Situational and systemic dialogues around "Selective Mutism":
An exploration of discourse among Educational Psychologists, Speech & Language Therapists and Secondary Teachers

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Abstract

Selective or Situational Mutism (SM) is a phenomenon defined as a persistent difficulty speaking in one or more contexts despite there being no barriers to their knowledge of or comfort with language, nor any existing conditions that could better explain it (Selective Mutism Association, n.d.; NHS, 2019). Usually, the context in which SM is apparent is school.

Although SM has been widely studied over time, much of the available literature centres upon SM as experienced in individuals of primary school age. Although it is largely accepted as being a context-specific phenomena, there is a trend in research to consider interventions and support at an individual level. The aim of this study was to open conversations and develop an understanding of different professionals' perspectives of any systemic and contextual factors impacting on children and young people with Selective Mutism.

Three profession-specific focus groups were held, where discourse was shared between three Speech and Language Therapists, four Educational Psychologists, and three Secondary Teachers. A discourse analysis of the data was used to explore the constructions held within and across the three groups with regard to contributory, maintaining and support factors, along with perceptions of the key challenges for professionals working to support children and young people with SM (CYPSM). Foucauldian approach to analysis complimented important considerations into power structures within and across discourses.

Discussion of the dominant discursive constructs considered their position alongside the existing literature and with reference to the implications for future practise. Key findings at a broader systemic level pointed to the importance of professionals' education about the phenomena of SM; clarity regarding the roles and remits across professions; establishing collaborative joined-up working, and ensuring adequate allocation of resources (both temporal and financial). Within secondary school systems themselves, the groups identified the importance and challenges of fostering a relational approach between school-based professionals and students; establishing classrooms as safe and inclusive spaces; creating opportunities for communication that are risk-free and pressure-free; mitigating the expectations and perceived expectations of a "silent" identity; and adopting a CYP-led approach to support that does not necessarily drive speech as an end goal.

Summary

This thesis consists of three interlinking parts: a major literature review, an empirical paper, and a reflective account, each as detailed below.

Part 1: Major literature review

The first section of this thesis adopts a narrative approach to exploring the existing and available body of literature relevant to the central topic. To begin, it provides an introduction to the central theme of Selective or Situational Mutism (SM), including commonly accepted definitions, diagnostic criteria, and an exploration of associated terminology. Literature is explored relevant to constructions and theories of aetiology, followed by maintaining factors, support and intervention. Consideration is made towards commonalities and disparities across published discourse. The multiagency context is the introduced, followed by an exploration of the role of three key professional groups, as presented in the literature: teachers, Speech and Language Therapists, and Educational Psychologists. A rationale for the research and research question are introduced.

Part 2: Empirical paper

The empirical paper provides an overview to summarise the literature as presented in the major literature review, illustrating the rationale for the present study. The research paradigm and methodology are introduced, followed by an exploration of the ethical considerations and how these have been addressed. Findings are presented and illustrated with quotations from the dataset. Finally, a discussion offers an exploration of the findings with consideration towards the aforementioned literature, limitations, and implications for practise.

Part 3: Reflective account

The final part of this thesis seeks to provide a reflective and reflexive chronological account of the research process from the early stages of topic selection through to its completion. In this section, the decision points made throughout the process and the nuance and challenge around these are addressed. Consideration is made into the implications this research holds for future practise, both as an individual practitioner and more broadly in the knowledge it seeks to add to the field.

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Contents

Abbreviations

ASC	Autism Spectrum Condition
CBT	Cognitive Behavioural Therapy
CYP	Children and Young People
CYPSM	Children and Young People with Selective or Situational Mutism
EPs	Educational Psychologists
EPS	Educational Psychology Service
EY	Early Years
LA	Local Authority
MDT	Multi-Disciplinary Team
NHS	National Health Service
SA	Social Anxiety
SAD	Social Anxiety Disorder
SALTs	Speech and Language Therapists
SENCos	Special Educational Needs Co-ordinators
SM	Selective or Situational Mutism
SP	Social Phobia
STs	Secondary Teachers
TEP	Trainee Educational Psychologist

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Part One: Major Literature Review

Word count: (5,791)

1. Structure of the literature review

1.1 Introduction

The present literature review begins with an introduction to the narrative approach and a description of the literature search process. This is followed by an overview of the central phenomenon at the heart of this research: Selective or Situational Mutism (SM). Diagnostic criteria, prevalence, and the terminology associated with SM are then discussed. A critical exploration of the available relevant literature follows, with a particular focus on existing research and theories regarding aetiology, response, and maintaining factors as applied to secondary-aged children and young people. Multi-agency working within the context of SM is then discussed. Implications for different professionals are considered, with a focus upon the practise of three key groups: Educational Psychologists, Speech and Language Therapists, and Teachers.

The major literature review was guided by the following question:

How are the causal, maintaining, and response factors around SM understood in the literature? With whom and at what levels (e.g. individual, systemic, contextual) could change be instigated?

1.2 Search strategy

A narrative approach was selected as a method by which to explore and synthesise the scope of available current literature. Ferarri (2015) describes narrative reviews as wide-scoping, dynamic processes which hold the potential to explore multiple questions at once. In keeping with the systemic and contextual nature of the present study, narrative reviews offer an opportunity to discuss context, theory, and to provoke thought into areas which may be controversial (Green, Johnson and Adams, 2006).

Search terms were selected to reflect the research interest in Selective or Situational Mutism within populations of secondary-age young people. See Appendix 1 for the search terms used in the exploration of the current literature. Results were then screened for duplicates. The results yielded a total of 480 papers, which were filtered to 210 with criteria set to within the last 20 years. This was motivated largely by a need for practicality. Guidelines to literature searches offered by the National Institute for Health and Care Excellence (NICE, 2014) highlight the need to gather the best available evidence relevant to the research whilst balancing the need for practicality.

The titles and abstracts of all papers were subsequently screened for relevance, creating a shortlist of 75 papers. It was then important to conduct a second screening to refine the literature to those considered to be the most relevant (Ferrari, 2015). By necessity, papers that were unavailable in full via the platforms available to the researcher were also excluded. Papers that made mention of SM but that did not specifically explore SM were removed. Many of these were papers that briefly mentioned SM within the context of broader discussions of Generalised Anxiety Disorder, Social Anxiety Disorder, or Autism Spectrum Condition. Similarly, papers that focused on primary school populations or case studies of individual primary-aged pupils were also removed. Finally, papers that were unavailable in the English language were also removed, so as to avoid mistranslations. After screening for relevance to the present study, a total of 27 papers were identified. Further reading has been included through exploration of relevant references within these papers, and the researcher's own prior reading that had informed the research proposal.

2. Selective or Situational Mutism

2.1 Definition and terminology

Selective or Situational Mutism (SM) is described as a condition whereby an individual does not speak in situations where speaking would be expected, usually school, crucially combined with the individual having overall a normal speaking ability in at least one other setting, usually the home (Bergman, 2013). Selective Mutism can be considered a chronic condition, for some children continuing for months or years (Krysanski, 2003). Bergman (2013) highlights that not speaking in school can impact upon academic and social progress.

SM was first termed "Aphasia Voluntaria" by German physician Adolf Kussmaul during 1877 (Krysanski, 2003). Terms for the phenomenon have developed over time, reflecting changes to the understanding of SM. Previously known as 'elective mutism', historically children and young people

with SM (hereby known as CYPSM) have been considered to be, or perhaps have been portrayed as, children making an active choice not to speak (Krysanski, 2003; Cohan, Chavira & Stein, 2006). Cohan, Chavira & Stein (2006) describe the updated change in title to 'selective mutism' as a move towards recognising the situational presentation of SM over the last two decades. Echoing changing perspectives surrounding SM, Standard and Le Conteur (p.154, 2003) describe SM as having been considered an "oddity" until recently. Selective Mutism is sometimes described as "Situational Mutism", a term proposed by Alice Sluckin, President of the Selective Mutism Information and Research Association (SMIRA) (Johnson & Wingtens, 2017), a phrase intended to reflect the context-driven nature of SM whilst moving away from assumptions that SM is merely a choice-based behaviour.

It is apparent throughout the available literature, that existing discourse surrounding SM reflects the incongruence and inconsistencies between proposed aetiology, proposed intervention, and the positioning of CYPSM as able to affect change in their SM themselves. Language surrounding SM in research continues to imply a positioning of a problem within the child or young person. This phenomenon remains present in recent literature, where regardless of addressing the nuances surrounding the terms selective or elective mutism themselves, phrases are used such as "persistent failure to speak" (Cohan, Chavira, and Stein, 2006), and "speech refusal behaviour" (Wong, 2010), and "illness" (Jainer, Quasim & Davis, 2002). Reading such terminology surrounding the condition, it could be said that there exists not only a within-child perspective of SM, but also the remnants of a belief that SM is a chosen behavioural difference.

The abbreviations "SM" and "CYPSM" are used throughout this literature to encompass both the arguably most widely understood term for the condition, Selective Mutism, and the term Situational Mutism, which holds more congruence with current thinking as explored in the following. References to the condition by specific terms (e.g. "selective mutism, "elective mutism") are included as relevant to reflect the terminology used by specific authors in the literature explored.

Prevalence

SM is thought to have a slightly higher prevalence in girls than in boys, and is thought to affect around 1% of children (Krysanski, 2003; Sharp, Sherman & Gross, 2007). A slightly higher prevalence rate is suggested in Chavira et al (2004), whereby self-report questionnaires completed by parents and children implied a 1.6% prevalence rate of SM in a sample of 714 CYP of which 46% were aged 13-17, although the weighting of the prevalence found within the adolescent age bracket specifically is not specified in this research. Reflecting the more frequent earlier onset of SM during early

childhood or primary school years, the body of research surrounding SM is largely based upon a primary-aged population.

2.2 Diagnosis

Speech and Language Therapists (SALTs) and Speech and Language Services are often involved in the diagnostic process (Johnson and Wingtens, 2017; NHS, 2019).

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition guidelines for the diagnosis of SM are as follows:

1. Consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., at school) despite speaking in other situations.
2. The disturbance interferes with educational or occupational achievement or with social communication.
3. The duration of the disturbance is at least one month (not limited to the first month of school).
4. The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation.
5. The disturbance is not better explained by a communication disorder (e.g., stuttering) and does not occur exclusively during the course of autism spectrum disorder disorder, schizophrenia, or another psychotic disorder.

Figure 1: The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition guidelines for the diagnosis of Selective Mutism (Selective Mutism Association, n.d.)

Similarly, the National Health Service defines SM as a "severe anxiety disorder and offers the following criteria for diagnosis:

- they do not speak in specific situations, such as during school lessons or when they can be overheard in public

- they can speak normally in situations where they feel comfortable, such as when they're alone with parents at home, or in their empty classroom or bedroom

- their inability to speak to certain people has lasted for at least 1 month (2 months in a new setting)

- their inability to speak interferes with their ability to function in that setting

- their inability to speak is not better explained by another behavioural, mental or communication disorder

Figure 2: NHS guidelines for the diagnosis of Selective Mutism (NHS, 2019)

Notably, a diagnosis of SM relies upon a discrepancy between an individual's capacity to engage in verbal or social communication in some contexts and their difficulty doing so in other contexts. The contextual nature of SM sets it apart from other diagnoses such as a generalised anxiety disorder or

social communication disorder. Scott and Beidel (2011) describe the subjective measures of SM as creating a barrier to accurate classification.

3. Aetiology as presented in literature

Reviews of the literature surrounding the aetiology of SM conclude that there remains no resounding consensus regarding causal factors (Standard & Le Conteur, 2003; Cohen, Chavira & Stein, 2006; Viana, Beidel & Rabian, 2009). Whether SM is experienced, and the severity in which it presents, varies significantly across different environmental settings (Black and Uhde, 1995). Given the consensus regarding a clear connection between setting (usually school) and SM, a question arises as to what specifically, or what combination of factors, about those settings pave way for an SM presentation. Hua and Major (2016) position SM as a result of a variety of interacting factors, including: developmental, environmental, temperamental and genetic. Scott and Beidel (2011) theorise that incorrect assumptions about cause-and-effect relationships in the aetiology of SM arise when there is a narrowing of focus to solely one theory.

There has, however, been an overall shift away from psychodynamic or trauma-based theories towards a tendency to view SM through a lens of social anxieties (Cohen, Chavira & Stein, 2006; Sharp, Sherman & Gross, 2007) and developmental factors (Scott and Beidel, 2011). Theories regarding a component of social anxiety have largely replaced previously accepted notions of SM being explained away as a choice-based behavioural difficulty.

Black and Uhde (1995) propose that SM may not be a specific condition in itself, but rather a presentation of underlying social anxiety. Similarly, Holka-Pokorska, Piróg-Balcerzak, and Jarema (2018) posit anxiety as the central component to SM, acknowledging indications of diverse aetiologies and comorbidities. Hua and Major (2016) report that even in cases where the key symptom of not speaking is resolved, CYPSM often continue to experience anxiety and difficulties with their social communication. To consider this, it is important to acknowledge a potential limitation in current SM intervention: if the absence of speech in certain contexts is the symptom, perhaps helping the child to speak effectively may be a method of putting a plaster over a deeper or more nuanced problem. This paves way to questions as to whether current interventions and support are sufficiently addressing the underlying causal factors behind SM. Melfsen, Jans, Romanos and Walitza (2022) found that children and teenagers with SM utilised fewer adaptive cognitive problem-solving behaviours and actions than typically functioning peers. Melfsen et al draw connections between the lack of active problem-solving behaviour and a freeze response, which is perceived as a component of SM. Similar allusions to a freeze response exist in Vogel, Reichert and Schwenck's (2022) exploration of silence and related symptoms in a sample of 629 children and

adolescents. In addition to connecting CYPSM's "silence" with "freez[ing]", Vogel, Reichert and Schwenck offer that SM overlaps, but is distinguishable from SAD.

Recent research touches upon whether a lack of speech exists as a symptomatic feature of SM or of other existing conditions, focusing now upon explorations of comorbidity. Driessen, Blom, Muris, Blackfield & Molendijk (2020) draw attention to the prevalence of anxiety disorders in children and young people with SM, adding that aetiology or symptomology cannot be inferred, despite evidence to suggest cooccurrence or a relationship between the two conditions. Conversely, however, Scott and Beidel (2011) suggest that the very low proportion of CYP with Social Phobia who experience SM could imply that SP creates a greater vulnerability to developing SM. Gensthaler et al (2016) describe Selective Mutism and childhood Social Phobia as "separate but closely related disorders". (Poole, Cunningham, McHolme and Schmidt (2021) conducted an empirical study looking into the levels of cortisol and social anxiety in CYPSM as compared to controls when videoed being asked to complete a verbal self-presentation task. Whilst Poole et al's results indicated higher levels of cortisol in the SM group as compared to the SA and control groups, questions arise as to the construct validity and implied causality of such studies. Does social anxiety and elevated cortisol hinder the ability to verbally communicate (i.e. causing SM within participants), or are those a measure of CYPSM's response to a situation in which they are expected to complete an activity that is uncomfortable or overwhelming.

Parallels between diagnostic criteria for SM and Social Anxiety Disorder (SAD) are highlighted by Milic, Carl and Rapee (2020), who propose that SM may represent a variant of SAD that is more severe. Kristensen (2001) postulate links between SM and neurodevelopmental conditions such as Autism Spectrum Condition. Current clinical research appears to meet a wall here: regardless of the co-existence or perhaps relationship between SM and anxiety or neurodevelopmental disorders, a potentially reductionist stance remains if explorations into the *cause* of potential SM-related anxieties are not addressed. Moreover, if research and discourse centre predominantly around comorbidity, it could be considered that CYP experiencing SM may be further pathologized, furthering a within-child model of the condition and potentially overlooking systemic or situational factors that could otherwise be addressed.

However, in a study which combined retrospective reports, present day observations, and present-day parent and teacher reports, Omdal and Galloway (2008) found social anxiety to only be present in two out of six participants with SM. Instead, their participants alluded to an initial determinedness not to speak, a sense of self-consciousness, bullying, and eventually mutism becoming an ingrained behaviour that was difficult to change after it had become expected by others. Yeganeh, Beidel and

Turner (2006) report inconclusively that qualities of oppositionality and defiance may have higher prevalence in children with SM as compared to control groups.

In recognising the potential limitations to research reliant upon clinical checklists and rating scales, where a qualitative representation of individuals' own experience may be lacking, it is important to consider the voices of people who experience or who have experienced SM. Vogel, Gensthaler, Stahl and Schwenck's (2019) research with children experiencing SM found that whilst there were many fears present for children with SM, the majority of these fears were social fears and the fear of making mistakes. Given that we do not know the prior lived experiences of the children in this research, it is important to consider that these fears could relate to real lived experiences and therefore be a natural reaction rather than resultant of an underlying anxious condition. Omdal (2007) found that retrospectively, only two of his six previously-SM participants felt that they had experienced social anxiety during their childhood. Those who had considered it to be a direct result of bullying they had experienced in the school environment. Similarly, in a case study exploration by Turkiewicz et al (2008) a seventeen-year-old with SM reported feeling no anxiety in situations that did not involve speaking. Johnson and Wingtens (2017) suggests self-consciousness becomes a component of SM around transition to secondary school and through puberty.

Omdal's (2007) research into retrospective perspectives of adults who had experienced SM as children offers invaluable addition to conversation surrounding the causes and maintaining factors of SM. Omdal's participants allude to their perceptions of outside expectations; they felt that others around them expected them not to talk, which over time became an accepted reality. Further research by Omdal (2007) included a case study describing a lack of expectation from teachers or peers for a thirteen-year-old with SM to communicate or participate. Similarly, children who presently (at the time of study) experienced SM reported a fear of deviating from the expectations others may have of them (Vogel, Gensthaler, Stahl & Schwenck, 2019). Oerbeck, Romvig Overgaard, Bergman, Pripp and Kristensen (2020) theorise that after a period of time without speaking, it is likely that people around the child in the context in which they are mute will lose their expectation for the child to speak, lending towards a cyclical effect. The potential link here between SM, self-concept and the demand characteristics CYPSM may develop based upon their perceptions of their social role and how they are positioned by others lends merit to the importance of considering outside factors in both understanding causal factors and in approaching support and intervention. Schwenck et al (p.8, 2021) offer that for a child experiencing SM, a setting or situation could become "contaminate[d] with silence", and Walker and Tobbell (2015) suggest a dissociation between the "true identity" and the "silent identity". Walker and Tobbell allude to the possibility of SM bringing

about a sense of loss and isolation, drawing attention to the missing voices of individuals with SM in much of the aetiological literature. In Walker and Tobbell (2015), an oppositional viewpoint to that of defiance and choice is proposed: SM is positioned as a possible result of conformity to what is termed the "silent self", based on CYP's understanding of others' expectations, along with a sense of "hopelessness" (p.463). Whether space is created for CYPSM to speak can be seen through the retrospective account of one of Walker and Tobbell's participants who had experienced SM as a child and as a teenager, who states "I'll always be on the outside looking in" (p.464).

Omdal (2007) found that outside influences such as bullying and criticism added to a feeling of being safer in silence and, in doing so, furthered the maintenance of the identity as a silent child. Reflecting this, children who presently experienced SM described feeling fear around speaking that related most commonly to the fear of making mistakes, of negative reactions from others, and the fear of being evaluated for their words (Vogel, Gensthaler, Stahl & Schwenk, 2019). A retrospective reflective account of a piece of casework by Dallos (2007) draws attention to trauma, family conflict, and a fear of saying the wrong thing in the case of a teenage boy who was experiencing SM. These studies bring forth similar themes of a fear of external responses or reactions, and a fear of straying from perceived social expectations, giving weight to the importance of outside factors in the systems surrounding the child. To return to earlier theories around aetiology, considering SM through a behavioural lens could still offer weight to the avoidance of speech as a way to moderate anxiety and arousal in situations where this occurs (Scott and Beidel, 2011).

Families are positioned as impacting the development of SM within Scott and Bieldel's (2011) summary of research whereby parental modelling of avoidance or withdrawal behaviours are suggested as impactful upon children's learning of appropriate social and emotional responses. Scott and Biedel further propose the potential for CYP whose parents themselves experience social anxiety to perhaps have limited parent-instigated social experiences as compared to peers with non-anxious parents. Similar reference to parental behaviour is noted in Yeganeh, Biedel and Turner (2006), where speculation is offered regarding whether positive parental responses to SM behaviours (e.g. smiling, laughing, or answering on behalf of the child) may encourage the development of SM.

4. Prevention, intervention and maintaining factors as presented in literature

Exploring the literature, it could be argued that there exists a jump between descriptions of the contextual and situational nature of SM and the apparent within-child causes and interventions

proposed. For example, in Ford, Sladeczek, Carlson & Kratochwill (1998), SM is painted as existing within very specific contexts (e.g. the child's school or community setting), whilst it is also positioned as a result of the child's own internal anxiety, which is where intervention is geared. Little acknowledgement is offered in literature of the possible external influences on a possible anxious component.

In their case study of a seventeen-year-old with SM, Christon et al (2012) describe the assumptions of SM as a choice-based behaviour as barriers to parental motivation to seek intervention. A within-child perspective is alluded to in Bergman (2013), where it was described that punitive responses to SM are still put in place in some settings, likely spurred by an assumption that SM is based upon stubbornness or uncooperativeness. In Bunnell, Meisa and Biedel (2018) a combined behavioural and physiological approach is taken whereby success of intervention is measured by the presence of speech and reduction of anxiety, as measured by parent questionnaires and measures of Heart Rate Variability. Bunnell, Meisa and Biedel's position that the treatment of the symptoms of SM are key to successful intervention continues a narrative whereby the individual with SM is where change is needed. Oerbeck, Romvig Overgaard, Bergman, Pripp, and Kristensen (2020) add that negative reinforcement (threatening legal action) and the threat of missing a school sports day did not succeed in supporting a child with SM to begin speaking in school.

Cohen, Chavira and Stein's (2006) exploration of the literature surrounding SM interventions available during the period 1990-2005 sheds light on some movement towards multidisciplinary or 'multimodal' approaches to supporting children with SM. However, these approaches are largely described as based around different forms of individual or family therapy, which could be seen as at odds with widely understood notion that SM occurs predominantly in the school environment. Standart and Le Conteur (2003) acknowledge that their own proposal of a multi-agency approach, which focuses on medication and individual-level behavioural and educational interventions, does not address the possibility of broader social or family influences upon the cause and maintenance of SM. A question therefore arises as to whether interventions that neglect to address the *situation* in which a situational condition occurs are inherently lacking the holistic perspective that is otherwise strived for in EP practise.

Omdal (2007) describes the success of his previously-SM participants in ending their mutism, crediting the decision to change and start speaking as a turning point. However, for each person who was able to make that change, there was a significant situational change at the helm, such as moving schools, moving countries, or joining groups outside of the school environment. It would therefore seem apparent that rather than offering evidence for self-determinism and choice within SM, Omdal

has instead offered an encouraging example of successful intervention at a level outside of the individual. Similarly, Kamani and Monga (2020) noted that a change of schools brought about speaking in five of the thirty-one cases explored in their retroactive study. Kamani and Monga propose that a new setting in which CYPSM perceive that peers and teaching staff do not know of the CYP's history of non-speaking nor of their diagnosis can be instrumental in providing a fresh start. Additionally, it is suggested that for a socially anxious child, the act of speaking in a setting where attention will be placed upon the young person can be a barrier in itself, thus a novel environment can reduce this fear. Two notable implications arise from findings such as these. First, if a change in situation can bring about such a significant improvement in CYPSM, the importance of considering systemic factors cannot be ignored. Second, the changes Omdal's participants were able to make are likely not possible for CYP without active support from the adults and professionals around them. Given that moving countries or moving schools are not likely to be feasible or first-choice options for many families, further research is needed into the factors that made one environment a success and the other conducive to SM.

