>

Appendices

Appendix A: List of included and excluded articles

Database	<p>Search Terms 1 AND Search Terms (2) AND Search Terms (3)</p>	Number of records after Inclusion and exclusion criteria applied
	<p>Search Terms 1 Selective Mutism OR Selectively Mute</p> <p>AND Search Terms (2)</p> <p>Teach* OR learning OR lesson OR classroom</p> <p>AND School OR Primary School OR Elementary School OR First Grade OR Kindergarten OR reception OR year one OR nursery OR preschool OR foundation stage OR early years OR key stage one Search Terms (3)</p> <p>AND Experience*OR interview* OR working with * phenomenon * describe * consultation OR talk OR discuss* OR conversation OR qualitative OR voice OR lived experience * narrative</p>	<p>Inclusion Criteria:</p> <p>Publication in the English Language.</p> <p>Publication after 1994 when the term Elective Mutism was changed to Selective Mutism in order to reflect an avoidance of speaking in specific situations (APA, 1994).</p> <p>Research about the impact of Selective Mutism in the school environment.</p> <p>Academic Journals</p> <p>Peer reviewed Journals</p> <p>Exclusion Criteria</p> <p>Research about Selective Mutism in the clinical setting.</p> <p>Published prior to 1994</p> <p>Books not focusing on research studies.</p> <p>Focus of research is not Selective Mutism.</p> <p>Reports.</p>
Psych INFO	55	7
Eric	18	8

Included Articles from ERIC

Article	
Martinez, Y., Tannock, R., Manassis, K., Garland, E., Clark, S., & McInnes, A. (2015). The Teachers Role in the Assessment of Selective Mutism and Anxiety Disorders. <i>Canadian Journal Of School Psychology, 30</i> (2), 83-101.	Included
Holley, M., Johnson, A., & Herzberg, T. (2014). Blindness and Selective Mutism: One Student's Response to Voice-Output Devices. <i>Journal Of Special Education Apprenticeship, 3</i> (1).	Included
Howe, H., & Barnett, D. (2013). Accountability Steps for Highly Reluctant Speech: Tiered-Services Consultation in a Head Start Classroom. <i>Journal Of Educational And Psychological Consultation, 23</i> (3), 165-184. http://dx.doi.org/10.1080/10474412.2013.813805	Included
Mitchell, A., & Kratochwill, T. (2013). Treatment of Selective Mutism: Applications in the Clinic and School Through Conjoint Consultation. <i>Journal Of Educational And Psychological Consultation, 23</i> (1), 36-62. http://dx.doi.org/10.1080/10474412.2013.757151	Included
Hung, S., Spencer, M., & Dronamraju, R. (2012). Selective Mutism: Practice and Intervention Strategies for Children. <i>Children & Schools, 34</i> (4), 222-230. http://dx.doi.org/10.1093/cs/cds006	Included
Borger, G W., Bartley, D, L., Armstrong, N., Kaatz, D., Benson, D. (2007). The Importance of a Team Approach in Working Effectively with Selective Mutism: A Case Study. <i>TEACHING Exceptional Children Plus, 4</i> (2), Article 1. Retrieved (07.12.17) from http://www.eric.ed.gov/contentdelivery/servlet/ERICServlet?accno=EJ967471	included
Omdal, H. (2008). Including children with selective mutism in mainstream schools and kindergartens: problems and possibilities. <i>International Journal Of Inclusive Education, 12</i> (3), 301-315. http://dx.doi.org/10.1080/13603110601103246	Included

Included articles from Psych Info

Article	
Howe, H., & Barnett, D. (2013). Accountability steps for highly reluctant speech: Tiered-services consultation in a Head Start classroom. <i>Journal Pf Educational & Psychological Consultation, 23</i> (3), 165-184.	Included Also in Eric Database
Oerbeck, B., Stein, M. B., Pripp, A. H., & Kristensen, H. (2015). Selective mutism: Follow-up-study 1 year after end of treatment. <i>European Child & Adolescent Psychiatry, 24</i> (7), 757-766.	Included

Martinez, Y., Tannock, R., Manassis, K., Garland, E., Clark, S., & McInnes, A. (2015). The Teachers Role in the Assessment of Selective Mutism and Anxiety Disorders. <i>Canadian Journal Of School Psychology</i> , 30(2), 83-101.	Included Also in Eric Database
Mitchell, A., & Kratochwill, T. (2013). Treatment of Selective Mutism: Applications in the Clinic and School Through Conjoint Consultation. <i>Journal Of Educational And Psychological Consultation</i> , 23(1), 36-62. http://dx.doi.org/10.1080/10474412.2013.757151	Included Also in Eric Database
Hung, S., Spencer, M., & Dronamraju, R. (2012). Selective Mutism: Practice and Intervention Strategies for Children. <i>Children & Schools</i> , 34(4), 222-230. http://dx.doi.org/10.1093/cs/cds006	Included Also included in Eric database
Oerbeck, B., Johansen, J., Lundahl, K., & Kristensen, H. (2012). Selective mutism: A home-and-kindergarten-based intervention for children 3-5 years: A pilot study. <i>Clinical Child Psychology And Psychiatry</i> , 17(3), 370-383.	Included
Omdal, H., & Galloway, D. (2008). Could selective mutism be re-conceptualised as a specific phobia of expressive speech? An exploratory post-hoc study. <i>Child And Adolescent Mental Health</i> , 13(2), 74-81.	Included
Cunningham, C. E., McHolm, A. E., & Boyle, M. H. (2006). Social phobia, anxiety, oppositional behaviour, social skills, and self-concept in children with specific selective mutism, generalized selective mutism, and community controls. <i>European Child & Adolescent Psychiatry</i> , 15(5), 245-255.	Included
Segal, N. (2003). `Two' Quiet: Monozygotic Female Twins with Selective Mutism. <i>Clinical Child Psychology And Psychiatry</i> , 8(4), 473-488.	Included
Rye, M. S., & Ullman, D. (1999). The successful treatment of long-term selective mutism: A case study. <i>Journal Of Behaviour Therapy And Experimental Psychiatry</i> , 30(4), 313-323.	Included
Masten, W. G., Stacks, J. R., Caldwell-Colbert, A. T., & Jackson, J. S. (1996). Behavioral treatment of a selective mute Mexican-American boy. <i>Psychology In The Schools</i> , 33(1), 56-60.	Included
Black, B., & Uhde, T. W. (1995). Psychiatric characteristics of children with selective mutism: A pilot study. <i>Journal Of The American Academy</i>	Included Print journal available in the library

<i>Of Child & Adolescent Psychiatry, 34(7), 847-856.</i>	
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Excluded Articles from ERIC

Article	Reason For exclusion
Nafziger, J., & DeKruyf, L. (2013). Narrative Counselling for Professional School Counsellors. <i>Professional School Counselling, 16(5)</i> , 290-302. http://dx.doi.org/10.5330/psc.n.2013-16.290	This article introduced narrative counselling concepts and techniques for professional school counsellors. Not specific to school teachers.
Nowakowski, M., Tasker, S., Cunningham, C., McHolm, A., Edison, S., & Pierre, J. et al. (2010). Joint Attention in Parent–Child Dyads Involving Children with Selective Mutism: A Comparison Between Anxious and Typically Developing Children. <i>Child Psychiatry & Human Development, 42(1)</i> , 78-92. http://dx.doi.org/10.1007/s10578-010-0208-z	This article compared anxious and typically developing children. This was a clinical population of children. Not specific to the school setting.
Auster, E, R., Feeney-Kettler, K, A., Kratochwill, T, R., (2006). Conjoint Behavioral Consultation: Application to the School-Based Treatment of Anxiety Disorders. <i>Education and Treatment of Children, 29 (2)</i> , 243-256.	The article discussed the treatment of childhood anxiety disorders using a problem-solving consultation framework. Not specific to SM.
Nevin, A, I. (2004). Reviews of Single Subject Research Designs: Applications to Special Education and School Psychology.	This document contained preliminary reviews of the literature, featuring single subject research designs.
Richard, G. J., & Hoge, D.R. (19991). <i>The Source for Syndromes.</i>	Book
Hoffan, J. A. (1996). Not with a Bang, But a Whisper. Mental Health Consultation with a Selectively Mute Child. <i>Early Childhood Education Journal, 23(4)</i> , 207-10.	Report Described the role of mental health and educational consultants working with a five-year-old selectively mute child in Head Start. Not specific to educational setting or teachers.
Porjes, M. D. (1992). Intervention with the Selectively Mute Child. <i>Psychology in the Schools, 29 (4)</i> , 367-76.	Report Reviewed literature from psychoanalytic and learning theory approaches. Presented intervention strategies used with two selectively mute first graders.
Omdal, H. (2007). Can adults who have recovered from selective mutism in childhood	Research about the experiences of adults who previously had selective mutism, not

and adolescence tell us anything about the nature of the condition and/or recovery from it? <i>European Journal Of Special Needs Education</i> , 22(3), 237-253.	specifically relating to the primary school setting or teachers experiences of selective mutism. Also excluded from Psych Info
Schill, M. T., & O. (2009). An Assessment Protocol for Selective Mutism: Analogue Assessment Using Parents as Facilitators. <i>Journal of School Psychology</i> , 34(1), 1-22.	Report Not focusing on the school setting. Assessed protocol for conducting a functional analysis of maintaining variables for children with Selective Mutism.
Hahn, J.J. (2008). Selective Mutism in Elementary Students. Thesis online submission https://files.eric.ed.gov/fulltext/ED501267.pdf	Thesis
Pennamacoor, C. (2007). Without a voice. <i>Teaching Pre K-8</i> , 37(7), 44-45. Unable to access online	Magazine article, unable to access.

Excluded Search Terms from Psych Info

Article	Reason for Exclusion
Naguy, A. (2017). Successful treatment of a child with difficult-to-treat chronic selective mutism using pramipexole. <i>Journal of child and Adolescent Psychopharmacology</i> , 27 (4), 393-394.	Focusing on the treatment of Selective Mutism using medicine.
Black, B. (2017). Chatterbox at home: Selective mutism. In C.A. Galanter, P.S. Jensen, C. A. Galanter, P.S. Jensen (Eds.). <i>DSM-5 casebook and treatment guide for child mental health</i> (pp.41-50). Arlington, VA. US: American Psychiatric Publishing, Inc.	Book
Henkin, Y., & Bar-Haim, Y. (2015). An auditory-neuroscience perspective on the development of selective mutism. <i>Developmental Cognitive Neuroscience</i> , 1286-93.	Explores the potential underlying neural basis of the disorder. Does not specifically focus on the school setting.
Moshier, S. J., Calkins, A. W., Kredlow, M. a., & Otto, M. Q. *2015). Neurocognitive perspectives on anxiety and related disorders, In J. Mohlman, T. Deckersback, A. S. Weissman, J. Mohlman, T. Deckersbach, A. S. Weissman (Eds) , <i>From symptom to synapse: A Neurocognitive</i>	Book focusing on the neurocognitive perspectives on anxiety and related disorders.

