An exploration of Teachers' Thoughts, Feelings and Behaviours when Working with Selectively Mute Children

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Abstract

The purpose of the current research was to explore teachers' experiences of working with selectively mute children in primary and nursery school settings. In particular, participants' experiences were organised into the concepts, thoughts, feelings and behaviours and whether there were mediating factors which influenced the kind of experiences teachers had. The research also explored if these experiences changed and developed over time.

The design was a semi-structured interview technique. The sample consisted of 20 primary and nursery teachers in England and Wales who had previous (N= 9) and current experiences (N= 11) of working with a selectively mute child. The data were coded using Nvivo software and analysed using Thematic Analysis (Braun & Clarke, 2006).

The data indicated that thoughts consisted of teachers' causal attributions for the development of Selective Mutism, their expectations, their perceptions of the selectively mute child, their parents and siblings, and their perceptions of their professional role and that of the educational psychologist (EP). Frustration and anxiety were the most frequently cited feelings and therefore it may be argued that working with a selectively mute child is a stressful experience when teachers are uncertain of the best course of action and when they feel unsupported. Teachers' behaviours consisted of the strategies they used to communicate with the child and to enable the child to access the curriculum. Thoughts, feelings and behaviours changed and developed over time. Several factors were identified which served to mediate teachers' experiences including levels of teacher-child attachment, levels of pupil and parental engagement, the context and involvement from outside agencies.

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Nomenclature List

APA = American Psychological Association

BPS = British Psychological Society

EP = Educational Psychologist

EPS = Educational Psychology Service

SM= Selective Mutism

CBT = Cognitive Behavioural Therapy

CI = Critical Incident

CIT = Critical Incident Technique

COMOIRA = Constructionist Model of Informed Reasoned Actions

DECP = Division of Educational and Child Psychology

DfE = Department for Education

DfES = Department for Education and Skills

DSM = Diagnostic Statistical Manual

DSM IV TR = Text Revision of the Fourth Diagnostic Statistical Manual

HT = Head Teacher

ICD = International Classification of Diseases

LA = Local Authority

NQT = Newly Qualified Teacher

OFSTED = Office for Standards in Education, Children's Services and Skills

SATs = Standard Attainment Tests

SENCo = Special Educational Needs Co-ordinator

TA = Teaching Assistant

TA = Thematic Analysis

TaMHS = Targeted Mental Health in School

TEP = Trainee Educational Psychologist

UK = United Kingdom

USA = United States of America

Introduction

1.1. Chapter Summary

This chapter explores the theoretical significance of the research topic and its relevance to educational psychology, the field of psychology in general, education and the role of the EP. The chapter ends with an introduction to the structure of the remainder of the thesis.

1.2. Aims, Rationale & Justification for the Study

The current research explores how two major recipients of educational psychology services (EPSs), namely nursery and primary teachers, responded to the challenges of working with selectively mute children, by conducting semi-structured interviews and drawing relevant themes using Thematic Analysis (TA).

Numerous retrospective studies have researched the experiences of adults who were diagnosed with Selective Mutism (SM) as children (e.g., Crumley, 1990), including case studies of children having experienced SM (e.g., Omdal & Galloway, 2007; Walters, 2002). There is however, a paucity of research regarding the experiences of teaching staff working with selectively mute children. As such, the significance and originality of the present study, is the investigation of the accounts and narratives of teachers who have worked with selectively mute children on a full-time basis as opposed to retrospective accounts of adults who had experiences of having SM as children. Also, research exploring teachers' perceptions of working with selectively mute children, (Buck, 1987; Edmondson, 1986) have consisted of unpublished theses and dissertations. Whilst no inferences are made as to the quality of Buck (1987) and Edmondson's (1986) research, there is however, greater merit and value placed on published articles which have undergone peer review and acceptance by reputable journals. As Cline and Baldwin (1998) state, "In contrast to the numerous

descriptions of selectively mute children … there has been very little written about the … effect on teachers and others in school" (p. 70). This position has changed little over the years as Cleave (2009) recently wrote, "There is little empirical evidence about teachers' perceptions" (p. 235). Therefore, there is a need for high quality, comprehensive research regarding the impact of SM on teaching staff.

Additionally, having a better understanding of teachers' experiences may in the future help to inform the formulation of effective interventions, most of which are currently school based (e.g., the sliding-in technique, the talking circle, the walkabout technique). Resource manuals aimed at teachers and parents (e.g., Johnson & Wintgens, 2001) often give practical suggestions such as stimulus fading but fail to explore the emotional impact on teachers of dealing with selectively mute children in their class. Teachers may experience self-blame by interpreting that their accommodating behaviour towards selectively mute children may have helped to maintain and reinforce the mute behaviour, a phenomenon reported by Cline and Baldwin (1998). Therefore, there are conflicting views expressed within the literature between giving the selectively mute child preferential treatment such as responding to non-verbal responses, versus ignoring the mutism and maintaining equal expectations. Omdal and Galloway (2007) reported that teachers were unsure regarding the amount of pressure they should put on a selectively mute child to speak. Therefore, the findings of the current research could help to inform treatment planning and resolve some of this uncertainty.

Despite some teacher's expectancies that the symptomatic shyness will improve with age (Kumpulainen, Rasanen, Raaska & Somppi, 1998), spontaneous remission is unlikely (Bergman, Piacentini & McCracken, 2002) and lack of intervention is likely to have a long-term detrimental impact on the child's social development (Cline & Baldwin, 1998). Therefore, teachers are likely to be pre-occupied with this issue for a long time and therefore seek assistance from an EP. This is especially pertinent as SM was initially believed to be a

rare condition, with EPs likely to encounter a child with SM once every four to five years (Imich, 1998). Yet, it is anticipated that this figure may be larger and increasing in the changing demographic population of the UK. For instance, there were 591,000 long-term immigrants who entered the UK as reported in the 2001 census, and Bradley and Sloman (1975) found a higher prevalence of SM in immigrant families. Therefore, there is likely to be a higher incidence rate of SM among this population and this may compound the difficulties for teaching staff as they strive to overcome both the language comprehension and expressive difficulties of these children.

Another purpose for conducting the current research, is that the literature suggests working with a selectively mute child can be a very stressful experience; Baldwin (1985) stated that, "The presence of a mute child has a powerful effect on teachers' feelings and often generates intense reactions" (p. 70). Cline and Baldwin (1998) argue that anger can become self-directed and lead to feelings such as self-blame. They state that the school culture may interpret persistent shyness as rudeness and defiance and teachers may view the shy and anxious behaviour as controlling and manipulative. Cline and Baldwin (1998) argue that it may be easier for teachers to accept the needs of physically and learning disabled children because their behaviour is equally pervasive across all contexts. Yet, an intentional refusal to verbally engage may be interpreted as, "wilful defiance and a threat to teachers' authority" (Cleave, 2009, p. 235). This defiance could impact on the teacher-pupil relationship if they become engaged in a, "battle of wills" (Imich, 1998, p. 58). Therefore, teaching staff may experience unexpected levels of anger towards the child (Baldwin & Cline, 1998).

In order to explore the broad concept of 'experience', a structure was utilised including the concepts of thoughts, feelings and behaviours of teaching staff, their interpretations of events and their perceived views of the child and parents. These were based on Padesky and Mooney's (1990) cognitive model (figure 1).
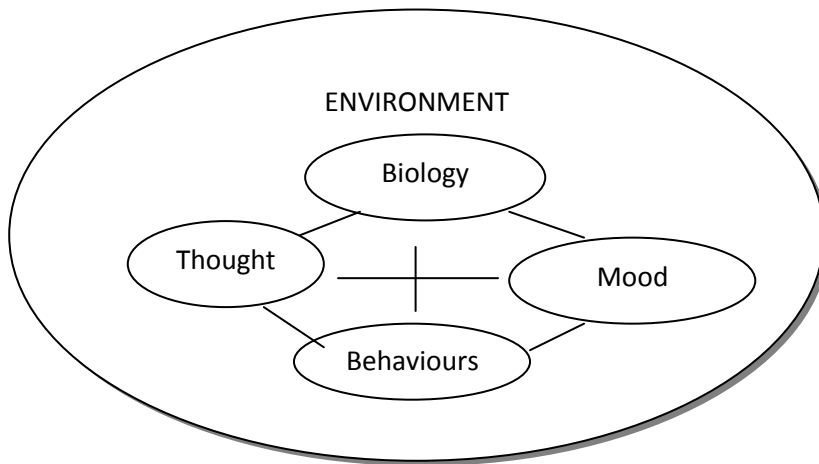
Figure 1. Padesky & Mooney's Cognitive Model (1990)

The model was adapted to focus on the three aforementioned factors within a systemic framework (figure 2). Throughout the research, the terms emotions and feelings are used interchangeably and the terms are taken to denote the same meanings. This also applies to the terms thoughts and cognitions. As the interviews were retrospective, the biological or physiological elements were not included although familial factors are considered based on teachers' accounts. It would have been difficult for teaching staff to track physiological changes as indicators of stress (e.g., increased heart rate or skin conductance) or measures of emotional, physiological and psychological arousal.
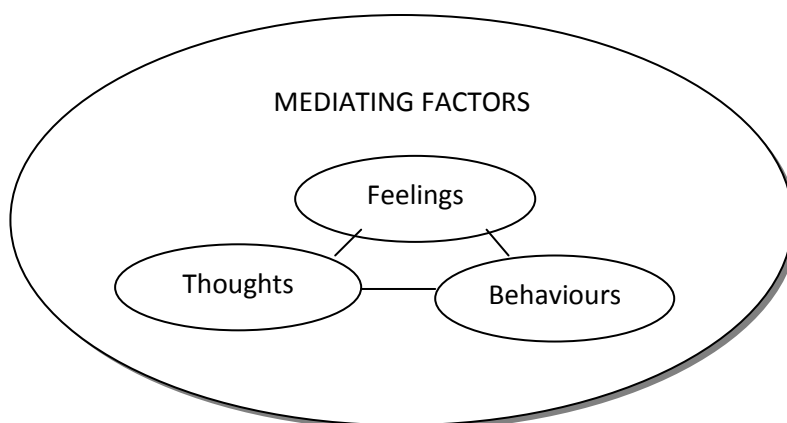
Figure 2. Researcher's model adapted from the Cognitive Model (Padesky & Mooney, 1990)

In addition to exploring thoughts, feelings and behaviours, the research explored potential mediating factors. These included mediating factors within teachers such as the duration of

work experience, level and relevance of teacher training, and attribution style. Mediating factors within the child were also explored such as co-morbidity of conditions. SM has been associated with developmental disorder/delay (29%), speech and language disorder/delay (50%), developmental co-ordination disorder (17%), Asperger Syndrome (7%) and elimination disorders (30%, Kristensen, 2000). Also, Dummit, Kelin, Tancer, Asche and Fairbanks (1997) reported that considering abuse as the primary cause of SM, resulted in tension and frustration between parents and the school. Further, Cline and Baldwin (1998) suggest that very skilled and experienced teachers may be more likely to miss the early signs of mutism as they are more responsive to the non-verbal communication of shy children and often extend the period of time over which lack of speech is acceptable as a time to settle into school. Cline and Baldwin (1998) argued that, "Infant teachers are particularly patient about waiting for children to settle. They develop skills in building warm relationships with shy children through encouraging and responding to non-verbal communication. They will use these well-tried and previously successful strategies to help children to relax and communicate, while at the same time looking for opportunities to develop their language skills. Unfortunately, this makes it easier for selectively mute children to obtain everything they want without speech (because the teacher's strengths, in effect, reinforce the mutism)" (p. 76). Therefore, it is paradoxical that teachers who are more skilled are also more likely to miss the early signs of SM.

Another mediating factor may be the teacher's level of concern and awareness of SM. For example, Cline and Baldwin (1998) state that when teachers retrospect, they sometimes cannot recall the point at which the child's behaviour began to cause them concern. It was hypothesised that teachers who were concerned for a longer period of time would have experienced more stress and anxiety than teachers who had relatively little concern. Therefore, the greater the concern, the greater the anxiety. Also, teachers may have

experienced greater anxiety if they: a) could not deal effectively with the behaviour, b) had experienced failure in their attempts such as trying to bribe the child to speak. As Cline and Baldwin (1998) state, "These were often promises of prizes for speaking, but as the children were unable to utter a word they never tasted the reward. There might be plans to bribe, trick or trap the child into speaking" (p. 78), c) were aware that they lacked the skills or competencies to resolve the mutism (such as being within the 'conscious incompetence' stage of the Conscious Competence Learning Model (Businessballs, accessed 5th December, 2010). The Conscious Competence Learning Model proposes four levels of learning beginning with unconscious incompetence, conscious incompetence, conscious competence and unconscious competence. It is hypothesised that staff at the conscious incompetence stage of the model will be the most stressed as this is the most anxiety provoking stage of the model as opposed to teachers who remain for a long time unaware of the child's mutism. Cline and Baldwin (1998) also argue that infant teachers may experience greater isolation because they are unlikely to have dealt with selectively mute children before.

1.3. Remainder of the thesis

Relevant literature is now reviewed in relation to the research topic. This is followed by a description of the qualitative research method procedure and the results. The conceptual tool that was used to analyse the data was Thematic Analysis (Braun & Clarke, 2006). The remainder of the thesis consists of a discussion of the key findings and a concluding summary.

2. Literature Review

2.1. Chapter Summary

The literature review begins with a description of SM including its prevalence, aetiology and treatment. It considers the literature relevant to teachers' thoughts, feelings and behaviours which are the main components chosen to define the term 'experience' and which inform the interview schedule. As teachers' experiences of working with selectively mute children is an area which has very limited research, other areas of teaching are also explored such as the teacher stress literature as it is anticipated that working with selectively mute children is a stressful experience and therefore such studies would be pertinent to the current research. Therefore, key theories and studies are cited and critically evaluated which link directly to the research questions. Finally, the research examines relevant literature regarding the epistemological stance taken by the current research.

2.2. Justification for areas reviewed

The areas reviewed are justified because they are based upon the main topic of the thesis (Selective Mutism) and they relate to the research questions exploring the impact of working with selectively mute children on teachers. In particular, literature regarding teacher stress is reviewed as it is argued that this is pertinent to the second research question related to teachers' feelings.

It is beyond the scope of the review to cite in great detail medical interpretations of SM as it is not in line with the epistemological stance of the and it is beyond the scope of the review to evaluate specific intervention techniques in detail. Therefore, a brief outline of techniques is provided.

2.3. Key Sources

The key sources used to conduct the literature review included PsycARTICLES, PsycINFO, ERIC and Medline. Search terms included "Elective Mutism", "Selective Mutism", "teacher stress" and "teaching selectively mute children". Literature is also cited from workshops, seminars and presentations from the Division of Educational and Child Psychology (DECP) annual development event themed 'Doing it Differently: Changes in EP practice and service delivery' in 2011, and the event in 2012 themed 'Change in mind: Changing times'. Previous authors were also contacted in order to access and ask questions relating to unpublished research. For instance, Professor Tony Cline was contacted regarding citation in his published book "Selective Mutism in Children" (1998) and therefore access was gained to the Buck (1987) and Edmondson (1986) articles.

2.4. What is Selective Mutism?

2.4.1. The historical context of SM.

SM was first recognised and classified by Kassmaul (1877, as cited in Dow, Sonies, Scjeob, Moss & Leonard, 1995) as 'aphasia voluntairia'. Subsequently, between 1877 and 1934, Tramer (1934, as cited in Dow, Sonies, Scjeob, Moss & Leonard, 1995) named the condition as 'elektiver mutismum' or 'elective mutism' and this was logged in the International Classification of Diseases-10 (ICD, World Health Organisation, 1992). The term was then re-classified to Selective Mutism in 1994 following publication of the fourth Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR, American Psychological Association).

2.4.2. The condition of SM.

Shyness among children on school entry is a common phenomenon (Kopp & Gillberg, 1997). Manifestations of shyness may include a reluctance to speak or at the extreme, a complete refusal. This can be greatly problematic in the school context and if sustained beyond the developmentally appropriate shyness and caution exhibited by children starting school, then the behaviour is classified as a distinct condition termed Selective Mutism (Cline & Baldwin, 1998). SM is a condition characterised by an individual's refusal to speak in certain contexts and to certain people despite the ability to do so. The most recent revision of the DSM IV TR (2000), posits that the criteria for the diagnosis of SM require the behaviour to have been exhibited for a duration of more than a month, for the displayed behaviour to interfere with educational achievement, and for the condition to not be a result of a communication or psychotic disorder (APA, 1994). The presenting characteristics of selective mutes also include distinct behaviours such as the "freeze-defence" stance hypothesised to originate as an animal's reflexive response to danger (Lesser-Katz, 1986). Lesser-Katz (1986) described the "freeze-defence" as a selectively mute child's anxious response to strangers and included timidity, passivity and withdrawal.

2.4.3. Prevalence rates and long-term outcomes.

The incidence of SM is somewhat rare (Cleave, 2009) and is more common in girls than boys (Cline & Baldwin, 1998). A survey conducted by Brown and Lloyd (1975) found prevalence rates of 0.7% in four and five year olds demonstrating mutism eight weeks into the school term. This did however reduce to 0.1% after an eight month follow up. Yet, the criterion of completely mute at school utilised by the survey, is not compatible with previous or current DSM criteria for the diagnosis of SM. Also, SM may be more common than initially

perceived as research in Scandinavia by Kopp and Gillberg (1997) reported prevalence rates of 0.2% in seven to 15 year-old children and young people. More recent American research has also cited higher prevalence rates of 0.7% within the first three years of school entry (Cleave, 2009).

However, prevalence studies need to be interpreted with some caution due to the variability between countries in school entry age which limits generalisability (Cleave, 2009) and selective mutes being a very heterogenous group. For instance, researchers have called for a more refined taxonomy of SM including the sub-types anxious-mildly oppositional, anxious-communication delayed and anxious (Cohan, Chavira, Shipon-Blum, Hitchcock, Roesch et al., 2008).

The average age of referral is nine years (Kumpulainen et al., 1998) although it is most frequently recognised at school entry age (Imich, 1998) as evidenced from a child's refusal to speak to educational staff and peers. It has been argued however, that SM begins at an earlier age and is exhibited as abnormal timidity (Kolvin & Fundudis, 1981). The child's timidity can lead them to excessively seek the mother's reassurance and when this is provided can serve to reinforce the child's fear of strangers (Lesser-Katz, 1986).

Although SM is most commonly found in children, research suggests that there remains an impact in adulthood as adults who had SM as children, are at risk of continuing to experience communication difficulties such as experiencing difficulty speaking in certain contexts and to certain people, and in social gatherings where they do not feel comfortable (Ford, Sladeczek, Carlson & Kratochwill, 1998).

Additional research has found that those who exhibited social and behavioural difficulties in childhood are more likely to suffer from mental health problems in adulthood (Buchanan, 2000). Such pupils are also more likely to engage in a range of activities including engaging

in crime and anti-social behaviour and misuse of alcohol and drugs (Buchanan, 2000). However, mental health problems such as anxiety, depression, stress and eating disorders can be reduced in pupils, and consequently teachers, through developing the pupils' emotional well-being.

2.4.4. Aetiology of SM.

There is no singular cause identified for the development of SM, although research suggests a multi-factorial aetiology including the contribution of developmental, psychological and familial factors.

2.4.4.1. Developmental.

Developmental factors implicated in the aetiological explanations of SM include developmental delay, language and motor difficulties. For example, 68% of Kristensen's (2000) selectively mute sample of children also met the diagnostic criteria for developmental delay. Additional developmental factors identified by Manassis, Tannock, Garland, Minde and McInnes (2007), were significantly lower scores for receptive language skills, grammar and phonemic awareness in comparison to a matched control sample. Manassis et al. (2007) also found an association between social anxiety and SM lending support for a psychological interpretation of the causes of SM which are described and discussed in the following section.

2.4.4.2. Psychological.

There are several psychological factors proposed to describe the aetiology of SM, the most

prominent of which are anxiety and oppositionality, although the latter is a less common factor (Cleave, 2009). For instance, Oppositional Defiant Disorder (ODD) was not a common diagnosis in Black and Uhde's (1995) study and some research has found that teachers reported children with SM as less oppositional (Cunningham, McHolm, Boyle & Patel, 2004). It has been argued, that instead of oppositionality being a primary facet of SM, it is simply a consequence of the children's attempts to avoid anxiety-provoking situations (Dummit et al., 1997).