Melfsen, Romanos, Jans and Walitza (2021) propose the "Unsafe World" model of SM, proposing that "SM is a stress reaction to a situation erroneously experienced via cognition without awareness as 'unsafe'" (p.1438, Melfsen et al, 2021). This can be seen as a need to rethink intervention for children with SM by addressing the reductionism potentially present in viewing SM through a lens of social anxiety alone. Melfsen, Romanos, Jans and Walitza highlight that whether or not an individual feels safe is a key component in the presence of SM, offering that CYP are responding to an environment perceived as unsafe. Crozier (2014) emphasises the importance of creating an environment in which all children are comfortable and able to join in if they so choose. Considered in light of the possible maintaining factors of identity and demand characteristics both at the individual and group level, the ideas of Melfsen, Romanos, Jans and Walitza (2021) and of Crozier (2014) can be seen to hold additional importance. Reflecting upon the retrospective research of Walker and Tobbell (2015), facilitating an environment of inclusion and belonging are considered key to supporting CYPSM.

5. Multiagency Context

5.1 Multidisciplinary response

Cohen, Chavira and Stein's (2006) proposal of a multimodal response to SM, and Standart and Le Conteur's (2003) acknowledgement that broader social influences are not always considered in light of support for CYPSM can be seen as a nod to the importance of holistic and systemic practise in working with CYPSM.

Information gathering and input around diagnosis can fall to a range of professionals and can include teachers, parents, speech and language therapists, psychologists, audiologists, health professionals, and psychiatrists (Wong, 2010). Cleave (2009) highlights the need for an individualised response to supporting CYPSM, which would put additional onus on professionals to understand specific influencing and maintaining factors in each child's individual case.

In his reflective account of a piece of casework with a teenager experiencing SM, Clinical Psychologist Dallos (2007) questions the impact of systems and services on his work, drawing particular attention to the impacts of organisational support, financial backing behind intervention, and value and validation of the work from the systems surrounding the professionals. Christon et al (2012) highlight the importance of collaborative care from the adults supporting a young person with SM.

White and Bond (2022) draw attention to debates over the professional ownership of SM within the UK, notably between schools, Educational Psychologists, and Speech and Language Therapists. White and Bond highlight the need for future research to consider systemic mechanisms for developing staff understanding.

5.2 The role of Teachers

Poole, Cunningham, McHolm, and Schmidt (2021) describe teachers of CYP with SM as insightful and "key observers" (p.1066), notably due to SM usually being specific to the school or classroom setting. Viana, Biedel and Rabian propose that teachers are well positioned to observe fluctuations and patterns within SM, for example situations in which or individuals with whom CYPSM may be more able to engage in spoken communication. Given that SM typically manifests as mutism within the school environment, teachers and school personnel may be the first to recognise and refer CYPSM for support (Camposano, 2011).

Capobianco and Cerniglia (2018) highlight the important roles teachers can play in supporting students with SM. Capobianco and Cerniglia propose that teachers are well placed to stimulate peer relations, facilitate non-verbal communication to increase overall social interaction, initiate small group work without the necessity for verbal communication, and to develop a rapport with the child at the start of the school year. Although teachers may be well-placed to support the facilitation of interventions, Christon et al (2012) and Rodrigues Pereira et al (2020) draw attention to the barriers of finding time to consult with individuals within school systems and the difficulties busy teachers may face participating in interventions with full class numbers to simultaneously teach. Rodrigues Pereira et al position communication and in-person visits from therapists as a way to overcome this.

Summarising their systematic literature review, White and Bond (2022) describe three key facets to the role schools and school staff can play in supporting CYP with SM. These include: the development of shared understandings of SM; engagement in multi-professional planning, and offering support directly to the individual through adaptations to provision and intervention on an individual basis. Emphasis is placed on the role schools play in a collaborative and multi-professional approach, whilst acknowledging that school staff are often more likely to deliver intervention than outside professionals and external agencies.

In reviewing a case study of a thirteen-year-old with SM, Omdal and Galloway (2007) propose a possible role for teachers in changing the child's identity from being "the girl who did not talk". An interaction can be inferred here between contextual/external factors and CYP's individual experience and response. Omdal and Galloway's finding here, along with the body of research and theory earlier discussed regarding the possibility of demand characteristics (Omdal, 2007; Walker and Tobbell, 2015; Vogel, Gensthaler, Stahl & Schwenck, 2019); Oerbeck, Romvig Overgaard, Bergman, Pripp and Kristensen; and Schwenck, 2021) offers weight to the importance of teachers as arguably the most immediate professionals working regularly with CYPSM.

5.3 The role of Speech and Language Therapists

Speech and Language Therapists are described as the primary clinicians involved in the formal diagnosis of Selective Mutism in the United Kingdom (Johnson and Wingtens, 2017).

Cleator and Hand (2010) considered the prevalence of speech and communication disorders and how these may be an underlying or contributory factor for children with SM. Although Cleator and Hand's research involved children under twelve years of age, they point to the importance of Speech and Language Therapists (SALTs) both as part of multidisciplinary assessment teams and as part of the intervention process. Further support for the involvement of SALTs in supporting CYPSM is offered by Manassis et al (2003), who found some evidence of co-occurring subtle language impairments in some children with SM and proposed that emotional or avoidant causalities behind SM may serve functionally to avoid situations of perceived embarrassment or anxiety.

Cleator and Hand (2010) and Manassis et al (2003) highlight the possibilities of exploring the potential for language deficits in CYPSM in a more comfortable setting, such as the home, and tailoring treatments to fit what is described as a potentially "unique language profile".

5.4 The role of Educational Psychologists

Whilst much recent research approaches developing the understanding of SM through a medical or individualist lens, it is important to consider the implications of these perspectives for the role of Educational Psychologists. In practise, a key underpinning principal of the role of Educational Psychologists is the importance of working holistically and systemically to affect change (Buck, 2015).

Considering the existing literature surrounding SM in light of systemic thinking, there appears to be an overall lack of exploration into the potential systemic factors related to SM, be those causal to the condition or acting as maintaining factors towards its underlying aetiology or the manifestations (e.g. not speaking in school) that it presents with. The implications of this follow that if potential systemic or situational factors are not explored and if their impact is not understood, opportunities for intervention at a systemic level may be missed. Moreover, by seeking to understand any systemic factors impacting upon CYPSM there may be room for a further step away from a solely within-child model, in keeping with current directions within EP practise.

Lawrence (2017) describes EP approaches, notably working at different systemic, group and individual levels as being helpful in supporting CYPSM. Lawrence proposes that these include: working at a whole-school organisational level; skill development and ongoing consultation within the Local Authority; early intervention and early links with Speech and Language Therapists; challenging myths associated with SM; time for intervention; supervision of professionals, and considering comorbidity. White and Bond (2022) summarise that EPs are best-placed to provide collaborative support, training and information-sharing to schools in support of CYPSM. Similarly, White, Bond and Carroll (2022) describe insufficient teacher training regarding SM and propose a role for EPs in "equipping school practitioners with a sound understanding" of SM (p.18).

6. Research rationale and research questions

Following explorations of the phenomenological characteristics of SM, Ford, Sladeczek, Carlson & Kratochwill (1998) propose that further research is needed into the context in which SM occurs. Notably, they draw attention to the need to explore what it is about this context that may influence speaking or non-speaking behaviours and how to address environmental factors associated with SM.

There is an overall small body of research regarding SM specifically as experienced within secondary-aged populations. This, along with considerations into how causal and maintaining factors may differ

for secondary aged CYP as compared to Primary (e.g. Johnson and Wingtens, 2017), sheds light on a further area that is under-researched within SM literature.

There are continued discrepancies in how SM is understood, defined, and responded to, particularly with reference to the somewhat clashing medical, within-child, behavioural, developmental, and systemic perspectives. It is of interest to consider how these may be constructed within the contexts of the important work key professionals contribute in support of CYPSM.

Combined, there is scope to add to the existing body of SM literature by exploring different professionals' perspectives regarding the systemic and environmental factors impacting on children and young people experiencing Selective or Situational Mutism.

It is important to consider that there may be children who have presentations of SM but not necessarily a diagnosis of such. Within Kopp and Gillberg's (1999) research, difficulty is highlighted in making a clear differentiation between SM and non-SM children, leading to the need to separately categorise children who did not quite meet diagnostic criteria but who presented closely enough not to be discounted for the purpose of their study. Further, Gazelle, Workman and Allan (2010) highlight crossovers in the presentation of social anxiety disorders and SM, which suggests that an over-reliance on diagnostic labelling and categorisation may be reductionist in capturing experiences of an SM population in research. Importantly, Kearney (2010) offers recognition that SM children are not necessarily shy or reserved as individuals or in their other environments, such as at home. This research will not seek to pathologize or misunderstand children who may speak or engage less than others, but for whom this is not a struggle or an area of concern.

The decision to include children who have difficulty speaking in school therefore seeks to reflect the nuances surrounding what SM is whilst acknowledging that professionals may encounter children who have not yet been assessed for clinical diagnosis as well as children who, for any reason, are not seeking a diagnosis but still present with the same difficulties speaking in their school environment.

The present study therefore seeks to explore the following research question:

What are Secondary Teachers', Speech and Language Therapists' Educational Psychologists' perspectives and constructions of any systemic, situational, or contextual factors impacting upon children and young people who experience Selective/Situational Mutism or who have difficulty speaking in school.

7. References

Bergman, R. L. (2013). *Treatment for children with selective mutism: An integrative behavioral approach.* Oxford University Press.

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), pp.847-856, https://doi.org/10.1097/00004583-199507000-00007

Buck, D. (2015) Reconstructing educational psychology reports: an historic opportunity to change educational psychologists' advice?, *Educational Psychology in Practice*, 31(3), pp.221-234, DOI: 10.1080/02667363.2015.1030724

Bunnell, B.E., Mesa, F., & Beidel, D.C. (2018) A Two-Session Hierarchy for Shaping Successive Approximations of Speech in Selective Mutism: Pilot Study of Mobile Apps and Mechanisms of Behavior Change. *Behavior Therapy*, 49(6),pp. 966-980, DOI: 10.1016/j.beth.2018.02.003

Camposano, L. (2011) Silent Suffering: Children with Selective Mutism. *The Professional Counsellor*, 1(1), pp.46-56, doi:10.15241/lc.1.1.46

Capobianco, M. & Cerniglia, L. (2018) Cognitive, emotional and behavioral issues in selective mutism: a narrative review on elements of a multimodal intervention. *Interaction Studies*, 19(3), pp.2-11

Christon, L.M., Robinson, E.M., Arnold, C.C., Lund, H.G., Vrana, S.R., & Southam-Gerow, M.A. (2012) Modular cognitive-behavioral treatment of an adolescent female with selective mutism and social phobia: A case study. *Clinical Case Studies*, 11(6), pp.474-491, DOI: 10.1177/1534650112463956

Cleater, H. & Hand, L. (2010) Selective Mutism: How a successful speech and language assessment really is possible. *International Journal of Language and Communication Disorders*, 6(1), pp.126-131, https://doi.org/10.3109/13682820109177871

Cleave, H. (2009) Too anxious to speak? The implications of current research into Selective Mutism for educational psychology practice, *Educational Psychology in Practice*, 25(3), pp.233-246, DOI: 10.1080/02667360903151791

Cohan, S.L., Chavira, D.A., Stein, M.B. (2006) Practitioner Review: Psychosocial interventions for children with selective mutism: a critical evaluation of the literature from 1990–2005, *Journal of Child Psychology and Psychiatry,* 47(11), pp 1085–1097, doi:10.1111/j.1469-7610.2006.01662.x

Crozier, W.R. (2014) Children's shyness: a suitable case for treatment?, *Educational Psychology in Practice*, 30(2), pp.156-166, DOI: 10.1080/02667363.2014.895934

Dallos, R. (2007) Don't look back in anger: Learning from my mistakes with Mark and his family. *Clinical Child Psychology and Psychiatry,* 12(3), pp.361-368, https://dx.doi.org/10.1177/1359104507078466

Driessen, J., Blom, J.D., Muris, P., Blashfield, R.K., Molendijk, M. (2020) Anxiety in Children with Selective Mutism: A Meta-analysis. *Child Psychiatry & Human Development*, 51(2), pp.330–341. https://doi.org/10.1007/s10578-019-00933-1

Ferrari, R. (2015) Writing narrative style literature reviews. Medical Writing 24(4), pp.230-235 DOI: 10.1179/2047480615Z.000000000329

Ford, M.A., Sladeczek, I.E., Carlson, J.S., Kratochwill, T. (1998) Selective Mutism: Phenomenological characteristics. *School Psychology Quarterly*, 13(3), pp.192-227. DOI:10.1037/h0088982

Garcia, A. M., Freeman, J. B., Francis, G., Miller, L. M., & Leonard, H. L. (2004). Selective mutism. Phobic and anxiety disorders in children and adolescents: A clinician's guide to effective psychosocial and pharmacological interventions, pp.433-455.

Gazelle, H., Workman, J. O., & Allan, W. (2010). Anxious solitude and clinical disorder in middle childhood: Bridging the developmental and clinical approaches to childhood social anxiety. *Journal of Abnormal Social Psychology*, 38(1), pp.1–17, DOI 10.1007/s10802-009-9343-z

Gensthaler, A., Maichrowitz, V., Kaess, M., Ligges, M., Freitag, C.M., & Schwenck, C. (2016) Selective mutism: The fraternal twin of childhood social phobia, *Psychopathology*, 49(2), pp.95-107, DOI: 10.1159/000444882

Green, B.N., Johnson, C.D., & Adams, A. (2006) Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *Journal of Chiropractic Medicine*, 5(3), pp.101-117, https://doi.org/10.1016/S0899-3467(07)60142-6

Holka-Pokorska, J., Piróg-Balcerzak, A., & Jarema, M. (2018) The controversy around the diagnosis of selective mutism - a critical analysis of three cases in the light of modern research and diagnostic criteria. *Psychiatria Polska*, 52(2), pp.323-343, DOI: 10.12740/76088

Hua, A., Major, N. (2016). Selective mutism. *Current Opinion in Pediatrics*, 28 (1), pp.114-120. doi: 10.1097/MOP.0000000000000300.

Jainer, A.K., Quasim, M., & Davis, M. (2002) Elective mutism: A case study. *International Journal of Psychiatry in Clinical Practice*, 6(1), pp.49-51, DOI: 10.1080/136515002753489425

Johnson, M., & Wintgens, A., 2017. The Selective Mutism Resource Manual. doi:10.4324/9781315174068

Johnson, M., & Wintgens, A. (2015). Viewing selective mutism as a phobia of talking: The importance of accurate conceptualisation for effective clinical and parental management. *Making parenting work for children's mental health*, 31, pp.61-71, doi:10.13056/OP33.a

Kamani, Z. & Monga, S. (2020) Understanding the outcome of children who selectively do not speak: A retrospective approach. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 29(2), pp.58-65, PMID: 32405308; PMCID: PMC7213919.

Kearney, C.A. (2010) *Helping Children with Selective Mutism and Their Parents : A Guide for School-Based Professionals*. Oxford University Press. https://web.s.ebscohost.com/ehost/ebookviewer/ebook?sid=e2851b58-e335-484e-8a9e-3a0761d2365e%40redis&vid=0&format=EB

Kopp, S., Gillberg, C. (1997) Selective Mutism: A Population-based Study: A Research Note. *The Journal of Child Psychology and Psychiatry*, 38(2), pp.257-262, https://doi-org.abc.cardiff.ac.uk/10.1111/j.1469-7610.1997.tb01859.x

Kristensen, H. (2001) Multiple informants' report of emotional and behavioural problems in a nation-wide sample of selective mute children and controls. *European Child & Adolescent Psychiatry*, 10(2), pp.135–142, https://doi.org/10.1007/s007870170037

Krysanski, V.L. (2003) A Brief Review of Selective Mutism Literature, *The Journal of Psychology*, 137(1), pp.29-40, DOI: 10.1080/00223980309600597

Lawrence, Z. (2017) The Silent Minority: Supporting students with Selective Mutism using systemic perspectives. *Support for Learning*, 32(4), pp.352-374, DOI: 10.1111/1467-9604.12180

Lindsey Bergman, R. (2013) *Treatment for Children with Selective Mutism : An Integrative Behavioral Approach*. Oxford University Press. https://web.s.ebscohost.com/ehost/ebookviewer/ebook?sid=5b370f3f-940a-46ed-a219-57811552c384%40redis&vid=0&format=EB

Manassis, K., Fung, D., Tannock, R., Sloman, L., Fiksenbaum, L. & Mcinnes, A. (2003) Characterizing selective mutism: Is it more than social anxiety?. *Depression and Anxiety,* 18, pp.153–161, doi:10.1002/da.10125

Melfsen, S., Jans, T., Romanos, M., & Walitza, S. (2022) Emotion regulation in selective mutism: A comparison group study in children and adolescents with selective mutism. *Journal of Psychiatric Research*, 151, pp.710-715, DOI: 10.1016/j.jpsychires.2022.05.040

Melfsen, S., Romanos, M., Jans, T, Walitza, S. (2021) Betrayed by the nervous system: a comparison group study to investigate the 'unsafe world' model of selective mutism. Journal of Neural Transmission, 128(9), pp.1433–1443, https://doi-org.abc.cardiff.ac.uk/10.1007/s00702-021-02404-1

Milic, M. I., Carl, T., & Rapee, R. M. (2020). Similarities and differences between young children with selective mutism and social anxiety disorder. *Behaviour Research and Therapy*, 133(3), 103696, 103696.

National Institute for Health and Care Excellence (2014, October 31) *Identifying the evidence: literature searching and evidence submission*. https://www.nice.org.uk/process/pmg20/chapter/identifying-the-evidence-literature-searching-and-evidence-submission#limits-and-filters

National Health Service (2019, August 27). *Selective Mutism*. NHS. https://www.nhs.uk/mental-health/conditions/selective-mutism/

Oerbeck, B., Romvig Overgaard, K., Bergman, R.L., Pripp, A.H., Kristensen, H. (2020) The Selective Mutism Questionnaire: Data from typically developing children and children with selective mutism. *Clinical Child Psychology and Psychiatry*, 25(4) pp.754–765, doi: 10.1177/1359104520914695.

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? *European Journal of Special Needs Education*, 22(3), pp.237-253, DOI: 10.1080/08856250701430323

Omdal, H. & Galloway, D. (2007) Interviews with selectively mute children, *Emotional and Behavioural Difficulties*, 12(3), pp.205-214, DOI: 10.1080/13632750701489956

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), pp.74-81, https://doi-org.abc.cardiff.ac.uk/10.1111/j.1475-3588.2007.00454.x

Poole, K.L., Cunningham, C.E., McHolm, A.E. & Schmidt, L.A. (2021) Distinguishing selective mutism and social anxiety in children: a multi-method study. *European Child and Adolescent Psychology*, 30(7), July 2021, pp.1059-1069, https://doi.org/10.1007/s00787-020-01588-3

Rodrigues Pereira, C., Ensink, J.B.M., Güldner, M.G., Kan, K.J., de Jonge, K.G., Lindauer, R.J.L., & Utens, E.M.W.J. (2020) Effectiveness of a behavioral treatment protocol for selective mutism in children: Design of a randomized controlled trial. *Contemporary Clinical Trials Communications*, 19, pp.1-5, DOI: 10.1016/j.conctc.2020.100644

Rye, M.S., Ullman, D. (1999) The successful treatment of long-term selective mutism: a case study. *Journal of Behavior Therapy and Experimental Psychiatry,* 30(4), pp.313-323, https://doi.org/10.1016/S0005-7916(99)00030-0

Schwenck, C., Gensthaler, A., Vogel, F., Pfeffermann, A., Laerum, S., Stahl, J. (2021) Characteristics of person, place, and activity that trigger failure to speak in children with selective mutism. *European Child & Adolescent Psychiatry*, 2021, pp.1-11. 10.1007/s00787-021-01777-8.

Scott, S. & Beidel, D.C. (2011) Selective mutism: An update and suggestions for future research. *Current Psychiatry Reports*, 13(4), pp.251-257, DOI: 10.1007/s11920-011-0201-7

Selective Mutism Association (n.d.) *Evaluating and Diagnosing Selective Mutism*. Selective Mutism Association Retrieved January 22, 2023, from https://www.selectivemutism.org/evaluating-and-diagnosing-selective-mutism/

Sharp, W.G., Sherman, C. & Gross, A.M. (2007) Selective mutism and anxiety: A review of the current conceptualization of the disorder. *Journal of Anxiety Disorders*, 21, pp.568-579, doi:10.1016/j.janxdis.2006.07.002

Smithson, J. (2000) Using and analysing focus groups: Limitations and possibilities, International *Journal of Social Research Methodology*, 3(2), pp.103-119, DOI: 10.1080/136455700405172

Standart, S., Le Conteur, A. (2003) The Quiet Child: A Literature Review of Selective Mutism. *Child and Adolescent Mental Health*, 8(4), pp.154–160, DOI: 10.1111/1475-3588.00065

Turkiewicz, G., Castro, L.L., Morikawa, M., Da Costa, C.Z.G., & Asbahr, F.R. (2008) Selective mutism and the anxiety spectrum - A long-term case report, *Revista Brasileira de Psiquiatria,* 30(2), pp.172-173, DOI: 10.1590/S1516-44462008000200019

Viana, A.G., Beidel, D.C., Rabian, B. (2009) Selective mutism: A review and integration of the last 15 years. *Clinical Psychology Review*, 29, pp.57-67, doi:10.1016/j.cpr.2008.09.009

Vogel,F., Gensthaler, A., Stahl, J., Schwenck, C. (2019) Fears and fear-related cognitions in children with selective mutism. *European Child & Adolescent Psychiatry*, 28, pp.1169–1181 https://doi.org/10.1007/s00787-019-01281-0

Vogel, F., Reichert, J., & Schwenck, C. (2022) Silence and related symptoms in children and adolescents: a network approach to selective mutism. *BMC Psychology*, 10(1), 271, DOI: 10.1186/s40359-022-00956-9

Walker, A.S., Tobbell, J. (2015) Lost Voices and Unlived Lives: Exploring Adults' Experiences of Selective Mutism using Interpretative Phenomenological Analysis. *Qualitative Research in Psychology*, 12(4), pp.453-471, https://doi.org/10.1080/14780887.2015.1054533

White, J., & Bond, C. (2022) The role that schools hold in supporting young people with selective mutism: a systematic literature review. *Journal of Research in Special Educational Needs*, 22(3), pp.232-242, DOI: 10.1111/1471-3802.12561

White, J., Bond, C., Carroll, C. (2022) An exploration of how selective mutism training informs teachers' understanding and practice. *Support for Learning*, 37(1), pp.3-20, DOI: 10.1111/1467-9604.12392

Wong, P. (2010) Selective Mutism. *Psychiatry*, 7(3), pp.23–31, PMID: 20436772; PMCID: PMC2861522.

Yeganeh, R., Beidel, D.C., & Turner, S.M. (2006) Selective Mutism: More than social anxiety? *Depression and Anxiety*, 23(3), pp.117-123 DOI: 10.1002/da.20139

Part 2: Empirical Paper

Word count: (17,411, including tables; 8,199 without)

Abstract

Selective Mutism (SM) is a phenomena defined as a persistent difficulty speaking in one or more contexts despite there being no barriers to their knowledge of or comfort with language, nor any existing conditions that could better explain it (Selective Mutism Association, n.d.; NHS, 2019). Usually, the context in which SM is apparent is school.