<p><i>perspective on clinical psychology</i> (pp. 75-120). New York, NY, US: Routledge/Taylor & Francis Group.</p>	
<p>Beidel, D. C., & Bunnell, B. E. (2014). Assessment and treatment of social anxiety disorder and selective mutism in children and adolescents, <i>Directions In Psychiatry</i>, 34(1), 55-62.</p>	<p>This article explained how to assess for their presence in medical settings, and reviewed efficacious treatments.</p>
<p>Welkom, J.A., Gabrielsen, T. P., & Robins, P.M. (2013). Treatment of comorbid selective mutism and procedural anxiety in a child with paediatric common variable immunodeficiency disease: A case study. <i>Clinical Practice In Pediatric Psychology</i>, 1(2), 129-136.</p>	<p>This article described the conceptualization and treatment of comorbid anxiety diagnoses, selective mutism, and procedural anxiety in a girl presenting to a pediatric family therapy clinic. Not specifically focusing on selective mutism in the school setting.</p>
<p>Nashman-Smith, M. (2018). A phenomenological case study of the elementary to secondary transition for one female student diagnosed with selective mutism. <i>Dissertation Abstracts International Section A</i>. 78.</p>	<p>Dissertation</p>
<p>Schum, R. L. (2017). <i>Finding voice: Treating selective mutism and social anxiety</i>. Champaign, IL, US: Research Press.</p>	<p>Book</p>
<p>Sander, J. B., DeBoth, K., & Ollendick, T. H. (2016). Internalizing behaviours. In M. K. Holt, A. E. Grills, M. K Holt, A. E. Grills (Eds.) <i>Critical issues in school-based mental health: Evidence-based research, practice, and interventions</i> (pp.18-28). New York, NY, US: Routledge/Taylor & Francis Group.</p>	<p>Book</p>
<p>Bergman, R.L., Gonzalez, A., Piacentini, J., & Keler, M.L. (2013). Integrated Behaviour Therapy for Selective Mutism: A randomized controlled pilot study. <i>Behaviour Research And Therapy</i>, 51(10), 680-689.</p>	<p>This was a randomised controlled pilot study focusing on Integrated Behaviour Therapy for Selective Mutism.</p>
<p>Levin-Decanini, T., Connolly, S. D., Simpson, D., Suarez, L., & Jacob, S. (2013). Comparison of behavioural profiles for anxiety-related comorbidities including ADHD and selective mutism in children. <i>Depression And Anxiety</i>, 30(9), 857-864.</p>	<p>This article looked at how contextual symptoms vary across different anxiety-related disorders.</p>
<p>Kearney, C. A., & Spear, M. (2013). Assessment of selective mutism and school refusal</p>	<p>Book</p>

<p>behaviour. In D. McKay, E. A. Storch, D. Mckay, E. A. Storch, (Eds.), <i>Handbook of assessing variants and complications in anxiety disorders</i> (pp, 29-42). New York, NY, US: Springer Science + Business Media.</p>	
<p>Keeton, C. P. (2013). Selective mutism. In r. a. Vasa, A. K. Roy, R. A. Vasa, a. L. Roy (Eds.), <i>Paediatric anxiety disorders: A clinical guide</i> (pp 209-227). Totowa, NJ, US: Humana Press.</p>	Book
<p>Alyanak, B., Kiliñaslan, A., Harmancı, H., Demirkaya, S., Yurtbay, T., & Vehid, H. (2013). Parental adjustment, parenting attitudes and emotional and behavioural problems in children with selective mutism. <i>Journal Of Anxiety Disorders</i>, 27(1), 9-15. http://dx.doi.org/10.1016/j.janxdis.2012.10.001</p>	Clinical study that investigated emotional and behavioural problems in children with SM along with the psychological adjustment and parenting attitudes of their mothers and fathers. This research did not focus on the school setting.
<p>Bergman, R. L. (2013). <i>Treatment for children with selective mutism: An integrative behavioural approach</i>. New York, NY, US: Oxford University Press</p>	Book
<p>Nowakowski, M., Tasker, S., Cunningham, C., McHolm, A., Edison, S., & Pierre, J. et al. (2010). Joint Attention in Parent–Child Dyads Involving Children with Selective Mutism: A Comparison Between Anxious and Typically Developing Children. <i>Child Psychiatry & Human Development</i>, 42(1), 78-92. http://dx.doi.org/10.1007/s10578-010-0208-z</p>	This article compared anxious and typically developing children. This was a clinical population of children.
<p>Dombrowski, S. C., Gischlar, K.L., & Mrazik, M. (2011). <i>Assessing and treating low incidence/high severity psychological disorders of childhood</i>. New York, NY, US: Springer Science + Business Media.</p>	Book
<p>Zelinger, L. (2010). Understanding and generalizing communication patterns in children with selective mutism. In A.A. Drewes, C. E. Schaefer, A. A. Drewes, C. E. Schaefer (Eds.), <i>School-based play therapy</i>, 2nd ed (pp. 359-377). Hoboken, NJ, US: John Wiley & Sons Inc.</p>	Book
<p>Drewes, A. A., & Schaefer, C. E. (2010). <i>School-based play therapy</i>. 2nd ed, Hoboken, NJ, US. John Wiley & Sons Inc.</p>	Book
<p>Kearney, C. A. (2010). <i>Heping children with selective mutism and their parents: A guide for school-based professionals</i>. New York, NY, US: Oxford University Press.</p>	Book

Vecchio, J., Kearney, C. A. (2009). Treating youths with selective mutism with an alternating design of exposure-based practice and contingency management. <i>Behaviour Therapy</i> , 40(4), 380-392.	Clinical research examining 9 young people with selective mutism, not specific to the school setting.
Sung, S. C., & Smith, H. L. (2009). Cognitive-behavioral therapy for refractory selective mutism. In D. McKay, E. A. Storch, D. McKay, E. A. Storch (Eds.) <i>Cognitive-behaviour therapy for children: Treating complex and refractory cases</i> (pp. 141-17). New York, NY, US: Springer Publishing Co.	Book
Vecchio, J. L. (2009). The treatment of selective mutism: A case control alternating treatments design. <i>Dissertation Abstracts international</i> , 69, 7154.	Dissertation Clinical research evaluating the results of exposure-based therapy and contingency management.
Omdal, H. (2007). Can adults who have recovered from selective mutism in childhood and adolescence tell us anything about the nature of the condition and/or recovery from it?. <i>European Journal Of Special Needs Education</i> , 22(3), 237-253.	Research about the experiences of adults who previously had selective mutism, not specifically relating to the primary school setting or teachers experiences of selective mutism.
Nunes, J., Sahler, O.Z., & Pleak, R. R. (2007). Disorders of infancy, childhood and adolescence, In O.Z. Sahler, J. E. Carr, O.Z. Sahler, J.E. Carr (Eds), <i>The behavioural sciences and health care, 2nd rev. and updated ed</i> (pp.362-372). Ashland, OH, US: Hogrefe & Huber Publishers.	Book
Kearney, C. A., & Bensaheb, A. (2007). Assessing Anxiety Disorders in Children and Adolescents. In S.R. Smith, L. Handler, S. r. Smith, L. Handler (Eds.), <i>The clinical assessment of children and adolescents A practioner's handbook</i> (pp. 467-483). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.	Book
Auster, E, R., Feeney-Kettler, K, A., Kratochwill, T, R., (2006). Conjoint Behavioral Consultation: Application to the School-Based Treatment of Anxiety Disorders. <i>Education and Treatment of Children</i> , 29 (2), 243-256.	The treatment of childhood anxiety disorders using a problem-solving consultation framework. Not specific to SM. (Also excluded from Eric database)
Eke, A. D. (2002). Pharmacopsychosocial treatment of selective mutism: A research investigation. <i>Dissertation Abstracts, International</i> , 62, 3368.	Clinical research. This study evaluated whether a pharmacopsychosocial approach (i.e., psychosocial and pharmacologic) to the treatment of selective mutism was more effective than medication treatment alone.

Watson, S. (1995). Successful treatment of selective mutism: Collaborative work in a secondary school setting. <i>Child Language Teaching and Therapy</i> , 11(2), 163-175.	Specific to the secondary school setting. Describes the successful treatment of selective mutism in a 10-yr-old girl with moderate learning difficulties.
Roe, V. (1993). An interactive therapy group. <i>Child Language Teaching And Therapy</i> , 9(2), 133-140.	Published prior to 1993. Describes the formation of an interactive therapy group aimed at helping withdrawn or selectively mute children.
Pories, M. D. (1992). Intervention with the selectively mute child. <i>Psychology In The Schools</i> , 29(4), 367-376.	Published prior to 1992. The author reviews the literature from both the psychoanalytic and learning theory approaches and describes the intervention strategies used with 2 selectively mute children.
Paasivirta, M. (2013). Effects of a brief behavioural training program for teachers of children with selective mutism. <i>Dissertation Abstracts International</i> , 74. 23	Thesis
Dillon, J. R (2017). An examination of school professionals' knowledge of selective mutism. <i>Dissertation Abstracts international</i> , 77.	Dissertation
Solz, J. (2016). Video self-modelling as exposure with and without contingency management in treating youth with selective mutism. <i>Dissertation Abstracts international</i> , 77.	Dissertation
Davidson, M. (2012). Selective mutism: Exploring the knowledge and needs of teachers. <i>Dissertation Abstracts International Section A</i> , 73, 2017.	Dissertation
Kearney, C. A. & Vecchio, J. (2006). Functional analysis and treatment of selective mutism in children. <i>The Journal Of Speech And Language Pathology- Applied Behaviour, Analysis</i> , 1(2), 141-148.	The article was offering advice for professionals and presents one possible treatment strategy. This is not a research study.
Ducote, J. F. (2006). Multidisciplinary, multimodal treatment of selective mutism: A case study. <i>Dissertation Abstracts International</i> , 66, 3945.	Dissertation
Sawamiya, Y., & Tagami, f. (2003). The Significance of Adding Social Interaction Games to Fading in Support Programs for a Child with Selective Mutism. <i>Japanese Journal Of Counselling Science</i> , 36(4), 380-388. 43	Not available in the UK