With regard to anxiety, Kristensen (2000) found that in a sample of 54 selectively mute children, 74.1% also met the diagnostic criteria for anxiety, particularly social phobia followed by separation anxiety, in comparison with two matched control groups of whom less than 10% met the diagnostic criteria for anxiety. It has been suggested that SM should be classified as a form of social anxiety, in particular, a sub-type of social phobia (Black & Uhde, 1995). Yet, Yeganeh, Beidel, Turner, Pina and Silverman (2003) compared a sample of 46 children split into a group of children with SM and co-morbid social phobia, and the second with social phobia alone and found that despite more severe social fears, the co-morbid children were not more anxious. Also, they found that a sub-group of the co-morbid children easily interacted non-verbally with others. Therefore, SM is now believed to be a behavioural expression of social anxiety (Cleave, 2009; Dummit et al., 1997).

However, Omdal and Galloway (2007) argued that anxiety was related to expressive speech as opposed to a general social phobia. They found a high degree of autonomy in selectively mute children in utilising their body language including facial expressions and gestures to communicate with others. However, the limits of these claims lie in the small sample size which consisted of five selectively mute children and six adults whose retrospective accounts met the diagnostic criteria for SM. Further limitations of the aforementioned studies relate to potentially biased samples which were conducted in psychiatric clinics and the limited inter-

rater reliability of the anxiety measures completed by key stake holders including clinicians, parents and teachers (Cleave, 2009). Studies have also reported little concordance between selectively mute children's anxiety ratings and those ascribed by the key adults involved with the child (e.g., Omdal & Galloway, 2007; Yeganeh et al., 2003). This is unsurprising as similar incongruencies in reporting of symptoms have been reported in other conditions such as Attention Decifit/Hyperacitvity Disorder (ADHD) between the reports of adolescents and their parents (Rasmussen, Todd, Neuman, Heath, Reich et al., 2002).

Another psychological interpretation emanates from social learning theory (Bandura, 1977) which explains SM as a method to reduce fear and anxiety (Blotcky & Looney, 1980). Adaptive, non-verbal behaviour would be explained by learning theory as a technique to manipulate the environment in place of language (Friedman & Karagan, 1973). Reed and Mees (1967) were the first to argue that SM could be a learned behaviour pattern and that teachers maintain mutism through social reinforcement. This was also proposed by Omdal and Galloway (2007) who stated that the school context served to reinforce mute behaviour. Also, Cline and Baldwin (1998) argued that teachers' adaptive strategies such as responsiveness to non-verbal behaviour could help to maintain and reinforce the mutism.

In contrast, psychodynamic approaches explain SM as a fixation during the anal libido stage (Spasaro & Schaefer, 1999) and highlight control as a key feature of the condition (Anthony, 1977). Control may serve to facilitate rapprochement by influencing the adult figure to be more receptive (Shreeve, 1999).

2.4.4.3. Familial.

Family psychopathology has been the most frequently cited causal explanation for the

development of SM (Spasaro, Platt & Schaefer, 1999) such as a higher incidence of bereavement in addition to family stress during childhood (Walters, 2002). Parents of selectively mute children have also been found to have personality characteristics indicative of social anxiety and excessive shyness in comparison to controls (Kristensen & Torgersen, 2001) and were three to four times more likely to have general social phobia and avoidant personality disorder (Chavira, Shipon-Blum, Hitchcock, Cohan & Stein, 2007). Also, Goll (1979) hypothesised that selectively mute children imitated the model of distrusting others set by their parents and was exhibited through inhibition with strangers.

The literature also states several rationales for the development of SM which are centred around the mother-child symbiotic relationship characterised by closeness, control and dependency (Clemente, Brafman & Cohen, 1986) and is due to the failure of separation and individuation (Wright, 1968). There is a degree of consensus that SM arises at an early age during the infant's primary phase of attachment (Shreeve, 1999) and studies lend further support to a dysfunctional mother-child symbiotic relationship and interactions (Antoynatan, 1986). One example is parental mis-attunement resulting in irregular parent-infant interactions (Lichtenberg, 1989).

More recent research has not revealed any structural or functional differences between the families of children with SM and controls (Cunningham et al., 2004). An exceptional finding however, is a higher prevalence rate of SM within immigrant families (Bradley & Sloman, 1975). This may be because the immigration process may leave a family feeling isolated in a community resulting in the child adopting mutism as a response to challenge (Cline & Baldwin, 1998). Alternatively, families may experience a "culture shock" leading the parents to feel anxious and depressed and there may be emotional transference onto their dependents (Bradley & Sloman, 1975).

Within the developmental, psychological and familial factors there are predisposing aspects such as physical or psychological trauma (Black & Uhde, 1995), precipitating aspects such as during periods of transition and maintaining factors such as social reinforcement. Within these factors, there are corresponding interventions which are described in the next section.

2.4.5. Interventions.

Intervention techniques for SM which aim to reduce anxiety have been shown to produce the most successful outcomes (Cohan, Price & Stein, 2006a). Behavioural interventions have been advocated as being effective in treating SM (Cohan et al., 2006a) while others have endorsed Cognitive Behavioural Therapy (CBT) techniques to treat anxiety disorders (Ishikawa, Okajima, Matsouka & Sakano, 2007). It may be argued that EPs are well placed to provide therapeutic work at the individual child level enabling them to offer a wider range of services (Mackay, 2007, 2009). Interventions at a systemic level may be more effective in promoting long-term change and help to move away from a within-child deficit model. For instance, Yeganeh et al. (2003) proposed parent training and behaviour modification programmes to facilitate anxiety reduction and address oppositionality. In addition, Cleave (2009) recommended interventions which aimed to increase verbal and non-verbal communication as well as social interaction.

Specifically to the school and home context, Johnson and Wintgens (2001) recommended considering several factors for creating the right environment to encourage selectively mute children to feel comfortable. These include:

1. *Audience familiarity.* Selectively mute children are most likely to speak to familiar adults such as their family and are more likely to speak to unfamiliar adults following frequent and regular contact.

2. *Gender.* Many selectively mute children find it less difficult to speak to women rather than men irrespective of status or levels of familiarity.

3. *Location.* This refers to the levels of privacy as opposed to the physical context and selectively mute children are more likely to speak in areas of greater privacy.

4. *Expectation of response.* Selectively mute children are likely to feel anxious when an immediate response is required and feeling pressurised can lead them to freeze when asked a direct question.

5. *Eye-contact.* Selectively mute children feel pressurised when watched and find it easier to respond when the adult they are communicating with does not make direct eye contact.

6. *Decision making.* Many children with SM have difficulty with making decisions and benefit from having the choice of options restricted.

Aetiological explanations and their corresponding interventions emanating from developmental, psychological and familial explanations have been described. It is therefore pertinent to highlight the role of children's early experiences and emotional well-being and how this impacts on their attachment formation and performance in school. Also, it is important to understand both teachers' and children's prior experiences and relationships which can help or hinder the learning experience (Geddes, 2006). Therefore, the next section considers the nature of attachment particularly in the classroom. The literature review will then provide a detailed consideration of the teaching literature and it's pertinence to the current research.

2.5. Attachment in the Classroom

The initial attachment is formed between a baby and its primary caregiver, usually the mother. Attachment describes the bonding process between two individuals and the mother's role in helping to 'contain' the child's emotions when they felt overwhelmed by them, resulting in the child's anxiety being diminished and restoring a sense of safety and security (Bion, 1967). As the child develops, the role then extends to utilising language as an accessible tool to transform feelings of fear into thoughts (Geddes, 2006) which are more accessible to being rationalised.

Such early experiences impact greatly on the school context and the relationship with the class teacher. For instance, studies by Sroufe (1983) on a sample of pre-school children found that children who had experienced a maternal secure attachment as infants scored more highly on ego-resilience and self-esteem, were less dependent on their teacher but conversely displayed more positive affect towards them. Teachers responded by viewing such children as more co-operative and more easy to manage. It was predicted that teachers' feelings could be mediated by the levels of attachment they form with the selectively mute child.

On the other hand, Sroufe (1983) also found qualitative differences in maladaptive patterns of interaction as indicators of attachment quality which were predictors of behaviour in pre-school mostly culminating in problematic behaviour. Additionally, it was found that children who had experienced insecure attachments were less confident and more uncertain when faced with challenges and adversities than securely attached children.

One explanation for Sroufe's (1983) findings are that anxious children transfer the role of specific attachment figure to their teacher (Barret & Trevitt, 1991). The novelty of a learning task and the consequential anxiety elicited, simulates the analogues early experiences of the child. A teacher who is sensitive and skilful, will provide the child with a secure base,

support them through the uncertainty, resolve the confusion and thereby restore a sense of safety (Geddes, 2006). Enabling the child to experience success, excitement, enjoyment and manageable levels of anxiety which are ameliorated upon satisfactory task completion as opposed to overwhelming the child, serve to increase the child's sense of efficacy, self-worth and resilience in enduring feelings of frustration, challenge and uncertainty in the future (Geddes, 2006). Teachers are well-placed to promote the development of these emotional and social skills due to the long-term nature of their relationships with children in preparation for later life (Geddes, 2006). Geddes (2006) provides details on practical strategies teachers can utilise to establish the classroom as a safe base for the child depending on the nature of the maladaptive attachment style of the child whether it be avoidant, resistant/ambivalent or disorganised/disorientated.

Despite the weighty implications of considering attachment for classroom practice, the consequences are not for teachers to become therapists (Geddes, 2006). However, as Geddes (2006) states, "But teachers can work therapeutically with greater insight and understanding of pupils' difficulties and experiences" (p.135). It is argued that EPs are in an advantageous position to provide teachers with such insight through the dissemination of psychological advice and guidance on teaching practices.

The literature review now considers the theory and research related to teachers' experiences of teaching generally and working with a selectively mute child.

2.6. Research and Theory Relating to Teachers' Experiences: Thoughts, Feelings and Behaviours

2.6.1. Thoughts related to working with a selectively mute child.

There are limited data relating to teachers' thoughts relating to their work with selectively mute children. However, Kumpulainen et al. (1998) stated that teachers initially expect children's shyness will improve over time and this may consequentially lead to the teacher making curriculum allowances which serve to reinforce the mute behaviour such as responding to non-verbal responses and teaching in ways that avoid the need for speech. For instance, a teacher may ask a selectively mute child to point to pictures as opposed to asking questions that require a verbal response. The effect is two-fold as child is provided with learning opportunities but has no demands placed on them to change.

Cline and Baldwin (1998) reported that perceptions of the selectively mute child tended to be negative with descriptions including "hostile", "anxious", "challenging" and "stubborn". They also state that, as the school experiences failure in resolving the mutism, so the descriptions of the child become increasingly negative. Also, Cline and Baldwin (1998) argue that over time, the school adopts a more distanced attitude in dealing with the child and family as they experience failure in resolving the mutism. More recently, Cleave (2009) suggests that such responses are not historical as, "learning through language is central to the school curriculum in the UK" (p. 236) thus serving to compound the difficulties experienced by selectively mute children and to elicit strong feelings in their teachers.

Relating to attributions of speech and silence, Shreeve (1999) described that silence in the form of "silent within" (p.135) during adult interactions is often utilised as a form of retaliation for disappointment. Teachers' may also interpret selectively mute children's silence in the same way.

2.6.2. Thoughts related to teaching.

2.6.2.1. Thoughts and motivations for joining the profession.

People choose to join the teaching profession for many reasons including a commitment to a lifetime of teaching and Continuing Professional Development (CPD) or to acquire a profession as part of a "fallback plan". A third category, those who are not convinced of teaching as their vocation, tend to become increasingly disappointed as their training develops (Watt & Richardson, 2008). Watt and Richardson's (2008) sample found that only 46% of individuals were in the first category, those committed to a lifetime of teaching. For trainee teachers, Malmberg (2008) found that motivation correspondingly increased as mastery goals and a sense of competency increased. Once qualified, teachers' motivations included a sense of altruism (Hayes, 2004; Hoy, 2008).

However, teachers can experience conflicts of interest between positions of, "serving and surviving, between caring and control, between deep investment and protective distance" (Hoy, 2008, p. 497). These conflicts may become especially exacerbated when dealing with children who present with challenging behaviour as in the case of selectively mute children.

2.6.2.2. Causal attributions for children's misbehaviour & lack of compliance.

Teachers have a range of attributions regarding the causes of children's misbehaviour and these are often explained as being due to the child's character or to external factors dissociated from the teacher and school (Miller, 2003).

The research of teachers' attributions is an area of great importance because research has demonstrated that teachers' beliefs about their role in influencing the behaviour of the children in their class, can determine their professional commitment and their efficacy

relating to the outcomes for children's learning and achievement (Caprara, Barbaranelli, Steca & Malone, 2006). Therefore, it follows that increasing teachers' efficacy beliefs should have a dual positive impact on themselves and their pupils (Gibbs, 2012). For instance, Miller (1995) stated that teachers are more likely to internally attribute a child's success, explaining it as a result of their own efforts.

2.6.3. Feelings related to working with a selectively mute child.

Feelings are defined as emotional states or reactions. The terms emotions and feelings are used interchangeably during this study but will serve to describe the same phenomenon. The present research recognises that feelings influence thoughts and thoughts influence feelings.

Regarding the literature on teachers' feelings, it may be worth noting firstly that the majority of literature has found the outcome of working with selectively mute children to result in negative feelings.

As previously stated, research suggests that working with a selectively mute child can be a very emotional and potentially stressful experience. Lazarus (1993) defined stress as a state of anxiety elicited as a result of experiencing events and responsibilities which are greater than an individual's coping capabilities. Such individuals often attribute the events as threatening and perceive themselves as lacking the resources to effectively cope with the consequential demands (Lazarus, 1993). Feelings of anxiety, frustration, isolation (particularly in cases when they have not previously taught a selectively mute child before) and helplessness coupled with a lack of experience of teaching a child with SM, can lead teachers to seek support from EPSs. The key emotions described by Cline and Baldwin (1998) are summarised in Table 1.

Table 1. Teachers' primary and secondary feelings elicited as a result of working with a selectively mute child as described by Cline and Baldwin (1998).

Teachers' primary feelings	Teachers' secondary feelings
Embarrassment	
Bewilderment	
Failure	
Isolation	
Resentment	
Distress	
Confusion	
Threat	
Helplessness	
Challenge	
Frustration ⟶	Anxiety
Hostility ⟶	
Anger ⟶	Self-blame
Conflicted	

Table 1 shows that teachers experience a range of negative emotions when working with a selectively mute child and these feelings impact on their core professional identity including a lack of self-efficacy as indicated by a sense of helplessness. Geddes (2006) also reports the embarrassment experienced by teachers for whom the challenging behaviour is selectively directed towards their teacher. Those working with the selectively mute child may feel embarrassed because they feel others perceive them as incompetent in eliciting speech from the child in contrast to someone to whom the child is more familiar with.

Additionally, Cline and Baldwin (1998) state that feelings of anger may lead to secondary feelings such as self-blame when the anger elicited by the child's behaviour is directed internally. A possible reason for this may be due to the social and professional unacceptability of overtly demonstrating this feeling. Frustration was another primary feeling which elicited a secondary feeling, in this instance, anxiety.

2.6.4. Feelings related to teaching.

Teaching has been described as a stressful profession and ranked the second most stressful career out of 26 occupations in the UK (Johnson, Cooper, Cartwright, Donald, Taylor et al., 2005). It has also been described as a profession that requires a lot of "emotional labour" (Geddes, 2006). Johnson et al. (2005) revealed that teachers experienced above average levels of stress. In fact, the stress experienced by teachers was found to be higher than both Head Teachers (HTs) and Teaching Assistants (TAs). Teachers reported lower job satisfaction levels than HTs and TAs and the profession was positioned below average regarding job satisfaction (Johnson et al., 2005).

It may be argued that Government initiatives which have aimed to increase accountability and raise standards could have contributed to increased stress in the profession. Research has found that evaluating pupil progress and performance through continuous assessment has increased stress due to the added workload (Moon, Mullee, Thomson, Speller & Roderick, 1999). Government initiatives have included the introductions of 'league tables' as a measure of inter-school academic performance, the National Curriculum (Department for Education & Science, 1988), Standard Attainment Targets (SATs) as part of a system for regular monitoring and testing of pupils, the Foundation Phase curriculum and a revision of A-Levels at the secondary curriculum. Also, the Primary National Strategy launched 'Excellence and Enjoyment; social and emotional aspects of learning' (Department for Education and Skills, DfES, 2005) highlighting the importance of social, emotional and behavioural skills for pupils' development and school improvement. The strategy proposes that pupils who have proficient skills in the aforementioned areas, are more motivated to solve problems independently or with assistance, develop and sustain friendships, be successful learners, be more collaborative in work and play, have greater perseverance and be more likely to overcome difficulties. Evidence shows that pupils who have developed these skills have

greater educational and work success, have improved behaviour and learning, are more included and socially cohesive (DfES, 2005). Therefore, teachers have the added responsibilities and pressures to promote the development of these skills in addition to teaching subject-based knowledge. This has possibly been the case because the school's role is often perceived to extend beyond education in relation to academic skills and also develop responsible individuals (Zins, Bloodworth, Weissberg & Walberg's, 2004).

Statistics show that over £700 million was spent on initial teacher training in 2010 (TDA, 2011). Yet, Gibbs (2012) states that just half of those graduates remain in teaching after 5 years and similar, although more conservative estimates of between 40 and 50%, have been found by Ingersoll and Smith (2003). They also state that the profession has historically always lost the majority of its Newly Qualified Teachers (NQTs) early as opposed to later on in their career. For those who do not leave teaching, prolonged stress can lead to adverse consequences such as taking sickness leave from work (Geddes, 2006). The Department for Education state that on average, 4.9 days per teacher are taken per year and over half of the workforce took some sickness leave in 2009 (DfE, 2010).

Studies which have attempted to clarify the reasons for teachers leaving the profession, have found that 29% stated their reasons were due to being dissatisfied with the job and the second most commonly cited source of major stress and dissatisfaction for teachers, was children's behaviour consisting of discipline problems (Gibbs, 2012).

As teaching has been cited as a stressful profession, it follows that numerous studies have focused on the retention and resilience of teachers (Gibbs, 2012). Kieschke and Schaarschmidt (2008) argued that teachers who lacked coping and emotional regulation skills to effectively manage stress, were the most likely to experience exhaustion and burnout even if they had a committed ethos to the teaching profession. In contrast, studies suggest that

teachers who are resilient, are more likely to be effective teachers (Gu & Day, 2007). Therefore, teachers' behaviours are an indicator of their job satisfaction and these teacher behaviours are examined in the next section.

2.6.5. Behaviours related to working with a selectively mute child.

In consideration of previous literature suggesting that working with selectively mute children can be a stressful and anxiety-provoking experience, it is anticipated that teachers will respond by adopting various coping and adaptive behaviours or strategies such as altering their teaching style.

Explanations for the causation of SM suggest that children's withdrawal is a coping response when dealing with the overwhelming anxiety generated by an unfamiliar situation (Looff, 1971). However, this research explores teachers' behavioural reactions and coping mechanisms when the option of withdrawal is not possible for teachers. Instead, research suggests that teachers may help to maintain mutism through responding to non-verbal communication and by providing additional attention (Cline & Baldwin, 1998). It will also consider the effect of selectively mute children's expressive behaviours on teachers such as smiling and looking fearful or having "darting eyes" as described by Cline and Baldwin (1998). Cline and Baldwin (1998) state that teachers may try to teach in ways that work around the child's refusal to speak although such approaches may not be effective in encouraging the child to speak.

Additional teaching adaptations which may serve to reinforce the mutism include accepting the child's silence, not informing parents of concerns and adopting a passive stance through perceived inability to effect change (Omdal & Galloway, 2007). Teachers may also behave

differently to selectively mute children through responding to non-verbal responses in an attempt to help young children settle into school (Cline & Baldwin, 1998).

2.7. Potential Mediating Factors

Potential factors are explored in order to understand whether there are any factors which influence and mediate the kinds of experiences that teachers have. For instance, the duration of teaching experience may be a possible mediating factor as NQTs and recently qualified teachers may have experienced more stress and negative feelings. They may also have had a lower sense of self-efficacy due to less time for having built a bank of mastery experiences and this may have translated to avoidance behaviours. Another mediating factor could be the effect of co-morbid conditions which the selectively mute child may have, leading to a cumulatively stressful effect due to the teacher having to manage the additional demands of the child's multiple conditions.

2.8. Research Questions

The research seeks to answer the question of how nursery and primary teachers, as major recipients of EPSs, respond to the challenges of working with selectively mute children. More specifically, the views of teachers will be sought to answer the following research questions.