Although SM has been widely studied over time, much of the available literature centres upon SM as experienced in individuals of primary school age. Although it is largely accepted as being a context-specific phenomena, there is a trend in research to consider interventions and support at an individual level. The aim of this study was to open conversations and develop an understanding of different professionals' perspectives of any systemic and contextual factors impacting on children and young people with Selective Mutism.

Three profession-specific focus groups were held, where discourse was shared between three Speech and Language Therapists, four Educational Psychologists, and three Secondary Teachers. A discourse analysis of the data was used to explore the constructions held within and across the three groups with regard to contributory, maintaining and support factors, along with perceptions of the key challenges for professionals working to support children and young people with SM (CYPSM). Foucauldian approach to analysis complimented important considerations into power structures within and across discourses.

Discussion of the dominant discursive constructs considered their position alongside the existing literature and with reference to the implications for future practise. Key findings at a broader

systemic level pointed to the importance of professionals' education about the phenomena of SM; clarity regarding the roles and remits across professions; establishing collaborative joined-up working, and ensuring adequate allocation of resources (both temporal and financial). Within secondary school systems themselves, the groups identified the importance and challenges of fostering a relational approach between school-based professionals and students; establishing classrooms as safe and inclusive spaces; creating opportunities for communication that are risk-free and pressure-free; mitigating the expectations and perceived expectations of a "silent" identity; and adopting a CYP-led approach to support that does not necessarily drive speech as an end goal.

Introductory summary of the literature

Selective Mutism

Selective Mutism (SM) is phenomena whereby an individual does not speak in situations where speaking would be expected, usually school, crucially combined with the individual having overall a normal speaking and language abilities across other settings (Bergman, 2013). Selective Mutism (SM) is a term that has developed over time in a bid to move the understanding of the phenomena away from being that of an active decision not to speak (Krysanski, 2003; Cohan, Chavira & Stein, 2006). However, the term is still considered to echo outdated ideas of SM as a choice. Alice Sluckin, President of the Selective Mutism Information and Research Association (SMIRA), and more recently Johnson & Wingtens propose "Situational Mutism" as an alternative title in a bid to mitigate misunderstandings around the intentionality behind SM (Johnson & Wingtens, 2017).

Diagnosis of SM often falls to Speech and Language Therapists (SALTs) (Johnson and Wingtens, 2017; NHS, 2019). The DSM V criteria underpinning diagnosis outlines SM as a condition that is situated in particular contexts and is not better explained by the individuals language skills or other conditions or diagnoses (see Figure 3 below).

1. Consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., at school) despite speaking in other situations.
2. The disturbance interferes with educational or occupational achievement or with social communication.
3. The duration of the disturbance is at least one month (not limited to the first month of school).
4. The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation.
5. The disturbance is not better explained by a communication disorder (e.g., stuttering) and does not occur exclusively during the course of autism spectrum disorder disorder, schizophrenia, or another psychotic disorder.

Figure 3: The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition guidelines for the diagnosis of Selective Mutism (Selective Mutism Association, n.d.)

Extrinsic and intrinsic presentations in literature

Despite an overall lack of consensus in the literature regarding contributory or causal factors (Standard & Le Conteur, 2003; Cohen, Chavira & Stein, 2006; Viana, Beidel & Rabian, 2009), SM appears to be most commonly understood through a lens of anxiety (Cohen, Chavira & Stein, 2006; Sharp, Sherman & Gross, 2007).

Important research into the voices of children and young people with SM (CYPSM) offers a perspective that anxiety may be a response or symptom of perceived environmental risk, for example the fear of making mistakes (Vogel, Gensthaler, Stahl and Schwenck, 2019). Conversely, retrospective voices captured in Omdal (2007), and a voice within a case study Turkiewicz et al (2008) highlight the significance of factors outside of the individual in causing and maintaining SM.

Research implies that over time SM can exist as a silent identity for CYPSM (Walker & Tobbell, 2015; Schwenck, 2021), which is upheld by those around them in the expectations and opportunities given to CYPSM (Oerbeck, Romvig Overgaard, Bergman, Pripp and Kristensen, 2020). Borrowing the notion of internal working models from attachment theory, there may be an automaticity to behaviour based upon expectations around interpersonal situations, which become entrenched through repetition (Bowlby 1980 in Pietromonaco & Barrett, 2000). In the case of SM, we could inter a circular causality whereby patterns of CYP not speaking create expectations from others, which impact opportunities for spoken communication, furthering a self-concept and a set of entrenched demand characteristics whereby spoken communication desists.

Whether or not an individual feels safe within the school context is highlighted as an important component of SM by Melfsen, Romanos, Jans and Walitza (2021) and Crozier, 2014). Omdal (2007) and Kamani and Monga (2020) offer real world examples whereby a change in circumstance (e.g. change of school setting) was associated in reducing SM.

Multidisciplinary approaches

Although research recognises multidisciplinary or multimodal approaches to supporting CYPSM, these appear to take the forms of individual or family therapy (Cohen, Chavira and Stein, 2006) and individual-level behavioural or educational interventions (Standart and Le Conteur, 2003).

Teachers are posited as well placed to provide day-to-day support to CYPSM (Capobianco and Cerniglia, 2018), however time and competing demands are cited as barriers to their impact (Christon et al, 2012; Rodrigues Pereira et al, 2020). Speech and Language Therapists are described

as the primary clinicians involved in the formal diagnosis of Selective Mutism in the United Kingdom (Johnson and Wingtens, 2017). White and Bond (2022) offer that Educational Psychologists (EPs) are best-placed to provide collaborative support, training and information-sharing to schools in support of CYPSM.

However, attention is drawn to debates around professional ownership of SM within the UK, particularly between schools, Educational Psychologists, and Speech and Language Therapists (White and Bond, 2022).

The present study

Following explorations of the phenomenological characteristics of SM, Ford, Sladeczek, Carlson & Kratochwill (1998) propose that further research is needed into the context in which SM occurs. Notably, they draw attention to the need to explore what it is about this context that may influence speaking or non-speaking behaviours and how to address environmental factors associated with SM.

Through the course of the literature review, there was a noticeable weighting towards research that centred around SM in primary, Early Years (EY) or unspecified age groups. This, along with considerations into how causal and maintaining factors may differ for secondary aged CYP as compared to Primary (e.g. Johnson and Wingtens, 2017), sheds light on secondary populations being a further area that is under-researched within SM literature.

There are continued discrepancies in how SM is understood, defined, and responded to, particularly with reference to the somewhat clashing medical, within-child, behavioural, developmental, and systemic perspectives. It is of interest to consider how these may be constructed within the contexts of the important work key professionals contribute in support of CYPSM.

Combined, there is scope to add to the existing body of SM literature by exploring different professionals' perspectives regarding the systemic and environmental factors impacting on children and young people experiencing Selective or Situational Mutism.

A system can be defined as "an entity made up of a set of interacting parts which mutually communicate with and influence each other" (Bateson, 1972, as cited in Fox, 2009, p.247). Bronfenbrenner's (1977) Ecological Systems Theory positions individuals as existing within four levels of surrounding systems: the microsystem, mesosystem, exosystem and macrosystem. These four systems all exist against a chronosystem, which refers to the passing of time and its impacts on the interactions between the systems. Motivated by the overwhelmingly within-child leaning across the literature, along with the importance of systemic and holistic approaches to EP practise, this

research seeks to explore the factors outside of the individual in relation to SM: factors that exist at systemic, contextual, or situational levels.

In keeping with the explorations of SM through the course of the Major Literature Review, the present study sought to explore the following research question:

What are Secondary Teachers', Speech and Language Therapists' Educational Psychologists' perspectives and constructions of any systemic, situational, or contextual factors impacting upon children and young people who experience Selective/Situational Mutism or who have difficulty speaking in school.

Methodology

Participants and recruitment

Three participant groups were chosen for this study, each of which reflecting a profession that had been identified through the literature review to be in a position to impact the support of CYPSM. A total of twelve participants were sought, with the intention to recruit four Educational Psychologists (EPs), four Speech and Language Therapists (SALTs), and four Secondary Teachers (STs).

Inclusion criteria specified that as well as being qualified in and identifying with the roles above, participants needed to have had some experience of working with secondary aged pupils who had Selective Mutism and/or similarly perceived difficulties speaking or communicating in school.

Recruitment took place online, whereby social media platforms such as Twitter were used to share an infographic containing information pertaining to the study as well as the researcher's contact details (see appendix 2). Hashtags relating to each profession were used to encourage reach. Adverts were circulated multiple times in a bid to reach the intended group numbers. Potential participants made contact via email, after which they received further information about the study (see appendix 3), consent forms (see appendix 4), and eventually a discussion was entered into regarding availability and potential dates and times were negotiated.

The final cohort of participants included the following:

- **Group 1:** Three Speech and Language therapists (SALTs), each practising within different NHS trusts across the UK.
- **Group 2:** Four Educational Psychologists (EPs), each practising within different Local Authorities across the UK.

- **Group 3:** Three Secondary Teachers (STs), each practising in different secondary schools and within different roles across the UK.

In communication with participants during the focus groups, there was a wealth of experience of roles beyond the aforementioned groups that informed participants' insights into CYPSM. These included teaching assistant roles, research experience, and parenting.

Design and procedure

Focus groups were selected as an appropriate research method by which perspectives of participants could be explored in a context that allows for sharing, co-constructing, and differing of perspectives alike. Focus groups offer a space for capturing data through interactions and moving away from studying an individual perspective (Hollander, 2004). Smithson (2020) proposes that focus groups are unique in their presentation of interactions and in providing a space for socially constructed discourses emergent within the group dynamic.

In light of the ongoing Covid-19 pandemic at the time of project proposal, it was decided that the focus groups would be conducted online. This decision reflected the need to ensure physical safety of participants given the unpredictability of both transmission risk and of nationwide and university-based distancing measures going forward. Online focus groups were made possible using the Microsoft Teams video platform, through which an online meeting could take place in an invite-only forum, which offered further protection with regard to anonymity.

Whilst it was acknowledged that conducting focus groups online could bring forth limitations with regard to the building of rapport within the group dynamic (Smithson, 2020), an online forum was in part selected for its various merits relevant to this study. Participants would be able to access the focus groups from a space which felt sufficiently comfortable and private for them. Additionally, conducting focus groups online allowed for recruitment of participants to span a greater geographical area rather than being limited to the immediate local authority. This supported greater anonymity of participants, given that they would not necessarily be sought from within the same service or local authority.

Focus groups were organised by profession: one EP group, one SALT group, and one ST group. A potential limitation to this was that it did not allow for discourse between individuals from different professions, which may have been a helpful angle towards understanding the multi-disciplinary context surrounding SM. However, by grouping participants by profession it was hoped that a sense of equal grounding could be fostered in each group, whereby participants may feel more at ease sharing experiences and perspectives with peers.

Data was recorded using two methods. First, the Microsoft Teams auto-transcription software was used to create a written record of the discussions. Second, an audio recording was made, against which the written transcription could be checked for accuracy ahead of analysis. The final dataset was a transcription with identifying information (e.g. names, services, and local authorities) removed.

Each focus group's transcript was analysed using a discourse analysis approach in order to gain insights into the perspectives of the professionals involved whilst exploring the language that is used by each group in light of the nuances surrounding the labelling and positioning of Selective Mutism. Wiggins (2009) describes discourse analysis as a crucial method towards understanding perspectives socially constructed through interactions. In keeping with the epistemological stance of this research, Wiggins argues that there is not one true reality, but that there is a realness to any reality constructed through discourse. A Foucauldian approach to discourse analysis considers the fluidity of power dynamics in their connection to knowledge, discourse and the presentation of others (Wiggins, 2000). Discourse is defined as both an instrument of and result of power (Hook, 2001). Hook argues that effective discourse analysis is contextualised and moves both in and out of the dataset itself, looking at the context underpinning discourse. Foulcault's positioning of "thought made visible by means of words" (Foulcault, 1981 in Hook, 2001) aligns with the research intention to explore perspectives and constructions of the professional groups.

Research paradigm

Researchers highlight the lack of commonality in perspectives around SM, notably regarding its aetiology, assessment, and support (Viana, Biedel & Rabian, 2009). Of importance to this research are the perspectives and constructions of different professionals who work to support CYPSM. In keeping with this, the study is underpinned by an epistemological position of social constructivism and an ontological stance of relativism. In considering the epistemological basis for Educational Psychology practise, Moore (2005) identifies four characteristics of social constructionism: "the importance of reflexivity in expert practice […] an appreciation of the importance of considering interpersonal relationships between the expert and others; the crucial value of dialogue and interchange to these relationships; as well as the human reality and the systemic presence of the expert" (p.111). In keeping with Moore's assertions and the interests associated with this project, social constructionism was considered to be a natural paradigm through which to explore the perspectives, discourse, and interactive constructions of the participant groups of a variety of professionals relevant to CYPSM.

In keeping with this, a Foulcauldian approach to discourse analysis does not seek to demonstrate truth (Hook, 2001). However, Hook offers that "certain discourses operate as truthful", highlighting the need to acknowledge that "the bases of power that underpin, motivate and benefit from truth-claims of the discourse in question" (p.525). Hook presents discourse as being both an effect of and an instrument of power. Hook further comments on the position of the researcher as conducting interpretive activity of the discourse for analysis. A relativist stance is helpful here in mitigating biases and upholding the notion that this research does not seek to demonstrate truth, but to explore the constructions held across groups.

Ethical considerations

Ensuring participants were able to freely give informed consent to their involvement was a key protective ethical measure in this research. Upon expressing interest in participation, individuals received an information sheet detailing not only the aims, procedure, and logistics of the study, along with confirmation that they retain their right to withdraw at any point before or during the focus group has begun (see Appendix 3). The voluntary nature of participation was made explicit so as to ensure that those referring themselves as potential participants did so as comfortably and freely as possible.

The anonymity afforded by seeking participants from a wide geographical pool provided an additional protective measure, making less likely, as far as was reasonably foreseeable, that participants would be known to each other in a personal or professional capacity.

As an additional measure to protect anonymity, participants were advised that they could choose whether to join the Microsoft Teams focus groups using any name they liked. Participants were advised of two methods to anonymise their name should they wish to do so, and they were reminded that regardless of whether they used their real name or a pseudonym in our group sessions, that their transcripts would be anonymised ahead of analysis.

At the beginning of each focus group, participants were reminded of the researcher's intention to make an audio recording and auto-transcription and they were given an additional opportunity to object if they so wished. Participants had the opportunity to introduce themselves if they so wished before these recordings were started.

The researcher's university email address was be made available throughout, and participants were advised that they were welcome to make contact should they have any questions or comments at

any stage in the research process. Additionally, the research supervisor's contact email address along with ways to contact the university's ethical committee secretary were be made available should participants have any further queries or concerns regarding the research process.

Findings

Discourse analysis allowed for the findings of this research to be understood through language and conversation, using these as a window to exploring the constructions and social constructions held amongst each professional group. This research sought to explore the perspectives of EPs, SALTs, and STs with regard to systemic, situational and contextual factors which may contribute to the aetiology, maintenance, or support for CYPSM. The following five key areas reflect the prompts as detailed in the focus group prompt schedule (see appendix 6]. The findings will be discussed in relation to each area, with discursive constructs and dominant discourses explored.

1. Definitions and terminology – how do professionals define SM and how does terminology illustrate this.
2. Contributory factors – constructions of aetiology.
3. Maintaining factors – how does SM become pervasive.
4. Support and intervention – what does effective support look like.
5. Key challenges for professionals – what are the most significant barriers experienced by the different professional groups.

Definitions and terminology

Discourse around terminology within the SALT and EP groups was heavily underpinned by the DSM criteria upon which diagnoses are based (see Figure 1, above). Selective Mutism was a commonly shared term due to its diagnostic specificity, the clarity that afforded with regard to construct validity, and the protections for CYPSM (e.g. The Equality Act). STs similarly used the term Selective Mutism throughout, however there were no specific comments as to why this term was preferred.

The term "situational mutism" was recognised as descriptively apt and preferable for some service users, however both the EP and SALT group voiced a perspective that "selective mutism" was a term necessary to acknowledge in tandem with "situational mutism" in recognition of SM as a specific condition.

SALTs and EPs offered that "selective mutism" is frequently a misunderstood term, drawing on the difference between definitions of the term "selective", which in the case of SM is understood to mean a phenomena that affects some situations and not others. SALTs employed the term

"medically select" to illustrate the nature of SM as being context-driven as opposed to being actively chosen or "selected".

Discursive construct	Illustrative extracts from the data set	Considerations in light of language and power
"Selective Mutism" as a recognisable diagnosis	SALT: "the official wording of 'selective' matters, because that's what's in the diagnostic criteria, the DSM […] so we want to make sure that if we are giving a diagnosis or we're using this term in official paperwork, it kind of needs to match what's officially recognised to ensure that any child or young person who receives a diagnosis […] it's recognised as an official diagnosis, whereas situational mute isn't as yet as far as I know".	Hard systems are positioned as governing the language that should be used around SM.
	SALT: "could situational mutism be used as a descriptive term to describe something that isn't selective mutism? So obviously selective mutism has very specific diagnostic criteria so we know what we're looking for and we know when it's when it hits those criteria. We're talking about a specific condition and I just wonder whether if we just kind of blanket adopted situational mutism, whether it's just it could be described in something else. Such as an autistic person's experience of overwhelming shutdown that could be mutism within that situation, maybe that wouldn't hit the diagnostic criteria of selective mutism, so maybe there's a difference there."	Language and terminology are subject to interpretation. Importance is placed upon clarity regarding what SM is and what it is not.
	EP: "I understand why people use the words the, the term situational mutism. My anxiety around that particular name is that it's not a recognised name in the DSM manuals, and therefore isn't as easily argued as a protected characteristic for the Equality Act, whereas selective mutism does fall more easily into disability cause it's a, you know, it's a an actual thing that's been identified"	There appears to be a preference for using terminology consistent with the DSM, regardless of individual interpretation. Power regarding discourse around SM lies within diagnostic literature. As with SALTs (above), EPs were hesitant to position themselves as agents of change in this regard.
Colloquial move towards "Situational Mutism"	SALT: "I know there's been a move within the kind of community itself to towards the term situational mutism because it kind of feels like it's a better fit for actually what is happening in	Importance is placed upon the experiences of CYPSM, and there is a sense that

	the moment for these children and young people"	communities are using language to reflect that.
	EP: "I understand why people use the words the the term situational mutism"	
Family-led and setting-led language	SALT: "if you've got a very clued up family and mum has been online and done a lot of reading and research and prefers situational mutism then I would tend to use selective mutism also known as situational mutism in a report"	SALTS position themselves outside of decisions regarding terminology; terms used reflect child/family preferences, and acknowledge diagnostic language alongside.
	SALT: "acknowledging that if it's what a family prefer or a setting prefer. And we have started to pick up locally round here, there are some agencies and private trainers that are starting to label it as situational. And so we're having people come to us saying it's not selective, it's situational. It's like we're having had that conversation around it's either, it's interchangeable."	
Misinterpretation of "Selective"	SALT: "I know 'selective' many people do still think it's a choice unfortunately but it's 'selective mutism' because it's specific mutism: medically selective means specific."	The power of language to shape or guide understandings and misunderstandings is alluded to across the SALT and EP groups. This touches upon a difference between how professionals may construct SM and how the public may construct SM.
	EP: "referring back to situational mutism… selective mutism isn't an inaccurate if you understand what the 'selective' is referring to […] it's a medical term that means non pervasive […] it's not linked to the word select apart from in a medical way. It's a frustrating condition name because it leads people down the wrong path often, even though that's a mistake […] in theory it's an accurate name, but in practise it's a misunderstanding […] it's misleading."	

Table 1: A table of discursive themes and illustrative extracts relating to definitions and terminology around SM.

Contributory factors

Constructions around causality for SM were broad and appeared to encompass extrinsic factors such as experiences, family and the cultural landscape, as well as intrinsic factors within the individual, all contributing as risk factors ahead of triggering events and maintaining circumstances. Discourse around aetiology in the EP and SALT group was holistic and balanced, led by a sense of risk and resilience as perceived to be experienced by CYPSM.

Discourse around the individual's perceptions of their outside environment was apparent particularly in the EP group. There was a shared construction across the group that communication for CYPSM is perceived as a risk based upon the predicted responses of others, or as a pressure by others to speak, communicate or contribute in particular ways.

For EPs, the contextual or situational facets to SM were defined as being rooted in a particular place or person. Anecdotes were shared from personal experience and practise that had contributed to a construction of circumstance spanning relational factors that may overlap with environments.

Through discussion of contributory or causal factors, constructions of comorbidity arose in all three groups. Discourse centred around a similarity or overlap with Autism Spectrum Condition (ASC). A notable difference was seen in discourse here between the three groups. Discourse in the ST group touched upon the similarities and perceived prevalence of comorbidity with ASC, whereas the EP and SALT groups each constructed SM as being distinct in individuals who were neurotypical as compared to those with ASC. This was presented as being trends in observations by the two groups.

Discourse around SM as an ingrained or entrenched phenomena for secondary aged CYP was noticed across all three groups. STs described rarely seeing CYP develop SM over the course of secondary school, but seeming to arrive with it. EPs and SALTs drew attention to the missed opportunities to work preventatively through the education and upskilling of Early Years (EY) or primary teaching staff, resulting in a more severe presentation of SM in older age groups by the time their services become involved.