Savoian, J. r. (1999, November). An exploration of a multimodal approach for treating selective mutism (social phobia). <i>Dissertation Abstracts international</i> , 60, 2365.	Dissertation
Seidl, S. A. (1996, April). Therapeutic aspects of music and its effect upon a child with selective mutism. <i>Dissertation Abstracts international Section A</i> , 56, 3918.	Dissertation
Dow, S. P., Sonies, B.C., Scheib, D., Moss, S. E., & Leonard, H. L. (1995). Practical guidelines for the assessment and treatment of selective mutism. <i>Journal Of The American Academy Of Child & Adolescent Psychiatry</i> , 34(7), 836-846.	The article is offering advice for professionals and presents possible treatment strategies for selective mutism. This is not a research study.
Ellis, C. (2016). Selective mutism: A survey of school psychologists' experience, knowledge and perceptions. <i>Dissertation Abstracts international Section A</i> . 77.	Dissertation

List of articles presented in the literature review after duplicates

1. Martinez, Y., Tannock, R., Manassis, K., Garland, E., Clark, S., & McInnes, A. (2015). The Teachers Role in the Assessment of Selective Mutism and Anxiety Disorders. *Canadian Journal Of School Psychology*, 30(2), 83-101.
2. Holley, M., Johnson, A., & Herzberg, T. (2014). Blindness and Selective Mutism: One Student's Response to Voice-Output Devices. *Journal Of Special Education Apprenticeship*, 3(1).
3. Howe, H., & Barnett, D. (2013). Accountability Steps for Highly Reluctant Speech: Tiered-Services Consultation in a Head Start Classroom. *Journal Of Educational And Psychological Consultation*, 23(3), 165-184.
4. Mitchell, A., & Kratochwill, T. (2013). Treatment of Selective Mutism: Applications in the Clinic and School Through Conjoint Consultation. *Journal Of Educational And Psychological Consultation*, 23(1), 36-62.
5. Hung, S., Spencer, M., & Dronamraju, R. (2012). Selective Mutism: Practice and Intervention Strategies for Children. *Children & Schools*, 34(4), 222-230.
6. Borger, G W., Bartley, D, L., Armstrong, N., Kaatz, D., Benson, D. (2007). The Importance of a Team Approach in Working Effectively with Selective

- Mutism: A Case Study. *TEACHING Exceptional Children Plus*, 4 (2), Article 1. Retrieved (07.12.17) from <http://www.eric.ed.gov/contentdelivery/servlet/ERICServlet?accno=EJ967471>
7. Oerbeck, B., Stein, M. B., Pripp, A. H., & Kristensen, H. (2015). Selective mutism: Follow-up-study 1 year after end of treatment. *European Child & Adolescent Psychiatry*, 24(7), 757-766.
 8. Oerbeck, B., Johansen, J., Lundahl, K., & Kristensen, H. (2012). Selective mutism: A home-and-kindergarten-based intervention for children 3-5 years: A pilot study. *Clinical Child Psychology And Psychiatry*, 17(3), 370-383.
 9. Omdal, H., & Galloway, D. (2008). Could selective mutism be re-conceptualised as a specific phobia of expressive speech? An exploratory post-hoc study. *Child And Adolescent Mental Health*, 13(2), 74-81.
 10. Omdal, H. (2008). Including children with selective mutism in mainstream schools and kindergartens: problems and possibilities. *International Journal Of Inclusive Education*, 12(3), 301-315. <http://dx.doi.org/10.1080/13603110601103246>
 11. Segal, N. (2003). 'Two' Quiet: Monozygotic Female Twins with Selective Mutism. *Clinical Child Psychology And Psychiatry*, 8(4), 473-488.
 12. Cunningham, C. E., McHolm, A. E., & Boyle, M. H. (2006). Social phobia, anxiety, oppositional behaviour, social skills, and self-concept in children with specific selective mutism, generalized selective mutism, and community controls. *European Child & Adolescent Psychiatry*, 15(5), 245-255.
 13. Rye, M. S., & Ullman, D. (1999). The successful treatment of long-term selective mutism: A case study. *Journal Of Behaviour Therapy And Experimental Psychiatry*, 30(4), 313-323.
 14. Masten, W. G., Stacks, J. R., Caldwell-Colbert, A. T., & Jackson, J. S. (1996). Behavioral treatment of a selective mute Mexican-American boy. *Psychology In The Schools*, 33(1), 56-60.
 15. Black, B., & Uhde, T. W. (1995). Psychiatric characteristics of children with selective mutism: A pilot study. *Journal Of The American Academy Of Child & Adolescent Psychiatry*, 34(7), 847-856.

Appendix B: Consent form

Consent Form

The experiences of teachers who have worked with selectively mute children.

Please tick if you agree with the statements below

Tick here

1. I give permission for my interviews to be recorded.

2. I am aware that I do not have to participate in this study and I can withdraw up until the analysis and coding stage.

3. I agree to participate in this research. I have read and understood the information sheet and have been given the opportunity to ask questions.

4. I am aware that all data is anonymous.

5. I understand that my interviews will be used for this research and cannot be accessed for any other purposes.

6. Findings from this research may be published and will be used as part of a thesis.

Your name.....Signed.....Date...../...../.....

Researcher name.....Signed.....Date...../...../.....

If you have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, you can contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

Thank you for your help.

Appendix C: Information sheet, inclusion and exclusion criteria

Information Sheet

The experiences of teachers working with Selectively Mute Children.

Who is doing the research?

My name is ___ and I am studying a course in Educational Psychology. I am doing a research study on teacher's experiences of teaching children with Selective Mutism.

Would you like to take part in this research?

I would like to invite you to take part in my research study. Before you decide whether you would like to take part, you need to understand why the research is being done and what it would involve for you. Please take time to read the information carefully and decide whether or not you wish to take part.

What are the aims of the research?

1. To enable teachers to share their experiences of working with selectively mute children.
2. To consider how the Educational Psychology Service and other outside agencies can support teachers working with Selectively Mute children.

Who has given permission for this research?

My Educational Psychology Service has given me permission to do this research with teachers who would like to take part. The training institution that I am studying at is called the Tavistock and Portman NHS Foundation Trust and they have given me ethical approval to do the research.

Who can take part in this research?

I am looking for nursery, reception and year 1 teachers who have worked with a selectively mute child after September 2014 (following the introduction of the new national curriculum) and are able to talk with me about their experience.

Please use the following criteria to identify selectively mute children:

Inclusion criteria for SM child:

- The child does not talk in certain settings, or under specific conditions, and this pattern of behaviour is consistent.
- The child does not speak within the classroom setting for at least one month (not including the first month of school).
- There are no indications that the lack of verbal communication can be explained entirely by speech or language impairment.
- There is no indication of major behavioural, developmental or psychotic difficulties.
- The child interacts well with one or more familiar people.

Exclusion Criteria for SM child.

- Children with developmental language impairment who do not show a reluctance to speak in the classroom.
- Children with general learning disability.
- Children with emotional, behavioural or psychiatric problems such as separation anxiety, conduct disorder, pervasive developmental disorder or total mutism following a traumatic event.
- Children who are not yet confident with the English Language.

Do I have to take part?

You do not have to take part and it is up to you to decide. You are free to withdraw from the study up until the analysis and coding stage which will occur after all the interviews have taken place. Choosing to withdraw from the study will not damage the relationship between your school and the local authority or impact negatively on any future work I carry out as your link educational psychologist.

What will happen to me if I take part?

You will be invited to an interview at school. I will explain what we will do and we will talk about your experiences of working with a selectively mute child (no longer than an hour). I will be recording our interview to aid my memory and the recordings will be stored anonymously, using password-protected software.

What are the possible benefits of taking part?

There is not much research that looks at the experiences of teachers who work with selectively mute children. It may be helpful if you share your thoughts as a source of information and so that educational psychologists can understand how best to support teachers in the future.

What will happen to the findings from the research?

The findings will be typed up and will make up my thesis which will be part of my Educational Psychology qualification. I will share some of the findings with the Educational Psychology Service so that they can find out about teachers experiences. There might be times where I share the findings with other professionals who work with selectively mute children. We can talk about how you would like me to share the research findings with you. This could be done face to face or via email.

Will my taking part in this study be kept confidential?

Yes. I will adhere to ethical practice and all data about you will be confidential. All records related to your participation in this research study will be stored appropriately. I will use a pseudonym to identify you rather than by your name. The data will be kept for a minimum of 3 years. Data collected during the study will be stored and used in compliance with the UK Data Protection Act (1998).

Are there times when my data cannot be kept confidential?

If you disclose something that makes me concerned about the safety of you or someone else I may have to share this for safe guarding purposes. However, I would always aim to discuss this with you first when possible. Due to the fact that I am meeting with six teachers, there is a chance that you may recognise some of your quotes However, your identify will not be revealed.

Further information and contact details

If you have any questions or concerns about any aspect of the research, please contact me:

Email:

Telephone:

Appendix D: Interview questions

Interview Question

Tell me about your experience of teaching a child with SM?

Prompt Questions

- What was helpful to you when you were teaching a SM child?
- What difficulties did you experience when teaching a SM child?
- Can you tell me more about that?
- How did it feel teaching a child who did not speak to you?
- Did you have any involvement from outside professionals? How did this feel?
- Was there any direct work with you or the child?
- Were there any helpful/unhelpful outcomes?
- Were there any helpful/unhelpful recommendations?
- What are your reflections about this involvement?