2.8.1. Research question 1.

How does working with a selectively mute child impact on a teacher's thoughts, feelings and

behaviours?

2.8.2. Research question 2.

Do teachers' thoughts, feelings and behaviours change and develop over time?

2.8.3. Research question 3.

What mediating factors influence the kinds of experiences teachers have?

2.9. Chapter Summary

The research questions have been generated as a response to the gap in research identified in the literature review and to facilitate understanding within this field of psychology. Chapter 3 describes the methodology employed in order to explore the research questions.

3. Methodology

3.1. Chapter Overview

Chapter 2 reviewed previous literature relating to the nature of SM and teaching. It also identified gaps in the research and how the present study aims to address them through the construction of five research questions. Chapter 3 now describes how these research questions will be answered and provides a justification for the methods used. Details are provided with regard to the sample, the instruments, the data collection method and the analysis. A description of the ethical implications of the research is given and how these are addressed.

3.2. Research Paradigm

A qualitative methodology suited the research because it did not impose or presuppose an objective reality but rather consisted of exploring the subjective realities of the participants. It was important to enable dialogue with participants in order to gain a detailed understanding of their experiences and adopting quantitative methods alone, may have limited the responses elicited. Therefore, instead of testing hypotheses as determined by quantitative methods, the research instead, explored participants' experiences.

A qualitative method was deemed to be the most appropriate way of gathering data because the research is concerned with exploring professionals' constructions and an interview method enabled the researcher to elicit insightful narratives. The prompt questions served as a guide for the interview and enabled participants to pursue thoughts of relevance to themselves without being inhibited. It may also be argued that the prompt questions were required to guide the interview in order to explore in depth the four research questions.

Additionally, the Constructionist Model of Informed Reasoned Action (COMOIRA) (Gameson, Rhydderch, Ellis & Carroll, 2003, 2005; Gameson & Rhydderch, 2008) was used as a framework to guide thinking (Appendix A). In particular, the concepts at the core of the model were applied including systemic thinking (e.g., Burden, 1981), informed and reasoned action and enabling dialogue with participants, through adopting a semi-structured interview method to explore their experiences of working with selectively mute children.

3.3. Analytical Method

The conceptual tool used to analyse the data is Thematic Analysis (Braun & Clarke, 2006). It has been defined as, "a method for indentifying, analyzing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). A theme is a unit of meaning identified as, "something important about the data in relation to the research question and represents some level of patterned response of meaning within the data set" (Braun & Clarke, 2006, p. 82). The prevalence of themes were considered at the level of the individual item, or per interview, and across the entire data set consisting of 20 interviews. However, these were reported as part of a rich overall description of the data set as opposed to a detailed account of one specific aspect. It may be argued, that some depth and complexity is lost as a result but an overall descriptive method is recommended by Braun and Clarke (2006) when investigating under-researched areas.

Themes were identified through a theoretical or deductive or 'top-down' process as the themes were driven by the researcher's theoretical interests, and some pre-existing coding frames were imposed on the data such as feelings, thoughts and behaviours. Also, the data were coded for the five specific research questions.

Although TA is independent of theory or epistemology, the justification for adopting this analytical method was because TA is compatible with a qualitative methodology enabling a deeper investigation of experiences, events, realities and meanings, taking into account a range of discourses. Its flexibility and theoretical freedom are some of its advantages.

Additional advantages of TA include the relative ease of the method, the accessibility of the method to novice researchers of qualitative research, the accessibility of the results to the educated general public, the ease of condensing and summarising a large body of data then subsequently providing a depth of description, highlight non-anticipated insights, similarities and differences across the set of data (Braun & Clarke, 2006).

The main weaknesses of TA lie in research that is poorly analysed or has limited interpretative value due to an ambiguous theoretical framework and research questions which are inappropriate (Braun & Clarke, 2006). Also, TA limits the researcher from making claims about the functionality of talk in contradiction to more rigorous qualitative methods such as Discource Analysis and this has sometimes resulted in TA being considered as inferior to other methods (Braun and Clarke, 2006) and at the extreme, not even considered as an analytical method (Anderson, 2007).

In addition, there are potential pitfalls of conducting thematic analysis and Braun and Clarke (2006) listed five. These included: 1) a failure to analyse the data, 2) using the interview questions as the themes instead of organically identifying themes from the data set, 3) lack of consistency and coherence between themes which do not adequately capture the majority of the data, 4) a contradiction between the data and analytic assertions, 5) a contradiction between analytic assertions and the theoretical framework.

The researcher was mindful of these and these were overcome through: 1) making analytical claims about the data as opposed to providing a string of data extracts, 2) the themes emerged

from the data as opposed to being imposed on them, 3) having adequate examples from the data extracts to support convincing and coherent themes, 4) ensuring data extracts match and are consistent with the analysis and having a trainee educational psychologist (TEP) colleague verify the construction of codes and themes.

3.4. Sample

As SM is a relatively rare condition, recruitment methods were somewhat time-consuming and consisted of the researcher calling and emailing the Special Educational Needs Co-ordinators (SENCos) in 324 primary and nursery schools within eight local authorities (LAs) in England and Wales. Recruitment was through school SENCos who notified the researcher of relevant teachers who were then contacted through a telephone call or email. Following verbal agreement to participate in the study, an interview time was set up with the member of staff via telephone or email. All interviews were conducted in a room at the participant's school.

The sample consisted of 20 participants who were of white British ethnic origin and 90% (N= 18) were female. Within the sample, two primary school teachers had experience of working with more than one selectively mute child during their career.

The participants were categorised into two groups; those who were working with a selectively mute child at the time of conducting the interviews and those who had previously taught a selectively mute child within the last four years. SM is a rare condition (Walters, 2002) presenting with a rate of 18 in 10,000 children (Kopp & Gillberg, 1997), and therefore the previous experience pre-dating four years was chosen in order to broaden the sample range which was reflected in the makeup of the sample consisting of nine participants who had previously taught a selectively mute child as opposed to 11 participants who were

working with a selectively mute child at the time of the study. Four participants who were working with a selectively mute child at the time of interviewing, agreed to take part in the diary study. There was a poor rate of return with two of the four participants completing the diary for the first week and no subsequent returns.

However, much memory research has suggested that memory representations are inaccurate, distorted and easily transformed (Loftus, 1977, 1979a; Loftus & Palmer, 1974). For instance, eyewitness testimony research proposed that post-incident information impaired memory for the original incident although subsequent researchers stated that the original information was inaccessible as opposed to impaired (Bekerian & Bowers, 1983; Christiaansen & Ochalek, 1983). Loftus' (1977) impairment hypothesis of memory construction criticised retrospective data due to the impact of interference and the destructive, updating nature of memory storage. Although researchers have refuted these claims (McCloskey & Zaragoza, 1985a; Zaragoza, McCloskey & Jamis, 1987) and models such as the co-existence model of memory state that memories remain intact, it is hypothesised that retrospective accounts were more susceptible to memory contamination in a way that current experience would not be. Therefore, it was hypothesised that retrospective interviews took account of participants having re-rationalised past events. A more realistic representation or real model of teachers' experiences may be gained from teachers who were currently working with a selectively mute child. This enabled the researcher to capture the dynamic nature of teachers' experiences during the interaction between different constructions and interpretations.

The inclusion criteria were:

- Primary and nursery teachers. The stress and pressures of teaching children within a primary school have been demonstrated as qualitatively and quantitatively different to teaching children in secondary schools (e.g., Wheldall & Merrett, 1988). Also, Cline

and Baldwin (1998) state that the peak time for referral is at school entry age and recruiting teachers from the nursery and primary sectors was likely to yield more participants.

- Teachers who had taught, or were teaching a selectively mute child on a full-time basis and who were the child's main teacher.

- Teachers who previously taught a selectively mute child, did so for at least two and a half terms.

- Teachers had taught the child in a mainstream school.

- Teachers who had current or previous experience of working with a selectively mute child within the last four years.

The exclusion criteria were:

- Secondary school teachers. The justification for this was that secondary teachers would have less contact with a selectively mute child or young person and therefore would have a very different experience to a teacher who worked with the child on a full-time basis. Their experiences would be likely to be qualitatively and quantitatively different in relation to emotions such as emotional arousal and the development of attachments.

- Teachers who taught a selectively mute child in a special needs school, specialist resource base or pupil referral unit.

3.5. Instruments

The instruments consisted of an interview schedule (Appendix B) to guide the interview, a

diary schedule (Appendix C), an Olympus Dictaphone to record the interview and the researcher who served as a data collection instrument. The advantages of using the Dictaphone was that it was small and unobtrusive which increased the naturalness of the interview as it could have been very distracting if the researcher made notes during the interview, and the Dictaphone had a very high sound quality which increased the reliability of the data for transcription.

3.5.1. Interview schedule.

The interview schedule consisted of 21 questions all of which were open ended as these structured the subject of the question but did not limit participants in the content or manner of their answers and thus offered response flexibility. There were a number of other advantages of using open-ended questions: they enabled the researcher to probe for a greater depth of information; they enabled the researcher to clarify ambiguities; they enabled the researcher to explore the boundaries of the participant's knowledge; and they promoted rapport building. Some questions were designed to 'funnel' information from a broad question narrowing down to more specific ones such as question number eight, "Did the selectively mute child have any siblings? If yes, can you describe their patterns of communication? Can you tell me your interpretation of these patterns of communication?"

Direct or specific questions were created for answering demographic and factual questions and were avoided for questions relating to feelings, thoughts and behaviours as these may have caused participants to be alarmed and therefore produce more guarded and cautious responses. Demographic and background questions were kept to a minimum and placed at the beginning of the schedule in order to maintain interviewee motivation as recommended by Patton (1990) and to put participants at their ease due to their non-threatening and non-

controversial content. The remainder of the schedule consisted of indirect questions designed to answer the research questions investigating what it was like to be a teacher of a selectively mute child. Tuckman (1972) stated that this would facilitate more honest and open responses when the purposes of questions are less obvious. Also, there were no leading questions to avoid leading the participants to answer differently or the researcher making inaccurate assumptions about the participants' experiences.

In addition, some questions required participants to specify and provide an example. Question 10 was a Critical Incident (CI) question which required participants to reflect on their emotions and recall a time or incident when they felt that particular emotion most intensely. An incident was defined as an adequately complete and observable human activity which would warrant inferences and predictions to be made regarding the perpetrator of the activity (Flanagan, 1954). Criteria for the incident being critical were that in the observer's view, there was lucidity in the purpose of the incident and certainty with regard to the effects of the incident (Flanagan, 1954). The aims of the Critical Incident Technique (CIT) are to enable the collection of observations of human behaviour to assist in practical problem solving and the development of broad psychological principles (Flanagan, 1954).
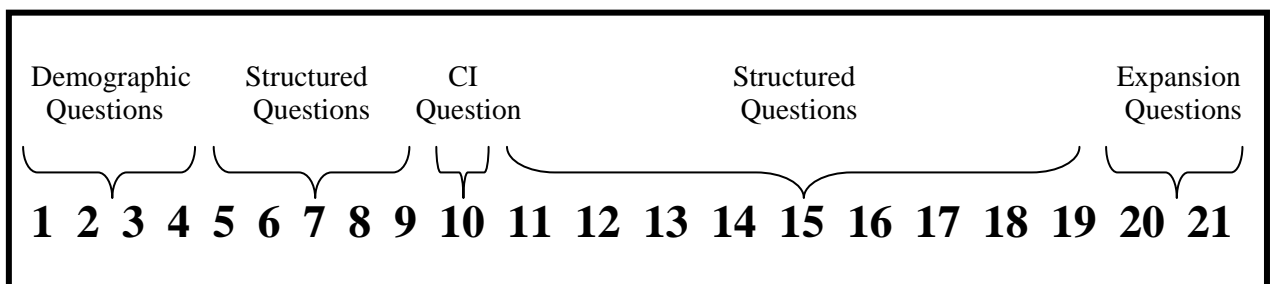

Figure 3. Representation of the interview schedule

The themes emerged from the data and were not imposed on it. Rather, the data were post-coded: codes were ascribed in response to the data collected. Within the area of prompt

questions associated with thoughts, feelings and behaviours, the three major themes emerged but the exact thoughts, feelings and behaviours were not pre-supposed. Therefore, the questions were designed to deliberately introduce prompts in order to elicit data from the participants but the themes that emerged were not pre-supposed. This is a reflection of the view that thoughts, feelings and behaviours are universal aspects of human experience.

The response modes were unstructured in order to provide participants with the freedom to give their answers in full and therefore, the analysis required coding the data through Thematic Analysis.

3.5.2. Diary schedule.

The questions within the diary schedule were open-ended because of the advantages offered by this questioning style. Figure 4 is a graphical representation of the diary schedule.
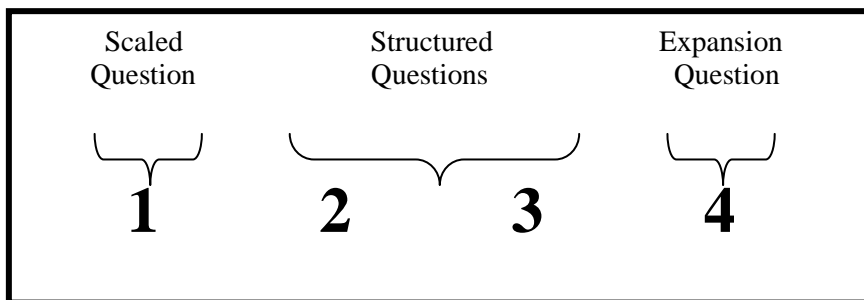

Figure 4. Representation of the diary schedule

Question 1 was designed as a rating scale; it required participants to describe their feelings or emotions within the last fortnight and was scaled with 0 being the least intense and 10 being the most intense. This scale was used in order to increase the ease with which changes in feelings or emotions could be tracked.

3.5.3. Validity of the instruments.

The research aimed to address validity through having a sample size (N= 20) sufficient enough to provide rich data from teachers including participants working in England and Wales. Also, the questions within the interview schedule were designed to provide depth and richness of data which was a recommendation by Cohen, Manion and Morrison (2000) when addressing validity in qualitative research.

Maxwell (1992) argued that qualitative methods should consist of five kinds of validity: descriptive; interpretative; theoretical; and evaluative. How the present research meets these validity criteria, is described in the following sub-sections.

3.5.3.1. Descriptive validity.

This denotes the factual accuracy of the accounts and this was met through the researcher recording the interviews by Dictaphone and transcribing them verbatim as recommended by Braun and Clarke (2006). Therefore, the transcriptions contained no omissions, summaries or researcher inferences.

3.5.3.2. Interpretative validity.

This describes the ability of the research to capture the participant's subjective interpretations and meanings and was achieved through the transcriptions remaining loyal to the interview context. For instance, the transcriptions included repetitions in speech, interruptions and through the researcher frequently reflecting back statements to the participants in order to clarify meaning.

3.5.3.3. Theoretical & construct validity.

Theoretical validity relates to the extent that the research explains phenomena or the participant's constructs. This was achieved through ensuring that an appropriate analytic method was used, namely that of Thematic Analysis.

3.5.3.4. Evaluative validity.

Evaluative validity relates to applying an evaluative framework to the research as opposed to mere explanation. This is a potential pitfall of research that Braun and Clarke (2006) also warn of. They argue that weak research merely describes through a string of extracts as opposed to analysing the data. Therefore, the present research utilised a step-by-step guide (Braun & Clarke, 2006) to ensure fidelity to the analytical and evaluative process relating the data to previous theory and research.

3.5.3.5. Internal validity.

It is argued that the current research has a high level of internal validity within Hammersley's (1992) criteria due to the credibility of the data, the convincingness of the data enabling greater claims to be made and the clarity of the claims made by the data which are descriptive, explanatory and theory generative. Additionally, Cohen, Manion and Morrison (2000) describe further validity criteria to increase the quality of ethnographic research such as peer examination of data which was applied during the coding process of data analysis. Also, within their checklist, it may be argued that the present research meets the following criteria representing a high level of internal validity:

1. High level of confidence in the data.

2. High authenticity of the data as the transcriptions reflected the context and narrative style of the interview process. Cassell (1988) warned that data may be distorted as an implication of the asymmetrical power relations within the interview situation. Therefore, the interviewer informed participants at the beginning of the interview that they were also a qualified teacher. This was done in order to re-align the status position of the interviewer and interviewee to make the dual statuses more equal and to promote a dialogue between equals. This approach assisted rapport building. The researcher had similar experiences in which they taught a selectively mute child. This experience, it is argued, enabled the researcher to be a more sensitive interviewer due to their insight, experience and knowledge of the topic.

3. A sound research design.

A component part of internal validity is authenticity. It is argued that the research has a high level of authenticity through the following criteria set by Cohen, Manion and Morrison (2000):

1. *Fairness* by providing a balanced representation of the multiple experiences for those working with selectively mute children. For instance, the results show both positive experiences such as participants reporting that they found the experience rewarding and negative accounts of experiences such as participants reporting feeling frustrated and worried.

2. *Ontological authenticity* as the research provides a more advanced understanding of the impact of working with selectively mute children for nursery and primary teachers.

3. *Educative authenticity* through generating a new and greater awareness of the range of thoughts, feelings and behaviours experienced by nursery and primary teachers who have worked with selectively mute children.

3.5.4. Reliability of the instruments.

The researcher ensured inter-rater reliability as recommended by Denzin and Lincoln (1994) through having a TEP colleague check the first two interview transcripts to ensure coding or inter- rater reliability. The outcome of the comparisons was to refine some of the codes created and review the research questions. The research question, 'Do teachers experience stress when teaching a selectively mute child?' was omitted and the research question 'What is it like to be a teacher of a selectively mute child?' was subdivided into three sub-sections focusing on thoughts, feelings and behaviours. The questions, 'What mediating factors influence the kinds of experiences teachers have?' and 'Is the experience a developmental process over time?' were re-ordered so the former question preceded the latter.

Cohen, Manion and Morrison (2000) argued that a way to control for reliability is by conducting a highly structured interview. Therefore, interviews followed an interview schedule in which all participants were asked the same questions, in the same format and any additional questions which were asked spontaneously, served as prompts for the purpose of clarification and enabled participants to expand on their answers. This is in line with Kvale's (1996) criteria for an effective interviewer, which includes interpretation through clarifying the interviewee's statements.

Silverman (1993) argued that each question should be understood in the same way by the interviewees. Therefore, to ensure that the language was accessible for participants, the interview schedule was piloted on three participants as recommended by Silverman (1993).

3.6. Procedure

Participants were required to reflect on their experiences during a semi-structured interview consisting of between 30 and 45 minutes. The researcher used interview prompt questions within a schedule (Appendix B) to guide the interview. The procedure is described in detail below under discreet stages including recruitment of participants, data collection and analysis.

3.6.1. Recruitment.

1. The researcher downloaded school lists within eight LAs and worked through a hierarchical recruitment process (see figure 5) within England and Wales. These were chosen based on physical proximity to where the researcher was based near the university city and the placement where the participant had relocated for the year of their training.
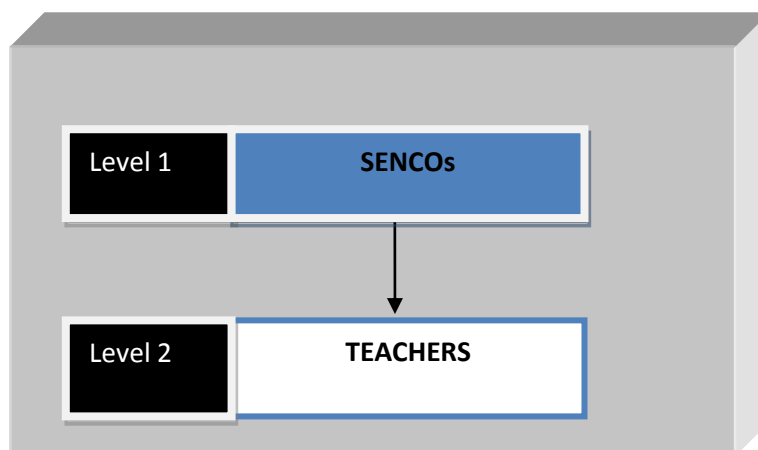
Figure 5. Flow chart of the hierarchical recruitment process

2. The researcher called SENCos of nursery, infant, junior and primary schools in eight LAs. The researcher enquired whether there were currently, or had recently been any selectively mute children in the school within the last four years. If this was confirmed, the researcher requested permission to contact the teacher(s) who taught the child(ren). If the researcher was directed to contact the SENCo via email, then the format in Appendix C was used. If the researcher was directed to contact the teacher via email then the format in Appendix D was used. A letter was drafted in anticipation if SENCos requested to be contacted by post (Appendix E). However, there were no such requests. In total, 324 Schools were contacted.