Discursive construct	Illustrative extracts from the data set	Considerations in light of language and power
A combined within-child and situational phenomena	SALT: "the profile of that child and their experiences in terms of their, their family, […] experiences in terms of possibly, um, moving that kind of thing, so cultural factors, […] co-occurring conditions such as neurodevelopmental conditions, other mental health issues, […] all of those kind of add into that kind of risk within that child or young person and then there being an event which acts as an initial trigger, which then is reinforced so that follows that very much, that understanding of anxiety and how that kind of, what's the word I'm looking for, it kind of it grows it, there's a word and I can't think." SALT: "sort of feeds it, doesn't it? Maintaining factors, aren't they?" SALT: "Yeah. So that's what keeps it going basically. So there will be an initial, an initial event, which is that first, that child's first ever	SALTs alluded to experiences, emotions, and how CYPSM feel when seeking to describe causality. The child is positioned as reacting to contributory factors, both outside the individual and at an individual level.

	experience of feeling that they're not able to kind of contribute verbally and then their experiences following on from that will reinforce that, that might be the word I was looking for. And so it just reinforces and embeds that anxiety further [...] So it did feel that [...] conceptualising it as an anxiety disorder did fit."	
	EP: "It's partly about triangulation, so you can't see all the problems within the young person. You've got to look at the context and the parents as well."	There is seen to be an importance in approaching understandings of causal "problems" holistically and across contexts, repositioning causality as dynamic and multi-faceted.
Communication in certain contexts is perceived as a risk	EP: "So in, in relation to secondary school, what I see more is an extension, a very obvious extension of the communication difficulty [...] it's linked to the whole idea of, concept of communication risk."	A sense of outside risk or discomfort is alluded to, through which SM could be understood as a response to perceived external threat or pressure.
Perceived pressures	EP: "I think there's lots of sort of these sort of systemic, just general transition factors that really come into play about you're growing up, you're going to be, you know, going to the big school, you're gonna be just all expected so much more of. And often that comes with such so much more conversation in all different aspects. So I do think for teachers in secondary schools it challenges their view a lot more to have a child who doesn't feel comfortable speaking within their environment, or even within multiple environments. So I think they find it really difficult to sort of fathom that at times, which doesn't help. And I think young people pick up on that really quickly."	
Entwined with exposure to a particular situation or individual(s)	EP: "A specific phobia of expressive speech, expressive language, in certain contexts or with certain individuals, so typically well what we see, I'm sure more often is that the child is quite comfortable to speak at home in their safe environment, whereas in school or social situations like in public, that's when there's the kind of fear response and the anxiety around speaking is more apparent	
	EP: "[CYP] always says it's not the space that he's in. It's the person he's speaking to. So his anxiety	A reframing of the concept of

	is very much linked to people's approaches to him. So anybody who comes across as anxious about him will cause a shutdown […] too many expectations causes of such shutdown and he actually does best with people who are who give the impression that they're not worried […] So who, who do talk to him, but don't expect anything back and don't take umbrage"	situational/selective is seen here; it is proposed that SM may be a response to perceptions of particular individuals/groups and the reactions/expectations of those individuals/groups within a specific context, rather than stemming from the context in itself.
Comorbidity with ASC	SALT: "It does feel to me that obviously autistic children, young people can present with selective mutism and they can co-occur, and they do, but sometimes it does feel different when you are working with a child or young person with autism and selective mutism as opposed to a child who you know is more neurotypical and has selective mutism it feels like there's a difference."	Language arises around how SALTs, EPs and STs "feel", "think", or "guess", cautioning that this understanding is based only upon their own practise. The groups describe instinctual perspectives here, which may be indicative of opportunities for greater depth of understanding regarding how SM presents in autistic and non-autistic individuals.
	EP: "Just based on my practise, I feel like there's kind of two different sorts of selective mutism and not including high and low profile selective mutism. My gut instinct is that there's autistic selective mutism and non-autistic selective mutism. And the non-autistic selective mutism is more phobic in response, whereas the autistic selective mutism, which, I think that's probably a correlation with low profile as well, is more social anxiety based and so the triggering factor may not be one thing. The triggering factor in that can be the social anxiety associated with autism. If you see what I mean, rather than an incident that has caused the association"	
	ST: "I think we've all said that we see a link with ASD being defined as social, you know, a social interaction disorder. And then we're seeing most, I would say most of the selective children I've seen definitely have ASD traits. So I mean it makes sense that the cause of the selective mutism could be correlated then with the with the, uh, lower social functioning of those students"	
	EP: "It's a phobic response in a neurotypical, you know, sensitive, neurotypical child, I guess, whereas the autistic group, the maintaining factors are intrinsic […[Whereas, you know, for a	SM is positioned as a potentially within-child phenomena for CYP with ASC, whereas it is positioned as having

	for a neurotypical child the maintaining factors are extrinsic and easier to adjust."	external maintaining factors for neurotypical CYPSM.
Covid-19	SALT: "The other factor as well that I suppose that we haven't mentioned yet is Covid and lockdown because I know in terms of, I wish we had the data on this, but we don't track referrals and log them as SM referrals. They're logged under like a broader category. So we don't have the data for an increase in referrals, but, anecdotally, we've had a lot more referrals since lockdown and in terms of gathering information from settings and from parents, there's been a lot of discussion about how lockdown really impacted on their confidence. And they're going back out into the world. Again, following lockdown was a real problem for them and in some cases, it was that transition, which was the trigger."	Systems within Speech & Language services are positioned as a barrier to understanding the breadth of SM and the impact of the Covid-19 pandemic.
SM occurring from or before joining secondary school	SALT: "We definitely have had young people where the, the trigger has been the transition to secondary"	SM is positioned as often occurring before or upon arrival at secondary school. The former would imply a positioning of SM as being an entrenched phenomenon, whereby positions of power have first been held by professionals around CYPSM during primary school or prior. The latter invites consideration as to the positioning of professionals at either side of key transition points in effective support for CYPSM. SALTs and EPs referred to SM arising upon transition to secondary school, whereas STs observed a greater distance between their setting and the onset, describing secondary SM as having often been entrenched prior to secondary transition.
	EP: "A lot of children, young people, find that transition to secondary really challenging. Like you said, with the different members of staff, you know, much bigger setting, anxiety levels being higher"	
	ST: "Being secondary teachers [...] I think that the problem is [...] usually there when I start teaching those students. So in terms of causes I don't think I see it, in terms of what's happened before, I've never seen anyone develop it over the course of secondary school.	
	ST: "being in secondary, they've always come through from primary school with [SM] and with all those notes attached that it's developed earlier on, so I'm just saying I've never, never known a student develop it during the five years at secondary. They've always come with it."	

Table 2: A table of discursive themes and illustrative extracts relating to contributory factors towards SM.

Maintaining factors

Discourse around a lack of support for CYPSM was consistent across both EP and SALT groups with regard to perceptions of factors contributing to the maintenance of SM. Within this, two areas were touched upon. First, that some CYPSM fell "under the radar", being perceived as not needing support or as having made a "choice" not to speak. Second, that CYPSM were not always prioritised for support, meaning longer waits before seeing SALTs or EPs, resulting in a more entrenched presentation by the time support is reached.

A further discursive construct apparent across the EP and SALT group was that of uncontrollable variables, notably in the form of the immediate systems around the young person, such as their peer group. Linking to the above construct that SM is contributed to by perceived risk involved in communicating verbally, the SALT and EP groups highlighted uncertainties around how peers may respond to CYPSM as a maintaining factor.

Similarly, a difficulty reaching all of the adults around CYPSM was highlighted as a maintaining factor. This was discussed in reference to the need for consistency of support and the sheer volume of adults within the immediate systems around secondary-aged children.

Reflective of the earlier constructions about SM becoming entrenched over time, discourse in the EP and ST groups highlighted how ingrained SM can become for the people around CYPSM, leading to fewer expectations for verbal communication and lesser opportunities given for CYPSM to speak. Discourse around identity notably commented on the role of others in assuming or upkeeping that identity and the assumptions and behaviours that can entail from those in the immediate systems around CYPSM (e.g. class, school).

Discourse around anxiety as a maintaining factor was present in both EP and SALT groups. Anxiety was notably described as "protect[ing] itself", with discourse alluding to a cyclical effect whereby feelings of anxiousness are seen to prevent CYPSM from disproving the perceived risk of communication.

The EP group agreed on a metaphor helpfully suggested by one participant, which was that of a pendulum. Maintaining factors were constructed as sitting on either side of that pendulum: on one side adding too much pressure to CYPSM, whilst on the other side not doing enough to provide opportunities for CYPSM to communicate. Mitigation of those maintaining factors was agreed across the group as being a fine line to tread through the middle of that pendulum.

Discourse around a lack of confidence in schools, particularly amongst teachers, in understanding and responding to the needs of CYPSM was notable within the EP and ST groups. This was constructed as a fear of making SM worse by getting it wrong. In both groups, there appeared to be a shared feeling that this fear lead to inaction, which was perceived as a maintaining factor in itself.

Discursive construct	Illustrative extracts from the data set	Considerations in light of language and power
Under the radar	SALT: "A lot of them do seem to have been low profile um children with low profile selective mutism and, if that's not been treated, well if that's not been recognised, their anxiety has increased overtime, so it's gone from low profile to high profile selective mutism as they've gotten older, and at that point it's been identified and considered a problem for them […] in my experience that seems to have happened a few times."	SALTs positioned power with referring professionals, who may underestimate a need for support for CYPSM.
	SALT: "It's that when suddenly they're not functional, there's a change and they can't just slip under the radar, they can't get by. Or they happen to just transition to a setting where the staff have had training or experience. And we do still find that, that actually some people don't realise that they should be seeking support"	
	EP: "It's particularly challenging for teachers and staff at secondary schools with low, low profile selective mutism because, like you said, you know they may answer their name in the register, they may answer predictable questions, they may contribute, you know. So staff may feel well, they can speak, they're capable of doing it. And then I think sometimes that then leads to the narrative of, you know, it's a choice. They're being defiant, they're being rude, and they're being challenging. They're more than capable of doing it, without having that appreciation of the anxiety that it's still causing, and I think also it can quite a lot of the time children can be mislabelled as 'ah they're just shy, or are they just choosing not to' and that narrative isn't helpful in moving things forward for that child or young person". EP: "and that narrative also gets passed around, and that's really hard in the secondary schools, I think in particular […] that narrative becomes quite perpetuating. And it's shared amongst… loads, and if one person doesn't have that	Speculation is offered as to whether SM continues to be perceived as a choice behaviour by those most closely positioned to CYPSM in schools. The EP group touched upon notions of social constructionism here, discussing the power of perceptions travelling through the immediate school system around CYPSM.

	narrative, it can be really difficult to challenge and to share the opposite and to be championing a different narrative or a narrative that might be more helpful for that young person at that time."	
Prioritisation of access to support	SALT: "Some of these young people have experienced, you know, real anxiety around communication for a very long time, but […] because they've managed basically, in terms of being able to access and participate at a *certain* level and enough to get by, then it's never been flagged as a priority. So obviously a very quiet child or young person who is kind of achieving more or less what you would expect them to achieve within that age group isn't gonna cause you a massive problem as a teacher and so therefore they tend to not be prioritised for external services."	The SALT and EP group posited teachers and SENCos as being in positions of power with regard to decision making and prioritisation of referrals for external services' involvement, though this was not alluded to within the ST group.
	EP: "SENCOs may identify pupils where there's high levels of anxiety, but because they're not causing […] concern in the classroom, they're not […] showing challenging behaviours, they're not always prioritised. So those pupils get maybe pushed to the bottom of the list and the pupils that are at risk of permanent exclusion that showing, you know, kind of externalising behaviours, they take priority and meaning that, you know, this vulnerable group are sometimes forgotten, and they're kind of views and voices remain hidden, don't they?"	
Peers as an uncontrollable variable	SALT: "things that are beyond our control […] so peer reactions and even if you've got kind of everything in place with the family and the staff. You can't impact really what's going on with the child's peers in the classroom and…the child's fear of kind of an overtop, over the top reaction if and when they do start speaking, and I think that's, it is an issue in primary schools, but I think it, it's multiplied in secondary."	Peers are positioned as impactful towards the maintenance of SM, however it is acknowledged that their influence can be unintentional, and a challenging variable for external professionals to impact.
	EP: "the behaviour of and treatment of others that, you know, may unintentionally maintain the behaviours."	
Difficulty reaching all adults around CYPSM	SALT: "that one person can be enough to be that maintaining factor. You could have 99% of the staff doing exactly what you asked. If that 1% is the one that's every time they see them in the corridor, asked them a direct question or makes	The SALT and EP group describe the significance of any one individual in maintaining SM, notably teachers, other adults in

	them, you know, answer in French or whatever, then that's the thing that's gonna keep reinforcing, isn't it? And accentuating it. And yeah, I think, yeah. Whenever I see a secondary school referral come in my heart does sink a bit because I always think am I going to be as effective as I could be in this situation"	school, and peers. Within the SALT group, language is emotionally charged and a sense of limited power to affect change when dealing with vast school systems is conveyed.
	EP: "we were talking about the different sorts of environmental factors and things that could affect them in school […] I remember her saying over and above, you know, anything related to the classroom or related to the outside area, over and above all of that was the approach of the teachers staff, and I remember her saying 'it doesn't matter what lesson it is, it could be a really good lesson that I really enjoy, but if it's a teacher that just doesn't have that, that understanding, or that I don't like', then that whole lesson for her, regardless of whether it was, you know, her absolute favourite lesson that would be ruined by the teacher, which I think goes to show the extent of the staff and the impact they can have. […] It's the other people, it was the children. It was the approach of the children and staff that really played a role in maintaining their responses."	
Reduced opportunity and expectation to speak	EP: "she was known as, you know, that the quiet one in school and peers would often answer for her […] her peers were jumping for her and saying, you know, she doesn't she can't speak or she doesn't speak. So she kind of adopted that that silent role."	The power of the social group around the individual is further seen here, with active language used in relation to peers' impact upon CYPSM. Perceptions of peers' understandings are described in finite terms (e.g. the individual with SM "won't answer", "doesn't speak"). EPs referred to a "silent role", and similarly STs commented upon the power of social expectations within peer groups.
	ST: "I think the rest of the classmates accept that they have somebody in the class who doesn't speak and actually speak for them. And I think sometimes then as they grow older through school, if they suddenly want to speak, I don't know then if it becomes more of an issue for them because everybody expects them not to. […] So I'm wondering if for you know, a selective mute, if they've got into that situation, it must be quite even harder then to sort of decide they want to speak […] I've done quite a lot of work with cover teachers. So I'd often go into a class as well not knowing the children and so I would expect the more to speak and it's not until somebody else tells me in the class 'Ohh no, they won't answer or you know they don't	

| | talk' and that actually must be very hard for the child. If they then, you know, did suddenly decide they wanted to say something. So I think that's probably a bit of an issue as well I'd imagine."

ST: "Yeah, they do almost have to wait for a transition point to move on to a different school or college or something that." | |
|---|---|---|
| Anxiety reinforcing itself | SALT: "[CYP] can kind of insist they don't want to talk and, really kind of exploring, is it that you don't want to talk? Or is it that you don't want to feel scared about talking? But if you could talk and it felt absolutely fine, would you go with that option? So it's kind of exploring that and kind of the illusion of choice as well. A lot of them kind of have convinced themselves they don't want to talk and they're in control because they've stopped actually trying to talk, not realising that that panic feeling they get every time they used to try, they're avoiding that. So we kind of work a lot on that as well."

EP: "That's the thing about anxiety is that it it seeks comfort if you know what I mean, and it seeks that comfortable position of not being challenged."

EP: "it is normal to have a natural fluctuation from being feeling like you might be able to and feeling like you're not. That's quite a normal thing and we talk about that within anxiety, and I think that's another really hard maintaining factor because what happens is if they do it once then there's this expectation. Am I gonna have to do it every single time."

EP: "anxiety tends to protect itself. So children who are offered something scary, who have an anxiety disorder like selective mutism will tend to not take up the scary thing" | Anxiety is positioned as a maintaining factor towards SM, and within the EP group anxiety is personified. Across the SALT and EP groups anxiety, as an individual-level maintaining factor, is positioned as separate from but impacting upon CYPSM. |
| A delicate balance between opportunity and pressure | EP: "I always kind of imagine a pendulum, and like either end of the pendulum is unhelpful to selective mutism. So as a parent who made this mistake being too protective of your child and trying to minimise the anxiety that they experience and protect them from their anxiety. We know it's a maintaining factor. On the other hand, not making any accommodations and expecting them to just cope is also not gonna | Empathetic language is seen here towards adults working with CYPSM who are striving to achieve a delicate balance between providing opportunities whilst avoiding instigating overwhelm. |

	work, so it's kind of trying to find this middle path […] If you never have an opportunity to talk, then you never will talk".

EP: "It really is, is so multifaceted and so individual to each child and that whole pendulum made real sense because on the one hand, some of the pupils were talking about kind of not wanting to be put on the spot, but on the other, they're, in the same breath they were saying that they didn't want to be ignored […] they wanted to be kept in mind. But at the same time didn't want to be put on the spot. So it's really tricky, isn't it? So I think that that pendulums are a really nice way of kind of conceptualising it". | |
| Schools' confidence | EP: "Teachers maintain it by either being like really harsh or by never approaching the child because they can perceive that discomfort. And the curriculum maintains it because it's got so full of risk"

EP: "I think schools are often a bit anxious about that because they don't want to raise the young person's anxiety. But actually the young person's already anxious. So kind of laying it all on the table. We know it's a protect-, you know, it's a helpful thing. So again, not speaking about selective mutism is a maintaining factor."

ST: "I know a lot of teachers shy away from asking [CYPSM] questions. I know they do, cause when I started teaching as well, I was one of those teachers and I was a bit 'I don't want the awkward moment of silence in the room' […] It's just so much when there's 20 odd kids staring at the child who's not talking." | A difference in the positions from which these two groups stemmed is helpful to consider here, whereby EPs, in working with a variety of schools, were in a position to comment upon general observations and the assumptions that arose from those, whereas STs were able to provide a first-hand account of the specific secondary school system within which they were based. Language used across both groups was emotive. Within the EP group, power was positioned upon teachers as well as schools in their entirety. STs similarly identified their own role in maintaining or supporting CYPSM, along with a further nod to the tensions that arise through the competing needs within their classrooms. |
| | EP: "we're not very good at managing anxiety in our culture, I don't think, being open and honest about the difficulties that we all face in various | Broader contextual factors are touched upon here with reference to cultural approaches to anxiety, |

	different ways. And modelling managing when things are tricky."	expanding positions of impact beyond the immediate systems around CYPSM.

Table 3: A table of discursive themes and illustrative extracts relating to maintaining factors associated with SM.

Support and intervention

Discourse around collaborative multi-disciplinary working was apparent across both SALT and EP groups. SM was constructed as straddling different domains in terms of support needs, not clearly falling in just SALT, EP or mental health remit. For the SALT group, there was a feeling that multi-disciplinary working needed to be collaborative and "joined up" rather than merely in "tandem". For the EP group, there was a sense of a lack of clarity perceived to be held by others about which agencies to involve.

CYP-led discourse occurred in both the EP and SALT groups in reference to support and intervention. Discourse followed around a sense of "agency" and "autonomy" whereby there was considered to be a need for professionals to work collaboratively with young people, being informed by their goals and intention. This was highlighted as a particularly pressing need for secondary aged CYPSM and was constructed as feeding into their growing independence as they prepare for adulthood.

Both SALT and EP groups discussed moving schools away from an end-goal of speech. Instead, discourse centred around a more individual-led approach, as above, addressing CYPSM's own goals and the underlying facets of comfort and anxiety.

Echoing the pendulum analogy, the EP and ST groups both discussed building a sense of opportunity without pressure for CYPSM. For EPs, this also encompassed a move away from the perceived pressures of the "silent" identity otherwise upheld by the adults around the young person.

Central to discourse within the ST group was that of a relational approach. STs discussed the importance of maintaining and building relationships within school for CYPSM, regardless of whether verbal communication was involved. A relational approach was also alluded to in EP and SALT groups, whose discourse positioned STs and school staff as being in a position to build impactful supportive relationships for CYPSM owed to the comparative longevity of their involvement.

STs and EPs positioned STs as being in a position to foster a sense of a "safe space" in the classroom. Discourse here centred around subtle adjustments and techniques that could be used on a class-wide basis so as not to single out CYPSM. Towards this, SALTs and STs both alluded to the

importance of upskilling teaching staff, giving them the understanding, techniques, and confidence to make small day-to-day changes to support CYPSM.

In keeping with earlier discussions around how ingrained and entrenched SM can be when unsupported long term, discourse around preventative work was prevalent in the SALT and EP groups. Working preventatively with Early Years and primary settings was highlighted as an important facet of support for CYPSM.

Discursive construct	Illustrative extracts from the data set	Considerations in light of language and power
Collaborative Multi-Disciplinary approach	SALT: "It kind of feels like selective mutism […] does sit on the boundary between services in terms of it's an anxiety disorder, so it's a mental health condition but it impacts communication which is speech and language therapy […] [We're] looking at the much, much bigger picture involving all the systemic issues, maybe at home within that, it feels like it shifts more towards, it needs to be very much an MDT* approach, and that's what you were saying, in terms of the levels. So as you're going up those levels, the rules change within the MDT, don't they? So we still have a role, the speech and language therapists, but our role might then be just support that young person to access mental health services or to support mental health services to understand levels of communication. So this will not work, but if you try that, that might work, that kind of thing. So, erm, our role can really change within that as well." * "MDT" is understood to refer to Multi Disciplinary Teams.	Power shifts away from an individual profession and is presented as spanning across multiple professions or services. Both the SALT and EP groups identified a role for themselves in working with CYPSM, alongside a role for each other. The impact of soft systems is seem through SALTs's perspective that joined up working is yet to be truly reached, along with language around "straying" from roles in order to meet CYPSM's needs.
	SALT: "it just doesn't feel joined up enough. So in an ideal world, it would be a lot more collaborative."	
	SALT: "we're kind of working in tandem rather than collaboratively"	
	SALT: "we start to stray into counsellor, mental health practitioner […] we have to remember where our […] main role lies. But I think with SM you can't just stick within the traditional speech and language therapy profile, I think we do have to kind of branch out our knowledge, don't we, into that kind of CBT approach, and pull on a definite skill set."	

	EP: it's an anxiety condition that occurs in an education setting, and if Ed Psychs are not people who should be dealing with that, then I don't know who is […] It's not just about speech and language […] it's wider than that"	
CYP-led approach – agency and autonomy for a secondary age group	SALT: "The massive part of planning any intervention once they're secondary age and is actually what do you want to achieve […] Definitely try and be quite led, especially at secondary school age, with the motivation of that young person, because ultimately us trying to force them to say hello or do what, you know, those things you're not going to achieve it if actually, ultimately that young person's got in their head that that's not what I want to achieve right now. That's not for me. And I think that's a big part for me working with that older age group."	There appears to be a motivation within the SALT and EP groups to reposition a degree of power towards CYPSM themselves in order to ensure appropriate child-led working as well as to inform the roles, goals, and input of SALTs and EPs.
	EP: "We tend to try and work collaboratively with young people […] It's about developing confidence and independence, I guess, more broadly and then communication alongside of that"	
	EP: "From my experience a lot of [CYP] have not necessarily been in that active role in their decisions about how they're going to be supported. So actually giving them that chance and saying what is important to you and what do you think's gonna help, and acting on that. No matter what that is, to the best of your ability is just so important."	
	EP: "It's about giving them that autonomy, isn't it as well? And giving them their choice, which you know at the moment, is sort of taken away from them. They're not choosing to not speak. It's something that's so tricky […] it's giving them the autonomy and other places in other areas as much as they can. So being led by the child"	
Moving away from an end-goal of speaking	SALT: "Sometimes it is a point of like educating the staff you know, a lot of them will say 'our goal is for this young person to answer the register' and I think that's, I sort of have that conversation 'That's lovely. But I think the ultimate goal is for them to feel comfortable' because really importantly, if they're anxious,	From the EP and SALT groups, there was a perspective that agendas between adults around CYPSM may clash. EPs and SALTs constructed teachers and sometimes parents as

they're not, you know, that impacts memory and processing the information. They're not actually gonna be able to learn. And would you rather a child could learn or answer the register? […] Sometimes they kind of what their goal is is very different to what we would ever kind of work on. We have worked on answer in the register, but often it seems really important to staff and it's kind of having to step back a little bit and give rationale for why a) that might not be possible just yet. But b) we want to work on all of these other things first."

EP: "I don't tend to focus exclusively on communication targets only if they're something that the young person identifies because I think when you get to secondary school, you're not just dealing with a child who struggles to speak, you're dealing with a child who, because they struggle to speak, is struggling to develop an independence in so many ways, but it becomes so much more pervasive, and it has huge impacts on mental health […] At secondary school […] I tend to be a little bit broader in my approach and I kind of look at the preparation for adulthood"

EP: "it can be easy to be kind of drawn into the narrative of staff's agenda and parents' agendas that the child *must* speak […] but we need to to really explore what that child or young person wants, and if they don't feel able yet, because I found that a lot of the young people do want to speak, that really is their goal. But because you know the response and the the kind of avoidance of speech is so entrenched, that's really difficult. […] So I think it's really important that we work on their goals and and and and find out what they want in whatever way you know using whatever tools they feel most comfortable with."

EP: "that comes back to their preparation for adulthood agenda, doesn't it? And supporting the child in all of those areas to live a as independent a life as they can to be able to advocate for themselves and to […] be able to access their community […] It's so much broader than not being able to speak in school, isn't it?".

considering speaking to be an end-goal, whilst discussing their own motivations to address the underlying causal or maintaining factors of which absence of speech is a result. As above, it was again proposed that outcomes to be worked towards should reflect what CYPSM want. There was a motivation towards the repositioning an element power towards the young person, who could be supported by, not necessarily directed by, surrounding professionals.