Appendix E: Letter giving ethical approval

The Tavistock and Portman 
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2548
Fax: 020 7447 3837
www.tavi-port.org

Charlene Ramos

By Email

17th May 2017

Re: Research Ethics Application

Title: The experiences of teachers who have worked with selectively mute children

Dear Charlene,

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Best regards,



Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: pjeram@tavi-Port.nhs.uk

cc. Adam Styles, Course Lead

Appendix F: Example of initial noting and emergent themes- Ruth

Emergent Themes	Conceptual Comments	Linguistic Features	Descriptive Comments	Line number	
				1	C: so tell me about your experience with teaching a child with selective mutism.
				2	T4: I'll talk about the most recent-
				3	C:-Yes
T1: Twins with selective mutism	The teacher speaks about her recent experience of teaching twins with selective mutism.	Two twins-repetition emphasise the fact that they are twins	The teacher starts thinking about her most recent experience.	4	T4:-because obviously that's ..on my mind. Um, we have two twins, two twins that started this year.
T2: Separation anxiety	The children may have been suffering from anxiety.	Scream- the children were distressed.	The children found it difficult to leave their mother.	5	Um, and ..to begin with they, would just come in and they would scream, basically. They'd stand by
T3: Not participating.	The twins did not participate	They wouldn't move away		6	the door ,they wouldn't move away from the door at all. Wouldn't say a word and for the whole,
		Coaxing	The staff tried to engage the children.	7	basically three hours ,no matter what coaxing we did ,they would not come away from the door.
				8	C: Okay-
T4: Removing pressure	The teacher continued to give the twins	Inviting to join – the teacher was not forceful.	The teacher continued to include the	9	T4: um. And ... we, we just kept it as positive as we could, we kept inviting them to join the various

	an opportunity to join in but did not pressure them.		students.		
		We didn't force them	The children could control what they wanted to do.	10	activities .But we didn't force them to do it, if they wanted to just stand there they would stand
				11	there . Um, obviously when we went out we had to sort of usher them out but other than that ,we
	The teacher emphasises the fact that she did not pressurise the children to take part.	We weren't pressuring them		12	just left them so they could realise that you know, it wasn't- that we weren't pressurising them into
T5: Home environment : Lack of exposure.	The children do not socialise with people outside the immediate family.	They didn't get to meet many people outside	Description of the home environment.	13	anything .Um, the parents told us that um.. at home ,they didn't get to meet many people outside
	The twins found it difficult to transition to socialise in the school environment.			14	.So, coming into this environment was like probably a big shock to them because, they hadn't been

T6: Progression: Started to participate	Slowly began to participate at nursery.	As the year progressed	Teacher is reflecting on the progress they have made.	15	in that social situation before hand. Erm- and then.. as the year progressed, they started to then join
				16	in. So they would watch, for a long while and we had a couple of um.. um because there in the
				17	afternoon nursery we had a couple of children who, are quite –um ..Confident girls shall we say ,who
T7: Peer relationships	Other children attempted to get the children to join in.	Come on you-children were more directive.	Description of how the other children got them to join in.	18	would try and coax them into play ,so they would go and take their hands and say ‘come on’ you
	They responded to their peers.			19	know ‘come and chase us’ or whatever ,and through that they then started to join in with things. Um,
			Progression from the door to the carpet.	20	so they would come to the..Um carpet. Whereas before they wouldn’t, and they would take their
	This was a long process.	For a while	They went through stages.	21	coats off whereas before they wouldn’t. um, So they- for a while we went through a period of them
T8: Non verbal: nodding	Not responding verbally.	Starting to join in	Description of the gestures that the twins used.	22	now starting to join in with things but again not saying one word .They would nod.. um but that was
				23	it. Nothing, no other communications .Um, and then um , sort of around about spring term um, they
			Stating to indicate their	24	started to get there snack card things like that. So they’d go up- and we’d say ‘yeah yeah you can go

			wants and needs.		
T9: Laughter	The boys were not completely silent and were laughing.	Started to hear them laughing		25	and have your snack' or whatever and they started to join in more, we stated to hear them laughing
T10: Peer relationships	Developing relationships with the other children in the class.	Making friends.	More progress is being made.	26	and err, they were making friends and then I did um-one week we have no understanding why ,um
T11: Teacher does not know what caused them to speak for the first time.	Whispered to another teacher	whispered	Description of the progress the twins have made.	27	one of the teachers was talking to them and um..one of them whispered to her. And then I did a ,
T12: Intervention: Chatterbox	Intervention aimed to improve vocabulary.	Intervention- the teacher is attempted to help the twins.	The teacher speaks about one intervention that she implemented.	28	what I call a chatter box intervention um where I take um a few children who I'm trying to develop
T13: Children became very talkative.	Children are now talkative.	Shouting- this contrasts to when they were silent.	The teacher explains that they now present as very loud children.	29	vocabulary and I thought it might benefit them as well .And... they were just .. They were shouting
	I sense the teacher's happiness and	You've got a voice	The teacher shares the journey that	30	out! And it was like-Whoa (laughs) you've got a voice! Up until then we knew that they could-

	relief.		she has been on.		
				31	C: yeah
T14: Parents recorded video clips.	This can aid assessment and increase the teachers understanding.	Video clips	The parent is allowing the teacher to observe the twins through media.	32	T4: -Because um, mum had brought in video clips-
				33	C: -Oh, okay to show you-
	Video clips were used to assess the children.	Show us what they could do- it is hard for the teacher to know their ability.	The teacher describes the challenges of assessing selectively mute students.	34	T4: to help us with the assessment side of things and to show us what they could do because we
T15: Characteristics of the child: intelligent	The children were presenting as intelligent in the school setting.	bright	The teacher had identified that the children were intelligent.	35	knew they were quite bright-
				36	C: yeah
	Children were high achievers.			37	T4: -I mean they're in our top sort of um, range of maths and literacy
				38	C: okay
	Even though			39	T4: They know their letter sounds and numbers and things like that.

	they did not speak the children had gained knowledge.				And they'd obviously been
T16: Parents recorded video clips.	Mother provided evidence of the learning that had taken place.	Picking up a lot- the twins were learning and progressing.	The video tapes showed the twins singing at home.	40	picking up a lot, because she showed us a –we do a days of the week song. And she showed us them
				41	singing it at home
				42	C: yeah
				43	T4: which they um-
				44	C: -that's so interesting
				45	T4: I know , and err as I say it was um ..
				46	C: so tell me more about that ,so at home
				47	T4: um ,at home?
				48	C: what where they like at home
T17: Family links: Siblings with selective mutism.	Possibly a genetic link.	Sisters also a selective mute	All siblings have selective mutism.	49	T4: well its interesting because their sisters also a selective mute-
				50	C: okay
			Sister attended	51	T4: she was in the nursery I only, really..Caught the tail end because

			the nursery some years ago.		I'd only just started at this
				52	school. Um, and so she.. again, talks at home fine
				53	C: was she in your class as well?
			Sister is no longer selective mute.	54	T4: she was in the nursery just for one term and um.. she 's now talking. Um I think they, they got
			Sister had speech and language therapy.	55	Speech and language and she's ..Still quiet but she does talk now. Um and, dad and mum have said
				56	that their quite um, specific about certain thing so like set plates ,kind of stuff like that .But that,
				57	other than that there, their fine they talk normally, um..Chatter away but they don't have much
T18: Home environment: Lack of exposure.	The family are quite isolated in the community.	Don't' have much social support around them-	Children are not exposed to other people.	58	social support around them
				59	C: okay
			Not socialising with children outside of the immediate family.	60	T4: so, they've no relatives that live nearby and I got the impression that they didn't t really.. play
				61	with other friends and things like that...
				62	C: okay

		Isolated- no one else around.	Children are not having much contact with people outside of the immediate family	63	T4: So it's very much an isolated family, situation
				64	C: okay, so do you know why it's so isolated
	Situational factors have caused the family to become isolated.			65	T4: I think it's just um.. The fact that their family lives a long way away
				67	C: oh, okay
				68	T4: Um, Dad um..
				69	C: so it's not by choice it's just.. Where they live
T19: English as an additional language	English is an additional language for the family.	Additional language- The teacher means English is not the only language spoken at home.	Family background.	70	T4: no. no. I mean dad um does shift work and um ..Yeah there's an additional language element to
				71	it as well.

				72	C: okay
	The mother is not confident speaking English.			73	T4: I think, although mum speaks.. mum, mum can speak to communicate quite well, but ,she's
	Mother relies on father to help interpret.			74	nervous about it So wherever we'd have meetings she'd have dad come along um, to talk- to chat as
T20: Hearing child's voice for the first time.		phenomenal		75	well. But err.. it was just phenomenal hearing their voices and, and because it was a game we were
			Very loud voice.	76	playing they were actually shouting out loud
				77	C: yeah
T21: Nonverbal communication	Non-verbal strategies	Strategies- the twins created their own non-verbal communication.	Communicating without speaking.	78	T4: But it was just amazing the strategies they used to actually communicate without speaking. So
	Still engaging in learning.		Description of some techniques the twins used to communicate.	79	When we were doing counting they would, you could see them going ..'Right, one two three' and
	Counting using gestures.			80	they would hold four fingers up if I was holding up the number four ,and they developed all these
	Twins			81	Strategies to be able to communicate without actually..

	developed their own strategies to compensate for not speaking.				Verbally..You know speaking..um
				82	C: so tell me about how you felt hearing their voices
T21: Hearing child's voice for the first time: Amazement	Shock and amazement	Absolutely amazing!	Description of the first time they heard the twins speak.	83	T4: Oh, It was amazing! Absolutely- amazing. We were like (gasps) and then I rushed out and said
		they were shouting'- contrast to silent behaviour.		84	..'they're shouting ,they were shouting'
				85	C: so they went from nothing to shouting
T22: Reverting back to selective mutism.	The twins revert back to non-speaking behaviour.	After every holiday, they revert back	The twins become selectively mute when they return from school holidays.	86	T4: Yeah. Yeah, in the groups. But it's interesting after every holiday, they revert back. Um, And
T23: Peer support	Strong peer support system.	Cajoled- coaxing them to join in.	Other children help them to speak.	87	they'll stand for a while and then the other children will.. the children were wonderful. They cajoled
	The children needed to feel secure in order	Helping- peer support	Description of how other children have	88	them, I think half of the thing was, the children helping them and making them feel secure and what

	to speak, they obtained this security from their peers.		supported the twins when they are unable to join in.		
T24: Speaking in certain classroom situations: small group and whispering.	Selective mutism is situational.	Certain situations.	Twins will whisper to their teacher.	89	have you. Now they will, whisper in our ear ..um but its only in sort of certain situations will they
	The twins feel comfortable to speak in small groups and speak to other children.	Small groups.	Not speaking freely.	90	speak out loud so like in the small groups and things like that and maybe to.. to the other children
				91	occasionally.. Um
				92	C: So you said the other children were wonderful, tell me more about that
T25: Peer support	Strong peer support system.	incorporate	Children persistently attempted to engage the twins.	93	T4: It was just the way they tried to incorporate them into their games. Even though the children just
	This was a very inclusive environment	Move their play	Children were supportive and did not isolate them.	94	stood there, the children would still..they would, you know .. almost move their play to around those
				95	children um..