3. When the researcher received verbal consent from the SENCo then the relevant teacher was contacted through telephone or email in order to schedule an interview.

4. A confirmation email was sent to the teacher once the interview date and time were confirmed.

3.6.2. Data collection.

5. Each interview was held in a quiet room in the school where the teacher was located within a two week data collection period in February 2011. This was done in order to increase the likelihood of the teacher agreeing to participate in the research and thus increase the response rate, and also to ensure the interview was conducted in an appropriate and non-threatening environment for both the researcher and teacher. The researcher explained the purpose and nature of the research and the participant was asked to sign the consent form (Appendix F) agreeing to be interviewed.

6. The participant was asked to give verbal consent for the interview to be recorded by Dictaphone. It was explained that the participant would have a two week period in

which to contact the researcher should they wish to withdraw their data from the research.

7. The participant provided a verbal account of their experiences during the semi-structured interview. Each participant was asked the same prompt questions and each interview lasted between 30 and 45 minutes.

8. On terminating the interview, the participant was debriefed about the aims of the study (Appendix G).

9. Teachers who were working with a selectively mute child at the time of interviewing, were also asked if they would consent to take part in the diary study. This involved the researcher emailing a template (Appendix H) to participants once a fortnight in order to track the participant's thoughts, feelings and behaviours over time until the last week of the summer term. Participants were required to complete and email the diary schedule to the researcher. The safety of the data was ensured as participants were provided with the researcher's work email address which was password protected to ensure that no third parties would be able to access the information. This would consist of 11 diary entries in total when participants returned the completed templates.

3.6.3. Analysis

10. The data were organised using Nvivo 9 Analysis Software Package. The audio recording was transferred from the Dictaphone to a password protected file on the researcher's computer and then deleted. The audio data were transcribed and subsequently deleted between April and July 2011 when all transcriptions were completed. All the data were transcribed by the researcher using Express Scribe

Transcription Software. Written data were stored in a password protected document. It was confidential to the researcher and anonymous to readers.

11. The data were analysed using Thematic Analysis following the guidelines set out by Braun and Clarke (2006) in order to ensure a theoretically and methodologically rigorous analysis. These included six distinct phases although it was not a linear process as some phases required revisiting.

12. *Phase 1: Familiarisation with the data.* This consisted of the researcher becoming familiar with the data and began during data collection followed by early engagement with the data during transcription in order to increase perceptiveness of the more subtle elements of the data (Tuckett, 2005). Reissman (1993) states that transcription is an excellent way to become familiar with the data despite the lengthy time commitments.

13. *Phase 2: Generating initial codes.* The data were initially coded based on salient features in the data. Cohen, Manion and Morrison (2000) describe coding as the process of assigning a category label to a datum. A code refers to, "the most basic segment, or element, of the raw data to information that can be assessed in a meaningful way regarding the phenomenon" (Boyatzis, 1998, p. 68). This phase was characterised by the *organisation* of data into meaningful groups and therefore was a process of creating categories. The definition of a code was made explicit in the researcher's own mind and to the TEP to ensure that the codes were applied in the same way each time they were used. Codes were created abundantly to include as many patterns as possible which had generous inclusivity of the surrounding data and unexpected codes that departed from the main story in the analysis were included.

14. *Phase 3: Searching for themes.* This phase was characterised by *interpretation* of the data and included the sorting of codes into themes. Attempts were made to name

themes based on the actual words of participants as recommended by Anderson (2007). At this phase, a thematic map was created for each research question consisting of five thematic maps in total through the MindManager 2012 software application.

15. *Phase 4: Reviewing themes.* This phase was characterised by the *refinement* of the themes and review of the thematic maps through re-reading again the entire data set. This was done in order to verify the validity of individual themes and to check if any codes had been missed or needed recoding. Once the researcher was satisfied that the thematic map accurately fitted the data, then the analysis continued to the fifth phase.

16. *Phase 5: Defining and naming themes.* During this phase, themes were defined and sub-themes created which have been described as, "themes-within-a-theme" (Braun & Clarke, 2006, p. 92). Sub-themes had the advantage of providing a structure to large themes and for representing the hierarchical structure of meaning within the data. The names of themes were chosen for clarity and conciseness.

17. *Phase 6: Producing the report.* This involved constructing an extended written account of the data (presented in the results section of the thesis) which aims to be adequately analytical in relation to the research questions. To assist in the process of report writing and identifying the questions to ask of the data as well as analytic claims to be made from it, the researcher referred to the work of Toerien and Wilkinson (2004) as recommended by Braun and Clarke (2006).

18. The six phases were completed for interview transcripts one and two.

19. Interview transcripts one and two were emailed to a TEP colleague who coded them and identified salient themes. Following joint review and feedback, some themes were combined or merged, several new themes were created, some themes were split into

different parts and some themes were relocated to different coding groups. The research questions were also reviewed and amended.

20. Interview transcripts one and two were amended in response to the feedback from the TEP.

21. The remainder of the interview transcripts were analysed using the six phases of TA.

3.7. Ethical Issues

3.7.1. Consent.

Prior to data collection, verbal consent was sought from the SENCos. Participants were asked to complete a consent form (Appendix F) before the interview began which also provided details of the study. They were informed of the purpose of the study, their right to withdraw and that the data would be stored anonymously. At the end of the interview, participants were debriefed verbally and in writing (Appendix G).

3.7.2. Anonymity & confidentiality.

The data were stored anonymously in a password protected document and confidentiality was maintained by the researcher refraining from disclosing children's first names that were sometimes revealed during the interview. It was intended that the audio files would be deleted 2 weeks later but due to time commitments, these were deleted from April to July 2011 following the completion of the transcription phase which was lengthier than originally anticipated in the research proposal. The data however, remained confidential to the researcher who did not disclose the information to third parties.

3.7.3. Participant welfare.

Consideration was given to the potential consequences of conducting the interviews, such as eliciting distressing or stressful memories. As Cleave (2009) stated, "EPs need to be aware of the possible heightened emotions regarding the selectively mute child in school" (p. 245). The researcher overcame this by explaining to the participant before the interview, that they had the right to terminate the interview at any point without question. Therefore the non-maleficence ethical criteria was met by ensuring that the interview did not harm the participant. The interviewer also utilised a person-centred approach applying Rogerian principles (Rogers, 1951) such as unconditional positive regard. Although the intention was to gather data rather than to effect therapeutic change, it was viewed that adopting this position would facilitate the information sharing process. As Cohen, Manion and Morrison (2000) state, "human interaction is central to the production of knowledge" (p. 267) and the interview process is an interpersonal encounter. The researcher also utilised strategies to maintain participant motivation by using non-verbal cues such as nodding and making encouraging noises. Kvale (1996) cites sensitivity such as empathic, active listening as a qualification for an effective interviewer in addition to being knowledgeable, gentle and open.

3.7.4. Researcher welfare.

There were ethical issues surrounding the safety of the researcher regarding flexibility of conducting the interviews at various locations according to the teachers' convenience. The risks were minimised by conducting all interviews in school locations when there were other members of staff in the building and by having a TEP who the researcher would report to once the interview was completed. The protocol for the researcher was to send an email to the

TEP two days before the interview informing them of details regarding the interview (Appendix I) including the beginning and anticipated end time of the interview and the location. Following termination of the interview, the researcher contacted the TEP via a phone call or text message no later than an hour after the anticipated end time of the interview. Following receipt of contact from the researcher, the TEP then logged a safe conclusion. It was agreed that if there was a failure for the researcher to contact the TEP after an hour of the anticipated end time of the interview, the protocol for the TEP was as follows:

1. To call the researcher on their mobile phone. If this attempt at contact was unsuccessful to proceed to the second point.

2. To call the school in which the interview was being held. If this attempt at contact was unsuccessful to proceed to the third point.

3. To call the last known location of the researcher and enquire about their whereabouts.

However, the researcher informed the TEP within an hour of the termination of each interview and therefore, during the data collection phase, the TEP did not have to proceed beyond the first point.

3.8. Design

A semi-structured interview method was used to explore teachers' experiences of working with selectively mute children. The course of the interview, topics and issues were pre-determined with flexibility for expansion of questions. Lincoln and Guba (1985) argued that providing a structure was useful when the researcher was aware of their gaps in knowledge. The interview was provided with a structure through the creation of an interview schedule as the researcher had some topical knowledge based on previous literature (Buck, 1987; Cline &

Baldwin, 1998; Edmondson, 1986) and was therefore in a position to frame questions that provided some of the knowledge required. However, as previously stated, there remain gaps in the literature and therefore the researcher conducted semi-structured interviews in order to expand on the current knowledge in the field. It may be stated that the researcher's knowledge was incomplete and therefore centrally positioned within Morrison's (1993) interview continuum as depicted in figure 6.

Numbers/qualitative data   Words/quantitative data
Closed questions   Open-ended questions
Comparison/correlation   Particularity/quality
Pre-determined knowledge   Undetermined knowledge
Regularities/generalizations   Uniqueness
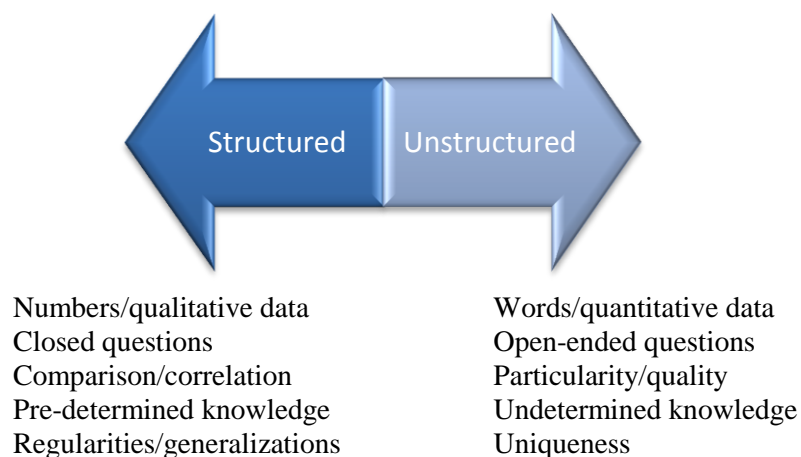
Figure 6. Representation of Morrison's (1993) five continua for conceptualising interviews

It has been stated that, "Learning through language is central to the school curriculum" (Cleave, 2009, p. 235). Yet, it may also be argued that teaching through language is central to the school curriculum, and using a semi-structured interview technique was an essential method to explore the impact on teachers when there is a breakdown in this form of communication. The transcription of the interview conversations enabled the cataloguing of patterns of teachers' experiences. Therefore the interview method was chosen because it was better suited for the purpose of the research; principally for collecting information that had direct relevance to the research objectives and questions while providing greater depth and breadth. Tuckman (1972) argued that offering an inside view into a person's head would enable the measurement of a person's knowledge, their preferences and their beliefs. It was a

more advantageous method than a questionnaire method due to the interactive nature of obtaining relevant and focused information due to opportunities to probe the interviewees and ask questions. Also, the interview method would naturally yield a greater magnitude of data that, it was believed, would be more insightful. Although the number of respondents that could be reached was limited, once verbal consent was obtained to take part in the interview, the rate of return was excellent as only one participant of the 21 scheduled to participate in the research did not attend on the day of the interview.

Also, a strength of the design was in conducting face-to-face interviews. Although this was more time consuming and costly than telephone interviews which do not require extensive travel arrangements, this data collection method was advantageous for enabling the researcher to attend to non-verbal cues during the study. This was highly effective in indicating whether participants understood the research questions or not and by enabling non-verbal cues to mediate the dialogue, which is a phenomenon highlighted by Miller and Cannell (1997). It enabled the researcher to attend to and interpret how information was said in addition to its meaning. The interview is a social situation (Cohen, Manion & Morrison, 2000) and therefore it can be argued that conducting the interviews in dynamic, social conditions increased the reliability and validity of the data.

On the other hand, Miller and Cannell (1997) also argue that telephone interviews may strengthen the reliability of data by increasing the likelihood that interviewees disclose information which they may be more inhibited to do in a more intimate, face-to-face setting. Yet, the findings showed that participants were prepared to disclose personal information, some of which, at times, represented them in a less favourable light such as admitting frustrations and annoyances. Finally, a diary method was chosen as it was compatible with the longitudinal nature of the third research question relating to the development of thoughts, feelings and behaviours. However, this resulted in a 100% drop-out rate which is further

discussed in the results section.

3.9. Chapter Summary

The current chapter has provided a justification for the research paradigm and described the methodology consisting of semi-structured interviews. These were conducted in light of the British Psychological Society's (BPS's, 2006) ethical guidelines and Code of Conduct and Cardiff University's School of Psychology Ethics Committee's scrutiny. The data collection instruments and procedures were described in detail to increase replicability; this and the design are critiqued in Chapter 5. Chapter 4 now presents the findings.

4. Results

4.1. Chapter Overview

Chapter 3 provided a justification for the research paradigm utilised to answer the research questions. It described the sample, instruments and research design including consideration of the ethical issues presented by the research. The analysis of the findings was then outlined. This chapter summarises the method utilised to analyse the data and the key findings organised in relation to the overarching themes and sub-themes within the five research questions. Chapter 5 discusses the theoretical and methodological implications of the results.

4.2. The Sample

20 participants were recruited and interviewed regarding their experiences of working with a selectively mute child. The full list of participant demographics is illustrated in Table 2 on the following page and a list of the pupil demographics can be found in Appendix K.

Table 2. Participant demographics

Part. No.	Gender (M/F)*	Profession (NT/ PT)**	Qualifications ***	Duration of teaching experience (years)	Duration of contact with child (terms)	Recency of experience	Involvement of Outside Agencies****
1	F	PT	Unknown	15	3	2009-2010	FSW, EP, AC
2	F	PT	GTP	1	2.5	2006-2007	SALT, SS
3	F	NT	Dip. (NNEB), GNVQ (Health & Social Care)	11	2.5	2010-2011	SALT, EP
4	F	PT	BEd	8	3	2007-2008	SALT, BSO, PT
5	F	PT	NNEB, BEd	12	3	2007-2008	BSO
6	F	PT	BA (Primary)	2	3	2009-2010	EP
7	F	PT	GTP	5	2.5	Current	None
8	F	NT	Dip. (Pre-school Practice)	15	3	2008-2009	TC
9	F	PT	PGCE	Unknown	2.5	Current	SALT, EP, SLT, EWDW
10	F	PT	BEd	15	2.5	Current	None
11	M	PT	GTP	2.5 terms	2.5	Current	EAL teacher, SALT
12	F	PT	PGCE	3	2.5	Current	None
13	F	PT	PGCE	6	2.5	Current	None
14	F	PT	PGCE	2	2.5	Current	SALT, EP
15	F	PT	BEd	18	2.5	Current	BSO, EP, DN
16	F	PT	BEd	11	3	2009-2010	EP
17	F	PT	PGCE, MSc (Special Education)	10	5	Current	SN
18	F	PT	BEd	3	3	2008-2009	SALT, SN, EP
19	F	PT	PGCE	11	2.5	Current	SALT
20	F	PT	PGCE	7	2.5	Current	None

* M= Male, F= Female

** NT= Nursery Teacher, PT= Primary Teacher

*** GTP= Graduate Teacher Programme, NNEB= National Nursery Examination Board, GNVQ= General National Vocational Qualification, BEd= Bachelor of Education, Dip.= Diploma, BA= Bachelor of Arts, PGCE= Postgraduate Certificate in Education, MSc= Master of Science

**** FSW= Family Support Worker, EP= Educational Psychologist, AC= Anxiety Clinic, SS= Social Services, SALT= Speech and Language Therapist, BSO= Behaviour Support Officer, TC= Teacher Counsellor, PT= Play Therapist, SLT= Specialist Literacy Teacher, EWDW= Emotional Welfare Development Worker, EAL= English as an Additional Language, SN= School Nurse, DN= Diabetic Nurse

4.3. Organisation of Data

All the data were transcribed by the researcher to increase the reliability of the coding process and to increase familiarity with the data. An example of an interview transcript is provided in Appendix J. For the diary study, four of the eleven participants who were working with a selectively mute child at the time of interviewing, agreed to take part in the diary study. All participants completed the first week of the fortnightly diaries but all participants dropped out of the study after the first week. Therefore, the data are presented with regard to the 20 interviews conducted.

1068 initial codes were generated from across the entire data set and coded through identifying potential repeated patterns and similarity of concepts (Appendix N). These were reviewed and 697 codes were identified following the amalgamation and deletion of certain codes (Appendices M-O). 33 themes were identified and numerous sub-themes. Appendix P illustrates the name and content of each theme.

Within each theme, quotations were selected from the interview transcripts to illustrate each of the themes and in order to answer the research questions. The themes and sub-themes were then related to each of the study's research questions.

4.4. Question 1: How Does Working with a Selectively Mute Child Impact on a Teacher's Thoughts?

Ten themes were identified to answer question one. These are visually depicted in the thematic map (Figure 7) below which also includes the sub-themes.
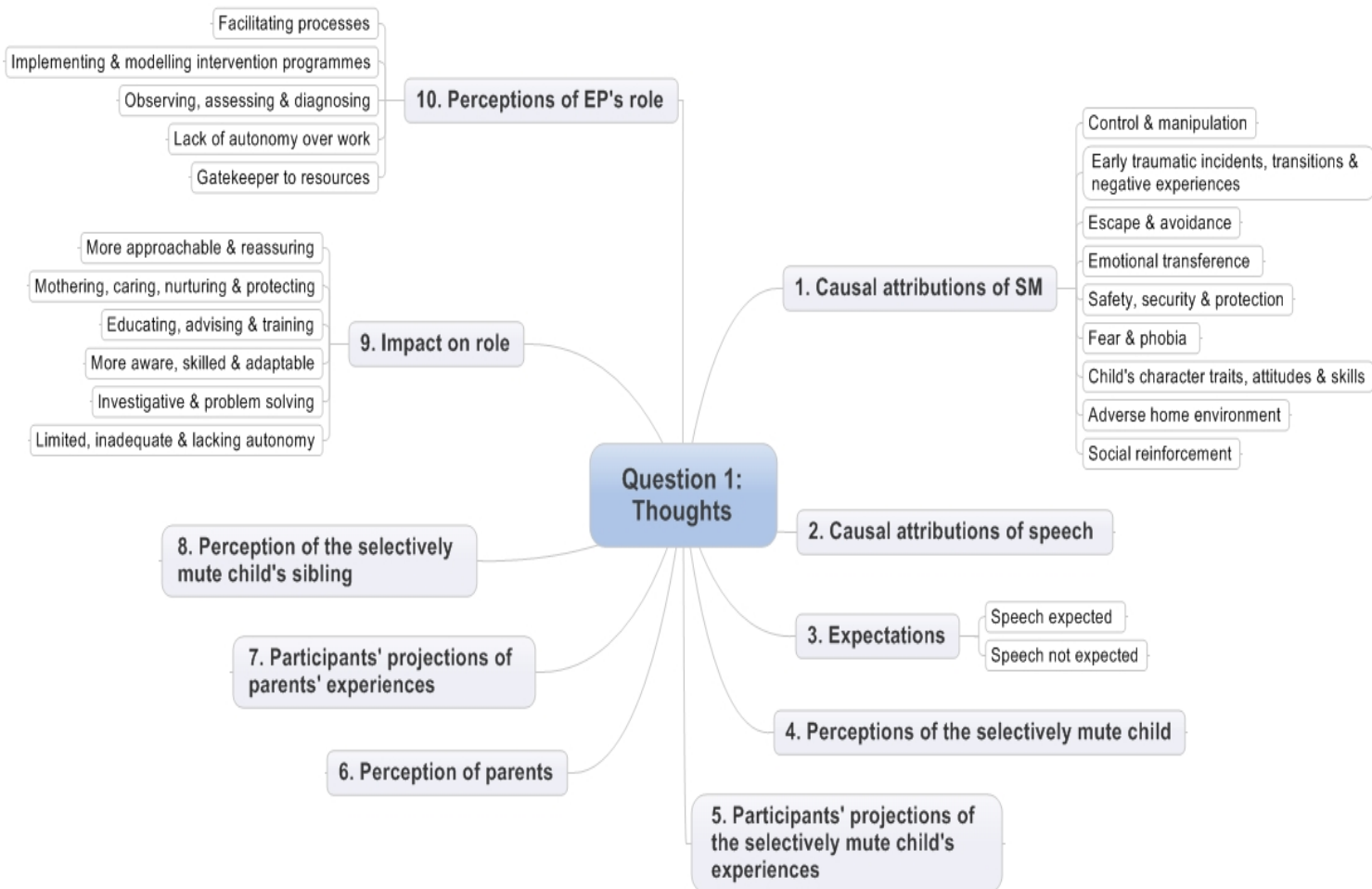
Figure 7. Thematic map illustrating the themes and sub-themes identified in relation to teachers' thoughts.