Opportunity without expectation	EP: "taking away the pressure, isn't it, in all shapes and forms"	The significance of perceived expectation and pressure is highlighted here; absence of speech is constructed as forming part of an identity or perceived identity of CYPSM in settings where SM has become expected of them over time.
	EP: "one of the young people that I've worked with, she actually found that transition to secondary really helpful for for her selective mutism. She'd moved out of area, so it was almost like she'd kind of recreated herself. And it was a brand, you know, a fresh start and where none of her friends or her peers, you know, went up to that school with her and obviously, no, none of the teachers had any kind of preconceptions of her. […] she wasn't viewed as the silent child. And she could kind of be who she wanted to be"	
	ST: "You're trying to do it at a pace that is still comfortable for the learner without it being overwhelming"	
A relational approach	EP: "Relationships are really important"	Relational approaches within schools reposition power upon school communities. A sense of shared impact can be seen here that goes beyond teachers and encompasses school staff as a whole in working with CYPSM. Across all three groups relational and nurturing approaches are considered to be impactful.
	ST: "I'm in quite a relatively small rural school and our pastoral team's very, very good and very efficient. So I know there's a lot of contact there and there's a lot of sort of individual care in that respect and a strong sort of wellbeing feeling […] [it's] quite close-knit really […] I think the caring side of it certainly helps individuals like that. They always have a point of call, somebody to go to privately […] So I think for me that's the biggest thing - that they feel they can speak to somebody if it's not me, you know, as you say, it's a secondary school - they they see me for an hour and then move on to the next teacher in that day. So it's very tricky to actually speak to your subject teacher. […] The form system, form tutors are certainly have a big role to play […] for me it's the sort of the pastoral team that has a big influence".	
	ST: "we rely on people to talk, don't we? To maintain relationships. So then how do you maintain a relationship? Like you say 3 hours spread it over a week, when someone never perhaps signals back to you anything, so I guess sometimes, perhaps it will be in, in writing, or just persevering on one sided conversations which sounds so unnatural, but […] maintaining what little you have almost and try not to lose anymore because it is a	

	great loss if if people don't communicate verbally."	
Classroom as a safe space with subtle and signified whole-class supports	EP: "I think when there's that real commitment from staff to ensure that the child is included in a way that you know so that they don't feel singled out basically, I think that's really effective."	
	ST: I think just nurturing that environment, creating that safe space. I think it's really, really helpful difficult but, but helpful."	
Upskilling and raising the confidence of teaching staff	SALT: "even if you can get all the information out to as many relevant members of staff as well, like then the issue can be staff skill set and understanding. So staff finding it really hard to take on board what you're saying and not understanding the nature of it as a phobia and an anxiety disorder and sort of making it their mission for the child to speak to them."	SALTs highlighted a need to build skill amongst teaching staff, whilst STs identified a lack of confidence in teachers' approach as a potential barrier to effective working with CYPSM.
	ST: "I know a lot of teachers shy away from asking [CYPSM] questions. I know they do, cause when I started teaching as well, I was one of those teachers and I was a bit 'I don't want the awkward moment of silence in the room' […] It's just so much when there's 20 odd kids staring at the child who's not talking"	
Working preventatively	SALT: "Preventatively. That's where we would be looking, and that would tend to be right at the other end of the kind of age range with the little ones, kind of early years, that kind of thing. In terms of prevention unless we know that there is a young person about to transition into a new setting and we could get in there first, provide some training and ensure that that environment is kind of ready for them. So that is kind of like preventative work, and, it's just at a different level."	Having spoken earlier about SM becoming entrenched by the time CYP reach secondary school, SALTs and EPs both identified a need for earlier identification of SM. Power regarding addressing SM is somewhat repositioned here within early years and primary settings, and with those in positions to upskill professionals within those settings.
	EP: "It's got to be something that people are aware of in the early years and that there's more training for parents of early years children to look out for, signs and things because, you know, the fact is that if you've transferred to secondary school and you've still got selective mutism you're less likely, you may make progress, but you're less likely to completely recover."	

Table 4: A table of discursive themes and illustrative extracts relating to support and intervention for CYPSM.

Key challenges for professionals

Discourse around the consistency of support for CYPSM was apparent throughout the SALT and EP groups. Inconsistent availability and access to professional services was constructed as a "postcode lottery", with little country-wide consensus as to whose remit SM falls under, how multidisciplinary support should be achieved, nor consistent training and funding for those in a position to work with CYPSM and their schools.

Within the EP and SALT groups there was noticeable discourse around barriers owed to inconsistent education and buy-in from those supporting CYPSM, especially school personnel. The vastness of secondary staff was felt to be a key factor here, creating difficulties in reaching all of the many potential key individuals in the immediate systems around CYPSM.

Discourse surrounding time, money and capacity was consistent across all three groups. For EPs, traded services were felt to echo earlier discussions around prioritisation of need. For SALTs, there was a feeling of being a highly stretched service, with SM pathways often not being funded but being pulled together regardless to meet a perceived high need. For STs, low funding combined with staff to student ratio created a sense of it being "hard to feel that you're doing enough for any of them."

Access to intervention was a final key challenge professionals were encountering. SALTs and EPs held parallel discourse around the barriers in meeting thresholds for support, particularly in the case of therapeutic interventions that are traditionally or typically based around talking. There appeared to be a shared construction across both groups around the lack of understanding of gatekeepers to support, particularly with regard to opportunities for differentiation that could make the difference to CYPSM receiving involvement from all relevant services.

Discursive construct	Illustrative extracts from the data set	Considerations in light of language and power
Postcode lottery and the lack of consistent multidisciplinary support country-wide	SALT: "It's like a postcode lottery, isn't it? [...] I'm not involved in commissioning or any service overview type stuff, but as far as I'm aware we don't actually receive any funding from our clinical commissioning group to support with selective mutism, but it's just because the need is so great with doing it anyway". SALT: "Our SM service and pathways were all developed with no funding at all in just a recognition of the need. So basically on top of what we do anyway, which is obviously very tricky, but it needs to be done so."	Reference to "postcode lotter[ies]" and external funding highlight a sense of power existing outside of the individual professions, whereby there is limited power over commissioning and whether or not SM is prioritised. This nods to the importance and power held by systems

		broader than the school, EPS or Speech & Language service, whereby Local Authorities and NHS trusts play an important role in the cascading down of resources, services, and capacity.
	EP: "I also think as a profession we are historically, I think it's beginning to change, but historically we've been so bad ourselves in this area […] it's ended up as sort of seen as a speech therapy issue or a [mental health service] issue and that makes me very cross because it's an anxiety condition that occurs in an education setting, and if Ed Psychs are not people who should be dealing with that, then I don't know who is […] It's not just about speech and language […] it's wider than that and […] I've really struggled to get selective mutism onto the EP training courses […] It's seen as like a little esoteric niche interest that a few people might have, but it's not that important. But in terms of the impact on young people's ability to live independently as adults, […] it's not niche at all and it's not particularly uncommon […] It's about what, one in 100 odd children, which is, you know, not dissimilar to lots of other conditions. But it's just seen as something that's you twiddle around with on the edges, but it's not a core part of our service offer and it you know in my mind it really should be cause this is an absolutely crippling condition."

EP: "where we are, we've kind of not got a pathway in place so quite often children are put onto it like waiting list for CAMHs and then rejected from that and then go to SALT and there's not actually anybody responsible to support these children, and that's quite scary with them potentially going under the radar. And I suppose it is very much a postcode lottery, isn't it? I think there are some places that've got these clear pathways in place and it's kind of much more, but for others it's so tricky. And I just, I do feel that there's a real inconsistency of support out there at the moment and, it's a worry."

EP: "And I guess that's where I feel that as EPs, we should do more to advocate for this group because, you know, we don't have thresholds in quite the same way as CAMHs do. […] Speech therapy, sometimes selective mutism is deliberately not commissioned, so they are unable to do it. Whereas EPs really we can get involved in whatever we we like as long as the school agrees, you know" | |

	EP: "It goes back to that role as an advocate and to do training and all that kind of things to help schools to perceive that this is serious. You know, potentially a serious issue and that lots of kids don't grow out of it."	
Commitment and buy-in from all adults around CYPSM	SALT: "The things that are tricky at secondary school is that just the amount of staff that are involved. And so all of the teachers for all of the curriculum areas, all of the teaching assistants, any kind of pastoral care that that young person accesses, heads of year, and it's just like so many staff members. So and then ensuring that all of those staff understand what SM is, what helps and what doesn't. So in primary school, you know, if there, if you can't get a school to release all of their staff to attend all school training, generally in a primary school, you could get early years staff or you could get key stage one staff, something like that. But in a secondary it tends to be very much the kind of it would be the person that, it would be the learning mentor for that young person and a head of year or something like that. But then they've got another 15 members of staff that they deal with every day. So and actually what you might then the barrier you've got is trying to ensure that what's the most effective way of getting that young person's voice heard across all of those adults to a level that they really do understand it?

SALT: "It feels nearly impossible, doesn't it?"

SALT: "It kind of does feel a little bit impossible. So that's where, just in terms of where would you start? Is there a single member of staff that they have a good rapport with that they would feel like they would like to build more of a relationship with. So there's a safe person in that setting that they could go to or have some time with […] you could get lost in a sea of staff at a secondary school. And as a parent, I've got young people in secondary school. I wouldn't know where to go. Do you go to the head of year? Do you go to the subject teacher, do you go to the pastoral? Do you go to? So there's so many factors involved in that." | Power becomes spread across vast bodies of people and professionals, particularly for secondary students with SM. Barriers can be seen here with regard to how far the reach of an external professional such as a SALT or EP can go in their often one-off or time-limited involvements. It is acknowledged that even within settings, STs are spread thinly with CYPSM's time divided between multiple subject teachers throughout the week. |
| | SALT: "One of the biggest issues can be consistency of support and finding the staff to, within an educational setting at the secondary level […] every lesson of the day can be with a different person[…] actually, we find when you're | |

	then trying to implement that change and try and work with them and work with that consistency. For us, the biggest barrier can be getting the school on side to identify, realise the severity and the need for that child to build that secure relationship, maybe with one or two people and actually they're expecting this person just to, you know, us to go in, click our fingers, and magically they'll be answering the register in every lesson, […] I think for me the biggest challenge with my secondary school and kind of college level students has been finding the support in the setting in order to support that young person because ultimately we might be able to build rapport with them, they might start to do stuff with us. But long term, that's not functional for that person, cause we're going to be entering their life and leaving quite quickly, potentially depending on your service model. But they need that person to build that with and to practise their skills where they'll develop their exposure or whatever you're working on. And for me, I think that's the biggest hurdle. It's kind of getting the school professionals around, that young person	
	EP: "I think within secondary school […] it's that the amount of people and the broader network, it might be great that one person has that knowledge. But actually when a child is encountering 10 different teachers […] that is just so challenging. It's about building that knowledge base or building a strong enough support network within a place to be able to support that child with the knowledge"	
	EP: "Education. It's a huge it's a huge issue. That whole idea of understanding the impact of this condition […] It's getting people to see the wider impact beyond the classroom of this condition that inhibits your communication so much. I think it takes a long time for the penny to drop for schools."	
Capacity – time, money, and balancing need	SALT: "Within the context of an NHS service, which is […] highly stretched as well. So we don't have the time to spend doing all of that kind of digging and then picking and things like that. It's yeah, it can be frustrating in terms of as a therapist and you know what you would like to achieve, but then there's a lot of factors involved as to why you can't always achieve that […] I think if we've all […]	Attention is drawn to the hard and soft systems impacting upon SALTs and EPs with regard to the allocation of time, money and resources. Similarly, STs

	accessed SM training as well […] and we know what you could achieve and we know what we're supposed to do. What's like the gold standard in terms of the service for SM. But then the reality of working in the NHS is that we often, you know, we haven't got the funding for preventative service well, certainly not in our trust in terms of universal level services and that kind of thing in the way that we did previously. So sometimes we just have to cut our cloth"	highlighted the tensions that arise when seeking to meet the needs of many different CYP within their class bases. There was a sense across all three groups that while motivation and will exists in working with CYPSM, it is not always met with adequate resources (time, funding, capacity).
	EP: "From an EP perspective is a bit tricky, the challenge to impacting change I think particularly in my service […] we offer a traded model, so schools buy in our time and I think with us supporting children and providing those interventions, it's, you know, the one to one interventions we've got the skill set, but I think schools can't necessarily afford the cost because it would be a long piece of work. So it's yeah, I think that costs and time can be barriers to us being able to impact the change"	
	ST: "I'm in a very big school over 2000 students. So I'm gonna be that cliche teacher who says, um, we really we don't have much time to really think about our strategies for helping students individually when there's 30 odd in a class. […] You do try to do the best you can. Most good teachers will, but in terms of literally providing strategies that that help those students cope, it's very difficult to consciously be aware of that at all times."	
	ST: "It's having the time, I mean that's the biggest issue in secondary school now is just it's just spread so thinly. […] Say you've got a class of 30 kids that you've seen for one hour a day and then you don't see them again till the next day. I mean English it's if key stage three is 3 times a week. So it's three hours, you know, thirty children possibly in that class. It's just so hard to feel that you're doing enough for any of them."	For STs, emotionally charged language illustrated the tensions of a role where funding and time does not always allow for optimal support for the needs of all students.
	ST: "And then of course then then we talk about money and funding to the to the welfare and SEND sectors, there just isn't the funding there to provide enough staff to cater for those children as well […] It's heart breaking. It's very difficult to kind of admit it"	

Access to intervention	SALT: "For us it's the support that can be provided for their wider social, emotional and mental health difficulties, particularly for the secondary age children. It's the limited support that is offered to them locally and so, often we kind of reach a point where we can't…We've done everything within our remit, and we can't go much further until those difficulties are addressed. But then the services that address those are saying you don't fit the criteria. Or you can't access our therapy or our treatment. That's a big one for us."	Soft systems appear to come into play here, whereby CYPSM and the professionals supporting them meet barriers in the forms of gaps in remit or non-inclusive criteria perceived to exist in other services and professions.
	SALT: "Those services that've got talking therapies and they go 'well it's talking therapy, so the child or young person with SM can't possibly access it' and they're almost so rigid in their criteria for acceptance, they're quite often not even open to that discussion of okay, but actually, you know, I've managed to do all of this work with this young person, and we've just had to adapt it. We've had to use this method or this method, and actually, if you take the time to build rapport that is achievable […] but where it's that sustained SM and it's been embedded and they need that mental health support […] We've done all we can do, but the anxiety underlying actually needs that mental health practitioner and therefore that's not me, and that needs that ongoing support. But it's, yeah, whatever reason being shut down unfortunately by services".

SALT: "And that is direct discrimination for them to say that. You can do talking therapy nonverbally. It's possible."

SALT: "There's a really clear barrier to what is standard practise for [mental health services], it's very difficult for them to see that there is another way that you could still do it. […] It feels like it's impossible, that you couldn't possibly access a talking therapy without talking, but you absolutely could." | |
| | EP: "I received this referral and it said this young lad who'd been discharged from [mental health service]. They'd attempted CBT but he'd been discharged for non-engagement because obviously CBT is a talking therapy and they'd said that you know he, he wouldn't engage. What a surprise. And so I was asked to kind of adapt it well to, to to, to do a some kind of therapeutic intervention | |

	with him. And I was really clear from the start to [mental health service] and to parents that, you know, my role wasn't to try and get him to speak. And it was, you know, to work on what he wanted to, what his goals were"	
	EP: "staff will offer something to somebody and say 'ohh you know you can come along to the SEN department at lunchtime if you're feeling anxious'. But for kids with initiation problems, which is one of the defining factors of selective mutism, that requires a massive initiation […] [not attending is] interpreted as defiance when it's not. It's usually an initiation inhibition"	

Table 5: A table of discursive themes and illustrative extracts relating to constructions of the key challenges for professionals in working with CYPSM in their respective roles.

Discussion

Definitions, terminology and their impact upon constructions across systems

Discourse arose in all three groups surrounding the nuanced mesh of diagnostic criteria for SM alongside neurodevelopmental or mental health related conditions. There was a sense of a lack of clarity at a diagnostic level of the specificity of different conditions, particularly in instances where they may co-occur (e.g. Autism Spectrum Condition with Selective Mutism). This brings questions as to the differentiation between labels and diagnoses and how this can impact understanding. Reflecting on some of these nuances and how diagnostic criteria and specific terminology can evolve over time as understandings of the differences in overlapping or similar conditions and phenomena occurs, Scott and Beidel's (2011) paper comes to mind, in which the subjective measures of SM were considered to be a barrier to accurate classification.

Use of the term "Selective Mutism" by the SALT and EP groups was considered important in reflecting DSM terminology, offering clarity as to the exact phenomena being discussed and affording certain understandings and protections to CYPSM (e.g. The Equality Act). Both groups noted that whilst they themselves did not construct SM as being a choice-based behaviour, they understood why this terminology could be misleading. Interestingly, the initial move to using the term "Selective Mutism" was in part an effort to mitigate misunderstandings (Cohan, Chavira & Stein, 2006). Despite the preference for "Selective Mutism" over and above "Situational Mutism" held by the groups, their thinking does appear to proposals that Situational Mutism could be a phrase which reflects the context-driven nature of SM whilst moving away from assumptions that

SM is merely a choice-based behaviour (Johnson & Wingtens, 2017) in a way that is more accessible to non-professional or non-expert groups.

Risk, pressure and the Unsafe World model: the role of others in reinforcing identity, safety, and expectations

Revisiting the work of Melfsen, Romanos, Jans and Walitza (2021) and their "Unsafe World" model of SM can be seen as echoed in the constructions of contributory, maintaining and support factors shared by all groups. Perceptions of risk and pressure draw on similarities between the Unsafe World model and widely accepted theories of SM being an anxiety disorder (Cohen, Chavira & Stein, 2006; Sharp, Sherman & Gross, 2007). All three groups identified ways in which adults around CYPSM can contribute to the maintenance of that sense of risk and unsafety.

A key facet to this was maintaining SM through inaction. This was defined across groups in three modalities: unidentified SM-related needs; SM-related needs not being prioritised for intervention or referral, and a lack of confidence in the professionals around CYPSM, whereby a fear of getting it wrong led to leaving SM unaddressed and unsupported.

The inverse to these, however, was seen in encouraging discourse around the ways different professionals around CYPSM can help to mitigate these causal and contributory factors. These existed at a level outside of the individual, focusing instead on teachers' approaches to inclusion and involvement, and ways to create opportunity without pressure. Akin to Crozier (2014) and Walker and Tobell (2015), EPs and STs identified the importance of establishing the classroom, school, and the people within it as being part of a safe space whereby inclusive practise and belonging are key to welcoming communication from all students. STs drew attention to the importance of a relational approach. Discourse throughout all three groups alluded to the vastness of secondary schools and the fleeting contact CYPSM may have with individual teachers or school support staff, hindering their ability to form supportive relationships.

In keeping with this, SALTs and EPs highlighted the importance of goal-setting that is CYP-led and individualised, moving away from any specific agenda of speaking being the goal of support and intervention. Although SM is in part defined by not speaking, using speech as a goal for intervention was perceived as an ineffective way to meet the underlying needs of CYPSM. This aligns with Hua and Major's (2016) finding that even where the perceived symptom of SM is resolved, i.e. speaking across contexts, underlying anxiety and difficulties with social communication can continue.

The cautiousness and hesitance STs described within their profession is somewhat mirrored in the EPs' agreed construction that support for CYPSM exists as a fine line between the opposite bounds

of a pendulum, whereby encouragement and opportunity are balanced with adopting a low-pressure, low-risk environment and approach. This can be seen as an effort to mitigate the effects of expectations and perceived expectations that can be tied into what is constructed as an ingrained and established identity as being someone who does not speak.

Identity and expectations were central to discourse. This took the form of how a perceived role of 'not speaking' could carry over into the behaviour and opportunities afforded by the individuals in the immediate systems around CYPSM; notably their teachers and peers. Oerbeck, Romvig Overgaard, Bergman, Pripp and Kristensen (2020) offer a similar position as the EP and ST groups in this study: where there is a loss of expectation for CYPSM to speak, there is a loss of opportunity. This is perceived as occurring in well-meaning ways, such as teachers avoiding putting CYPSM on the spot, or peers filling in conversations and discussions on behalf of CYPSM. A question arises as to whether there is space for CYPSM to begin speaking again after a period within which there has been low opportunity and low expectation to communicate verbally. It is important to consider whether perhaps the 'identity' of being someone who does not speak might be becoming equally ingrained within the systems around CYPSM as within the individual themself. Figure 4 (below) proposes a visual representation of the interactions between pressure and opportunity for spoken communication, which may exist in tandem with other influential or maintaining factors. Through consideration of the findings of this research, it is proposed that a low pressure but high opportunity environment may be the delicate balance to strive for in working with CYPSM. This matrix seeks to illustrate the significance of the approach of adults around CYPSM, who can play a key role in expanding ideas of support beyond specific individual-level interventions and instead moving towards fostering inclusive communication environments that encompass the needs of CYPSM. It is envisioned that this would be best supported through a relational approach whereby adults are well attuned to CYPSM and are able to maximise opportunities for incidental day-to-day communication. The use of shared activities (e.g. tabletop activities, games, tasks around school) may detract from a feeling of being "on the spot" during exchanges, and practitioners can create low-pressure opportunities for spoken communication through wondering aloud, allowing pauses, and being mindful of comfortable levels of eye contact for the young person. Small changes to routine, such as engaging with a new activity or spending time in a different area within the school may begin to lessen barriers that may arise from CYPSM's perceived expectations of others (i.e. shaking up the context within which a non-speaking role is felt to have been established). Similarly, pairings with peers for shared work or for social opportunities should come with considerations into groupthink, and the potential benefits of gently varying social groups in order to sustain a palatable disruption to any actual or perceived social roles (i.e. "a silent identity"). Crucially, it is proposed that

opportunities for spoken communication should be perceived as low-stakes, minimising a perceived sense of failure or of heightened unease. It is acknowledged that adults working with CYPSM must be afforded the time, space and buy-in to nurture these relational approaches.
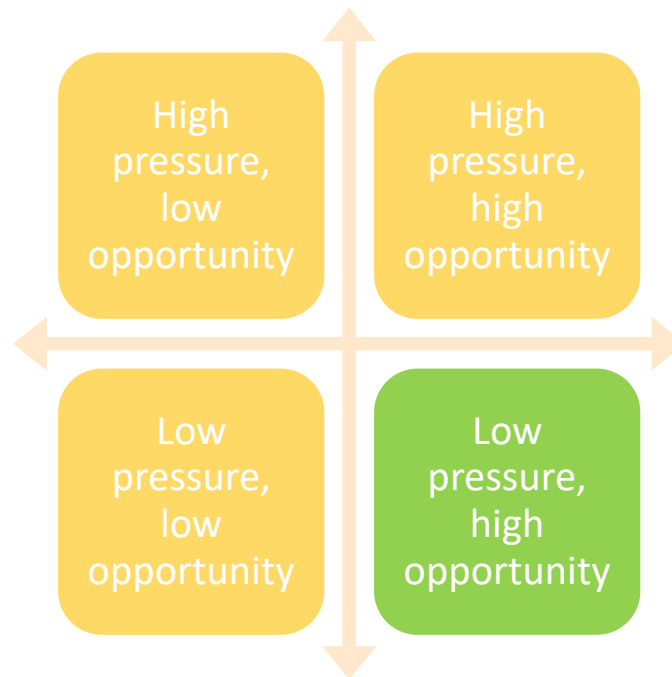
Figure 4: A proposed matrix of pressure and opportunity around CYPSM within secondary schools.