				96	C: That's so nice isn't it
			Playing with other children.	97	T4: Yeah.. and um only last week we've seen um a couple of the girls holding hands ,one with each
				98	boy and saying 'come on let's do dancing' and they get -they'd get ladies to organise them and
				99	sorted them out and um..
				100	C: That's lovely
T26: Stubbornness/will power.	The teacher believes it is a matter of will power,	Immense will power- this implies that they chose not to speak.	Twins using will power.	101	T4: It must have taken immense will power though on their part not to join in because there were
T27: Not participating	The teacher believes that will power was used not to participate in certain activities.	Itching to join in- the teacher feels they had a strong desire to join in.	Twins want to join in but teacher feels they are choosing not to.	102	certain things that we did, and you could see they were <i>itching to join in</i> they were sort of ..Basically
	The twins may have felt pressure coming from the teacher to join in.		The twins withdrew when the teacher asked if they would join in.	103	leaning over the activity but as soon as you said 'do you want to have a go or do you want to have a
				104	taste?' wouldn't do it, wouldn't do it
				105	C: So in terms of joining in, would they be happy to do non verbal things but it was just things-

				106	T4: -No, no-
				107	C: -So it was every area ?
	Twins would not join in any activities.	Absolutely nothing – the teacher highlights that the twins would not participate in any aspect.		108	T4: Absolutely –nothing
				109	C: So could you describe with a bit more detail
				110	T4: It.. It was quite difficult really because um..
			Trying to understand what it was like for the teacher.	111	C: So a typical day, like how were they
		Struggle- this implies that it was a battle.		112	T4: A typical day..At the beginning, we would struggle to get them to the carpet when we did
T28: Not communicating basic needs.	Not going to the toilet implies that their basic needs are not	Wouldn't go to the toilet- maybe the children were too anxious.	They are toilet trained but too anxious to attend to their basic needs.	113	register. They wouldn't sit down. Um they wouldn't go to the toilet

	being met.				
				114	C: Really, okay. But they were potty trained and everything at home but at school they wouldn't
T29: Not participating	The twins were not comfortable in the environment.	Wouldn't move away from the door- wanted to be picked up.	The twins did not participate	115	T4: Yes, yes..and um, to begin with ,literally, they wouldn't move away from the door. We had to..
			Nursery staff tried to get them into a routine.	116	you know.. sort of move them out the way to be able to shut the door to say goodbye to their
		Gradually- indicates progress was made.	Made progress over time.	117	mummy's..um and daddy's. And then er..gradually ,they started to come..to ..fit in with what, with
	Starting to follow a routine but still not participating fully.	Just stand there- not joining in with carpet time	Starting to accept that they had to stay but not participating.	118	the routine ,so they would come to the carpet but then they would just stand there. They wouldn't
	Teacher implies that this was a long process.	Gradual process	The twins made gradual progress over time.	119	sit down. And then it was a gradual processes of then they would sit down and then even now, for
T30:Non-verbal communication: Use of gestures	Children are interacting but not using words.	Thumbs up- to indicate good morning.	The children are using non-verbal.	120	register ,they won't say 'good morning' they will do the thumbs up. So, you know we'll say 'Good
			Non-verbal gesture.	121	morning' and they'll do the thumbs up

				122	C: Okay, that's so interesting. So what do you think was helpful to you, as their teacher?
				123	T4: Um..
				124	C: Was there anything that was helpful to you when you were trying to engage with them ?
T31: Support from professionals in the school: The inclusion team.	Teacher sought advice from school staff who had more experience working with additional needs.	Supportive-teacher felt supported by other members of staff	Teacher describes school staff that were helpful to her.	125	T4: It was.. Quite difficult because..I mean..In part.. we've got a very supportive inclusion team and I
	Teacher had conversations with other members of staff.			126	chatted to them and ..and they sort advise and the advice that came back was don't pressurise
	Knowledge and advice about selective			127	them. If they do speak ,don't make a big thing of it. Just treat it as if it was a normal event ..um ,and

	mutism.				
T32: Emotional response from teacher: Frustration	Teacher felt frustrated, perhaps this advice was not enough for her.	Our point of view– this implies that everyone was working together she used the word “our”.	Frustration.	128	just make them feel sort of very secure. But it was quite frustrating from our point of view because
T33: Assessment: Early years curriculum centred around speech.	Unable to assess the twins as they are non-verbal.	Early years	Teacher feels frustrated as she knows the twins are intelligent but has no way to assess them.	129	we knew that they were quite bright boys and because early years is so much centred around talk,
	Teacher finds it impossible to assess these children.	We couldn't assess them- this led to feelings of frustration.		130	and developing that talk. Assessment wise, we couldn't assess them. And they were coming out
	Assessment was not capturing a true picture of their ability.		Difficult to assess a child that is not speaking.	131	quite low on the assessment purely because they wouldn't chat to us and yet, we knew, and the um
			School made allowances for children with selective mutism.	132	head teacher was very good and he said 'well, you know ...strictly speaking we're not suppose to
T34: Using video recordings for	Video clips were used to	Evidence	The school used video clips as	133	use just evidence from parents' but it was a video clip. ..it wasn't just word of mouth from the parents

evidence.	assess children and provide information about their progress.		evidence.		
				134	C: Yeah, you could see couldn't you
	Teacher was able to observe the children doing activities they had learned at school.	Reading	The twins were able to do many activities that they were not doing at school.	135	T4: You could see that they were actually doing it. So they would bring in clips of them reading or
	. The teacher gained a different perspective.	Talking about books, counting	This provided useful information about the children	136	talking about books, clips of them counting .And so what was helpful was that um.. I was able to chat
				137	to mum and say 'we don't know whether..we suspect they can do such and such ,could you see if
T35: Home and school working	Parents helped teacher to assess the children by providing video clips.	They did support- the parents worked with the teacher.	Description of how the parents and teacher worked together	138	you could get them to do it at home' and things like that and they did support ..dad was very much
			Daughter had	139	of the attitude that..'Well they'll talk eventually 'um.. Especially as

			eventually started speaking so father believed the twins would also start speaking.		his daughter had talked. And so
T36: Parents reluctant to refer to other professionals.	Father did not want the twins to be referred to speech and language services.	Reluctant- father did not want to seek help.	The teacher describes the parents not wanting to make a referral.	140	he was thinking ..he was at first a bit reluctant to go to speech and language ..and I said 'well, the
	School persuaded him that it was good to seek advice and support to inform early intervention.	We can get that support – lack of support thus far.	Teacher tries to persuade the parent to seek advice from outside professionals.	141	sooner we can get that support in the sooner they can give us advice as to what we should do.. and
				142	then the ..the'-
				143	C: -the better it will be
	Great focus is placed on making academic		The teacher encouraged parents to make a referral,	144	T4: -The better it will be for those boys to be able to progress.. Academically- For want of a better

	progress and being able to assess the children.		she believed this would result in faster progress.		
				145	word
				146	C: Exactly. You said it was frustrating knowing that they were intelligent, can you talk a little bit
				147	more, about that frustration about that feeling of frustration
T37: Emotional response from teacher: Frustration	The teacher felt they wanted to participate.	You knew they did want to	Teacher felt frustrating when the twins did not participate	148	T4: well it was because um...it was also sort of frustrating because you knew that they did want to
T38: building a relationship with the student	The students started to seek interact from the teacher.	Sit next to me	Interacting with teacher.	149	join in. I mean toward sort of spring term time they would actually come and sit next to me and
			Description of activities that the twins enjoy.	150	they would do,, so they were quite keen on sort of sitting down and writing and drawing, things like
	Desire to come and do activities.			151	that , anything like that they would sort of come and they would sit down. And it wouldn't be like ,
				152	where as with some of the others 'oh ,come over and do this activity!' No, they were there, they
	Not being able to speak to the			153	would sit down and they would do it. Um, and it was frustrating not to be able to talk to them about

	children.				
	Frustrating not getting any response.	You would get-nothing- this could have felt rejecting.		154	it and get that feedback, you know 'what have you drawn' and you would get-nothing ,and because
T39: Assessment: Early years curriculum centred around speech.				155	early years, as I say is so much centred around sort of the chit chat and the talking about experiences
40: Emotional response from teacher: sadness	The teacher felt sad that the twins could not talk to her.	Sad – emotional response.	The teacher shared her emotions.	156	and things like that ..it was..it was..sad. As well as frustrating it was sad ,that you felt they couldn't
41: Selective mutism as a form of Control	Teacher believed that the children were controlling.	controlling	The teacher perceives selective mutism as controlling.	157	do that. And it seemed to be quite a controlling thing, but then..I watched a programme on the telly,
				158	it was the one show..or one of those programmes and they were interviewing a girl who was a
42: Anxiety	The teacher found out that selective mutism is associated with anxiety through watching a television programme.	Freezing of the voice cords-	Teacher gained knowledge from television shows, other people talking about their experiences.	159	Selective mute who was in her teens and they were saying that ,it can be..Almost like a freezing of

				160	the voice um cords or whatever they're called, when coming in to a certain situation. So I started to
	The teacher expanded her perspective.	Look at it in as a sort of different way.	Unsure whether it is control or anxiety.	161	look at it in as a sort of different way of maybe it's not a control.. Maybe it is? Just that they haven't
T43: Limited exposure to social interactions.	They haven't had many opportunities to socialise before coming to nursery.	They haven't had that social situation.	The children are quite isolated In the home environment.	162	had that social situation before of coming into a nursery where you've got, you know, twenty odd
				163	other children all..Babbling away. It could be that they are just- especially as you've got the outside
				164	as well, it could have been that. So ,in the end, I thought don't think about why, just think about
T44: Trying to create an Inclusive environment.	The teacher aimed to create an inclusive environment.	Inclusive	Creating an inclusive classroom.	165	what you can do. So we just, as I say ,we tried to made it as inclusive as possible and sort of as non
	The teacher tried to ensure that the children were included despite not talking.	Non-threatening	Not forcing them to speak.	166	threatening as possible. So, they weren't forced into anything and we would say you know, 'do the
			Creating non-	167	thumbs up' or you know 'hold your finger' things like that to

			verbal methods of communication.		encourage them. So um yeah
				168	C: okay. And what was it like for you getting nothing back? Was it ever really difficult getting nothing
				169	back or did you kind of just get used to it? How did you feel?
T45: Selective mutism more accepted in the early years setting.	Teacher shares that many children have difficulties in the early years.		Description of the difficulties of teaching early years.	170	T4: I think we got use to it because.. I mean we use to -um, at the beginning some children find it
	Teacher shares that selective mutism would become a bigger problem when children get older.	Difficult to settle	Selective mutism may be more challenging to deal with when children get older.	171	difficult to settle down anyway. Um, I would imagine if they came in sort of higher up in school that
T46: Pressure on the teacher.	Pressure on the teacher.	Stressful or quite worrying -	Teacher may worry that the child is not making progress.	172	would be quite stressful or quite worrying because as a teacher, there's certain sort of earnest on
T47: Lack of knowledge and training	Difficulty of not having enough training or knowledge	You want to help them to progress.	Teacher may feel they do not have the resources to	173	you that you want to help them to progress and help them to develop and not having any specific