4.4.1. Theme 1. Causal attributions of SM.

Participants provided a range of explanations regarding the causes and explanations for the

child's mutism and these are described within nine sub-themes.

4.4.1.1. Control & manipulation.

An internal factor to explain the child's mute behaviour was in order to establish control and to manipulate others (N= 9). In one case, this was recognised only after engaging in the interview process.

- *"I overheard him saying to his friend "you don't have to talk to her if you don't want to". And I said "yes you do, we're not having any of that. I ask a question, you will answer me...I did then think, he's been stringing us along. It's been on purpose. Do you know what, I'd really forgotten about that. Right at the end of the summer term and I thought the little toad." (Participant 5)*

- *"Perhaps that's why he done it, because he liked the feeling of people trying to get him to talk. He felt he was getting one over on, I really don't know." (Participant 8)*

4.4.1.2. Early traumatic incidents, transitions & negative experiences.

Some participants (N= 9) believed that the child experiencing a past unknown trauma such as beginning school, a stressful transition and parental marital breakdown may have caused the SM.

- *"I contacted his school who said that he did talk but was very, very quiet but did speak to the teacher there so I think he already had social difficulties, difficulties at home but the traumatic day of coming into the class led the rest of the time that he was with us for that period although he did get better." (Participant 17)*

- *"Coming from Nepal into a situation that was very different. From the age of six or seven children become less egotistical, they start noticing the world around them. At a sort of pivotal time in her growing up, she's been exposed to massive change. I think she just went into shut down." (Participant 2)*

4.4.1.3. Escape & avoidance.

Children's mute behaviour was also described as a form of escape from situations or relationship building and to avoid embarrassment and disappointing others (N= 12).

- *"I think it's just to shut himself off and to say I'm not really here. I don't need to participate." (Participant 7)*

- *"I believe that she's just really overly doesn't want to let people down, having got to know her. I think she feels shy and aware around adults and I think she's worried about their responses." (Participant 14)*

4.4.1.4. Emotional transference.

Two participants believed that their emotional reaction and that of the child's parents exacerbated the situation.

- *"Had I stressed less maybe she would have picked up on my confidence and not been stressed herself." (Participant 2)*

- *"So mum is a little bit anxious too so I think there may be some link with parents being anxious. Dad said he didn't speak very much in school himself. He raised that*

when we were talking about the referral that as well. So it's two anxious parents."

(Participant 19)

4.4.1.5. Safety, security & protection.

Other reasons for the child's mutism were that the mutism served to protect the child and enable them to feel safe and secure (N= 8).

- *"I don't know some kind of protection for her? I don't know, protecting her from getting the answer wrong or keeping her safe when communicating with other children." (Participant 13)*

- *"There is security in the patterns of what she's doing every day, but I don't think she's changed very much in the way she is responding." (Participant 1)*

4.4.1.6. Fear & phobia.

Five participants described the child being afraid of speaking and in the extreme being like a phobia.

- *"It was an anxiety, the more he thought about it, the harder it became for him, almost like a phobia." (Participant 17)*

- *"She was absolutely petrified of any adult although everyone in the school, although everyone was really friendly and open, so any new child that comes in generally goes up to an adult and hugs them because they see the other children do it." (Participant 2)*

4.4.1.7. Child's character traits, attitudes & skills.

15 participants also had within-child explanations for the mute behaviour such as being a personality trait of the child. For instance, being excessively shy, withdrawn or lacking in self-confidence and self-esteem, and that once they had established the behaviour patterns, they lacked the skills to change.

- *"Then when it came down to school the issue of what is possibly a self-confidence issue. Low self-esteem, lack of social skills that's why and there is an element of all of that I've noticed." (Participant 10)*

- *"He wasn't talking, he wouldn't answer the register or talk to anybody and he would get extremely anxious if you asked him a question so I asked his parents if they noticed this and they said that he wouldn't speak to anybody outside of the home, he'd always been like it." (Participant 17)*

4.4.1.8. Adverse home environment.

Some participants (N= 3) explained the mute behaviour as a result of an adverse home environment which impacted on the child in school. Participant four recounted the change in the selectively mute child's behaviour and their siblings.

- *"You could tell when something had happened at home. All of the children would become more limited in their speech." (Participant 4)*

- *"I just did have massive concerns about her home life and what was going on out of school because I couldn't see any reason for her behaviour within school." (Participant 2)*

4.4.1.9. Social reinforcement.

Participants' explanations (N= 9) included the influence of others positively and negatively reinforcing the child's mute behaviour.

- *"I noticed that his sisters would say "hello xxx how you?" They knew he wouldn't respond so they'd say "you look happy today". So I think sometimes he may have held back with his talking because they spoke for him but they didn't realise they were doing it." (Participant 1)*

- *"I think it goes back to the fact that he at some point in his life has perhaps witnessed something pretty grim and may have been rewarded for not speaking to someone about that particular event and therefore his default position instead of talking about it, instead his default position has been not to talk to someone about it." (Participant 7)*

4.4.2. Theme 2. Causal attributions of speech.

There were cases of selectively mute children beginning to speak during the duration of the participant's work with the child. Participants' explanations about why the selectively mute children began speaking centred around the quality of the relationship with the recipient of speech and establishing trust with the child (N= 3).

- *"What tends to happen, it seems to me that it's related to the relationship with the adult. She's talked much more towards the end of the year than the beginning of the year and she does talk in front of some adults but she won't talk to adults if you know what I mean." (Participant 14)*

Other explanations by two participants included attributing the child speaking as due to their own successful involvement and efforts.

- *"I found it a challenge and obviously I said earlier about the sense of satisfaction when he did start talking. You feel proud that you made that breakthrough."* *(Participant 3)*

4.4.3. Theme 3. Expectations.

Two sub-themes emerged from participants' expectations including the expectation of speech and the acceptance of mutism.

4.4.3.1. Speech expected.

Some participants (N= 5) thought the child would speak by the end of their time working with the selectively mute child and this influenced their teaching style by being more insistent on the child communicating verbally.

- *"When he first came in, I thought we'll have him talking by the first half term."* *(Participant 5)*
- *"You're not being rude because you smile with your voice when you're saying it but admit being very direct "I want you to do this now", no choice in it whatsoever."* *(Participant 2)*

4.4.3.2. Speech not expected.

Half of the participants (N= 10) expected the mute behaviour to remain constant throughout

the year and this impacted on their behaviour by not pressuring or insisting for the child to speak.

- *"He certainly wasn't going to speak to me so I knew that, I didn't set myself up, the expectation of him talking to me and I didn't put that pressure onto him so then he could keep the control but we'd find a way." (Participant 4)*

These expectations were sometimes set by outside professionals.

- *"...the most important thing that they [SALT, Play Therapist] told me was "don't want him to speak to you, don't expect it, don't think that you're going to be the person that he's actually going to speak to" and that was enough." (Participant 4)*

4.4.4. Theme 4. Perceptions of the selectively mute child.

Half of the descriptions relating to the selectively mute child were extremely positive such as having a good sense of humour, being clever, polite, patient and nice. Participants often viewed the mute behaviour as not being the child's fault and that in fact the child was not troublesome because they were so quiet and could be easily overlooked.

- *"Other adults around the school, she was never challenging, she was such a good girl, she was very well behaved but it would be that startled rabbit look in her face if somebody asked her a question or she didn't know the answer or she wasn't quite sure about it." (Participant 1)*

- *"She never causes trouble but she'll just there not doing a lot." (Participant 9)*

- *"He's got a nice sense of humour." (Participant 15)*

4.4.5. Theme 5. Participants' projections of the selectively mute child's experiences.

Four participants perceived that the selectively mute child was experiencing worry and frustration and many of the feelings they perceived the child experiencing, reflected their own feelings.

- *"I think there are times when she's very frustrated by it when she needs something." (Participant 14)*

- *"I think he felt he had a lot of spotlight on him then as well which any child does but everyone's waiting to see are you going to talk today and it was just getting more pressure." (Participant 3)*

4.4.6. Theme 6. Perception of parents.

Five participants' views of the selectively mute child's parents ranged from positive, especially when parents had worked well with the teacher, to more negative perceptions.

- *"Mum ...comes over as quite aggressive the way she speaks to you." (Participant 5)*

- *"Her mum was very good, she'd come in because she had an IEP and not because of these problems it was more of an academic thing and so mum was very good at coming in to talk to us." (Participant 1)*

4.4.7. Theme 7. Participants' projections of parents' experiences.

Half of the participants described parents as experiencing a range of emotions such as relief

and pleasure with the child's progress but also as being frustrated about gaining or avoiding their child being labelled and anxious about being judged on their parenting skills.

- *"Mum had various feedback, I think she took it as a criticism." (Participant 2)*

- *"Some parents because they have to be consulted, they have to be interviewed and things, they consider it often a failing on their behalf." (Participant 1)*

4.4.8. Theme 8. Perception of selectively mute child's sibling.

Half of the participants reported having had contact with the selectively mute child's sibling(s) and eight participants reported having worked with the selectively mute child's sibling.

- *"An almost identical pattern but his brother started speaking out loud when he was at the end of Reception so when he was about 5 but xxx it was about 6 or 7 weeks ago that he started speaking out loud in front of lots of people." (Participant 20)*
- *"And they're very similar in their academic ability but her sister has a lot more to get out of her, she will talk a lot more. It's easier to get stuff out of her." (Participant 9)*

4.4.9. Theme 9. Impact on role.

Participants viewed themselves as having multiple roles or "wearing many hats" as described by participant two. The impact on their role as a result of their experiences working with the selectively mute children, are listed in the following six sub-sections.

4.4.9.1. More approachable & reassuring.

Four participants viewed their roles had changed to be more approachable, supportive and reassuring to parents.

- *"I think that reassurance helped and in fact the headmaster has said I'm an asset to the school. I'm not being big headed or anything because I feel really embarrassed but he says it's quite interesting the parents will come to you and they might not even go to him so there might be a parent whose son is in Year 4 and I don't even work with that child but they're willing to come to me because they feel more comfortable." (Participant 3)*

- *"I suppose I've had to become more patient with her." (Participant 12)*

4.4.9.2. Mothering, caring, nurturing & protecting.

Role adaptations also included five participants describing that they adopted a more nurturing and protective role.

- *"You feel like a carer, you do feel like a mother. I see more of these children than I do my own children on a whole week to week basis and you do feel really protective of them and you really do want the best for them to push them to their full capabilities and you do want to find out what they are interested." (Participant 2)*

- *"I suppose it's nurturing but then that's our job as teachers isn't it, to nurture? As much as she had a need that was different to the other children, all children have needs and our job is to nurture them and care about them because if we didn't I don't think they would really grow, would they?" (Participant 19)*

4.4.9.3. Educating, advising & training.

Some participants (N= 7) viewed their role as educating and training others including educating and advising parents and colleagues both informally and formally such as setting up a training course in school.

- *"**Researcher:** Did working with a selectively mute child impact on your role identity? Your identity as a teacher?*

  __Participant 20:__ I think possibly in making other people aware of it. You want everybody to understand this." (Participant 20)

- *"I've set up a training course for Teaching Assistants within the school." (Participant 17)*

- *"I know teachers who had taught her previously now have come to ask me and we liaise on how we dealt with it so there's that sort of approach." (Participant 18)*

4.4.9.4. More aware, skilled & adaptable.

When reflecting on their experiences, eight participants stated that their skill set had grown and they had improved in their professional roles.

- *"I suppose it makes you more flexible. You're always trying to think for that activity, how can it work for him?" (Participant 15)*

- *"I think it's made me realise that a lot of what we do depends on verbal communication. Things like, I take the register completely differently now so it's things like thumbs up if you're having a good day, thumbs down if you're not. A really good way of seeing how people are feeling. I suppose I pay more attention to their non-verbal communication now as well as verbal." (Participant 14)*

4.4.9.5. Investigative & problem solving.

Three participants viewed their role as being to "fix the problem" and felt disappointment and frustration when this did not always materialise.

- *"To start off with it is quite frustrating, you want to be the one that solves the problem." (Participant 19)*
- *"I felt like I wanted to find out what the problem was and solve it all in one year but obviously you can't do that." (Participant 6)*

4.4.9.6. Limited, inadequate & lacking autonomy.

Five participants were highly aware of their limited skill set in dealing effectively with the selectively mute child and perceived a lack of autonomy in accessing support for the child as often other children were prioritised to access specialist intervention by the school SENCo.

- *"We've tried but we're not specialists, we don't know anything really." (Participant 12)*
- *"I felt inadequate. I thought I used to be able to sort these children out so I did feel inadequate with myself because before I had been very strict." (Participant 5)*

4.4.10. Theme 10. Perceptions of EP's role.

Participants generally had very positive perceptions of the EP's role and through their experiences of EPs facilitating processes, implementing intervention programmes and conducting observations and assessments, reported that the EP's contribution had been useful when they had involvement from an EP. Descriptions of the school EP included "fantastic"

and "very good" and doing "a great job". EP time was valued although was perceived as very precious and extremely limited.

4.4.10.1. Facilitating processes.

Three participants reported that the EP facilitated procedures including referrals to others services and generally the statementing process.

- *"Our Ed Psych is great at trying to push through our statements but it's still not certain that she's going to be." (Participant 9)*

- *"...she did push forward the anxiety clinic referral so from that point of view that was the most useful." (Participant 1)*

4.4.10.2. Implementing & modelling intervention programmes.

Participant six provided a specific example of an intervention programme initially modelled by the EP.

- *"Yes, that was where the Educational Psychologist and mum and her, then the next week mum went out of the room. Then the Educational Psychologist carried that on for a few weeks and she introduced me and the SENCo took it over." (Participant 6)*

4.4.10.3. Observing, assessing & diagnosing.

Several participants (N= 4) reported that EPs had conducted observations of children both at home and in school.

- *"**Participant 6:** Yes, she [EP] went to her [selectively mute child] house to see how she behaved at her house, which is something that we wouldn't be doing.*

  ***Researcher:** So you wouldn't be doing home visits?*

  ***Participant 6:** No. So her doing that gave us an idea what she was like outside the class." (Participant 6)*

In addition, one participant perceived that the EP's role included diagnosis.

- *"**Researcher:** Did she have any other conditions or diagnoses?*

  ***Participant 1:** Anxiety. It was diagnosed by the Ed Psych when I taught her and she went to the anxiety clinic." (Participant 1)*

4.4.10.4. Lack of autonomy over work.

Two participants reported that the EP's time was determined by others including the SENCo and dictated by the LA.

- *"She [SENCo] is excellent and obviously she drives the Ed Psych's time because she says look we need to prioritise this child." (Participant 1)*

- *"They gave you practical advice but obviously it's the time that they provide as well and they would come in to work with the child within the setting as well but I suppose it would be the frequency that they could come into school and help but financial constraints and the impact upon that rather than it being something that the Ed Psych*

can actually control herself so that's quite tricky." (Participant 18)

4.4.10.5. Gatekeeper to resources.

One participant viewed the potential of accessing greater resources through the EP.

- *"I suppose sometimes their writing a report gives you weighting to get support in the classroom which we've seen that here with other cases. I was lucky because I was in an Infant class and had two children who were really and was over the magic thirty and due to some protesting, I was given a TA with me full-time so I did have an additional adult but it would take a lot of time to do conversations and maybe an Educational Psychologists' report would have got me more hours." (Participant 4)*

5.5. Question 1: How Does Working with a Selectively Mute Child Impact on a Teacher's Feelings?

Participants reported both positive and negative feelings about their experiences of working with a selectively mute child. Overall, there were many more negative experiences reported than positive. Therefore, two themes emerged related to this research question as visually presented in Figure 8.
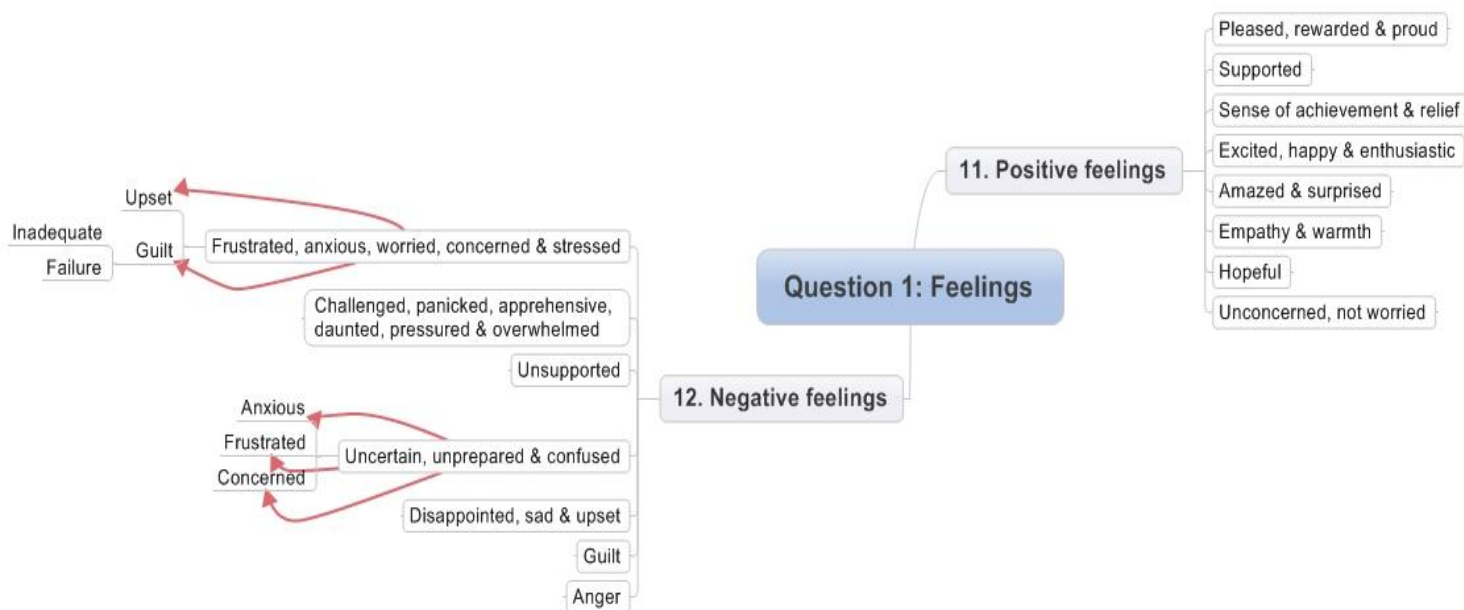
Figure 8. Thematic map illustrating the themes and sub-themes identified in relation to teachers' feelings.

4.5.1. Theme 11. Positive feelings.

Participants reported a range of positive emotions. These are listed in the following sub-sections.

4.5.1.1. Pleased, rewarded & proud.

Some participants (N= 8) felt that working with a selectively mute child was a rewarding experience although these included positive feelings relating to incidents when the child

began speaking.

- *"The main thing is the positive feelings of the reward you can get of seeing the small steps develop." (Participant 11)*

- *"Not that I can think of, it's a very rewarding experience actually. It's good to challenge yourself everyone now and again!" (Participant 14)*

4.5.1.2. Supported.

The majority of participants (N= 16) reported feeling supported and the sources of support ranged from colleagues, TAs, parents and outside professionals. The SENCo was the most often cited source of support.

- *"She [SENCo] literally gave me some key steps and guidance of what is selective mutism, strategies that I could use that other teachers had used." (Participant 10)*

- *"My TA was absolutely brilliant. She was a very experienced TA and so with her making up resources and the fact that we had really good EAL resources in school was were really useful." (Participant 2)*

4.5.1.3. Sense of achievement & relief.

Feelings of achievement and relief were reported by two participants although these sometimes emanated when the selectively child began speaking.

- *"Then when he did start speaking, just thought thank goodness for that because you feel inadequate sometimes" (Participant 5)*

- *"**Researcher:** And can you recall an occasion when you felt most good because you said at one point you felt good.*

  *****Participant 8:** I felt good mainly for him but obviously it's an achievement for us as well when he started to use the toilet because he was quite a big lad and to be in nappies." (Participant 8)*

4.5.1.4. Excited, happy & enthusiastic.

Three participants reported being excited about the prospect of having a selectively mute child in their class because they viewed it as a new learning opportunity.