Collaborative working, education, and capacity

An interlinking systemic challenge apparent in the discourse of all three groups was that of capacity. There was a shared experience across all three professions that time and funding were scarce, and this was experienced as having direct implications for the prioritised referral of CYPSM for intervention and support with services such as Educational Psychology, Speech and Language, or Mental Health Services. Simultaneously, it was acknowledged across groups that teachers' capacity is limited, with their time being thinly stretched between large cohorts of students, each with their own needs.). SALTs, EPs and STs alike acknowledged that it was very difficult to commit time to getting the support right for CYPSM. These findings were in keeping with Christon et al's (2012) and Rodrigues Pereira et al's (2020) suggestion that finding time to consult with individuals within school systems can be challenging, and that busy teachers may face difficulty engaging in support for CYPSM whilst keeping up with teaching in itself along with the other demands of their profession.

Whilst EPs and SALTs referred to the importance of strategies and support implemented within the immediate school context around CYPSM, a marked incongruence could be seen through STs assertions around limitations to capacity. Considering teachers as being in a position to affect change and implement strategies for support (Capobianco and Cerniglia, 2018; White & Bond, 2022), STs can be seen as both with and without power with regard to affecting change. There was

consensus amongst STs that without supportive structures in place within and around the school system, there is an enforced limit to their capacity to affect change.

Despite these challenges, the discourse between SALTs, between STs, and between EPs identified a need for systemic change in three key areas to allow for effective support for CYPSM: education of professionals, clarity of roles and remits, and a need for collaborative joined-up working.

EPs highlighted the importance of education across all services. It was felt that there needed to be a shared understanding of SM and how best to approach and support it at individual and service levels. EPs identified a need for education to span Doctoral training programmes as well as a need for it to reach SENCos and schools in order to ensure that the most appropriate professionals could be identified for referrals. Similarly, White, Bond and Carroll (2022) propose a role for EPs in "equipping school practitioners with a sound understanding" of SM (p.18).

Echoing White and Bond's (2022) assertion, SALTs and EPs both alluded to a lack of clarity across systems regarding the roles and remits of different professionals who may become involved in the support of CYPSM. In practice, this was observed to impact holistic interventions and strategies, whereby each professional could only go so far: there remained gaps and unmet need. This finding is reflective of outside research, such as the work of Kelly and Gray (2000) whose exploration of the current role, good practice, and future directions of EP work highlighted a difficulty defining and distinguishing roles and remits. Kelly and Gray found this to exist most significantly in Local Authorities (LAs) where professionals existed within separate services, creating a barrier for joined up working and complementary rather than overlapping or incomplete remits.

Within the present study, SALTs drew attention to the need for a truly collaborative multi-disciplinary approach in support of CYPSM. This was found to be in keeping with prior research and proposition (Cohen, Chavira and Stein, 2006; Dallos, 2007; Christon et al, 2012). SALTs drew an important distinction between services practising in tandem and services practising collaboratively, proposing that as SM is a phenomena spanning a variety of professional domains there is a need for joined-up working and a shared approach between professionals, services and schools.

Summary of findings and implications for practise

There were encouraging synchronicities in the discourse between the three groups. Although there was a feeling of disconnect between services and a desire to work more collaboratively, the voice of one of the SALTs rang true: professionals are working in tandem but at present there does not appear to be a country-wide consistently collaborative approach to support for CYPSM.

The findings of this study offer practical implications for the support of CYPSM both within the immediate systems around them (classrooms, schools) and within the broader systems spanning the services and professionals available. Elements of these can be reflected in the individual practise of all three professional groups as well as holding implications for how each group can work supportively of each other. It was clear that wider systemic change is needed in the commitment of time, education, and resources across all services to CYPSM.

To summarise this research, discourse across the professional groups highlighted the following key findings:

- There is value to a consensus around terminology for the sake of clarity and specificity regarding the identification and diagnosis of SM.
- 'Selective Mutism' is a term which holds diagnostic relevance, however it may feed into misunderstandings regarding SM as a choice behaviour.
- Opportunities for spoken communication are crucial, though importantly these need to be very carefully balanced so as not to add pressure or expectation that can increase the sense of risk associated with it.
- The situational nature of SM may be tied to a particular setting, or the individuals within that system, based on actual, perceived, or feared reactions.
- SM can become entrenched overtime in cases where CYPSM are not identified as needing support, or are not prioritised for referral. The vast needs within secondary schools, as well as the limited time each teacher may have with CYPSM across the week are key contributory factors here. Working preventatively would mitigate this.
- Over time, SM can become entrenched, creating a cyclical effect both within the individual (demand characteristics, impact on identity) and within the immediate systems around them (expectations, opportunities, and openness afforded by adults and peers). A low pressure, but high opportunity environment can be seen as optimum in support of CYPSM.
- Anxiety associated with SM is self-protecting. CYPSM may avoid trigger of anxiousness (e.g. spoken communication), furthering the aforementioned cyclical effects.
- A lack of confidence may exist across secondary teachers; fear of pushing CYPSM out of their comfort zone can further limit opportunities for spoken communication provided.
- Attributing successful intervention and support to speech in itself is problematic and does not address underlying causal factors at individual or situational levels.

- Goal-setting and aims within interventions should, as far as possible, be guided or led by CYPSM themselves – there is an importance to restoring a sense of agency and control for the individual.

- A relational approach along with day-to-day adjustments in the classroom to promote inclusivity can combine to create a sense of safety within schools.

- Collaborative multidisciplinary working needs to be truly joined-up, with a focus on understanding how to complement each other's remit and working towards shared goals.

- There is a need for consistency to support, pathways and the upskilling of professionals across all Local Authorities. At present, support for CYPSM is perceived as a "postcode lottery".

- Professionals across services should consider creative ways to make therapeutic interventions accessible to CYPSM, who currently may face barriers to methods that are typically rooted in spoken communication.

- There is consensus across all three professional groups regarding a lack of capacity in terms of the time and funding allocated to supporting CYPSM. This exists in the prioritisation of other areas of professional's roles as directed by broader systemic processes.

Finally, this research supports the notion that SM cannot be considered at a solely individual level when moving to understand the role different professional groups and systems can play in its prevention and addressal. There has been an acknowledgement of the importance of considering CYPSM as individuals through individual goal-setting that is child-led and personalised. However, crucially, the present research highlights the importance of understanding the individual in context in order to address the causal and maintaining factors associated with the situation-specific phenomenon of SM.

Limitations and opportunities for future research

Whilst every effort has been made to answer the research question and address the identified gap in the literature, this study is not without limitations. In this final section within the empirical paper, limitations are discussed alongside potential opportunities for future research.

The methodology selected for this study encompassed the research paradigm (a relativist, social constructionist approach), and allowed for an exploration of the constructions and perspectives as presented and discussed between professionals. However, this approach can be criticised as subject to researcher bias. Hook's (2001) comments regarding the position of the researcher as conducting interpretive activity within the data set is important to consider. Within discourse analysis, there is

an element of subjectivity within the researcher's position of identifying dominant discourses and key discursive constructs across groups. Every effort was made to mitigate this, and it was hoped that the social constructivist and relativist paradigms underpinning this research promoted a position of lesser bias, particularly when approaching the data analysis and discussion stages.

In seeking to capture the perspectives and experiences of three specific professional groups, this research cannot comment on broader experiences within and around school systems. As is accepted when adopting a relativist ontological position, this research did not seek to demonstrate one singular truth of experience.

The use of an online forum to host the focus groups for this study was a choice which allowed for participants from a geographically diverse range of Local Authorities and services, which is felt to be a key strength of this research. This decision, however, may have limited how far a rapport could be established within groups, and in doing so may have limited the scope for the observation of disruptions to discourse, e.g. non-verbal cues, or organic pauses in conversation. In online settings, it is impossible to control for distracting factors outside of the focus groups, and there is perhaps less of a flow to conversation due to the need for muting and unmuting microphones, and managing hiccoughs in internet signal. In this instance, it is felt that the inclusion of professionals from such different services and locations around the country was an overwhelming strength, however this is certainly a point to consider ahead of future research.

Participants discussed barriers to support in the form of prioritisation of cases for referral, a task that would typically fall to SENCos. Further systemic issues were highlighted such as the allocation of time, funding and resources for professionals to engage in training and support for CYPSM. To gain a fuller picture of the scope of contextual and systemic factors impacting upon secondary aged CYPSM future research could consider including the perspectives and voices of SENCos and education leads within Local Authorities.

Finally, this research did not seek to include the voices of CYPSM on this occasion. One discursive construct that arose within the findings of this study was that of the importance of affording CYPSM agency and control, promoting a child-led approach where possible. An important area for future research would be to employ a similar systemic and contextual lens in exploring CYPSM's views, either through engaging with CYP who currently experience SM, or adults who may be able to offer a helpful retrospective account of their experiences, as has been achieved in prior research (Dallos, 2007; Omdal, 2007; Walker & Tobbell, 2015; and Kamani & Monga, 2020). This would be an important angle going forward in understanding how the perspectives of the professional groups

may align with the lived experiences of CYPSM, potentially providing a more child-informed account of the role systems, situations and contexts play in the onset, maintenance and support of SM.

References

Bergman, R. L. (2013). *Treatment for children with selective mutism: An integrative behavioral approach.* Oxford University Press.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), pp.513-531, https://doi.org/10.1037/0003-066X.32.7.513

Capobianco, M. & Cerniglia, L. (2018) Cognitive, emotional and behavioral issues in selective mutism: a narrative review on elements of a multimodal intervention. *Interaction Studies*, 19(3), pp.2-11

Christon, L.M., Robinson, E.M., Arnold, C.C., Lund, H.G., Vrana, S.R., & Southam-Gerow, M.A. (2012) Modular cognitive-behavioral treatment of an adolescent female with selective mutism and social phobia: A case study. *Clinical Case Studies*, 11(6), pp.474-491, DOI: 10.1177/1534650112463956

Cohan, S.L., Chavira, D.A., Stein, M.B. (2006) Practitioner Review: Psychosocial interventions for children with selective mutism: a critical evaluation of the literature from 1990–2005, *Journal of Child Psychology and Psychiatry,* 47(11), pp 1085–1097, doi:10.1111/j.1469-7610.2006.01662.x

Crozier, W.R. (2014) Children's shyness: a suitable case for treatment?, *Educational Psychology in Practice*, 30(2), pp.156-166, DOI: 10.1080/02667363.2014.895934

Dallos, R. (2007) Don't look back in anger: Learning from my mistakes with Mark and his family. *Clinical Child Psychology and Psychiatry,* 12(3), pp.361-368, https://dx.doi.org/10.1177/1359104507078466

Hollander, J.A. (2004) The social contexts of focus groups. *Journal of Contemporary Ethnography*, 33(5), pp.602-637, DOI: 10.1177/0891241604266988

Hook, D. (2001) Discourse, Knowledge, Materiality, History. *Theory & Psychology*, 11(4), pp. 451-584, https://doi.org/10.1177/0959354301114006

Hua, A., Major, N. (2016). Selective mutism. *Current Opinion in Pediatrics*, 28 (1), pp.114-120. doi: 10.1097/MOP.0000000000000300.

Johnson, M., & Wintgens, A. (2016) The Selective Mutism Resource Manual. doi:10.4324/9781315174068

Johnson, M., & Wingtens, A. (2017) Viewing selective mutism as a phobia of talking: the importance of accurate conceptualisation for effective clinical and parental management. In Essau, C.A. & Allen, J.L. (Eds), *Making parenting work for children's mental health* (pp.61-72), London: Association for Child and Adolescent Mental Health, DOI:10.4324/9781315174068.

Kamani, Z. & Monga, S. (2020) Understanding the outcome of children who selectively do not speak: A retrospective approach. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 29(2), pp.58-65, PMID: 32405308; PMCID: PMC7213919.

Kelly, D., & Gray, C. (2000). *Educational psychology services (England): Current Role, good practiceand future directions—the research report*. Nottingham: DfEE Publications

Melfsen, S., Romanos, M., Jans, T, Walitza, S. (2021) Betrayed by the nervous system: a comparison group study to investigate the 'unsafe world' model of selective mutism. Journal of Neural Transmission, 128(9), pp.1433–1443, https://doi-org.abc.cardiff.ac.uk/10.1007/s00702-021-02404-1

Moore, J. (2005) Recognising and questioning the epistemological basis of educational psychology practice, *Educational Psychology in Practice*, 21(2), pp.103-116, DOI:10.1080/02667360500128721

National Health Service (2019, August 27). *Selective Mutism*. NHS. https://www.nhs.uk/mental-health/conditions/selective-mutism/

Oerbeck, B., Romvig Overgaard, K., Bergman, R.L., Pripp, A.H., Kristensen, H. (2020) The Selective Mutism Questionnaire: Data from typically developing children and children with selective mutism. *Clinical Child Psychology and Psychiatry*, 25(4) pp.754–765, doi: 10.1177/1359104520914695.

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? *European Journal of Special Needs Education*, 22(3), pp.237-253, DOI: 10.1080/08856250701430323

Pietromonaco, P.R., & Barrett, L.F. (2000) The Internal Working Models Concept: What do we Really know about the Self in Relation to Others? *Review of General Psychology*, 4(2), pp.107-204, https://doi.org/10.1037/1089-2680.4.2.155

Rodrigues Pereira, C., Ensink, J.B.M., Güldner, M.G., Kan, K.J., de Jonge, K.G., Lindauer, R.J.L., & Utens, E.M.W.J. (2020) Effectiveness of a behavioral treatment protocol for selective mutism in children: Design of a randomized controlled trial. *Contemporary Clinical Trials Communications*, 19, pp.1-5, DOI: 10.1016/j.conctc.2020.100644

Scott, S. & Beidel, D.C. (2011) Selective mutism: An update and suggestions for future research. *Current Psychiatry Reports*, 13(4), pp.251-257, DOI: 10.1007/s11920-011-0201-7

Schwenck, C., Gensthaler, A., Vogel, F., Pfeffermann, A., Laerum, S., Stahl, J. (2021) Characteristics of person, place, and activity that trigger failure to speak in children with selective mutism. *European Child & Adolescent Psychiatry*, 2021, pp.1-11. 10.1007/s00787-021-01777-8.

Selective Mutism Association (n.d.) *Evaluating and Diagnosing Selective Mutism*. Selective Mutism Association Retrieved January 22, 2023, from https://www.selectivemutism.org/evaluating-and-diagnosing-selective-mutism/

Sharp, W.G., Sherman, C. & Gross, A.M. (2007) Selective mutism and anxiety: A review of the current conceptualization of the disorder. *Journal of Anxiety Disorders*, 21, pp.568-579, doi:10.1016/j.janxdis.2006.07.002

Standart, S., Le Conteur, A. (2003) The Quiet Child: A Literature Review of Selective Mutism. *Child and Adolescent Mental Health*, 8(4), pp.154–160, DOI: 10.1111/1475-3588.00065

Turkiewicz, G., Castro, L.L., Morikawa, M., Da Costa, C.Z.G., & Asbahr, F.R. (2008) Selective mutism and the anxiety spectrum - A long-term case report, *Revista Brasileira de Psiquiatria,* 30(2), pp.172-173, DOI: 10.1590/S1516-44462008000200019

Viana, A.G., Beidel, D.C., Rabian, B. (2009) Selective mutism: A review and integration of the last 15 years. *Clinical Psychology Review*, 29, pp.57-67, doi:10.1016/j.cpr.2008.09.009

Walker, A.S., Tobbell, J. (2015) Lost Voices and Unlived Lives: Exploring Adults' Experiences of Selective Mutism using Interpretative Phenomenological Analysis. *Qualitative Research in Psychology*, 12(4), pp.453-471, https://doi.org/10.1080/14780887.2015.1054533

White, J., & Bond, C. (2022) The role that schools hold in supporting young people with selective mutism: a systematic literature review. *Journal of Research in Special Educational Needs*, 22(3), pp.232-242, DOI: 10.1111/1471-3802.12561

White, J., Bond, C., Carroll, C. (2022) An exploration of how selective mutism training informs teachers' understanding and practice. *Support for Learning*, 37(1), pp.3-20, DOI: 10.1111/1467-9604.12392

Wiggins, S. (2009). Discourse analysis. In Harry T. Reis & Susan Sprecher (Eds.), *Encyclopedia of Human Relationships*. Pp. 427-430. Thousand Oaks, CA: Sage.

Part Three – Critical Appraisal of the research process

Word count: (4,478)

The following critical appraisal is intended as a reflective and reflexive account of the research process from its conception through to its write-up. Reflectivity and reflexivity are described as important tools for questioning our own knowledge and beliefs regarding both our practise and the theories which underpin it (Moore, 2005). Moore describes reflection as a vital facet to the practise of Educational Psychologists (EPs), notably those practising under a social constructivist paradigm.

The following critical appraisal is written in the first person to reflect my thinking as a researcher throughout the course of this project. Reflections are set against the backdrop of the professional development as a Trainee Educational Psychologist (TEP) as well as the intention for this project to make an original contribution to knowledge in the area of Selective or Situational Mutism (SM). The following account is presented chronologically to reflect the process of this project over time.

Topic selection

During a research seminar early on in the Doctoral programme, we were advised that there can be a sense of loss in the research process. This has rung true at several points during this process, but most notably at the very beginning.

The first instance of loss was topic selection. I came into my doctoral training with a variety of interests I wanted to explore. When considering possible areas to explore for my thesis, instead of narrowing and honing this list, it only grew. There was a conscious awareness that this would be my largest scale research venture so far in my educational journey, and it certainly felt to be the most significant project I have been involved with so far. Choosing one topic meant stepping away from any ideas or intentions of exploring my other areas of interest. There was an element of trust required in making a decision regarding the thesis topic. Compared to the two smaller scale research

projects, the thesis spans a significant portion of our training and learning journey through the second and third years of the course. It felt important that the topic chosen was not sensationalised and likely to lose momentum, and it also felt important that my own motivations to explore the topic would not waiver in favour of other ideas further down the line.

The prevalence of SM as compared to its absence in the formal teachings of the doctoral programme combined to make it an appealing avenue for research. Around 1-1.6% of CYP experience SM according to the research explored in the Major Literature Review (Krysanski, 2003; Sharp, Sherman & Gross, 2007; Chavira et al, 2004). SM therefore seemed to be a topic that held relevance to Educational Psychologists in their ongoing practise as well as an area that would be useful to research, both on an individual level as a trainee, and on a broader level in the hopes of contributing to knowledge through the thesis project. Participants involved in this research echoed a similar perspective, most notably within the EP group: a key barrier to effective support for CYPSM was a lack of knowledge and education into the phenomena across professionals, including as part of doctoral training programmes.

Literature review and the chronology of research

Through the course of the doctorate, I have found that I construct research as a process of discovery and exploration. However, there have been times at which the overall process and order of events have felt at odds with this. Beginning with a relatively small exploration of the literature in order to formulate research questions arguably made my major literature review feel somewhat benign, because it was captured in hindsight. The project had already been through the university's ethics panel, its methods and research questions had already been ascertained. This has raised further questions about the potential for bias involved in a narrative style literature review, whereby as a researcher there were elements of my own discretion in the scoping processes behind selective relevant literature, as highlighted in Green, Johnson and Adams (2006). It was important to be conscious of the additional bias created by this order of events: I knew my research question, my focus group prompts were mapped out, and I was seeking participants. My reading of the literature available, along with the key messages taken from it, may have been impacted by my already developing research interests at that point in time.

Similarly, finalising the major literature review after having been through the university's ethics panel left little room for adjustments to the focus group prompts. I had somewhat anticipated this and chosen to leave my focus group prompts fairly broad so as not to back my research into a corner that might turn out to be irrelevant upon a deeper exploration of the literature. However, by doing

this I may have missed opportunities to gain greater depth of discussion through more targeted prompt questions.

There is something slightly inorganic in the order of events as required for doctoral research within the present Doctorate in Educational Psychology programme. I have certainly felt at points that my methods of recruitment and data analysis were overly governed by decisions I had made in those very early stages, before I had completed what should have been the guiding process of the major literature review.

Research question

Throughout explorations of the available literature, I was struck by what felt like a stark contrast between the definitions of SM and the proposed supports and interventions. SM was defined as being context-bound; by definition, SM was identified or diagnosed on the basis that the individual did not have any difficulties with spoken communication in other contexts. Such a construct was presented within texts which detailed intervention and support at the individual level, through therapeutic intervention, strategies for the individual themselves to employ, and in some cases through medication. This existed within peer-reviewed literature as well as more casually in articles, videos and discussions online.

The contrast had me reflecting on my practice as a TEP and the holistic and systemic approaches to practise that are encouraged through the Doctoral programme. This can involve gathering information from different contexts (the child in school, the child at home, the child as they present during our session together, for example) to triangulate any similarities and differences across contexts. Where inconsistencies are highlighted, I aim explore ideas about the particular context, system or circumstance in which a "problem" is noticed, and what it is within that context that may cause or maintain the "change issue". It is a move away from pigeonholing change issues as being "within-child", and a key part of the holistic approach strived towards in TEP and EP practise. Buck (2015) summarises a shift over time across EP practise as moving from "within-child" to "context of child" (p.221). Importantly, this allows for consideration to be given into who is best placed to affect change, be that at an individual level (the child, an adult in school, an adult at home), or at a more systemic level (the immediate class system, the school system, community or family systems, and beyond).

Acknowledging this reflection alongside the commonalities across SM literature and discourse, questions arose as to whether SM was still being considered to be a within-child problem. Old narratives of SM as being an elective, choice-based behaviour came to mind. Similarly, it echoes Hua and Major's (2016) review, which positioned spoken communication as a symptom of SM. Hua and

Major highlighted research that suggested resolving this symptom did not necessarily resolve the underlying feelings of anxiety and/or difficulties with social communication. It felt important to explore SM from a systemic perspective: what was it about the school context in which SM is most commonly seen (REF) that contributes to its onset and its maintenance? Further, what could be done at a systemic and contextual level to prevent SM or to support CYP who have already developed SM?

Professional values and ethical considerations

It was important at this stage to consider the position and approach to practice that I would be bring to this research, and with it the potential biases I myself may have held. Throughout the research module within the doctoral program there has been a focus upon the researcher as being within research, and as such the difficulty or perhaps impossibility of fully separating oneself and one's own values.

There feels to be an element of risk to conducting research such as this, whereby the research questions, as guided by the literature, necessitate an openness to explore *whether* there are perceived to be systemic and contextual factors impacting upon CYPSM. With that comes the potential for bias; would my interpretation of the data reflect a true picture of the perspectives of the participants involved. There exists a delicate balance between remaining invested at a professional and oftentimes personal level with a thesis topic, whilst maintaining an openness to discovering perspectives and experiences that may not have aligned with my own.

Further, as a researcher who has and may continue to encounter SM on a professional and personal level, it is easy to feel a level of protectiveness towards CYPSM and the practitioners working closely alongside them. Conducting research at this level brings forth a level of responsibility with regard to the impact of the perspectives to be shared, and the narratives these may contribute to.

Selective Mutism and a difficulty speaking in school

Conversations that featured heavily in early supervisions around the thesis centred around the use of diagnostic terminology. I held some reluctance around using terminology that had medical or within-child connotations for a phenomena that may, at least in part, exist in situations or circumstances outside of the individual. A concern that had arisen through exploration of the literature was that SM was being positioned as a problem at the individual level; a deficit in an individual's ability to engage in spoken communication.