	about selective mutism.		support the child.		
	Lack of resources and knowledge.		No guidance around how to support children with selective mutism.	174	strategies because- with certain children, you know, having a visual time table, having things like
	Feeling powerless.			175	that, you feel like you're doing something to support them. But with.. With someone who is not
		difficult	Difficulty of supporting someone who does not speak.	176	speaking, it's very difficult because.. What do you do? (Laughs) What do you do? I mean I've had no
T48: Support from the inclusion team.	Teacher has not received any training.	training	Lack of training.	177	training in this. Um, only what as I've said the inclusion team over there and as I say they've been
	Inclusion team have been helpful.	Very supportive- the teacher found this helpful.	The inclusion team observed and offered some advice.	178	very supportive, they came over and watched
				179	C: That's good, that's good
T49: Home and school working.	The parents were keen to work with teachers.	desperate	Parents wanted support from the school.	180	T4: We've had meetings with the parents um.. And they were desperate, I mean I remember going
			Teacher shared	181	out and saying to the mum that err.. They'd either said something or

			the twins progress with their parents.		joined in something, and she
			Parents had a strong desire for them to speak.	182	was so pleased she said 'oh I prayed to God that they would' and she was so thrilled that they had
				183	um..
				184	C: So mum was quite desperate you said, how did she feel about it? Was it mum more than dad?
				185	T4: I think it was mum more than dad because she was the one who was bringing them in so, she
T50: Comorbid anxiety.	The twins had difficulty separating from their mother.	Separation issues	The teacher communicated with the mother.	186	was the one who was going through the separation issues and.. Sort of the communication with us
				187	saying you know , 'we're doing this but we really can't, you know, work out whether they can or can't
				188	do it' and um, she was probably the one who had to deal with it more on a day to day basis. Um, dad
T51: Giving the child space to develop.				189	I think as I say was more of the opinion that.. They'll talk when they're ready. Um.. but I know mum
T52: Challenges faced by parents.	Parents having a strong desire			190	was quite sort of wanting them to join in and it was difficult because

	for the child to speak.				she was seeing all the other
	The twins did not settle for a long time.			191	children join in and chatting and settling and her two were.. Just ...and it took quite a while you
				192	know, most of sort of the autumn term um..it was only sort of spring time that they actually started
T53: Reverting back to selective mutism after holidays.	Twins do not speak when they come back from holidays.		Time away from school causes them to revert back.	193	to really look like they'd settled in and now you'd hardly notice that they'd.. It's <i>just</i> when we've had
				194	holidays or things like that or if it's something like.. they didn't come yesterday, for sports day,
			Not participating in all activities.	195	because .. for various reasons, but I think had they come, they probably wouldn't have joined in. And
T54: Dominant twin	One twin is more dominant.	There is one that is more dominant than the other.- interesting dynamic	The teacher describes that one twin is more dominant.	196	the other thing that's quite interesting is that there is one that is more dominant than the other
				197	C: Oh yeah, okay
	The dynamic of twins made It difficult for them to make		The other twin was not permitted to participate by	198	T4: And a couple of times in the beginning.. we would notice that one would be going to join in and

	progress.		his twin brother.		
	One twin seemed to be controlling the other			199	the other one would give him a look (laughs) and it would be .. and he wouldn't, he wouldn't then
	One twin was influenced by his brother and this could have slowed down his progress.			200	he'd back off from that. So there's one I think who probably possibly could have joined in a lot
				201	sooner, had he been on his own.
				202	C: Oh okay, so what would you say? That the twin dynamic kind of added to it or what would you
				203	say?
				204	T4: yeah. I do think it did
				205	C: okay
T55: Separating the twins as an intervention.	The twins will be separated as the teacher has established it may be more beneficial for them to attend			206	T4: It will be interesting to see next year because there actually going to be in separate classes. So it

	different classes.				
				207	will be interesting what- how they settle in or whatever. But what also surprised me was that one of
	Selective mutism was maintained through the relationship between the twins.		When one twin was absent the other twin would speak more.	208	them um wasn't well um, the one that was more.. Likely to join in. Yeah ,and mum was very good,
				209	she still bought the other one. We thought we'd have problems, we though without his brother he's
	Twins have their own identity and are able to manage independently.		Teacher seems surprised that one twin would join in without the other.	210	going to sort of um.. Be adamant he's not doing anything or joining in but he did, he did. So they
	The teacher feels that the twins have become more settled.			211	obviously feel settled enough now to be able to do that
				212	C: That's good. Okay, I think we're nearly done because you've given me so much detail ,thank you
				213	T4: That's alright
				214	C: I'd just like to know really- I think we've covered most of the

					points, but maybe you could talk
			Trying to establish whether there are outside professionals supporting the school.	215	about um.. you said had support from the inclusion team ,did you have support from anyone else?
				216	Like any outside professionals?
				217	T4: Umm...
				218	C: you said you didn't have training but did you have any-
T56: Twins have had support from speech and language therapist.	The twins have started to see a speech and language therapist.	Speech and language	The twins have been referred to speech and language therapy.	219	T4: um...not specifically um, the twins are both going to speech and language but it's the beginning
				220	they've only just been um, sort of accepted so I suspect that when they've been ,that stuff will sort
	Long referral process. This teacher will not benefit from the referral.		This intervention will start in the new school year.	221	of come through but that will be in reception. But um, I know that the um the two members of the
T57: Training provided by the inclusion team.	The inclusion team are trying to provide training and			222	inclusion team over there, they were around and they sort of talked to everybody about the types of

	advice for the new teachers.				
				223	things that we should do and we also had um.. in fairness we did also have um ..I think she was a
	It is unclear whether the teacher has received any external advice. She does not seem to remember what happened.		Different professionals who supported the teacher.	224	speech and language person? Who came over to talk to me unofficially because we're at the age
T58: Lack of early intervention	The teacher feels that it is difficult to make a referral due to the age of the children. This is due to the way the system has been set up.	We can't investigate things in nursery- this may make the teacher feel powerless.	There is a lack of early intervention.	225	where.. We can't instigate things in nursery. When there in reception we can get them involved in
	In nursery the responsibility lies with the parents to make a referral through the GP.	Speech and language- this seems to be the service linked to selective mutism.	The teacher shares that parents are the only ones that can refer the child at such a	226	speech and language but when there in nursery, the parents have to do it through the doctors.

			young age.		
				227	C: yes, it's a different system
T59: Parents not wanting to refer children	The teacher reflects on the fact that she does not have the power to make a referral if parents are not supporting her decision.	We can't push anything – The teacher does not have the authority to make a referral.	The father did not initially want his child to be referred to external professionals. .	228	T4: yeah and So we can't push anything so if dad had been adamant 'No, I'm not going to do it' I
				229	don't know how far we could have got with this um..
				230	C: I see what you mean
T60: The teacher shows limited awareness of the referral process.	Teacher shows limited understanding of the process of referral.	.. don't quite know how it works.. – The teacher does not have knowledge of the process of referring a child with selective mutism.	The teacher attempts to explain how children are referred to outside professionals in nursery.	231	T4: Because they come under sort of a different medical um.. I.. don't quite know how it works..
				232	C: So do you think the situation would have been different if the

					parents had really been, you know
				233	very anxious and pushing for outside professionals or do you think it would still have the same
				234	outcome
				235	T4: It's difficult to know really-
				236	C: yeah it is difficult isn't it
	Teacher feels that if the parents had referred the child then someone may have come to observe the child.	Possibly – unsure of what support she has received	Teacher struggles to describe input from outside professionals.	237	T4: Possibly, possibly we would have had someone come and seen them in the situation because obviously
	The teacher does not seem to remember if anyone came Therefore, even if someone did it was not very meaningful to			238	it's here but they did um, we did have someone come um.. I can't remember if we did or we didn't

	her.				
				239	now? .. We were suppose to have someone come I think..
				240	C: Don't worry
				241	T4: and then we had an unofficial person come..
				242	C: Okay
T61: Teacher was not given training from outside professionals .	Teacher did not receive any training about interventions or strategies she could try.	Specific strategies- the information she received was not specific or informative.	Lack of training for teachers.	243	T4: but we weren't given any specific strategies to do with them um..
				244	C: And how did that feel as their teacher?
T62: Emotional response from the teacher: Worry	Teacher is worried that she is not doing her best for the child.	Worrying – emotional response	Description of what it felt like not to receive any outside support or training.	245	T4: It feels a bit.. a bit worrying because as I say, you want to do the best for your children and it's

	Teacher feels that she is not in the best position to support the child.	Child is struggling – emphasis on the fact that this is very challenging for the child.		246	the same with any , you know, situation where the children are struggling ,so um..Additional needs,
T63: Lack of support from outside professionals led to lack of knowledge.	Looking for direction.	Security- feeling unsupported		247	it gives you a bit of security if you're given strategies you can use because you feel like you're doing
				248	something (laughs)
				249	C: and how did it feel not having that security and someone coming in
	Not having any input from outside professionals left the teacher feeling anxious.			250	T4: It was a.. it was an anxious time ..but the thing was that we did have the support of the inclusion
T64: Reassurance from the Inclusion team.	Having the support from the inclusion team was a protective factor.	They knew that we were doing all we possibly could-acknowledgement that they were trying their best.	This made the teacher feel reassured.	251	team and they knew that we were doing all we possibly could and seeing them settle down you

T65: Progress	The twins made progress over time.	We were on the right track- using the right strategies.	The teacher felt that she was helping the twins when she observed the progress they were making.	252	know, by the spring term , that gave us a boost because we knew that we were on the right track
	The teacher was encouraged when she saw the progress that the twins made.	Whoa-	celebrating progress.	253	And then of course, them starting to whisper.. was like 'whoa'
				254	C: Okay thank you, so anything else you wanted to add as just final thoughts or?
				255	T4: I find it a fascinating situation, I'd love to be able to sort of get inside their heads and find out
				256	why it happens because.. Part of me feels that if we knew why, we'd be able to address it . So much
T66: Thinking about the Causes of selective mutism: insecure child or controlling child.	The teacher is thinking about possible causes such as not feeling secure.	Security thing	Teacher hypothesising about possible causes of selective mutism.	257	easier than you know just..Feeling around in the dark, you know? Is it a security thing? Is it a sort of

	Teacher feels there may also be a controlling element to selective mutism.	Control thing		258	control thing? Or is it a combination of the both, I don't know. That would have helped to sort of
				259	have more of an understanding of why they were like that. But it's one of those things, as I say; I sort
T67: Not enough information available on selective mutism.	The teacher feels that she was unable to find a great deal of information online, perhaps she did not know where to look.	I sort of looked online a bit to see if I could find any information but.. There isn't an awful lot out there	Teacher has found it difficult to research selective mutism.	260	of looked online a bit to see if I could find any information but.. There isn't an awful lot out there
				261	C: Alright then, thank you

Appendix G: Grouping of emergent themes into subordinate themes-Ruth.