- *"I was very excited to have a child, it sounds awful and quite strange but it was quite a good opportunity for me because it was something that I was interested in." (Participant 17)*
- *"I didn't do basically pretty much everything the teacher was doing so when I started to get key children and especially when I had a selectively mute child because I'd never worked with a child previous to that. I thought that would be quite interesting just to see." (Participant 3)*

4.5.1.5. Amazed & surprised.

Feelings of amazement and surprise tended to emanate from hearing the child speaking although one of the four participants reported feeling amazed at the will power required by the child to remain mute.

- *"But it was quite a surprise when I first heard him rattling on with all this language. I don't think anything really prepares you for that." (Participant 8)*

- *"Then one boy who was of middle ability who was prompting her but they stood up at the front of the whole class. It was with no expression, no intonation. Nothing like that but she did [speak] and I was just left with my mouth open. I thought how amazing that she did." (Participant 9)*

4.5.1.6. Empathy & warmth.

Seven participants reported feeling empathy towards the child and warmth which increased when the child began speaking to them.

- *"I was just very sorry for him because I myself had moved around schools as a child, in ten different schools so I had experience of going into school and having to make friends and feeling shy so it was just a challenge for me." (Participant 17)*
- *"**Participant 6:** It started off frustrating because knowing someone can talk and is choosing not to, it's quite frustrating. But when we did the groups and I heard her talking and it made me see her differently as a child.*
  ***Researcher:** Right, in what way?*
  ***Participant 6:** I think it made me warm to her a little bit more, I could see how she would be like a little bit more like giggling and laughing which I didn't see in the classroom. It was lovely." (Participant 6)*

4.5.1.7. Hopeful.

One participant reported feeling hopeful for the child to speak particularly when the child showed signs of pre-speech behaviour.

- *"The first was when, last term for about six weeks she just kept holding my hand or stroking my arm or touching my back and her mum came in and saw her and said, "that's what she did when she started talking", so I knew that was a sign that she wanted to talk, that was really good and there've been a couple of times in the last couple of weeks where we've been playing games like hangman and talking to her friends and I had to say the name of an animal beginning with the last letter of the animal." (Participant 14)*

4.5.1.8. Unconcerned, not worried.

Two participants said they were not worried or concerned about working with the selectively mute child.

- *"I suppose speaking to the Special Educational Needs teacher but as I say whenever I speak to her there's a list of other children that need to speak to her about first and I haven't actually spoken to her about xxx and also because xxx is achieving in all of her subjects and she's quite a capable child. I'm not concerned about her. I'm not concerned that she's not learning because she is so she's absorbing it all she's just not communicating by speaking but I would for my own interest like to know more about possibly why she is selectively mute, yes." (Participant 13)*

4.5.2. Theme 12. Negative feelings.

The majority of feelings described by participants were negative indicating that working with a selectively mute child is a stressful experience. Some emotions such as frustration often led to secondary emotions such as upset and guilt. The range of negative emotions are described

in detail in the following seven sub-sections.

4.5.2.1. Frustrated, anxious, worried, concerned & stressed.

The majority of participants (N= 15) reported feeling concerned and worried at some point during their work with the selectively mute child. Frustration was the most frequently cited emotion. The sources of frustration differed such as a result of the child not reciprocating speech and being socially excluded by the child. Yet one of the greatest sources of frustration were the difficulties and challenges of assessment because teachers could not check the child's level of understanding and because participants were often required to give the child levels which they did not feel reflected their true abilities. Issues of concern often extended beyond the immediate present such as anticipating future difficulties.

- *"I felt very frustrated when I heard her speaking to the other children and not to being able to get her to speak to me." (Participant 2)*

- *"Clearly he's not developing as a person and functioning within a social world because he's not speaking so that's frustrating and ultimately upsetting because you think how is he going to function as an adult because he's not speaking properly?" (Participant 7)*

- *"I worried a great deal about her and how she was going to cope at secondary school." (Participant 1)*

- *"What skills is he going to have in the workplace as an adult when at 9, 10, 11 years of age he can't write properly." (Participant 7)*

- *"If I've given her the level that I know she is, it's not justified. So then that would be*

deemed bad for me so I have to give her a level that I have evidence for which doesn't

match up to her ability which is the most frustrating part." (Participant 12)

4.5.2.2. Challenged, panicked, apprehensive, daunted, pressured & overwhelmed.

Most participants (N= 16) reported feeling challenged, panicked, apprehensive, daunted, pressured and overwhelmed. One participant particularly reported feeling daunted by the prospect of working with a child who had a condition that she had no experience of working with previously and had little or no knowledge of. This was exacerbated when participants had other children in their class with special educational needs (SEN).

- *"I'm a teacher and I love children but I think any teacher feels like that when they get a child with a lot more needs than others. How am I going to cope with putting all the things that she needs into a routine? How am I going to cope with that and 29 other children?" (Participant 9)*

- *"I still worry that I still haven't done enough of what I need to do and panic with that initial oh my God I haven't done enough. When I'm reviewing what I'm supposed to have done with her. So yes worry I suppose it's a long term thing." (Participant 9)*

- *"It was a bit daunting at first." (Participant 14)*

The greatest contributions to feeling challenged, panicked, apprehensive, daunted, pressured and overwhelmed were the difficulties encountered by participants when attempting to assess the selectively mute child. 12 participants described the challenges of conducting assessments.

- *"It's a massive challenge, I mean I can give him a written reading paper but that doesn't assess things like pronunciation or inflection or things like that so you're working blind really. It's incredibly difficult." (Participant 7)*
- *"I hand on heart, fundamentally don't know how he's progressing in certain areas of the curriculum because I can't have a dialogue with him." (Participant 7)*

4.5.2.3. Unsupported.

Four participants felt unsupported and would have liked to be offered support from outside agencies.

- *"It would have been nice to be offered [support] and then decide, I suppose their [outside agencies] help would have been appreciated." (Participant 8)*
- *"I don't know, I don't think I had really any support particularly with her other than communicating with the other teachers that she doesn't talk." (Participant 13)*

4.5.2.4. Uncertain, unprepared & confused.

Eight participants reported being unsure of the most effective course of action and this sometimes generated secondary emotions such as frustration, anxiety and concern. Feelings of uncertainty were also on occasions compounded by others.

- *"Sometimes it feels a bit like I don't know if I've done the right thing. Whether I've been helpful or whether I've been a hindrance." (Participant 14)*
- *"Speaking to other people everyone gave me different advice or none whatsoever and she did come round and I think had I known that she would come round within the*

space of the year I would not have worried as much as I did." (Participant 2)

4.5.2.5. Disappointed, sad & upset.

Four participants reported feeling disappointed, sad and upset. Also, participants on occasions mirrored children's feelings of sadness and distress and felt disappointed when they were unable to resolve the mute behaviour or "fix the problem".

- *"Yes and I think with any child, you want them to make progress in your class and with her, the progress was so small that you feel almost a bit disappointed that you haven't fixed it, even though it's been going on for years." (Participant 6)*
- *"I actually as a child took to him straight away because he was really, he appeared like a gentle giant. So if something upset him, he would really cry. He'd come up to you and make your heart feel, oh, poor little thing. " (Participant 8)*

4.5.2.6. Guilt.

Guilt was an emotion that presented as a primary and also a secondary emotion generated through feelings of perceived inadequacy and failure resulting in guilt (N= 5). For instance, teachers felt "selfish" for feeling overwhelmed and begrudging having another child in their class with complex needs. Also, participants reported feeling very guilty when their strategies were unsuccessful and jeopardised the child speaking. Participants reported feeling guilty particularly because selectively mute children were not disruptive and because they felt responsible for the child's lack of progress.

- *"I think one of the problems with xxx is that she's so quiet in class that she can go*

unnoticed. In a way, she gets lots and lots of attention from single adults around the school because of all the interventions but during lessons, I feel guilty because I don't spend enough time with her." (Participant 9)

- *"We were going through the register and she just answered "good morning". And I said "that's wonderful xxx, it's really good to hear you speaking, I'm really pleased to hear you speaking". And it was the worst thing I could have done, I'd drawn attention to the fact that she had spoken so I felt really bad because I'd set the whole thing back." (Participant 2)*

4.5.2.7. Anger.

One participant reported feeling angry towards the selectively mute child's mother but no participants reported feeling angry towards the selectively mute children.

- *"I was quite angry actually, I felt quite angry because she wasn't listening and me going over after the long day at school, spending an hour in the house to help them was not helping, it was actually making it worse and I found I was quite angry about that…" (Participant 5)*

4.6. Question 1: How Does Working with a Selectively Mute Child Impact on a Teacher's Behaviours?

Participants' behaviours mostly consisted of strategies which were implemented to educate, communicate, develop a relationship and facilitate social interactions. 11 strategies were cited to support the selectively mute child in school (see Figure 9).
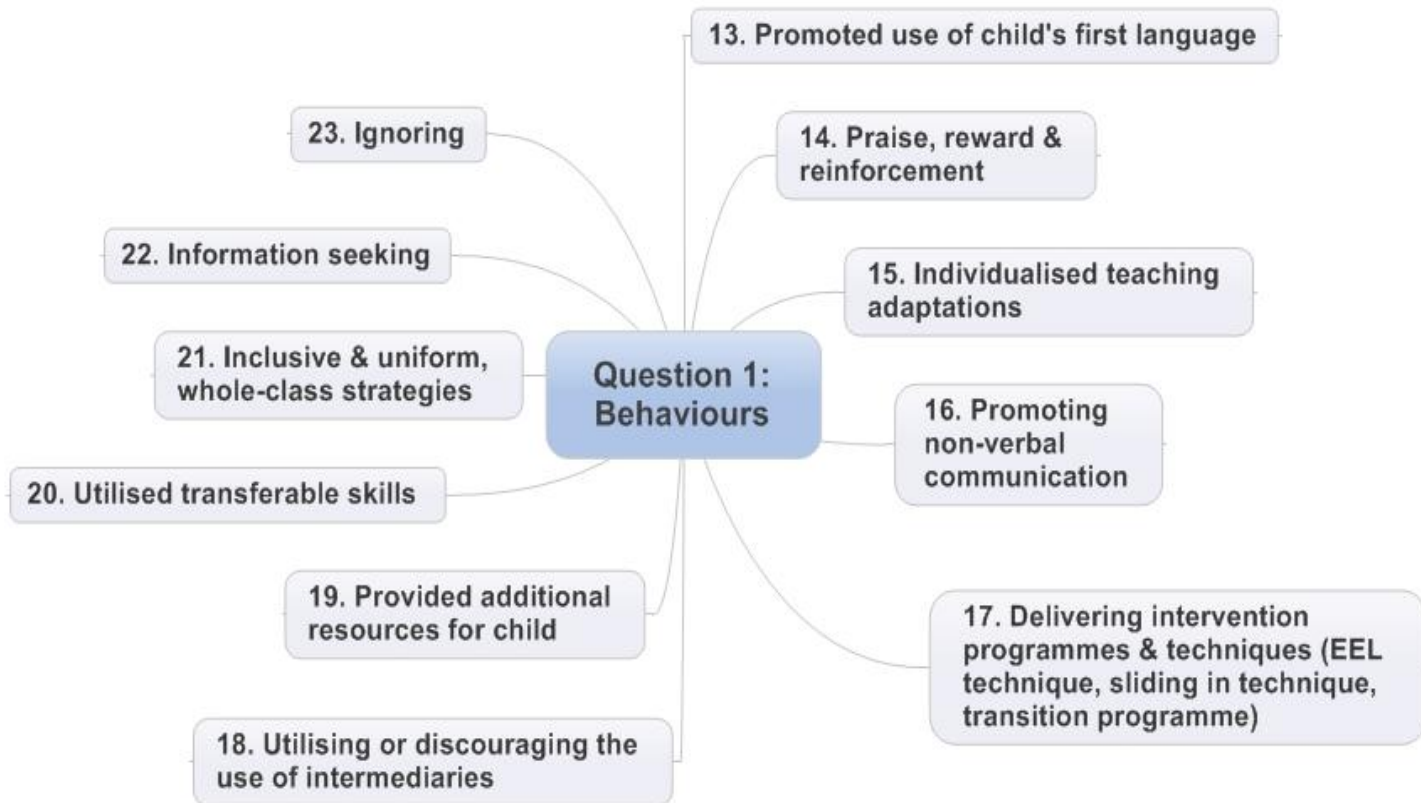
Figure 9. Thematic map illustrating the 11 themes identified in relation to teachers' behaviours.

4.6.1. Theme 13. Promoted use of child's first language.

When the selectively mute child also had English as an Additional Language (EAL), participant two reported promoting the child's first language by asking the child's mother to bring into school Nepalese books, reading books in the child's first language and encouraging

the child to speak in their first language.

- *"Because one of the first things we do if he have a child in our school that's not an English speaker then we read them books in their own language, read them aloud to the class so they're talking their own language to the class, joint communication." (Participant 2)*

4.6.2. Theme 14. Praise, reward & reinforcement.

One third of participants (N= 7) reported providing extra praise and encouragement for the selectively mute child.

- *"I think I've relaxed with her quite a bit and I just treat her like every other child in my class but just give her extra bits of encouragement or praise that she might need and it seems to be working OK." (Participant 10)*
- *"It was all encouragement, all praise, she did respond well to praise and stickers and that kind of thing but she had just got that mind set from probably a historic thing and we struggled to break it." (Participant 1)*

4.6.3. Theme 15. Individualised teaching adaptations.

16 participants reported implementing individualised teaching adaptations which included a range of strategies such as promoting the child's learning through parallel play, modelling and scaffolding and through promoting collaborative interactions through careful pairing and group work, providing additional thinking time for the child and triple or double teaching so that the lesson incorporated focused group work to adequately differentiate.

- *"I would give him time to think about his answers so he would freeze straight away and then I would say, "xxx I'm going to ask the other children and then I'm going to come back to you at the end and I would like to have an answer" so giving him time and letting him know that I expected an answer from him." (Participant 17)*

- *"Especially we have talk partners so I always try and put her in a three so that the other two can converse and she can take part." (Participant 11)*

4.6.4. Theme 16. Promoting non-verbal communication.

The majority of participants (N= 16) used strategies such as responding to and promoting non-verbal communication such as enabling the child to scribe and using a verbal grading system.

- *"So we did a lot of whiteboard work so if he wanted to answer a question, he'd write it on the whiteboard and show the class or if he was hurt, I'd say "point to where on my body it hurts" so then I could judge where he was hurt and then we'd do a grading system out of 10 with 10 being I'm in lots of pain and then that way he could tell, if it was above 7 then I'd say "Well then I need to have a look", that's how he would have the control still." (Participant 4)*

- *"Using interactive whiteboards gave him a way of speaking without using any verbal communication." (Participant 4)*

4.6.5. Theme 17. Delivering intervention programmes & techniques (Effective Early Learning (EEL) technique, sliding in technique, transition programme).

Eight participants reported other strategies that involved specific interventions such as the

sliding in technique and required collective involvement of additional adults.

- *"...it started off with the girl and her mum and the SENCo and they played games. Gradually, mum left the room and gradually I came into the room and they carried on playing." (Participant 6)*

- *"We use EEL, Effective Early Learning, an observation where you look at the child and write down what they're doing at the time and there's a scale of interaction so we've got a chart for all the children and that helps us then to assess how they're interacting with each other and how on task they are, what stage of play they're at." (Participant 19)*

4.6.6. Theme 18. Utilising or discouraging the use of intermediaries.

Five participants reported utilising intermediaries such as the selectively mute child's friend to intervene when necessary although the effectiveness of this strategy was mixed. Two participants actively discouraged other pupils speaking for the child.

- *"Whispering to her friend is always encouraged because often her friends might say xxx needs the toilet or can xxx get a tissue. You encourage it but you can't encourage it too much because it's taking the emphasis off xxx to talk." (Participant 12)*

- *"There was another Nepalese child in school we tried to get to talk to her but she completely refused that, she wouldn't communicate with them whatsoever." (Participant 2)*

- *"Yes and if she wanted to say something in the classroom, she would often whisper it to a friend and they would try to speak for her, which we tried to discourage."*

(Participant 6)

4.6.7. Theme 19. Provided additional resources for child.

Five participants reported putting in extra resources to support the selectively mute child such as assigning more TA time to the child and creating Individual Pupil Provision Plans (IPPPs) or Individual Pupil Profiles (IPPs).

- *"She responded well to stickers and team points, the things that children usually do respond well to but we didn't do anything special other than the fact that she did have a lot of TA support and our family support worker also got very engaged in the transition programme to our secondary school which was very helpful for her because as we identified very early on that was a real thing." (Participant 1)*
- *"So we did have a meeting with mum and set up an Individual Pupil Profile with one single target to verbalise something when his name was called in the register because we weren't hugely concerned because he spoke at home." (Participant 20)*

4.6.8. Theme 20. Utilised transferable skills.

All participants reported that their initial training was not helpful in their work with the selectively mute child but some reported drawing on experiences and using strategies gained from CPD training and working with children with various conditions.

- *"So I'd never heard of it [Selective Mutism] but then I suppose because I'd worked with babies and because babies don't talk and you use gestures with babies and so on I think, I suppose it came naturally." (Participant 3)*

- *"I suppose working with children with ASD probably gave me the most insight into these sorts of conditions. I think it would be fair to say that any sort of training I had done, I could apply similar techniques, minimise change, she didn't like any sort of change. It's those sorts of things that I could apply but not the teacher training…"* (Participant 1)

- *"I think the training for Autism as well was very helpful. Although she wasn't Autistic, a lot of those teaching ideas crossover from one to the other and although she didn't fit in either of those brackets actually using those methods really helped with finding a way to communicate with her." (Participant 2)*

4.6.9. Theme 21. Inclusive & uniform, whole-class strategies.

Eight participants did not make allowances for the child's mutism and adopted a uniform and inclusive whole-class approach such as setting clear expectations and boundaries although some participants presented as conflicted about making any allowances for the selectively mute child.

- *"He was included in everything. We didn't make any special arrangements for him because he just took part with all the other children whatever it was." (Participant 7)*

- *"Clearly because if the class of children see you allowing one child doing one thing and you're not structuring that child they'll say, "Why's he getting away with it?" so you have to be very careful, it's a balancing act really." (Participant 7)*

- *"Exactly, my expectation has always been that she will be a normal member of our class. This is probably completely the wrong thing to do but if she's talking to her friends and we said that we're going to do silent working, then I will say to her, "You*

need to be doing silent working" and you can see her thinking [looks left to right]."

(Participant 14)

4.6.10. Theme 22. Information seeking.

Participants (N= 11) sought information from a whole range of sources such as the internet, books, published research and literature, the child's family and the child's previous teachers.

- *"I contacted his school who said that he did talk but was very, very quiet but did speak to the teacher there so I think he already had social difficulties…" (Participant 17)*

4.6.11. Theme 23. Ignoring.

Four participants reported that an effective strategy was not to make a fuss of the child and ignore the fact that the child was mute.