Discussions through supervision afforded space for me to gain clarity about what exactly my concerns were. Through exploration, I identified that these existed at three levels.

First, I felt a hesitance that using such diagnostic or deficit-based terminology may contribute towards broader uses of within-child language to describe change issues. There is little certainty at the beginning of a doctoral thesis as to how far the thoughts and ideas expressed within the final thesis may travel, be that through the university's own online publication of these projects, or any further peer-reviewed publications sought going forward. Unlike previous research projects and assignments through the DEdPsy programme, the thesis would be shared online. A point of ethical tension arose in two ways with this acknowledgement: first that the ideas within the thesis would be available to any potential reader, and second that the views presented could be connected to the TEP as a practitioner going forward – it was important that the language used in this thesis was not at odds with my present thinking and position. Both of these furthered the importance of conducting a study which, regardless of the results, felt like a reflection of my values as a trainee educational psychologist.

Next, at a more immediate level, the use of particular terminology had the potential to influence the self-selecting sample of participants involved. It was important to consider how the language used in my communication with potential participants, such as through the recruitment callouts, may encourage or discourage professionals from participating. For example, would the use of the term "selective" or "situational" impact whether professionals felt this was a study they were interested in partaking in, or where their own stance would be welcomed? A focal point of early supervisions centred around how to use language in participant call-outs to reduce sampling bias. An early dilemma was whether employing potentially divisive terms such as Selective or Situational Mutism could be construed as promoting a particular stance around terminology and any connotations that came with that.

Through discussions in supervision and subsequent reflections, as above, it became apparent that a balance needed to be reached. Reflecting the paradigm of social constructivism and relativism underpinning this project, the phrase "Selective Mutism or a difficulty speaking in school" was used. This was hoped to be open enough to be inclusive towards professionals who may be working with CYPSM who have not received a diagnosis, or who have not elected to seek one. It was also important that the language used throughout this study did not blur the line between what could be considered SM and other reasons why CYP may have difficulties with verbal communication, for example specific speech and language difficulties, English as an additional language, or individual differences such as shyness or introversion. It was important that the language used could encompass CYP who have SM or equivalent presentations, whilst not diluting understandings of SM and other conditions by drawing potentially unfounded parallels.

Participant recruitment

Conducting research within the confines of the university's structure and timeline brought out particular challenges with regard to participant recruitment and the feasibility of capturing all of the sought voices for this project. First, in seeking to meet deadlines, there came a point at which I came very close to accepting that I was not going to be able to pull together a teacher group in time for analysis and write up. This was the second point in which I experienced a sense of loss within this process. Completing this project without teachers' voices would have significantly impacted the scope of this study, limiting the applicability of the findings to those working at the most consistent and direct level with children and young people. The Major Literature Review had highlighted the importance of teachers as being the most immediate professionals working with CYPSM (Capobianco and Cerniglia, 2018; Oerbeck, Romvig Overgaard, Bergman, Pripp and Kristensen; and Schwenck, 2021; White and Bond, 2022).

The time constraints further impacted upon the more flexible ways in which teachers' voices could have been captured given that there was difficulty in pulling together a teacher focus group. Considerations were made regarding conducting individual or paired interviews if numbers were not met, or joining focus groups across professions whereby SALTs, EPs and teachers could hold a shared discussion. However, this would have meant a complex and potentially lengthy journey back through the university's ethical approval process.

Owed to final participant recruitment pushes and the word of mouth that resulted from the social media callouts, a teacher group of three came together for a very last-minute focus group. After months of feeling disheartened about possibly not being able to capture teacher's voices towards this project, there was finally no decision to be made about going ahead. It created a very tight squeeze for data analysis and discussion, but it felt important to this project, and by extension important to me as a researcher.

Reflecting on how different this project could have been without teacher voices brings up questions regarding the ethical nuance of the competing aims of this research: as a researcher there is an intention to carry out as thorough a piece of research as possible, whilst as a Trainee there is a pressure to balance demands and to wrap up projects in time for marking turnarounds and eventually qualification.

Participant groups and inclusion criteria

Through the process of recruitment, interest was received from individuals who did not quite fit the pre-determined criteria for inclusion in this project, but who may have offered important additional angles to the discussion. A psychotherapist reached out, along with several well-meaning individuals

who did not have experience of working with CYPSM but who were enthusiastic about the topic. Within the focus groups themselves, mental health professionals were mentioned several times as holding an important role in supporting CYPSM. Similarly, the EP group drew attention to the role SENCos hold in the referral process and prioritisation, or not, of CYPSM.

On reflection, the inclusion of further groups such as mental health professionals, SENCos, or professionals holding the purse strings within Local Authorities would have offered greater scope for understanding the broader systemic factors impacting upon CYPSM both within school systems and at a Local Authority level.

Focus groups

Establishing focus groups digitally via Microsoft Teams was somewhat challenging. It took me back to something that one of our course tutors had said during the first week of the course. Roughly remembered, this was that "there can be a lot that happens in the fifteen minutes before a meeting starts". I found myself half-joking with one of the focus groups, sharing that I'd have loved to have offered them tea and biscuits were we to have been meeting in person, but alas, had everyone had a chance to grab a coffee? I opted to give the groups the open option to introduce themselves if they so chose, which most did. Participants had been advised ahead of time that they could show up under a Teams pseudonym or use their real name, and that either way their transcripts would be anonymised. I was almost glad that we had a slightly staggered arrival whereby I had a minute or two to introduce myself more casually to the first participants to log into each virtual room.

Those early meeting experiences felt important to me in establishing a sense of community within the group, in which participants would hopefully feel at ease discussing their perspectives and experiences. It isn't for me to say how well this was achieved, but I certainly felt relieved that as each group went on participants were openly referring to and reflecting upon things each other had said, concurring or adding to each other's ideas.

As a researcher and Trainee Educational Psychologist (TEP), my position within the focus groups varied group by group. Within the teacher group, there was at one stage a question posed to me about SM along with the comment "you're the expert". Whilst this was made casually, it has opened up space for reflections regarding positions of perceived power and perceived expertise. Farrel and Woods (2017) and Nolan and Moreland (2014) draw attention to the power dynamics experienced in EP and teacher engagement, highlighting a sense of giving up of power to the EP. My position as a TEP felt quite noticeably different within the EP group as compared to the teacher group: in the former I was the less experienced individual within the same field, whereas in the latter there may

have been an association between researcher/TEP and experienced EPs with whom the teachers in the group may have consulted.

Data analysis

Through the process of data gathering and analysis it was possible to see the merit of other methods of data analysis that could have been equally or more helpful in exploring the topics in this research.

At several points I have certainly found myself looking at the data and thinking of the data through a lens of thematic analysis, which was the analytical tool I had used for my two prior pieces of research. In part, this is likely due to the familiarity of these methods: I am now quite used to looking for themes within conversation. Thematic analysis could have offered merits in exploring the breadth and depth of the data as related to key themes from the Major Literature Review (Braun and Clarke, 2006).

The decision to employ discourse analysis as a lens for data exploration was largely based on my own tendency to consider language, meaning, nuance, and how this can be an effective means of understanding the constructions and social constructions held by others. Effectively, the dataset is seen as existing in the form of language and conversation, and so discourse analysis seemed an accurate fit. Hook (2001) highlights the importance of formulating an analysis that spans both the information within the text or discourse, and information beyond this in order to gain a contextualised understanding of the dataset. Using discourse analysis has been a helpful venture as a researcher in broadening my experience of different analytic tools.

Participating professionals highlighted the inconsistency of support for CYPSM in services across the country, notably with regard to the allotted funding, time and resources available, or not, to form SM pathways for support. Particularly for the SALT group, this view was upheld by professionals working in different Local Authorities around the UK. Reflecting on this, the decision to hold focus groups online in order to make space for a geographically diverse participant group can be seen to hold strength. Inconsistency of pathways for support appears to be a barrier that is widely experienced.

Findings and discussion: Contribution to knowledge

Throughout the three-year Doctoral programme, along with many previous years spent exploring Psychology as an undergraduate and post-graduate student, I have benefitted from the vast body of research available across the many domains of interest and relevance to my practise. Completing the doctoral thesis has been a rare and at times exciting opportunity to make an original contribution to the field.

The discussion section within the Empirical Paper was a helpful opportunity to consider the findings of this research as situated within existing literature. The present study sought to explore perspectives regarding the factors, if any, that existed outside of the individual, which may cause, contribute towards, or maintain mutism within a secondary school context.

The bringing together of professionals was central to this research, allowing for the emergence of dominant discourses along with opportunities to observe shared constructions, and any tensions or disparities across the perspectives presented. There was a noticeable sense of consistency to the perspectives and constructions shared within each professional group. Considering this alongside the vast geographical range of the participants, each based within different Local Authorities (LAs) and services across the country, it could be considered that there is perceived to be a symbiosis to prevention and intervention needs for CYPSM country-wide. This was a notion that the SALT group themselves commented upon: their services and pathways differed, but their perspectives of what was needed to support CYPSM was consistent.

The SALT group introduced a crucial distinction between professionals working in tandem and professionals engaging in collaborative, joined-up working. This was echoed in discourse across both the EP and SALT groups regarding the lack of clarity or consensus regarding roles and remits of the different professionals who may become involved with CYPSM.

In keeping with prior literature which highlighted the important role teachers can play in implementing support for CYPSM, the present study further illustrated the barriers to capacity at a systemic level. Reflecting on this, implications can be seen for the practise of EPs and SALTs, who may typically leave schools with a bank of strategies to implement in the classroom. Broader questions arise here with regard to the effectiveness of class-based recommendations that may be made by EPs and SALTs. There was a sense of tension around professionals engaging with CYPSM and schools short-term and needing to rely upon over-stretched STs to continue the important ongoing relational and contextual work with CYPSM. This holds particular importance when considered alongside the significance and helpfulness of relational approaches, as has been highlighted by all three groups. Discourse within the ST group offered disclosures of feelings of "heartbreak" when unable to meet the needs of all CYP within a class group; barriers existed not for a lack of intention, but for a lack of capacity provided at a systemic level.

Participating professionals in this research described the importance of perceived safety for CYPSM within their school and classroom settings, and within the immediate systems around them (e.g. peer group, class groups, year group). This holds parallels to The Unsafe World model (Melfsen,

Romanos and Walitza, 2021), in that SM is considered to be an adaptive behaviour, reacting to a situation in which an individual perceives spoken communication to be unsafe.

A finding from the present study that feels very significant in light of my own practise and explorations of literature related to SM is the fine line that needs to be walked in providing opportunity without pressure to CYPSM. Participating EPs referred to this as existing within a pendulum, whereby at one end there is low pressure but low opportunity to engage in social communication, and at the other there is high pressure and high opportunity (see Figure 4 within Empirical Paper). Upskilling teaching staff was identified by EP and SALT groups in meeting this need, whilst similarly STs expressed a lack of confidence, particularly for newer or less experienced teachers, in getting the balance right.

Student vs Researcher

In the early stages of this project, through the stages of the initial literature review and writing the research proposal, the work involved in thesis research takes place in a bubble between researcher and research supervisor. There is an allotted one day per week to balance this work alongside other university-based requirements. In contrast, as Trainee Educational Psychologists, four days per week are spent on placement, conducting very real-world work amidst busy Educational Psychology services. I certainly found it difficult to feel as invested in my research journey as I might have hoped, because I found myself very drawn to my placement experiences in which I was noticing more tangible improvements in my practise and through which my work could have a direct and tangible impact.

There was a shift from the beginning of the participant recruitment process. Suddenly the comparison felt less stark, and I found myself communicating with professionals who shared an interest in this project, and who were open to investing their time and lending their perspectives towards making this project happen. The challenge then became one of a time balance and a juggling act between the role of researcher and the role of trainee. At each stage, there has been a need to wear different hats, and to balance competing demands within this project, for the university, and within my placement work.

Concluding reflections

The process of conducting this research from conception to completion has given me a more thorough understanding of the processes and journeys research can follow. The scale of this research along with the university's intention to share these projects publicly online has brought a

feeling of greater stakes, which has been grounding at times when the scale of the project may have felt overwhelming. Unlike other pieces of work this does not feel like a private paper between marker and trainee, but a bid to make a genuine contribution to knowledge. There has been an excitement to that which has been key to keeping motivation and momentum to this process despite the many demands and responsibilities Trainee EPs contend with.

The findings of this research will shape my practise going forward, and the opportunity to explore these both through formal discussion within the empirical paper, and through the reflective and reflexive account offered in the critical appraisal has been helpful in cementing my stance that Selective or Situational Mutism cannot be considered as located within the individual alone.

Additional references

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in Psychology*, 3(2), pp.77-101, http://dx.doi.org/10.1191/1478088706qp063oa

Buck, D. (2015) Reconstructing educational psychology reports: an historic opportunity to change educational psychologists' advice?, *Educational Psychology in Practice*, 31(3), pp.221-234, DOI: 10.1080/02667363.2015.1030724

Capobianco, M. & Cerniglia, L. (2018) Cognitive, emotional and behavioral issues in selective mutism: a narrative review on elements of a multimodal intervention. *Interaction Studies*, 19(3), pp.2-11

Farrel, P., Woods, K., (2017) Consultation and the role of the Educational Psychologist. In Hatzichristou, C., Rosenfield, S., *International Handbook of Consultation in Educational Settings* (1, pp.217-229.). Routledge. https://books.google.co.uk/books?hl=en&lr=&id=KjAlDwAAQBAJ&oi=fnd&pg=PA217&dq=educational+psychologist+consultation&ots=M5D8kiUM8C&sig=gJ4OmCVl4LB8HhqC5xfMNyCoKS8#v=onepage&q=educational%20psychologist%20consultation&f=false

Green, B.N., Johnson, C.D., & Adams, A. (2006) Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *Journal of Chiropractic Medicine*, 5(3), pp.101-117, https://doi.org/10.1016/S0899-3467(07)60142-6

Hook, D. (2001) Discourse, Knowledge, Materiality, History. *Theory & Psychology*, 11(4), pp. 451-584, https://doi.org/10.1177/0959354301114006

Hua, A., Major, N. (2016). Selective mutism. *Current Opinion in Pediatrics*, 28 (1), pp.114-120. doi: 10.1097/MOP.0000000000000300.

Krysanski, V.L. (2003) A Brief Review of Selective Mutism Literature, *The Journal of Psychology*, 137(1), pp.29-40, DOI: 10.1080/00223980309600597

Melfsen, S., Romanos, M., Jans, T, Walitza, S. (2021) Betrayed by the nervous system: a comparison group study to investigate the 'unsafe world' model of selective mutism. Journal of Neural Transmission, 128(9), pp.1433–1443, https://doi-org.abc.cardiff.ac.uk/10.1007/s00702-021-02404-1

Moore, J. (2005) Recognising and questioning the epistemological basis of educational psychology practice, *Educational Psychology in Practice*, 21(2), pp.103-116, DOI:10.1080/02667360500128721

Nolan, A., Moreland, N. (2014) The process of psychological consultation, *Educational Psychology in Practice*, 30(1), pp.63-77, DOI: 10.1080/02667363.2013.873019

Oerbeck, B., Romvig Overgaard, K., Bergman, R.L., Pripp, A.H., Kristensen, H. (2020) The Selective Mutism Questionnaire: Data from typically developing children and children with selective mutism. *Clinical Child Psychology and Psychiatry*, 25(4) pp.754–765, doi: 10.1177/1359104520914695.

White, J., & Bond, C. (2022) The role that schools hold in supporting young people with selective mutism: a systematic literature review. *Journal of Research in Special Educational Needs*, 22(3), pp.232-242, DOI: 10.1111/1471-3802.12561

Appendices

Appendix 1: Search terms for Major Literature Review

Database		Search terms	Results yielded
Ovid		"selective mut*" OR "elective mut*" OR "situational mut*"	252
	AND	"secondary school" OR "secondary age" OR "college" OR "high school" OR "teen" OR "adolescen" OR "young person" OR "young people"	
Scopus		"selective mut*" OR "elective mut*" OR "situational mut*"	228
	AND	"secondary school" OR "secondary age" OR "college" OR "high school" OR "teen" OR "adolescen" OR "young person" OR "young people"	
			Total: 480

Table 6: A table of the search process for the Major Literature Review

Appendix 2: Summary of literature

Summary table of the participants, relevant methodology and design elements, and the key findings of the papers identified through the literature search. The papers are presented alphabetically according to author name.

Paper	Participants / papers included	Methodology and design	Key findings
Bunnell, Mesa and Beidel (2018) *A Two-Session Hierarchy for Shaping Successive Approximations of Speech in Selective Mutism: Pilot Study of Mobile Apps and Mechanisms of Behavior Change*	Fifteen children aged 5-17	Experimental design whereby participants engaged in one of three behavioural therapy interventions. Quantitative analysis explored time spent speaking and self-reported anxiety measures.	Verbal communication was elicited within 59 minutes of intervention in all fifteen children. Fourteen of the children engaged in five-minute conversations with unfamiliar adults. Discussions offer that the use of mobile applications and therapeutic tools are more impactful than reinforcement alone.
Capobianco & Cerniglia (2018) *Cognitive, emotional and behavioral issues in selective mutism: A narrative review on elements of a multimodal intervention*	Not disclosed. Papers from 1980 – 2017 appear to have been sampled.	Narrative review of SM literature.	SM is defined as a complex anxiety disorder with combined biological and environmental causal factors.
Christon et al (2012) *Modular cognitive-behavioral treatment of an adolescent female with selective mutism and social phobia: A case study*	One participant, female aged 15 years.	Case study of an adolescent with SM who accessed 61 sessions of an adaptation (developmental approach) to a modular cognitive-behavioural therapy intervention.	The modular CBT approach can be effective in relation to SM. The prevalence of comorbid diagnoses and difficulties may necessitate more than just a single approach to intervention. Intervention needs to be individualised to CYPSM. Adults play a role in reinforcing SM, and a collaborative approach is important.
Cohan, Chavira & Stein (2006) *Practitioner Review: Psychosocial interventions for children with selective mutism: A critical evaluation of the literature from 1990-2005*	23 peer-reviewed published studies dated between 1990-2005.	A critical evaluation of literature.	Approaches used in the literature included cognitive-behavioural (n=10), psychodynamic (n=5), behavioural language intervention (n=1), family systems approach (n=1). Multimodal approaches were used in six studies. The use of cognitive-behavioural interventions is supported,

			however key components for these are found to be unclear.
Dallos (2007) *Don't Look Back in Anger: Learning from My Mistakes with Mark and His Family*	One participant, male aged 15 years.	A reflective account of a clinical psychologist's work with an adolescent with SM.	A variety of approaches elicited good engagement from the young person, including "CBT, cognitive analytic therapy, personal construct theory and systemic individual work" (p.365), however SM persisted and the young person developed Obsessive Compulsive Disorder in addition. Little support from the wider organisation is discussed as a contributing factor to the unsuccessful period of intervention. A need for reflection upon practise is highlighted, and it is acknowledged that there may not be a singular reason for the lack of progress.
Gensthaler et al (2016) *Selective mutism: The fraternal twin of childhood social phobia*	A sample of CYP with SM (n=95) and Social Phobia (SP) (n=74), of which thirty were adolescents with SM. A control group of CYP with neither condition were also recruited.	Youth Self-Report, Child Behaviour Checklist (CBCL), and diagnostic interviews were used. Quantitative approach.	94% of participants with SM were found to have a social phobia. Individuals with SM had higher comorbidities of separation anxiety, oppositional defiant disorder and agoraphobia, however lower comorbidities (as compared to individuals with just SPs) with generalised anxiety disorder and major depression. Individuals with SM had more social difficulties and were more withdrawn. SM and SP are concluded to be related but separate conditions.
Holka-Pokorska, Piróg-Balcerzak, & Jarema (2018) *The controversy around the diagnosis of selective mutism – a critical analysis of three cases in the light of modern research and diagnostic criteria.*	Three cases reviewed (participants ages 8, 14 and 17 years).	A review of three separate pieces of casework with CYPSM.	The paper proposes controversies around the diagnosis and treatment of SM. Comorbidities are key to understanding the likely effectiveness of intervention. Anxiety is considered to be a key component of SM.

Jainer, Quasim & Davis (2002) *Elective Mutism: A case study.*	One participant, female aged 24 with historic SM throughout school journey.	A case report and discussion of involvement by a clinical psychologist.	The contexts within which SM occurs are when individuals are expected to speak with strangers (e.g. school). Associations between SM and social anxiety are discussed, with the suggestion that their severity holds a positive correlation. Shyness and internalising behaviour are highlighted as possible contributory factors. Persistent SM is described as "rare" (p.51) though it is found to affect functioning across academic, social and familial domains. The usefulness of SSRI medication is considered.
Kamani & Monga (2020) *Understanding the outcome of children who selectively do not speak: A retrospective approach.*	Thirty-one parents of CYP with SM and/or SAD.	Retrospective interviews with parents of CYP with SM and/or SAD aged 4-14 years. Both clinician and parent-report measures are used.	CYPSM over time frequently developed SAD. It is proposed that SM and SAD exist on a single spectrum, with SM described as a more severe form of SAD. Older children with SM developed more impairments over time than younger children. Five children experienced a change of schools during the course of the study, and parents reported it helped to have a fresh start where their diagnosis and mutism was not known.
Lawrence (2017) *The Silent Minority: Supporting students with Selective Mutism using systemic perspectives.*	One participant, male aged 12 years.	A case study of parent-child work with a 12-year-old secondary student with SM, using CBT, psycho-education, and SM strategies.	Considerations for school staff are offered, including: Whole-school training at an organisational level Early intervention and involvement with SALTs Challenging misconceptions about SM being related to defiance. Having ample time for intervention Considering comorbidity and use of a multi-agency approach towards this.
Melfsen, Jans, Romanos & Walitza (2022)	Twenty-eight children and adolescents with	Self-report questionnaires were used to explore emotional	Emotional regulation strategies at the individual level were significantly different in CYPSM as

	SM, and a control group of thirty-three CYP without SM.	regulation in CYPSM as compared to control CYP.	compared to the control group. Maladaptive abandonment strategies were more commonly reported in the SM group, however there was no significant difference in overall maladaptive emotional regulation strategies. The value of overall adaptive strategies was not significantly different across the two groups.
Emotion regulation in selective mutism: A comparison group study in children and adolescents with selective mutism.			
Melfsen, Romanos, Jans and Walitza (2021) *Betrayed by the nervous system: a comparison group study to investigate the 'unsafe world' model of selective mutism*	Twenty-eight children and adolescents with SM, and a control group of thirty-three CYP without SM.	Comparison study between CYPSM and a control group, looking at: Medical history sheet The 'Selective Mutism Questionnaire' (SMQ) 'Checklist for Speaking Behaviour' (CheckS) 'Highly Sensitive Person Scale' (HSPS) 'Child Dissociative Checklist' (CDC), 'Adolescent Dissociative Experience Scale' (A-DES) 'Social Phobia and Anxiety Inventory for Children' (SPAIK).	Higher rates of sensory processing sensitivity and dissociation were found in the SM group. It is proposed that the behaviour of CYPSM is caused by high stress levels. Implications are offered including that treating anxiety may not be sufficient without addressing sensory processing sensitivity and dissociation needs.
Omdal (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?*	Six adult participants who had experienced SM during their school years	A qualitative study using interviews to gather the retrospective experiences of SM-experienced participants.	All participants withdrew from social interaction at early ages. Three participants related SM to traumatic events. SM became a social role fulfilled by strong-willed participants. Only two participants out of six felt that they had experienced social anxiety.