Subordinate themes:	Emergent theme	Sample of Quotes
Creating an Inclusive environment.	T5: Home environment: Lack of exposure. T18: Home environment: Lack of exposure. T43: Limited exposure to social interactions. T44: Trying to create an Inclusive environment.	<p>the parents told us that um.. at home ,they didn't get to meet many people outside So, coming into this environment was like probably a big shock to them because, they hadn't been in that social situation before hand. (line 13-15)</p> <p>they don't have much social support around them (line 57-58)</p> <p>so, they've no relatives that live nearby and I got the impression that they didn't t really.. play with other friends and things like that (line 60-61)</p> <p>So it's very much an isolated family, situation (line 63)</p> <p>they haven't had that social situation before of coming into a nursery where you've got, you know, twenty odd other children all..Babbling away. It could be that they are just- especially as you've got the outside as well, it could have been that. (161-164)</p> <p>we tried to made it as inclusive as possible and sort of as non threatening as possible. So, they weren't forced into anything and we would say you know, 'do the thumbs up' or you know 'hold your finger' things like that to encourage them. (line 165-167)</p>
Strong Peer relationships	T7: Peer relationships T10: Peer relationships	we had a couple of children who, are quite –um ..Confident girls shall we say ,who would try and coax them into play ,so

	<p>T23: Peer support T25: Peer support</p>	<p>they would go and take their hands and say 'come on' you know 'come and chase us' or whatever ,and through that they then started to join in with things. (line 17-19)</p> <p>they were making friends (line 26)</p> <p>the children were wonderful. They cajoled them, I think half of the thing was, the children helping them and making them feel secure (line 87-88)</p> <p>It was just the way they tried to incorporate them into their games. Even though the children just stood there, the children would still..they would, you know .. almost move their play to around those children (line 93-95)</p>
<p>Training and the support providing by the inclusion team in the school.</p>	<p>T31: Support from professionals in the school: The inclusion team. T48: Support from the inclusion team. T57: Training provided by the inclusion team. T64: Reassurance from the Inclusion team.</p>	<p>In part.. we've got a very supportive inclusion team and I chatted to them and ..and they sort advise and the advice that came back was don't pressurise them. If they do speak ,don't make a big thing of it. Just treat it as if it was a normal event ..um ,and just make them feel sort of very secure. (line 125-128)</p> <p>the inclusion team over there and as I say they've been very supportive, they came over and watched (line 177-178)</p> <p>I know that the um the two members of the inclusion team</p>

		<p>over there, they were around and they sort of talked to everybody about the types of things that we should do (line 221-223)</p> <p>we did have the support of the inclusion team and they knew that we were doing all we possibly could (line 250-252)</p>
<p>Child is communicating non verbally.</p>	<p>T8: Non-verbal: nodding. T21: Nonverbal communication. T30:Non-verbal communication: Use of gestures.</p>	<p>So they- for a while we went through a period of them now starting to join in with things but again not saying one word .They would nod.. um but that was it. Nothing, no other communications .Um, and then um , sort of around about spring term um, they started to get there snack card things like that. So they'd go up- and we'd say 'yeah yeah you can go and have your snack' or whatever and they started to join in more (line 21-25)</p> <p>it was just amazing the strategies they used to actually communicate without speaking. So When we were doing counting they would, you could see them going ..'Right, one two three' and they would hold four fingers up if I was holding up the number four ,and they developed all these Strategies to be able to co communicate without actually.. Verbally..You know speaking (line 78-81)</p>

		<p>they won't say 'good morning' they will do the thumbs up. So, you know we'll say 'Good morning' and they'll do the thumbs up (120-121)</p>
<p>The child is communicating with others.</p>	<p>T11: Teacher does not know what caused them to speak for the first time.</p> <p>T13: Children became very talkative.</p> <p>T20: Hearing child's voice for the first time.</p> <p>T21: Hearing child's voice for the first time: Amazement</p> <p>T24: Speaking in certain classroom situations: small group and whispering.</p>	<p>one week we have no understanding why ,um one of the teachers was talking to them and um..one of them whispered to her. (line 26-27)</p> <p>They were shouting out! And it was like-Whoa (laughs) you've got a voice! (line 29-30)</p> <p>it was just phenomenal hearing their voices and, and because it was a game we were playing they were actually shouting out loud (line 75-76)</p> <p>Oh, It was amazing! Absolutely- amazing. We were like (gasps) and then I rushed out and said they're shouting ,they were shouting' (line 83-84)</p> <p>Now they will, whisper in our ear ..um but its only in sort of certain situations will they speak out loud so like in the small groups and things like that and maybe to.. to the other</p>

		children occasionally (line 89-91)
Finding alternative methods to assess academic ability.	<p>T14: Parents recorded video clips. T16: Parents recorded video clips. T33: Assessment: Early years curriculum centred around speech. T34: Using video recordings for evidence. T39: Assessment: Early years curriculum centred around speech.</p>	<p>Up until then we knew that they could-Because um, mum had brought in video clips to help us with the assessment side of things and to show us what they could do (line 32-34)</p> <p>And they'd obviously been picking up a lot, because she showed us a –we do a days of the week song. And she showed us them singing it at home (line 39-41)</p> <p>Assessment wise, we couldn't assess them. And they were coming out quite low on the assessment purely because they wouldn't chat to us (line 130-131)</p> <p>head teacher was very good and he said 'well, you know ...strictly speaking we're not supposed to use just evidence from parents' but it was a video clip..it wasn't just word of mouth from the parents (line 132-133)</p> <p>You could see that they were actually doing it. So they would bring in clips of them reading or talking about books, clips of</p>

		<p>them counting .And so what was helpful (135-136)</p> <p>they would sit down and they would do it. Um, and it was frustrating not to be able to talk to them about it and get that feedback, you know 'what have you drawn' and you would get-nothing ,and because early years, as I say is so much centred around sort of the chit chat and the talking about experiences (line 152-155)</p>
<p>Negative emotional response from teacher; worry, frustration and sadness.</p>	<p>T32: Emotional response from teacher: Frustration.</p> <p>T37: Emotional response from teacher: Frustration.</p> <p>T40: Emotional response from teacher: sadness.</p> <p>T62: Emotional response from the teacher: Worry.</p>	<p>But it was quite frustrating from our point of view because we knew that they were quite bright boys and because early years is so much centred around talk, and developing that talk. (line 128- 130)</p> <p>it was also sort of frustrating because you knew that they did want to join in. (line 148-149)</p> <p>early years, as I say is so much centred around sort of the chit chat and the talking about experiences and things like that ..it was..it was..sad. As well as frustrating it was sad ,that you felt</p>

		<p>they couldn't do that (155-157).</p> <p>It feels a bit.. a bit worrying because as I say, you want to do the best for your children and it's the same with any , you know, situation where the children are struggling (line 245-246)</p>
Communication between home and school.	<p>T35: Home and school working. T52: Challenges faced by parents.</p>	<p>I was able to chat to mum and say 'we don't know whether..we suspect they can do such and such ,could you see if you could get them to do it at home' and things like that and they did support (line 136-138)</p> <p>We've had meetings with the parents um.. And they were desperate, I mean I remember going out and saying to the mum that err.. They'd either said something or joined in something, and she was so pleased she said 'oh I prayed to God that they would' and she was so thrilled that they had (line 180-182)</p> <p>Mum was quite sort of wanting them to join in and it was difficult because she was seeing all the other children join in and chatting and settling and her two were.. Just ...and it took</p>

		<p>quite a while you know, most of sort of the autumn term um..it was only sort of spring time that they actually started to really look like they'd settled in (line 189-193)</p>
<p>Lack of early intervention.</p>	<p>T36: Parents reluctant to refer to other professionals. T45: Selective mutism more accepted in the early years setting. T51: Giving the child space to develop. T58: Lack of early intervention T59: Parents not wanting to refer children.</p>	<p>of the attitude that..'Well they'll talk eventually ',um.. Especially as his daughter had talked. And so he was thinking ..he was at first a bit reluctant to go to speech and language ..and I said 'well, the sooner we can get that support in the sooner they can give us advice as to what we should do.. (line 139-141)</p> <p>at the beginning some children find it difficult to settle down anyway. Um, I would imagine if they came in sort of higher up in school that stressful or quite worrying (line 170-172)</p> <p>dad I think as I say was more of the opinion that.. They'll talk when they're ready. (line 188-189)</p> <p>we did also have um ..I think she was a speech and language person? Who came over to talk to me unofficially because we're at the age where.. We can't instigate things in nursery. When there in reception we can get them involved in speech and language but when there in nursery, the parents have to</p>

		<p>do it through the doctors. (line 223-226)</p> <p>yeah and So we can't push anything so if dad had been adamant 'No, I'm not going to do it' I don't know how far we could have got with this (line 228-229)</p>
<p>Limited Knowledge about Selective Mutism</p>	<p>T47: Lack of knowledge and training.</p> <p>T61: Teacher was not given training from outside professionals.</p> <p>T63: Lack of support from outside professionals led to lack of knowledge.</p> <p>T67: Not enough information available on selective mutism.</p>	<p>you want to help them to progress and help them to develop and not having any specific strategies because- with certain children, you know, having a visual time table, having things like that, you feel like you're doing something to support them. But with.. With someone who is not speaking, it's very difficult because.. What do you do? (Laughs) What do you do? I mean I've had no training in this. (line 173-177)</p> <p>we weren't given any specific strategies to do with them (line 243)</p> <p>it gives you a bit of security if you're given strategies you can use because you feel like you're doing something (laughs) (line 247-248)</p> <p>I sort of looked online a bit to see if I could find any information but.. There isn't an awful lot out there. (line 259-260)</p>

<p>Limited awareness of the referral process.</p>	<p>T56: Twins have been referred to speech and language therapist. T60: The teacher shows limited awareness of the referral process.</p>	<p>the twins are both going to speech and language but it's the beginning they've only just been um, sort of accepted so I suspect that when they've been ,that stuff will sort of come through but that will be in reception (line 219-221)</p> <p>Because they come under sort of a different medical um.. I.. don't quite know how it works.. (line 231)</p>
<p>The child shows challenging behaviour.</p>	<p>T3: Not participating. T26: Stubbornness/will power. T27: Not participating. T29: Not participating</p>	<p>They'd stand by the door ,they wouldn't move away from the door at all. Wouldn't say a word and for the whole, basically three hours ,no matter what coaxing we did ,they would not come away from the door (line 5-7)</p> <p>It must have taken immense will power though on their part not to join in (line 101)</p> <p>there were certain things that we did, and you could see they were <i>itching</i> to join in they were sort of ..Basically leaning over the activity but as soon as you said 'do you want to have a go or do you want to have a taste?' wouldn't do it, (line 101-104)</p> <p>they wouldn't move away from the door. We had to.. you know.. sort of move them out the way to be able to shut the door to say goodbye to their mummy's..um and daddy's. And then er..gradually ,they started to come..to ..fit in with what, with routine ,so they would come to the carpet but then they would just stand there. They wouldn't sit down. (line 115-119)</p>