- *"I think the more I could actually subconsciously ignore her as opposed to consciously making the effort I think that's what really helped her and it got to right near the end of the year before we started hearing little bits of speech and it wasn't until after the summer holidays and she'd moved into the next class that she actually started talking completely normally." (Participant 2)*
- *"Not to make a huge issue so when he did answer the register, not to make a huge deal of that because that would draw attention to him and he didn't want that so it would just be a smile and that was enough for him whereas with another child if they did something really good then you would make a huge fuss." (Participant 17)*

4.7. Question 2: Do Teacher's Thoughts, Feelings & Behaviours Change & Develop Over Time?

The diary study was originally intended to answer this research question. However, as previously mentioned, there was a 100% drop out rate from all four participants who had consented to take part in the diary study so the following themes were drawn from teachers' reflective experiences. Participants who were working with a selectively mute child at the time of interviewing, were asked to reflect on how their thoughts, feelings and behaviours had changed since the beginning of the academic year and therefore reflecting on a period of eight months. The thematic map below (figure 10) illustrates the three themes and four sub-themes which emerged.
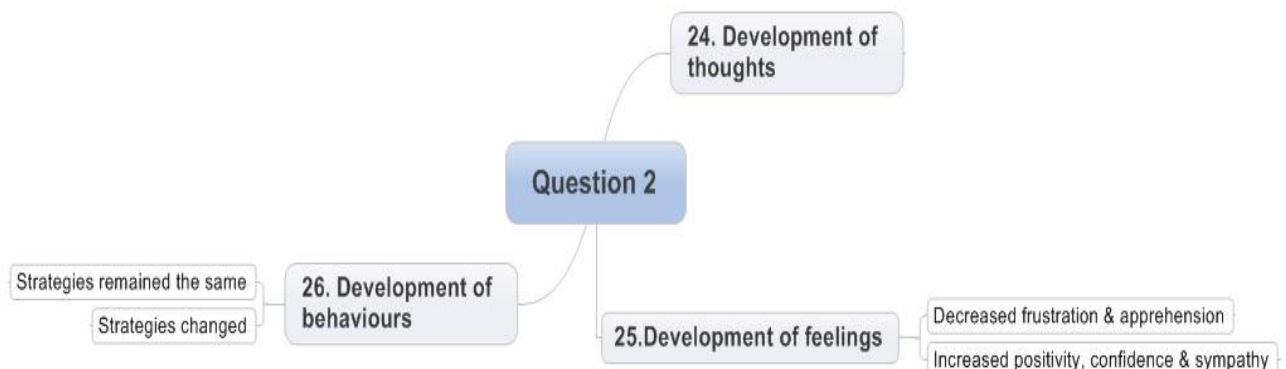
Figure 10. Thematic map illustrating the three themes and four sub-themes identified in relation to question 2.

4.7.1. Theme 24. Development of thoughts.

There was a change over time in participants' thoughts mostly related to their priorities and expectations of speech. Participants often became more accepting of the mutism over time and reduced their expectations of speech and five participants placed greater emphasis on

speech over time. In some instances, participants also reviewed their priorities towards the end of their work with the selectively mute child and valued the emotional well-being of the child more than the child communicating verbally.

- *"Yes, now I realise that she's not going to talk so I have just accepted it." (Participant 13)*

- *"Only in the degree of you're happy to say one word to me so now maybe can we encourage you to say a bit more or in a different situation because otherwise it would only be when he approached me to ask me something." (Participant 20)*

- *"I suppose also the attainment and achievement of a child is particularly building confident, comfortable individuals who can deal with occurrences and situations which are far more important than making sure they know about the ancient Greeks [laughter] ... I've changed my priorities slightly." (Participant 20)*

4.7.2. Theme 25. Development of feelings.

Over the duration of their work with the selectively mute child, participants' feelings changed and these feelings were strongly influenced by whether the child began speaking or not.

4.7.2.1. Decreased frustration & apprehension.

The current research found that teachers of selectively mute children who did not begin speaking during the year became increasingly anxious which supports previous research by Cline and Baldwin (1998) who stated that, "…class teachers of mute children will themselves become increasingly anxious" (p. 76). However, in cases when the selectively mute child began speaking, the participants' apprehension reduced over the duration of their work with

the child and in one instance greatly changed the participants' perceptions of the child.

- *In fact my apprehension has lessened and in fact she's contributing more than I thought she would and I thought she would literally sit back and do nothing like contributing in class discussions." (Participant 10)*

- *"**Participant 6:** It started off frustrating because knowing someone can talk and is choosing not to, it's quite frustrating. But when we did the groups and I heard her talking and it made me see her differently as a child.*

  ***Researcher:** Right, in what way?*

  ***Participant 6:** I think it made me warm to her a little bit more, I could see how she would be like a little bit more like giggling and laughing which I didn't see in the classroom. It was lovely." Participant 6)*

4.7.2.2. Increased positivity, confidence & sympathy.

Five participants felt more positive over time as they learned more about the condition although again the levels of positivity at the end of working with the child were influenced by whether the child had begun speaking or not.

- *"The more I found out about it the more positive I feel about it now." (Participant 19)*

- *"To begin with but I was, I dealt with him perhaps matter of factly but then I think as time went by felt sympathetic towards him." (Participant 5)*

4.7.3. Theme 26. Development of behaviours.

Participants' behaviours tended to be exhibited through the strategies they utilised when working with the selectively mute child and these tended to be polarised over time into strategies remaining the same and strategies changing over time.

4.7.3.1. Strategies remained the same.

Five participants specifically stated that their strategies had remained the same over time mostly because they found them effective.

- *"Not really, they've [strategies] worked and she's comfortable with that so we keep with that." (Participant 12)*

4.7.3.2. Strategies changed.

Most participants (N= 14) reported that their strategies changed over time, sometimes because they were effective and were no longer required, and other times because they proved ineffective, such as trying to trick the child into speaking

- *"It [strategies] did really because we knew that he understood us so as we knew xxx better that he understood us so we didn't have to use those things anymore." (Participant 8)*

- *"I have tried a few times to trick her into talking but that doesn't work and I guess now I've just accepted that she's not ready to talk yet and she does communicate with me in other ways so and I guess she's going to talk when she's ready." (Participant 13)*

One participant also reported struggling to change her behaviour towards the child when the child began speaking because her responses had become habitual and were designed to accommodate the child's mute behaviour.

- *"And it was quite hard at first because you were so used to using the gestures with him because you didn't want him to think oh well she's doing everything for me so I'm going to shut up again. It was trying to forget that you didn't need to use gestures anymore." (Participant 3)*

This supports Cline and Baldwin's (1998) description that when implementing an intervention, some teachers may struggle with changing their habitual approaches of addressing the child.

4.8. Question 3: What Mediating Factors Influence the Kinds of Experiences Teachers Have?

There were several factors identified that mediated the kind of experiences participants had. These seven factors are illustrated in Figure 11.
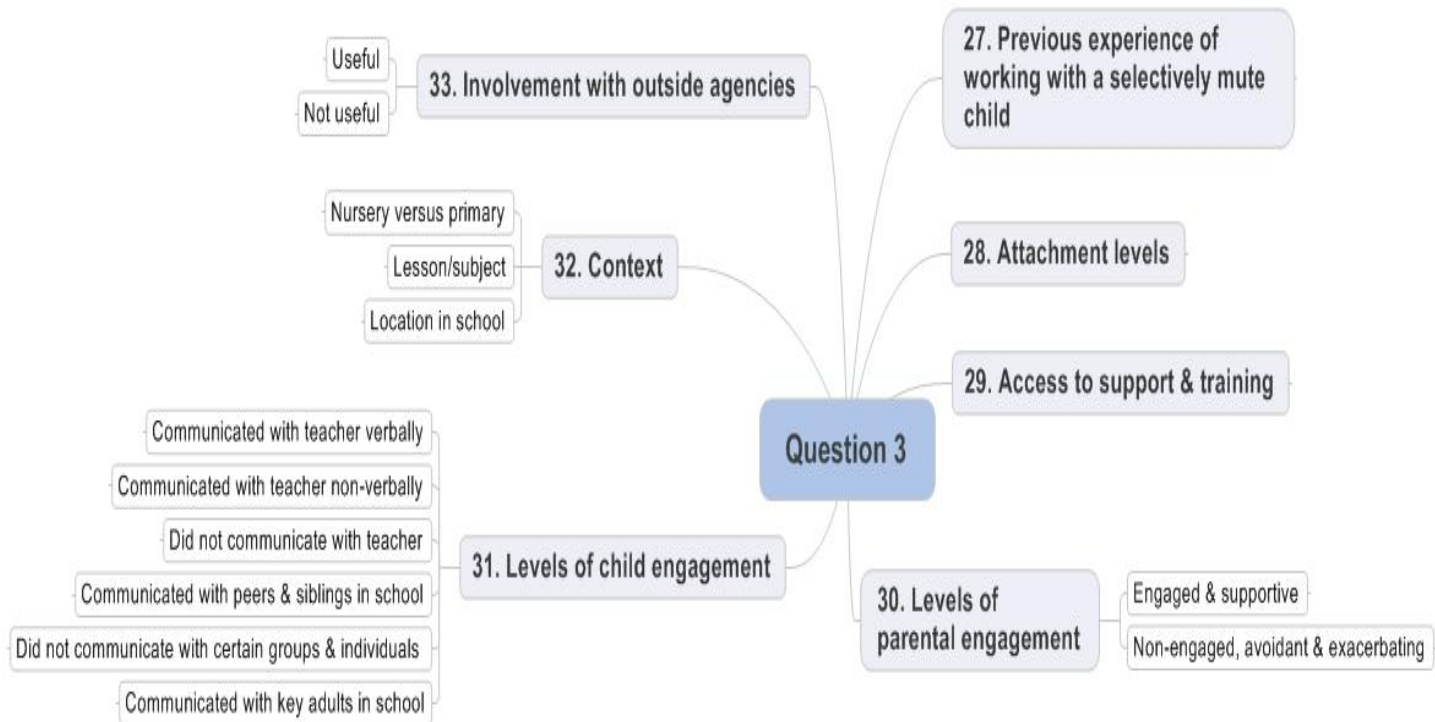
Figure 11. Thematic map illustrating the themes and sub-themes identified in relation to question 3.

4.8.1. Theme 27. Previous experiences of working with a selectively mute child.

Almost all participants (N= 19) reported that their experiences of working with a selectively mute child had been, and would be useful, if they worked with a selectively mute child in the future. Overall, participants who did not have previous experience of working with a selectively mute child felt more uncertain and panicked than participants who had previous experience.

- *"I'd never come across that child before and I really didn't know where to start."*

(Participant 2)

- *"Quite a tricky one really because I suppose having had prior experience, having read a bit about it, I wasn't worried about it." (Participant 20)*

On reflection, two participants thought that greater experience led to increased confidence and in future would impact less negatively on their emotions.

- *"I just didn't know quite how to but now with more experience and talking to the previous teacher and the SENCo and mum I've got more confidence with that." (Participant 10)*

- *"I think I probably wouldn't have the apprehension because I know I have been able to deal with it competently and it hadn't been as big an issue as I thought it may be." (Participant 11)*

- *"Definitely, I wouldn't be so apprehensive anymore about having a child with Selective Mutism. Many of the strategies that I use now I would definitely use again because they have worked really well so yes I think it would be really good. When she goes up to another class teacher I would very much tell them not to worry, this works, this worked with me, try and go along these lines and give them lots of strategies of what to do and then just see how it's going and support them just "ask how is it going, how is she doing, have you had a chance to speak to her?" And I think if another child came along I definitely wouldn't be so worried." (Participant 10)*

One exception was a participant who struggled when the child did not respond in the same way as the other four selectively mute children she had worked with.

- *"It was harder and I found that quite difficult because I had done all the ignoring. He had to obviously take part in lessons but it was very hard that he didn't respond like*

the others who had just literally by half term or after half term had just started talking like the regular members of classes." (Participant 5)

4.8.2. Theme 28. Attachment levels.

Over half of the participants (N= 13) believed that speaking was inextricably linked to attachment and relationship building; lack of speech hindered the development of relationship building. For instance, some participants believed that the mute behaviour served to enable the child to escape from the situation and avoid forming relationships.

- *"When the adult comes in, and you see it as she moves through school when there are adults that she doesn't have a close relationship with, her whole body. It's like she breathes in and pulls her whole body up. I think an element of it is being wary of building relationships with people." (Participant 14)*

- *"I think it's also a way for her to not have the relationships with people." (Participant 14)*

- *"What tends to happen, it seems to me that it's related to the relationship with the adult. She's talked much more towards the end of the year than the beginning of the year and she does talk in front of some adults but she won't talk to adults if you know what I mean." (Participant 14)*

These descriptions support the 'freeze-defense' stance described by Lesser-Katz (1986) as a response to perceived danger and are similar to previous literature by Buck (1987) whose participants described some selectively mute children stopping an activity when they became aware of their teacher approaching. Participants appeared to particularly invest in developing a relationship with the child through strategies such as drawing on common interests and in

one case when the child began speaking, the participants' sense of self-changed from individual to dyadic (me to us).

- *"Just to try and sort of include her but also she was artistic and my degree was in Art as well so we had that come interest, so when we did Art lessons and things we would make a big deal of her work and make sure it was displayed with others." (Participant 1)*

- *"I'd ask him a question and he would answer and sit and talk to me like one to one conversations. It was good for us because he was in pants and started talking and it all changed when he went to school." (Participant 8)*

These attachments to the children were often reciprocated and were long-term continuing after the teacher had ceased to teach the child.

- *"They're going back to Kenya because of the troubles here. He's been nagging mum for him to come in and say goodbye to me but he came in yesterday and he wouldn't speak to me. And yet I said to him, "You've been nagging mum to come in and say goodbye". He cuddled me but he wouldn't speak and when I said that to him, he just grinned so he knew that he was doing it." (Participant 8)*

4.8.3. Theme 29. Access to training & support.

All participants reported that their initial training had not been helpful to their work with the selectively mute child.

- *"It never even came up in my training until I got here and she started and then it was pretty much all of us, it was like the blind leading the blind really." (Participant 14)*

However, two participants reported that they had access to training and support and when this was available, participants were less anxious and less uncertain about their approach to working with the selectively mute child.

- *"I think the EAL training that we'd all had was very helpful. I think the training for Autism as well was very helpful." (Participant 2)*

4.8.4. Theme 30. Levels of parental engagement.

Interactions with parents ranged from positive and collaborative (N= 9) to avoidant and non-engaged (N= 6) and this impacted profoundly on participants' feelings during the duration of their work with the selectively mute child. Five participants did not present with a strong view of the parental levels of engagement.

4.8.4.1. Engaged & supportive.

When parents were supportive and engaged as reported by half of the participants, this facilitated solution-focused processes. For instance, one teacher even attributed the success of a referral to the anxiety clinic as due to the parent's collaboration. Also, working effectively with parents was a key criteria for teachers to feel successful.

- *"So good communication with the parents was vital." (Participant 4)*

- *"Her mum was very good, she'd come in because she had an IEP and not because of these problems it was more of an academic thing and so mum was very good at coming in to talk to us. That's how we managed to get the referral to the Ed Psych and how we managed to get the referral to the anxiety clinic. That involved the parents being involved in that." (Participant 1)*

4.8.4.2. Non-engaged, avoidant & exacerbating.

Parents not engaging, being avoidant or exacerbating the situation were a key source of anxiety for participants and were specifically reported by five participants. Participants showed some insight into some of the reasons for parents being avoidant such as being perceived as inadequate or a fear of their child being labelled.

- *"I think they were just convinced that he was going to be labelled with something else. I think they'd done a certain amount of reading as well and I think things like the lack of facial gestures and lack of social communication and eye contact, I think some people had banded the Autistic Spectrum around and I think that was at the back of their head. I think this is what their worry was." (Participant 4)*

The only reference a participant made to feeling angry, was in relation to working with the selectively mute child's parent whom the participant believed exacerbated the situation and resulted in the participant withdrawing the mother's involvement which proved to be an effective strategy in enabling the child to speak.

- *"I was quite angry actually, I felt quite angry because she wasn't listening and me going over after the long day, spending an hour in the house to help them was not helping, it was actually making it worse and I found I was quite angry about that and thinking I don't quite know what to do with this because I can't have a go at you because you're a parent at school." (Participant 5)*

- *"So I did stop the mum's involvement because it wasn't appropriate for this particular child. It was absolutely hindering anything that we were trying to do and in fact he got better and he's talking fine now." (Participant 5)*

4.8.5. Theme 31. Levels of child engagement.

Children's levels of engagement ranged greatly with respect to their engagement or not with their teachers, peers, siblings and other significant adults in school. It was not whether the selectively mute child spoke or not that mediated participants' experiences, but rather whether the child engaged in any form, such as being academically successful or attempting to communicate non-verbally. The nature of these interactions are described in the following sub-sections.

4.8.5.1. Communicated with teacher verbally.

Most participants (N= 14) reported that the selectively mute child did speak to them although this was often in whispers and included one word answers.

- *"Then we could every now and again the teaching assistant would use a word to the other children and then she spoke to me one day. We were going through the register and she just answered "good morning." (Participant 2)*
- *"We then moved onto him saying, "I'm here" very quietly so we did that for a while and then one day in the summer term, he just said, "Good morning Mrs xxx" and he's not looked back since." (Participant 17)*

4.8.5.2. Communicated with teacher non-verbally.

Most participants (N= 16) reported that the selectively mute child did communicate with them non-verbally and these included a range of strategies such as nodding, pointing, tapping, putting their hand up to answer questions and facial gestures such as smiling and making eye

contact.

- *"Yes, she'll put her hand up and I'll say, "Oh, xxx has an idea, who's going to tell me it?" (Participant 14)*

- *"But with me as the class teacher she clearly saw me as someone she could trust and rely upon but it was very much a nod and a shake and a one word answer." (Participant 1)*

4.8.5.3. Did not communicate with teacher.

Participants experienced a range of negative emotions when the selectively mute child refused to communicate in any way with them. Seven participants explicitly reported that the selectively mute child did not communicate with them. This was especially so when the child was expressionless which made it difficult to make inferences about the child's feelings.

- *"With me, she won't say anything." (Participant 13)*

- *"He had a blank face really and it was difficult to know if he was happy or sad or what ...at first he was just like a marionette puppet in the class that you got nothing." (Participant 5)*

4.8.5.4. Communicated with peers and siblings in school.

Selectively mute children were cited by nine participants as being very selective in choosing who to communicate with and their friendships were often characterised by dependent relationships. This was useful on one hand because some participants utilised the friend as an intermediary, while other participants found it frustrating and discouraged it because they did

not want to reinforce the mute behaviour and foster the child's sense of dependency.

- *"When he was in Year 2, it slightly altered so he became dependent on one boy and by the end of the year he was whispering to him in class." (Participant 4)*

- *"Occasionally he would use hand gestures but generally up until Year 2 he didn't really communicate and the only person he would communicate with was his older brother and that would literally be through hand gestures and eye contact." (Participant 4)*

4.8.5.5. Did not communicate with certain groups and individuals.

A small number of participants (N= 3) reported that the selectively mute child did not communicate with anyone in school although they were still often able to ensure that their needs were met.

- *"They [classmates] just knew to pass him the train or he would pass them the train so there was no communication, no eye contact." (Participant 3)*

- *"There was another Nepalese child in school we tried to get to talk to her but she completely refused that, she wouldn't communicate with them whatsoever." (Participant 2)*

4.8.5.6. Communicated with key adults in school.

More often (N= 6) selectively mute children communicated with key adults in school whom they were familiar with and had a chance to develop some form of attachment to.

- *"She just cannot communicate with virtually anybody apart from her friends it seems and my TA who has been with her last year and this year. I obviously didn't have her last year so she knows her better and she does talk more to the TA but when she's sat down doing activities and things but nowhere near enough to really make progress."* (Participant 9)

- *"In school, the TA in my class, she's had the same TA for two years and now in the playground she'll talk to her usually in an audible voice but the rest of the adults whispering or mouthing words."* (Participant 10)

4.8.6. Theme 32. Context.

The context was a very important factor in mediating the selectively mute child's levels of communication and the experiences of the participants in terms of managing their own and the school's expectations of the child.

4.8.6.1. Nursery versus primary.

Two participants believed that teachers were able to adopt a more nurturing role when working with children in nursery and reception classes. For instance, one participant argued that for children in the early years, teachers did not have the added demands of assigning levels to children.

- *"And I do think in primary schools you do take much more of a nurturing role than maybe other forms of teaching and I think it does maintain that."* (Participant 9)

- *"**Participant 5:** You get that a lot down there [Reception] when they start doing*

things for the first time, you do go a bit. You're just so pleased for them and proud of them and I did feel relieved and proud. Really proud of him, but he could talk now. It's emotional being down in the early years [laughter].

Researcher: *[Laughter] I can imagine. I taught Foundation One for a year and it is very emotive work.*

Participant 5: *Absolutely, yes because you do bond because you are their carer. More so than the older children." (Participant 5)*

However, the majority of participants (N= 11) cited the difficulties of assessment particularly as the child got older and there were curriculum demands. Therefore, the significance of the setting being a mediating factor seemed to be that the pressure on both the children (to produce speech) and the teachers (to elicit speech) seemed to increase as they went up the school.

- *"It's a difficult question, because we're in Nursery, we work in small groups anyway but I can see higher up that it would make a huge amount of difference but at the moment because they have so much free choice and it's up to them whether they come up and speak to an adult although we gently encourage them to come in and engage with us, there's no pressure there at all so it's a good environment now to make a difference, not a huge amount so obviously we've gone and done our own research." (Participant 19)*

4.8.6.2. Lesson/subject.

The lesson or subject was also a mediating factor in influencing the level of the selectively mute child's participation and therefore ultimately the participants' experience. Six

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participants reported that when the child struggled with a subject, they would become less engaged and often "shut down". However, when they were good at, or enjoyed a subject, then they would communicate often non-verbally and be engaged in the lesson. Only one participant reported that the child's mutism was consistent across all lessons and subjects.