			Four participants felt they had made a conscious decision to speak or to make lifestyle changes, in moving away from SM. Four participants underwent therapy for separate issues as adults. Five participants reported confidence in professional/formal situations but some anxiety now in less formal or social contexts.
Omdal & Galloway (2008) *Could selective mutism be re-conceptualised as a specific phobia of expressive speech? An exploratory post-hoc study.*	Six adults who had experienced SM during childhood, and five children with SM, alongside their parents and teachers	A two-pronged approach whereby retrospective interviews with six adults who had experienced SM during childhood (as above) were considered alongside observational data (home and school) and semi-structured parent and teacher interviews of CYPSM with SM.	With the exception of two of the adult participants, no evidence of social anxiety was found. Determination and stubbornness was observed but was found to be an insufficient explanation for SM. It was proposed that treatment and understanding of SM should consider it as a specific phobia related to expressive speech.
Poole, Cunningham, McHolm, & Schmidt (2021) *Distinguishing selective mutism and social anxiety in children: a multi-method study.*	One hundred and fifty eight children, of whom there were three groups: CYPSM who were also highly anxious (n=48) Highly anxious children without SM (n=48), and control children (n=62).	Multi-method approach using self, parent and teacher reports, video-recorded presentation tasks for children, and saliva samples to measure cortisol levels pre and post speech stressors,	CYPSM and CYP with high social anxiety exhibited similar anxious social behaviours and cortisol reactivity according to self-reports and parent reports. Teachers perceived higher socially anxious behaviour in the SM group as compared to the highly anxious group or controls. The importance of teacher-ratings is discussed in light of SM occurring in school contexts. Control children had lower cortisol reactivity and lower socially anxious behaviours than both the SM group and the highly anxious group.

Rodrigues Pereira et al (2020) *Effectiveness of a behavioral treatment protocol for selective mutism in children: Design of a randomized controlled trial.*	Seventy-six children aged 3-18	A comparison between a randomised controlled trial of behavioural therapeutic protocol for CYPSM between a treatment group (n=38) and a control group (n=38).	The importance of directing intervention within the school context is discussed, along with the logistical challenges this may bring to therapeutic practitioners.
Schwenck et al (2022) *Characteristics of person, place, and activity that trigger failure to speak in children with selective mutism.*	Ninety-one parents of CYPSM who are 3-17-years-old.	Qualitative content analysis of online parent interviews.	Speaking behaviour is found to be influenced by behavioural inhibition, conditioning, social anxiety, low familiarity with a speaking partner, authority of speaking partner, a need for control, and unknown places or places where negative experiences have been had.
Scott & Biedel (2011) *Selective Mutism: An Update and Suggestions for Future Research*	Not disclosed. Papers from 1984 – 2011 appear to have been sampled.	A review of current and recent research surrounding SM with a developmental and aetiological perspective.	There is a lack of objective data to support or reject the widely-accepted notion that SM is a form of anxiety. Emotional regulation theory should be considered with regards to classification, early identification, and treatment.
Turkiewicz et al (2008) *Selective mutism and the anxiety spectrum – a long-term case report*	One participant, female aged 17 years.	Individual case review after periods of psychodynamic therapy, CBT, and combined CBT with sertraline medication.	Poor outcomes were reported from long-term psychodynamic therapy (12 months) and CBT (10 months). Combined CBT and medicinal intervention (sertraline) had some positive outcomes after three months. Participant self-reported not feeling anxious in situations where talking does not feature. Separation anxiety was observed. The ambiguity around aetiology of SM is acknowledged. It is proposed that it may be helpful to consider SM as a subcategory of anxiety disorder.

| Vogel, Gensthaler, Stahl, & Schwenck (2019)

Fears and fear-related cognitions in children with selective mutism	One hundred and twenty-four participants aged 8-18 years, of whom 65 had SM, 18 had social phobia, and 51 were typically developing controls.	Qualitative content analysis of online survey data.	The majority of fears self-reported by CYPSM were social fears or fears of making mistakes. Fear of making mistakes was reported more widely than language-related fears or voice-related fears. Recommendations are made regarding interventions targeting these specific areas of fear.
Vogel, Reichert, & Schwenck (2022)

Silence and related symptoms in children and adolescents: a network approach to selective mutism. | 899 participating children and adolescents of whom 629 presented with SM. | A network analysis of symptoms of SM and SAD | Two groups of symptoms of SM are identified: Fear response or freezing Speech production and avoidance SM is found to overlap with SAD, however it is felt to be distinct. The importance of individualised intervention is discussed, along with a need for greater differentiation of diagnostic tools and symptom profiles. |
| White & Bond (2022)

The role that schools hold in supporting young people with selective mutism: a systematic literature review | Twenty-four papers were included, all published between 2000 – 2022. | Critical interpretive synthesis of literature | Schools hold a multifaceted role in supporting CYPSM, which includes: Direct support to CYPSM – individual approaches, differentiation, and adaptations to provision. Building shared understandings of SM towards multi-professional working. Developing current support available to CYPSM. Needs were identified in improving teacher understanding of SM through training. |
| Yeganeh, Beidel, & Turner (2006)

Selective Mutism: More than social anxiety? | Twenty-one children with SM and social phobias, twenty-one with social phobias alone, and twenty-one | Diagnostic interviews, self-report questionnaires, and parent-report questionnaires. | Similar levels of anxiety were found across the SM with social phobia group as compared to the social phobia group alone. Oppositional Defiant Disorder was diagnosed more highly in the SM group. |

	typically presenting controls, all aged 7-15 years. Each participating child's mother also participated.		CYPSM reported significantly less warmth and acceptance from their parents than the control group. This was the only difference in parenting reported. Conclusions offer that more research is required towards the appropriate conceptualisation of SM.

Table 7: A summary of the literature identified through the literature search.

Appendix 3: Participant recruitment posters

Poster 1: Call out for Secondary Teachers, Speech and Language Therapists, and Educational Psychologists

Seeking teachers, Speech & Language Therapists, and Educational Psychologists

Are you a qualified teacher, SALT, or EP working in the UK?

Have you worked with secondary pupils who experience Selective Mutism, or similar difficulties speaking in school?

Would you be interested in taking part in an online focus group to explore your perspectives of systemic and environmental factors impacting upon secondary pupils who experience SM?

My name is Ella, and I am a third year doctoral Trainee Educational Psychologist with Cardiff University. I am conducting research to explore different professional's perspectives of systemic and environmental factors impacting upon secondary pupils who experience Selective Mutism or have difficulty speaking in school.

Focus groups are likely to take place between 12th – 16th December. Dates and times to be confirmed based upon interest and availability.

For more information or to express interest please contact **cowperthwaiteer@cardiff.ac.uk**

This research is being conducted in accordance with the requirements of the School of Psychology Research Ethics Committee at Cardiff University. This project is supervised by Dr Gemma Ellis, EllisG6@cardiff.ac.uk

Poster 2: Call out for Educational Psychologists

Educational Psychologists needed for research

Are you a qualified Educational Psychologist practising in the UK?

Have you worked with secondary pupils who experience Selective Mutism, or similar difficulties speaking in school?

Would you be interested in taking part in an online focus group to explore your perspectives of systemic and environmental factors impacting upon secondary pupils who experience SM?

My name is Ella, and I am a third year doctoral Trainee Educational Psychologist with Cardiff University. I am conducting research to explore different professional's perspectives of systemic and environmental factors impacting upon secondary pupils who experience Selective Mutism or have difficulty speaking in school.

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Poster 3: Call out for Speech & Language Therapists

Speech & Language Therapists needed for research

Are you a qualified Speech & Language Therapist practising in the UK?

Have you worked with secondary pupils who experience Selective Mutism, or similar difficulties speaking in school?

Would you be interested in taking part in an online focus group to explore your perspectives of systemic and environmental factors impacting upon secondary pupils who experience SM?

My name is Ella, and I am a third year doctoral Trainee Educational Psychologist with Cardiff University. I am conducting research to explore different professional's perspectives of systemic and environmental factors impacting upon secondary pupils who experience Selective Mutism or have difficulty speaking in school.

Focus groups are likely to take place between 12th – 16th December. Dates and times to be confirmed based upon interest and availability.

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This research is being conducted in accordance with the requirements of the School of Psychology Research Ethics Committee at Cardiff University. This project is supervised by Dr Gemma Ellis, EllisG6@cardiff.ac.uk

Secondary Teachers needed for research

Are you a qualified teacher working in the UK?

Have you worked with secondary pupils who experience Selective Mutism, or similar difficulties speaking in school?

Would you be interested in taking part in an online focus group to explore your perspectives of systemic and environmental factors impacting upon secondary pupils who experience SM?

My name is Ella, and I am a third year doctoral Trainee Educational Psychologist with Cardiff University. I am conducting research to explore different professional's perspectives of systemic and environmental factors impacting upon secondary pupils who experience Selective Mutism or have difficulty speaking in school.

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Seeking teachers, Speech & Language Therapists, and Educational Psychologists

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Have you worked with secondary pupils who experience Selective Mutism, or similar difficulties speaking in school?

Would you be interested in taking part in an online focus group to explore your perspectives of systemic and environmental factors impacting upon secondary pupils who experience SM?

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For more information or to express interest please contact **cowperthwaiteer@cardiff.ac.uk**

This research is being conducted in accordance with the requirements of the School of Psychology Research Ethics Committee at Cardiff University. This project is supervised by Dr Gemma Ellis, EllisG6@cardiff.ac.uk

Working title: Multiagency perspectives of systemic and environmental factors impacting upon secondary pupils who experience Selective Mutism or have difficulty speaking in school

Participant information sheet

I would like to invite you to take part in my research: Multiagency perspectives of systemic and environmental factors impacting upon secondary pupils who experience Selective Mutism or have difficulty speaking in school. If this might be of interest to you, please take the time to reach the information provided before deciding whether or not you might like to participate.

If you have any questions or would like to express interest in participating, please make contact with me directly via the contact details at the end of this document.

1. What is the purpose of this study?

My research aims to explore the perspectives held by professionals working with secondary-aged pupils who are experience Selective Mutism or who have difficulty speaking in school. I am interested to explore your views relating to systemic and environmental factors which may influence the onset or maintenance of Selective Mutism, as well as those which may become factors in supporting pupils with Selective Mutism.

2. Why have I been invited to participate?

I am seeking participants who are practising Teachers, Speech and Language Therapists, or Educational Psychologists in England, and who have experience working with or supporting secondary-aged pupils with Selective Mutism or who have difficulty speaking in school.

3. Do I have to take part?

There is no obligation to take part in this study. Participation is voluntary and I would welcome you to ask any questions you may have before deciding whether you would like to be involved. You are free to change your mind at any time before or during participation without the need to give a reason.

4. What does participation involve?

If you decide you'd like to participate, you will be invited to attend an online focus group along with three other participants (total: four participants and the researcher present) via Microsoft Teams on [DATE]. During this, the researcher will ask some open questions to facilitate group discussion and exploration around the topic as described above. There will be no requirement for how much or how little you say, and anything shared will be considered a helpful and valuable insight. The focus group should last around 60 minutes,

after which you will receive a debrief form. There is no compensation available for this study.

     5.   Will my participation be kept confidential?

An audio recording and transcript of the focus group will be made, which will be stored securely on a password-protected computer and accessed only by the researcher. Your name, workplace, and any other identifiable details will be omitted from the written transcript and from the write-up of the study.

During the focus group, to facilitate group dialogue it will be helpful if you could keep your camera on, as if we were meeting in person. You are welcome to use a pseudonym on Microsoft Teams if you wish. All participants will be asked to kindly keep the content of the focus group discussion private afterwards to further protect the confidentiality of all present.

     6.   What will happen to the results of this research?

This study will form part of the research component towards the researcher's thesis for the Doctorate of Educational Psychology at Cardiff University. Anonymised quotations from the focus group may be analysed and included in the written findings.

     7.   What if there is a problem?

If you have any questions or concerns about this research at any stage, please make contact with the researcher at the email address below. If relevant, you may also make contact with the research supervisor, Dr Rachael Hayes (contact details below).

   8.   What next?

After reading this information sheet, to express interest in participation please complete the attached consent form and send this to the researcher via email to CowperthwaiteER@cardiff.ac.uk

Following this, I will make contact with you to confirm that I have received your expression of interest, and subsequently to make arrangements for you to attend the focus group on [DATE]. Participants will be selected on a first come first serve basis.

Contact Details:

Researcher:
Ella Cowperthwaite, Trainee Educational Psychologist: CowperthwaiteER@cardiff.ac.uk

Research Supervisor:
Dr Gemma Ellis, Professional Tutor on the Doctorate in Educational Psychology at Cardiff University: EllisG6@cardiff.ac.uk

Any complaints may be made to:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk
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Protection, including your rights and details about how to contact the Information Commissioner's
Office should you wish to complain, can be found at the
following: https://intranet.cardiff.ac.uk/staff/supporting-your-work/manage-use-and-protect-data/data-protection

Working title: Multiagency perspectives of systemic and environmental factors impacting upon secondary pupils who experience Selective Mutism or have difficulty speaking in school

Participant consent form

Thank you for your interest in my research. Please take the time to read over the points below and please feel welcome to make contact with me via the email address below if you would like to ask any questions regarding the research or this consent form.

- I have been informed of the format and purpose of this research and I have had the opportunity to read the participant information sheet.
- I understand that my participation is entirely voluntary, that I do not have to proceed at this point, and that I have the right to withdraw my participation at any point before or during the focus group and that I do not need to give a reason for withdrawal.
- I understand that the focus group will be audio-recorded, transcribed, and stored securely on a password-protected computer for the purpose of data analysis, and that once the transcription has been completed the audio-recording of my interview will be deleted.
- I understand that quotations from my interview may be included in written format in this study, and that these will be anonymised.
- I have had the opportunity to ask any questions I may have had about this research.
- I know who I can contact if any additional questions, comments or concerns should arise.

Name: _____

Date: _____

Contact Details:

Researcher:
Ella Cowperthwaite, Trainee Educational Psychologist: CowperthwaiteER@cardiff.ac.uk

Research Supervisor:
Dr Rachael Hayes, Professional Tutor on the Doctorate in Educational Psychology at Cardiff University: HayesR4@cardiff.ac.uk

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Cardiff University

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Office should you wish to complain, can be found at the

following: https://intranet.cardiff.ac.uk/staff/supporting-your-work/manage-use-and-protect-data/data-protection

Working title: Multiagency perspectives of systemic and environmental factors impacting upon secondary pupils who experience Selective Mutism or have difficulty speaking in school

Participant debrief form

Dear participants,

Thank you for taking the time to participate in this research.

The purpose of this research has been to explore the perspectives of different professions with regard to the systemic and environmental factors impacting upon secondary age pupils who experience Selective/Situational Mutism, or who have a similar difficulty speaking in school.

Your participation has been helpful towards developing an understanding of this topic and I hope you found the focus group as interesting as I did.

What next?
A written transcription will be created from the audio-recording of the focus group you were part of. Once the transcription is written, the audio-recording of the focus group will be deleted.

Transcripts will be analysed and will form part of the findings and discussion as part of the researcher's thesis towards the Doctorate of Educational Psychology. As promised, all quotations and analysis will remain anonymous.

It is hoped that the insights shared through this research may be a helpful addition to the growing body of research regarding Selective Mutism, particularly with regard to understanding the professionals who, like yourself, do important work in supporting children and young people who experience Selective Mutism.

If you have any questions relating to the research you are welcome to make contact with the researcher via the contact details provided below:

Ella Cowperthwaite, Researcher and Trainee Educational Psychologist:
CowperthwaiteER@cardiff.ac.uk

Again, I would like to thank you for your time and for sharing your experiences through this study.

Best wishes,

Ella Cowperthwaite

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School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
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Appendix 7: Focus group prompt schedule

It was deemed important that each focus group followed the flow of conversation to allow for emergent constructions and perspectives to be explored. However, the following prompts were used to offer structure and to offer a degree of consistency across the three focus groups, allowing for more appropriate analysis between the constructions held across the differing professional roles.

Focus groups began with an opportunity for participants to introduce themselves by a name (chosen or pseudonym) if they so wished, but with no obligation to do so. Transcription and audio recording did not begin until after this stage.

1. How would you define the term Selective Mutism?

2. What do you perceive to be the defining presentations of Selective Mutism?

3. There are many different angles in the literature regarding the aetiology of Selective Mutism. What do you think might be the key causal or contributory factors?

   ➢ Do you consider there to be any systemic or environmental factors causing CYP to develop Selective Mutism?

4. Do you consider there to be factors that directly or indirectly maintain or contribute to ongoing Selective Mutism in secondary pupils?

5. What would you consider to be important aspects or angles of intervention in supporting CYP who have Selective Mutism?

Appendix 8: Transcript excerpt to illustrate the process of Foucauldian Discourse Analysis (FDA)

The data produced within this research was auto-transcribed and first checked against an audio recording for accuracy. Immersive reading of the data then took place, through which data relevant to the research question was identified. A further read of this data sought to understand power and language in light of the research question at hand. Finally, discursive constructs were defined, to draw together key narratives from within the discussions of each focus group. An example excerpt of a transcript from the SALT group features in the table 8 below to illustrate the process of FDA and how the discursive constructs were reached.

Broader topic within which discourse is	Transcript excerpt	Subjects, positions and language	Discursive constructs identified
Discussion around maintaining factors towards SM.	**SALT 1:** The things that are tricky at secondary school is that just the amount of staff that are involved. And so all of the teachers were, all of the curriculum areas, all of the teaching assistants, any kind of pastoral care that that young person accesses, and it's just like so many staff members. So, and then ensuring that all of those staff understand what SM is, what helps and what doesn't. So in primary school, you know, if there, if you can't get a school to release all of their staff to attend all school training, generally in a primary school, you could get early years staff or you could get key stage one staff, or something like that. But in a secondary it tends to be very much the kind of, it would be the person that the learning mentor for that young person and a head of year or something like that. But then they've got another 15 members of staff that they deal with everyday. So and actually what you might then, the barrier you've got is trying to ensure that what's the most effective way of getting that young person's voice heard across all of those adults to a level that they really do understand it? So something like a communication passport or something like that. But how do you then ensure that all those members of staff read it, remember it, pass it on. If there's a supply teacher, it's just it's just barrier after barrier after barrier. **SALT 2:** It feels nearly impossible, doesn't it? **SALT 1:** It kind of does feel a little bit impossible. So that's where, just in terms of where would you start? Is there a single member of staff that they have a good rapport with that they would feel like they would like to build more of a relationship with. So there's a safe person in that setting that they could go to or have some time with [...] you could get lost in a sea of staff at a secondary school. And as a parent, I've got young people in secondary school. I wouldn't know where to go. Do you go to the head of year? Do you go to the subject teacher, do you go to the pastoral? Who do you go to? So there's so many factors involved in that.	Strong, emotional language is used around SALTs' impact being "impossible" when seeking to impact change within complex multi-staff secondary school systems ("my heart does sink a bit"). Reference to having "99%" of staff on board but meeting barriers if the final 1% highlights the intensity with which this is felt. Combined, a perspective of a lack of consistency and shared approaches is noticed by the SALT group. CYPSM are positioned as being impacted upon by the people around them ("they've got another 15 members of staff that they deal with everyday", "that 1%".	Difficulty reaching all adults around CYPSM Commitment and buy-in from all adults around CYPSM

	SALT 2: My thing as well, like even if you can get all the information out to as many relevant members of staff as well, like then the issue can be staff skill set and understanding. So staff finding it really hard to take on board what you're saying and not understanding the nature of it as a phobia and an anxiety disorder and sort of making it their mission for the child to speak to them. So skill set like even once you've even cascaded all the relevant information to all the relevant people, whether they respond to it appropriately can be an issue as well. Sometimes. It's not always an issue, but it can be. Yeah… **SALT 3:** And that one person can be enough to be that maintaining factor. You could have 99% of the staff doing exactly what you asked. If that 1% is the one that's every time they see them in the corridor, asked them a direct question or makes them, you know, answer in French or whatever, then that's the thing that's gonna keep reinforcing, isn't it? And accentuating it. And yeah, I think, yeah. Whenever I see a secondary school referral come in my heart does sink a bit because I always think I'm going to be as effective as I could be in this situation and it's not for want of wanting to or the child or the young person or maybe even their family. And it's purely there are quite often the schools, the school's situation where they're spending much of their time. And yeah.	Language around CYPSM and parents being "lost in a sea of staff" and a need for a "safe person" echoes notions of CYPSM being understood to be impacted upon by outside systems and contexts that feel unsafe or unpredictable.	

Table 8: An excerpt transcript to illustrate the process of Foucauldian Discourse Analysis applied to the dataset.

Personal data research form

Researcher responsible for the data: Ella Cowperthwaite

Research project name or SREC code: Multiagency perspectives of systemic and environmental factors impacting upon secondary pupils who experience Selective Mutism or have difficulty speaking in school

Date: 13/01/2022

Description of personal data held or processed. Provide a narrative description of what the data are.	No personal data will be held. Any identifiable information shared incidentally by participants during the focus groups will be omitted from the written transcripts so as to further protect anonymity and confidentiality.
Information that is being held or processed. Indicate the nature of the data: how could the person be identified and what information is stored alongside that identity.	Audio recordings and transcripts will be differentiated by pseudonyms ascribed to each participant. No personal data will be held. Any identifiable information shared incidentally by participants during the focus groups will be omitted from the written transcripts so as to further protect anonymity and confidentiality.
When is data collection likely to begin and be completed?	Data collection will begin after the receipt of ethical approval from the university and upon receipt of completed consent forms from participants. The approximate start date is expected around July 11th 2022 and an approximate end date is around October 31st 2022.
Number of individuals for whom information will be held.	This research intends to recruit twelve participants.
Lawful basis for processing. This will probably be 'Public Interest' or 'Consent'.	Informed consent will be sought from participants in advance of the focus groups and participants will be aware of their right to withdraw at any point before or during the focus group. The research seeks to add to the body of research regarding Selective Mutism and is being conducted in the interest of expanding knowledge in the field as well as towards completion of the researcher's Doctorate in Educational Psychology.
Does the data include special category data (or Criminal offence data)? Special categories include: race, ethnicity, politics, religion, trade union membership, genetics, biometrics, health, sex life or sexual orientation. If yes then is specific consent used to process this information?	No.
Length of time personal data will be kept. Personal data should only be kept for as long as necessary. Research data should be anonymised as soon as possible and the length of time before this happens should be communicated to the participant.	No personal data will be requested of participants, nor will any personal data shared incidentally by participants be included in the written transcript. The audio recording of the interviews will be deleted as soon as the written

	transcript is complete and is checked for accuracy. For the purpose of clarity during analysis, a pseudonym will be ascribed to each participant.
What are the data security procedures? Ensure all personal data is kept secure.	Data will be stored on a password-protected computer that is only used by the researcher. Data will not be shared with any third parties beyond the researcher and, if relevant, the research supervisor.
List CU (Cardiff University) staff who have access to the personal data.	Although no personal data about participants is intended to be collected, focus group transcripts will be available if relevant to the research supervisor, Dr Rachael Hayes
Indicate whether all people listed above have completed their mandatory information security training. Available here: https://intranet.cardiff.ac.uk/staff/news/view/211993-information-security-training-when-will-you-complete-yours	Yes.
List CU students who have access to the personal data.	Ella Cowperthwaite
What guidance or training have/will the students receive concerning data security?	I have familiarity with the Data Protection Act and have had opportunity to discuss this in lecture and group sessions within the research methods module.
List people external to CU who have access to the personal data. Provide their affiliation	None
What agreements are in place for data security outside of CU?	N/A
Justification for not anonymising these data. Explain why the data are not or cannot be anonymised.	N/A