Miscellaneous themes		
Twins with Selective Mutism	<p>T1: Twins with selective mutism. T54: Dominant twin. T55: Separating the twins as an intervention.</p>	<p>we have two twins, two twins that started this year. (line 4) there is one that is more dominant than the other (line 196)</p> <p>a couple of times in the beginning.. we would notice that one would be going to join in and the other one would give him a look (laughs) and it would be .. and he wouldn't, he wouldn't then he'd back off from that. So there's one I think who probably possibly could have joined in a lot sooner, had he been on his own. (line 198-201)</p> <p>It will be interesting to see next year because there actually going to be in separate classes. So it will be interesting what-how they settle in or whatever. But what also surprised me was that one of them um wasn't well um, the one that was more.. Likely to join in. (line 206-208)</p>
Anxiety	42: Anxiety.	<p>I watched a programme on the telly, it was the one show..or one of those programmes and they were interviewing a girl who was a Selective mute who was in her teens and they were saying that ,it can be..Almost like a freezing of the voice um cords or whatever they're called, when coming in to a certain situation. (line 157-160)</p>

English as an Additional Language	T19: English as an additional language	<p>there's an additional language element to it as well. (line 70-71)</p> <p>I think, although mum speaks.. mum, mum can speak to communicate quite well, but ,she's nervous about it So wherever we'd have meetings she'd have dad come along um, to talk- to chat as well. (line 73-75)</p>
Possible factors leading to selective mutism.	T66: Thinking about the Causes of selective mutism: insecure child or controlling child.	<p>Part of me feels that if we knew why, we'd be able to address it . So much easier than you know just..Feeling around in the dark, you know? Is it a security thing? ? Is it a sort of control thing? Or is it a combination of the both, I don't know. That would have helped to sort of have more of an understanding of why they were like that (line 256-259)</p>
Child not communicating needs	T28: Not communicating basic needs.	<p>They wouldn't sit down. Um they wouldn't go to the toilet (line 113)</p>
Genetics	T17: Family links: Siblings with selective mutism.	<p>well it's interesting because their sisters also a selective mute- she was in the nursery I only, really..Caught the tail end because I'd only just started at this school. Um, and so she..</p>

		<p>again, talks at home fine (line 49-52)</p> <p>she was in the nursery just for one term and um.. she's now talking. (line 54)</p>
Strategies/Intervention	T12: Intervention: Chatterbox	<p>And then I did a , what I call a chatter box intervention um where I take um a few children who I'm trying to develop vocabulary and I thought it might benefit them as well (line 27-29)</p>
Characteristics of the child	T15: Characteristics of the child: intelligent	<p>We knew they were quite bright-I mean they're in our top sort of um, range of maths and literacy (line 34-37)</p> <p>They know their letter sounds and numbers and things like that. And they'd obviously been (line 39)</p>
Pressure	<p>T4: Removing pressure .</p> <p>T46: Pressure on the teacher.</p>	<p>we kept inviting them to join the various activities .But we didn't force them to do it, if they wanted to just stand there they would stand there . Um, obviously when we went out we had to sort of usher them out but other than that ,we just left them so they could realise that you know, it wasn't- that we weren't pressurising them into anything (line 9-13)</p>

		as a teacher, there's certain sort of earnest on you that you want to help them to progress and help them to develop (line 172-173)
Progress	T6: Progression: Started to participate. T65: Progress.	as the year progressed, they started to then join in. (line 15) seeing them settle down you know, by the spring term ,that gave us a boost because we knew that we were on the right track And then of course, them starting to whisper.. was like 'whoa' (line 251-253).
Reverting back to selective mutism.	T22: Reverting back to selective mutism. T53: Reverting back to selective mutism after holidays.	it's interesting after every holiday, they revert back. (line 86) It's <i>just</i> when we've had holidays or things like that or if it's something like.. they didn't come yesterday, for sports day, because .. for various reasons, but I think had they come, they probably wouldn't have joined in. (line 193-195)
Building trust	T38: building a relationship with the student	I mean toward sort of spring term time they would actually come and sit next to me (line 149)
Controlling behaviour	41: Selective mutism as a form of Control	it seemed to be quite a controlling thing (line 157)
Separation anxiety	T2: Separation anxiety.	to begin with they, would just come in and they would scream,

	T50:Comorbid anxiety.	basically (line 5) I think it was mum more than dad because she was the one who was bringing them in so, she was the one who was going through the separation issues and.. Sort of the communication with us saying you know ,‘we’re doing this but we really can’t, you know, work out whether they can or can’t do it’ and um, she was probably the one who had to deal with it more on a day to day basis. (line 185-188)
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Appendix H: Grouping Subordinate into Superordinate for all participants.

Subordinate	Superordinate
Collaborative Working between home and school	T1: Working with others is helpful.
Positive Peer Support System	
Providing advice to other teachers	
Selective Mutism is linked to Oppositional and Defiant Behaviour	T1: Selective Mutism is linked to Challenging behaviour.
Strategies/Interventions	T1: Interventions and strategies implemented by the teacher.
Finding a way to communicate with the child.	
Giving the child time and space to develop.	
Teacher taking responsibility	
Parental Concerns	T1: Reducing pressure to speak.
Pressure to speak	
Sympathetic teacher.	T1: sympathy towards the child.
Difficulty of assessing a selectively mute child.	T1: Difficulty of assessing the child.
Comparison of two children with Selective Mutism.	T1: Reflecting on previous experiences of selective mutism.
Environmental factors at home and school impacting on selective mutism.	T1: Environmental factors impacting on Selective Mutism.

Teacher 1: Helen

Teacher 2: Katie

subordinate	Superordinate
Comparison of two children with Selective Mutism.	T2: Reflecting on previous experiences of selective mutism.
Behavioural and social interventions implemented by the teacher.	T2: Interventions have been put in place by the teacher.
The importance of giving the child time and Space	
Oppositional and Defiant Behaviour	T2: The child demonstrates challenging behaviour toward the teacher.
Feeling unsupported due to lack of involvement from other professionals.	T2: The teacher is looking for support from other professionals.

Teacher wanting a formal diagnosis	
Fear of making the child worse due to Lack of knowledge.	
The Child wanting Attention from others.	T2: The child wants to engage with others.
The child's desire to speak.	
Good peer interaction.	T2: Good relationship with Peer group.
Feelings of frustration, powerlessness and sympathy from the teacher.	T2: Feelings of frustration, powerlessness and sympathy.

Teacher 3: Julia

Subordinate	Superordinate
Strategies and Interventions.	T3: Implementing interventions.
The teacher feels a Sense of Achievement	T3: Sense of achievement.
The teacher went through this journey alone.	T3: Feeling unsupported.
The difficulty of trying to interpret the child's needs.	T3: Trying to find alternative methods of communication.
Methods of Non Verbal Communication.	
Good peer relationships	T3: Positive peer support system.

Teacher 4: Ruth

Subordinate	Superordinate
Creating an Inclusive environment.	T4: Creating an inclusive environment
Finding alternative methods to assess academic ability.	
Strong Peer relationships	T4: Working successfully with others.
Training and the support provided by the inclusion team in the school.	
Communication between home and school.	
The Child is communicating non verbally.	T4: The child is attempting to communicate.
The child is communicating with others.	

The child shows challenging behaviour.	T4: Challenging behaviour shown by the child.
Negative emotional response from teacher; worry, frustration and sadness.	T4: feeling frustrated worried and sad.
Lack of early intervention.	T4: Lack of clarity around how to treat selective mutism.
Limited Knowledge about Selective Mutism	
Limited awareness of the referral process.	

Teacher 5: Anne

The teacher found it challenging to teach a selective mute.	T5: A challenging experience for the teacher.
Difficult for the teacher to assess the child's academic ability.	
Lack of support from parents.	
Student is not interacting with the teacher. Challenging Behaviour from the child.	T5: Challenging behaviour demonstrated by the child.
Desire to build a relationship with the child.	T5: Attempting to help the child.
Teacher taking responsibility for treating selective mutism.	
Intervention and Strategies	T5: Putting interventions in place.
Sense of Achievement	T5: Sense of Achievement.
Reducing Pressure	T5: Reducing pressure to speak
Creating an Inclusive Classroom	T5: Creating an inclusive environment.
Adjusting the teaching style to meet the needs of the child.	
Sense of rejection and feeling deskilled.	T5: feeling a sense of rejection and lack of knowledge.
Seeking Support from School Staff	T5: Using others as a source of support.
Good Relationships with peers.	

Appendix I: Grouping superordinate into overarching themes

Overarching Theme 1: Attempting to create an inclusive environment.
Superordinate themes
T1: environmental factors impacting on Selective Mutism.
T5: Creating an inclusive environment.
T4: Creating an inclusive environment.
T5: Reducing pressure to speak.
T1: Reducing pressure to speak.

Overarching Theme 2: Taking ownership for helping the child to speak.
Superordinate themes
T2: Interventions have been put in place by the teacher.
T5: Putting interventions in place.
T5: Sense of achievement
T3: Sense of achievement
T1: Interventions and strategies implemented by the teacher
T5: Attempting to help the child.

Overarching Theme 3: Using others as a source of support.
Superordinate themes
T1: Working with others is helpful
T5: Using others as a source of support
T4: Working successfully with others
T3: Positive support system
T2: Good relationships with peer group.

Overarching Theme 4: A challenging experience for the teacher.
Superordinate themes
T5: Challenging behaviour demonstrated by the child.
T4: Challenging behaviour shown by the child.
T1: Selective mutism is linked to challenging behaviour.
T2: The child demonstrates challenging behaviour towards the teacher.
T5: A challenging experience for the teacher.

Overarching Theme 5: The frustration of teaching a Selective Mute.
Superordinate themes.
T5: Feeling a sense of rejection and lack of knowledge.
T1: sympathy towards the child.
T2: Feelings of frustration, powerlessness and sympathy.
T4: Feeling frustrated worried and sad.

Overarching Theme 6: Requiring support and training from other professionals.
T2: The teacher is looking for support from other professionals.
T4: Lack of clarity around how to treat selective mutism.
T3: Feeling unsupported.
T2: Reflecting on previous experiences of selective mutism
T1: Reflecting on previous experiences of selective mutism.

Miscellaneous superordinate themes.

Miscellaneous superordinate themes
T4: The child is attempting to communicate.
T3: Trying to find alternative methods of communication
T2: The child wants to engage with others
T1: Difficulty of Assessing the child.