- *"He was really good at Maths, so he would always answer in Maths. He would always have his hands up. He would explain using the whiteboard how he got an answer." (Participant 4)*

- *"He wasn't interested in writing activities at all. It was in the role play that he started talking. That's how it all started. He was far more engaged in the imaginative role play when he was huffing and puffing and going on a bear hunt and he laughed all the way through and chatted and all those noises." (Participant 5)*

4.8.6.3. Location in school.

Three participants reported that the location in the school affected the child's levels of communication.

- "We see it sometimes in the playground when she's being picked up and suddenly she becomes a very different little girl even though she's only two or three metres away from you with her mum. So it's quite interesting." *(Participant 9)*

- "It was like talking to a mini adult but the minute he came through the gate, he wouldn't say a word." *(Participant 8)*

4.8.7. Theme 33. Involvement with outside agencies.

Finally, involvement with outside agencies also mediated participants' experiences. There were a range of outside professionals and services with whom participants reported having involvement with including Family Support Workers (FSWs), Speech and Language Therapists (SALTs), Social Services, Behaviour Support Officers (BSOs) and EPs. The most often cited involvement was from EP and SALT services equally (eight reports). There was a range in the perceived helpfulness of these services.

4.8.7.1. Useful

Overall, participants who had involvement from outside professionals, found their involvement useful in helping them to work more effectively (N= 12). In particular, involvement from EP and SALT services appeared to be the most highly valued.

- *"Speaking to the Ed Psych definitely then I had some idea of where to go with it because it is a tricky one and it needs to be handled properly." (Participant 16)*

- *"The support that I got from the family support worker was very, very good and the parents." (Participant 1)*

4.8.7.2. Not useful

A few participants (N= 3) reported that involvement from outside agencies was not helpful and one participant was frustrated by the lack of information regarding the outcome of her completion of a child protection form for the selectively mute child in her class when she had no feedback or follow up.

- *"I had filled out all the child protection forms because I was concerned but we don't ever know what happened when it's passed onto social services." (Participant 2)*

Of particular interest, was that some participants presented as somewhat disaffected by the whole process of accessing support and highlighted difficulties in inter-agency working. Instead of making a calculated request for the most useful, specialised service, one participant reported that the school made requests from several services in the hope of receiving some support within an adequate time frame.

- *"I don't think it was an educational psychologist but then I don't think CAMHS are necessarily either. So we're just going to keep both options because they won't work together apparently so we just said we'll keep both running and we'll take whichever one comes first! [laughter] But we're used to knocking one on the head and then realising that one has a six month waiting list and just hoping that something comes through." (Participant 15)*

4.8. Chapter Summary

The present chapter presented the research findings and the themes which emerged from the data organised under the five research questions. Chapter 5 examines the findings in greater detail and discusses the implications of the research in light of previous theory and research.

5. Discussion

5.1. Chapter Overview

The present study explores teachers' experiences of working with a selectively mute child. In particular, this is in relation to their thoughts, feelings and behaviours and how these change and develop over time. Additional factors that may serve to mediate teachers' experiences are also explored.

This chapter discusses and critically evaluates the findings of the study in relation to previous theory and research. The limitations of the study in conjunction with suggestions to overcome them are presented. The strengths of the research are also considered.

The qualitative findings elicited from a TA procedure are now discussed in relation to each of the five research questions.

5.2. The Distinctiveness of Concepts as Compositions of the Term Experience

Before discussing the findings for question 1 it is worth noting that, although the three concepts pertaining to experiences were constructed in order to explore in greater detail teachers' experiences and to provide some structure, these are not exclusively distinct and there is a degree of overlap and interconnectedness between themes and sub-themes.

For instance, some participants' feelings of frustration led to them to reframe their roles as being inadequate teachers. One example is participant five's perception of herself as a failure leading to feelings of guilt.

- *"At times, I felt oh my goodness can I get through to this child so I felt a bit frustrated with myself that he was taking longer [laughter]. I felt inadequate." (Participant 5)*

- *"So I suppose when I look at her work sometimes, I think oh my goodness I've really failed with her quite a bit. I do feel guilt over it, yes." (Participant 9)*

In turn, when some children began speaking over the course of the year, participants' emotions impacted on their attribution of their role.

- *"I found it a challenge and obviously I said earlier about the sense of satisfaction when he did start talking. You feel proud that you made that breakthrough." (Participant 3)*

Thoughts, feelings and behaviours changed over time and were inter-linked as they impacted on each other. However, the concepts were effective in enabling a more detailed understanding of teachers' experiences.

5.3. Question 1: How Does Working with a Selectively Mute Child Impact on a Teacher's Thoughts?

A discussion of the nine themes which emerged from the findings relating to a teacher's thoughts are now presented.

5.3.1. Causal attributions of SM.

Some of the causal attributions relating to the child's SM were as a result of the child controlling and manipulating the situation. Such an explanation supports a psychodynamic explanation which highlights control as a key feature of the condition (Anthony, 1977). Burr's (1992) emphasis on the performative role of language was in line with the present study which found that some participants attributed the selectively mute child's lack of speech as a means of avoiding forming a relationship. This lack of performative action on behalf of the selectively mute child was interpreted as a means of control and in line with attachment theory as an inhibitor to developing social relationships. This finding supported the prediction that a lack of discourse hindered the development of teacher-pupil relationships. Therefore, language was not merely viewed as consisting of an expressive and communicative function but rather as a performance action to facilitate relationship building and constructing knowledge of the world.

Descriptions of control also support Cline and Baldwin's (1998) assertion that teachers are likely to view shy and anxious behaviour as controlling and manipulative. However, explanations of control mostly recognised that the behaviour was the child's attempt to avoid anxiety provoking situations. Such an explanation supports Yagenah et al.'s (2003) argument that children's mute behaviour attenuates anxiety levels as it enables the child to engage in

avoidance behaviour as opposed to speaking which is an anxiety provoking experience. Therefore Imich's (1998) descriptions of teacher-pupil relationships characterised by a "battle of wills" (p. 58) were not found. A possible reason for this may be that the selectively mute children generally present as extremely passive concurrent with previous research and indicative of heightened levels of anxiety (Anstendig, 1998). Only participant five, on reflection, thought that the child had been purposefully defiant during his time as a selective mute. This illustrates the reconstructing of thoughts as described by Walter and Peller (1996) who described how language enabled people to derive meaning from their lives.

However, no participants alluded to the child's oppositionality supporting Cunningham, McHolm, Boyle and Patel's (2004) finding that teachers reported selectively mute children as being less oppositional. A reason for this may be that none of the selectively mute children were cited as having Oppositional Defiant Disorder (ODD) as a co-morbid diagnosis supporting Black and Uhde's (1995) finding that ODD is an uncommon diagnosis among selectively mute children. In contrast to the purposeful nature of oppositionality, participants often alluded to the lack of control by describing their behaviour as being a "habit" that was difficult to "break out of". For example:

- *"I worked in a nursery where a lot of them had lots of emotional issues so I had been immersed in children who can't help it so understood really that it's not a conscious decision." (Participant 5)*

- *"Although it was so consistent, she couldn't help it. She was a lovely little girl who was impeccably well behaved." (Participant 16)*

Explanations relating to early traumatic incidents, transitions and negative experiences as causing or contributing to the SM were concurrent with previous literature stating that physical or psychological trauma could be predisposing factors and periods of transition

could be precipitating factors in the development of SM (Black & Uhde, 1995). In particular, participants' consideration of the impact an adverse home environment would make on the development of SM are congruent with Spasaro, Platt and Schaefer's (1999) findings that family psychopathology was the most frequently cited explanation. These included events such as a higher incidence of bereavement also supporting findings of Walters (2002) who noted that family stress during childhood was often cited. Such a causal explanation also dissociates the child's behaviour from the teacher and school by placing it into an external context, namely the home environment, supporting previously cited data of similar teachers' attributions related to children's misbehaviour (Miller, 2003). In previously cited literature regarding children's misbehaviour, such externalising attributions often resulted in the child being formally excluded from school (Gibbs, 2012).

However, none of the participants reported the selectively mute children being excluded due to their behaviour. A reason for this may be the divergence in the nature of the behaviour exhibited; children who misbehave tend often to display externalising or overt behaviours in contrast to selectively mute children who typically display internalising or covert behaviours.

Interestingly, no participants linked the development of SM with parental personality characteristics, contrasting with research which has found that parents of selectively mute children are more shy in comparison to controls (Kristensen & Torgersen, 2001) and three to four times more likely to present with general social phobia and avoidant personality disorder (Chavira, Shipon-Blum, Hitchcock, Cohan & Stein, 2007). Additionally, no inferences were made to social learning theory (Bandura, 1977) that the mothers of some selectively mute girls promoted a pattern of behaviour which was then adopted by the daughters (Scott, 1977). However, from a systemic perspective, there were some explanations to suggest that the family context served as a form of social reinforcement, for example, when the siblings of selectively mute children spoke for the child.

Six of the 20 selectively mute children were from immigrant families which differ from Bradley and Sloman's (1975) findings that SM prevalence rates are higher within immigrant families. Yet, there was support for the belief that the child may be experiencing a "culture shock" as cited in the case of one child immigrating to the UK from Nepal, although this was not necessarily described as due to parent-child emotional transference found in previous studies (Bradley & Sloman, 1975). Yet, on the two occasions when emotional transference was cited as a causal explanation for the child's development of SM, participants had an internal attribution of this. For instance, participant two stated that if she had been less stressed the child may have stressed less. This is somewhat of a novel finding. Additionally participant 20 had taught three selectively mute children and believed that SM was linked to the child having English as an additional language although there is no evidence at present to support this claim.

Furthermore, explanations of the selectively mute child's behaviour centred around escape and avoidance as a result of being afraid or experiencing a phobia and in order to establish a sense of safety, security & protection. This supports Bandura's (1977) social learning theory which explains SM as a method to reduce fear and anxiety (Blotcky & Looney, 1980). The selectively mute child's safety behaviours when repeated over a prolonged period of time became habitual as perceived by two participants and this interpretation is in line with behaviour orientated theories (Shreeve, 1999).

- *"I do feel quite strongly that she just got so into a habit of not talking to suddenly talk would be just too much for her." (Participant 13)*

Safety behaviours were not only designed to escape the temporary situation and physical environment but were also interpreted to avoid relationship building. This suggests that some participants were interpreting the silence as a form of retaliation inherent within Shreeve's

(1999) description of adult interactions. Therefore, teachers may be applying an adult communication model or post-linguistic connotations of speech onto the child, which in turn is anxiety provoking.

Finally, explanations for the development of SM were related to the child's character traits, attitudes and skills supporting Miller's (2003) findings that teachers' attributions regarding the causes of children's behaviour were often explained as due to the child's character. Participants' descriptions of the child being very anxious are supported by previous research which found that 74.1% of selectively mute children met the diagnostic criteria for anxiety and social phobia (Kristensen, 2000) and may lend further support for calls to classify SM as a form of social anxiety (Black & Uhde, 1995).

5.3.2. Causal attributions of speech.

Attributions of speech centred around the quality of the relationship with the adult and building trust. Participants often reported the selectively mute child communicating more readily with familiar adults. This supports previous findings of selectively mute children's characteristic inhibition with strangers (Lesser-Katz, 1986). No explicit references were made to parental distrust with reference to Goll's hypothesis (1979) that children followed the parental model of distrust. However, parental distrust was alluded to by participant two who reported that the parents were avoidant as demonstrated through avoiding interactions in school, not attending parents' evening and interpreting the teacher's concerns as a criticism of their parenting.

Another attribution of speech was due to the teachers' self belief in personally and professionally succeeding. This supports Miller's (1995) theory that when teachers are

successful in achieving a goal, they are more likely to internally attribute the success, believing the outcome to be a result of their own efforts. Teachers who had experienced the child speak during the duration of their work were also more likely to report positive feelings such as pride and reward.

5.3.3. Expectations.

Some participants expected the selectively mute child to speak and the shyness to improve over time in line with the findings of Kumpulainen et al. (1998). Several participants reported not expecting the child to speak which could have been problematic in that their expectations may have influenced their behaviours such as utilising adaptive strategies of responding to non-verbal communication (Cline & Baldwin, 1998) that could then have reinforced the mutism.

5.3.4. Perceptions of the selectively mute child.

Perceptions of the selectively mute child were positive overall and this contrasts with previous findings of Cline and Baldwin (1998) who found that teachers perceived the child as hostile, obstinate and stubborn. The child's lack of engagement was framed through positive attributes such as politeness and patience.

- *"She's got the most patience I've ever seen. How could you not? If someone is elbowing you, she won't tell them to stop… she might shuffle over a little bit but she's very polite." (Participant 12)*

On the other hand, participants also reported distinct introverted characteristics of the

selectively mute child such as being shy, timid and afraid. These perceptions echo previous descriptions of selectively mute children as being abnormally timid (Kolvin & Fundudis, 1981). Participant 17 described how the selectively mute child would "freeze" when asked a question and this has been described by Lesser-Katz (1986) who described the function of the "freeze-defence" behaviour as originating in an animal's response to danger.

Additionally, descriptions of the child as anxious were in accordance with Cline and Baldwin's (1998) observations that anxiety and timidity were the most prominent characteristics displayed by selectively mute children. Anxiety has therefore been described as, "the underlying force of the disorder" (Donnelly, 1998, p. 224).

5.3.5. Participants' projections of the selectively mute child's experiences.

Participants' perceptions of the child's experiences ranged from believing that the child was content despite not speaking, or worried and anxious. Teachers' insights into the child's experiences were gained by observing the child's interactions with others, their academic achievements and their non-verbal behaviour such as smiling or looking startled.

5.3.6. Perception of parents.

Perceptions of parents ranged from positive to more negative and these were influenced often by the level of parental involvement; positive parental engagement led to more favourable perceptions of the parents.

5.3.7. Participants' projections of parents' experiences.

Participants' beliefs about parental experiences also ranged from describing very anxious parents to parents who were concerned but supportive and solution-orientated.

5.3.8. Perception of the selectively mute child's sibling.

When participants provided their views of the sibling, they described them in comparison to the selectively mute child. Participants noted similarities in patterns of communication and interaction. For instance, participant 20 had taught the selectively mute child's sibling who had also been mute and this had prepared her for working with the selectively mute child through utilising similar strategies.

5.3.9. Impact on role.

Working with a selectively mute child had a significant impact on the multiple roles which participants felt they had. Some participants stated that they became more approachable and reassuring and almost adopted a supportive role for parents. This contrasts to the 'cycle of blame' relating to causal attributions of teachers and parents reported in studies of children's misbehaviour (Miller, 1995).

Many participants reported that their role encompassed mothering, caring, nurturing and protecting. A reason for this may be that participants were responding to the anxious child who was treating their teacher as an attachment figure in replacement of their parents (Barret & Trevitt, 1991).

Participants also viewed their role as educating, advising and training. Education in this sense

included not only imparting academic knowledge but also skilling the child in valuable life skills such as effective problem-solving. This is in line with Zins et al.'s (2004) position that the purpose of schools is to promote the development of responsible individuals as well as disseminating academic knowledge and skills. It also supports Geddes' (2006) view of the valuable position teachers are in to promote the development of emotional and social skills in preparation for later life due to the long-term nature of their relationships with pupils.

A few participants (N= 8) stated that their experiences of working with the selectively mute child had enabled them to become more aware, skilled and adaptable. These participants would most likely be placed within Watt and Richardson's (2008) category of individuals who had entered the profession with a commitment to a lifetime of teaching. The two participants (three and five) who explicitly set goals and made clear intentions from the outset within a set period of time were successful in ensuring that the child began speaking in school during their work with them. This suggests a link between efficacy beliefs and children's outcomes which is congruent with previous research (Caprara et al., 2006).

Furthermore, participants often viewed their role as investigative and problem solving. They viewed the mutism as a challenge and sought various avenues of information to investigate the child's condition. However, when participants' investigative endeavours were not productive, participants viewed their role as being limited because they experienced a lack of autonomy over their workload and in controlling the child's behaviour to elicit speech.

5.3.10. Perceptions of EP's role.

There were a number of perceptions of the EP's role which related to participants drawing on their own experiences of having EP involvement and their understanding of the EP role. EPs

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were perceived to facilitate processes such as referrals to other support services in addition to facilitating home-school communication. This is inherent in the practice of EPs and the importance of facilitating processes has been cited as one of the key processes within frameworks to guide practice (e.g., COMOIRA, Gameson, Rhydderch, Ellis & Carroll, 2003, 2005; Gameson & Rhydderch, 2008).

A second perception of the EP related to one of the core functions of the EP role in providing interventions through implementing and modelling them. For example, some participants reported EPs implementing the sliding in technique.

Participants described the EP's role in relation to the work they had observed them implement which included conducting observations, assessments and "diagnoses". For instance, when participant one was asked if the child had any conditions, they responded by saying, "*Anxiety. It was diagnosed by the Ed Psych*" (Participant 1).

Some participants viewed EPs as having a lack of autonomy over their work because of the EP's work being dictated by the SENCo and provided by the LA.

Participant four perceived she was unable to meet the selectively mute child's needs because of the child's mutism and very low academic abilities without additional classroom support from a TA. The EP's role was perceived as a potential gatekeeper to resources as the participant believed that an EP's report may have helped to gain access to more hours of adult support for the child.

Overall, the EP's role was viewed positively and as providing a valuable service, contrasting Buck's (1987) research reporting that, "The findings of this enquiry indicate that educational psychologists are unable to give teachers support or suggest ideas for dealing with elective mutes" (p. 40).

5.4. Question 1: How Does Working with a Selectively Mute Child Impact on a Teacher's Feelings?

As expected from previous research (Cline & Baldwin, 1998), working with selectively mute children had a powerful effect in terms of generating intense feelings in teachers. These feelings were polarised into positive and negative.

5.4.1. Positive feelings.

A novel emergence from the current study is the reporting of positive feelings stated by teachers working with selectively mute children which had not arisen previously in the literature. Many positive feelings related to the child speaking such as feeling amazed and surprised and also excited, happy and enthusiastic. However, participants also related positive feelings with regard to the small steps in the child's progress including feeling pleased, rewarded and proud when witnessing pre-speech indicators such as the child tolerating a closer distance between themselves and the teacher when speaking to others and increasing physical contact with their teacher such as stroking their arm. When participants witnessed progress towards speech and were successful in eliciting speech, they felt a sense of achievement and relief and also hopeful for the future. However, the key to a positive experience appeared to be not necessarily the child speaking, but rather the child making perceived progress.

Five participants explicitly stated that they felt a sense of warmth towards the child although this was after the child had begun speaking and their comments demonstrated a sense of empathy. Two participants reported that they felt emotions on behalf of the child although, on occasions, this led to a greater level of concern. For example, participant 16 stated, "*Not*

frustrated for myself but for her and worried…" which demonstrated a deep level of empathy supporting previous findings that teachers' work motivations included a sense of altruism (Hayes, 2004; Hoy, 2008).

Two participants reported feeling unconcerned and not worried although these were isolated to cases when the child was of a high academic ability and so the participant thought that the child was still making academic progress.

- *"I think the main thing is that it helps that she is more able if it was someone who is less able and couldn't write their answers on the board then that would be really challenging but because she is very able and independent, she knows what to do and how to do it." (Participant 12)*

On the other hand, when participants felt worried (as will be described in greater detail) some participants reported feeling supported, with the SENCo usually being the primary source of support.

5.4.2. Negative feelings.

Working with selectively mute children on a full-time basis and in nursery and primary school settings, is an emotionally arousing experience. The novel finding in this case is that, in addition to secondary emotions elicited by primary emotions as found by Cline and Baldwin (1998), tertiary emotions were also generated or co-occurred in some cases. Other negative feelings included feeling challenged, panicked, apprehensive, daunted, pressured & overwhelmed. This finding was unsurprising and supports the challenging feelings experienced by teachers as reported by Cline and Baldwin (1998).

Often when participants reported feeling unsupported, there was an undertone of

helplessness. Some participants cited feeling isolated, especially in cases where they were working with a selectively mute child for the first time, supporting previous findings by Omdal and Galloway (2007). Two participants who felt particularly unsupported and presented as extremely anxious were teachers in the same school who were both working with a selectively mute child at the time of conducting the interviews. Their anxieties were demonstrated by participant 13 attempting to utilise the interview session to gain advice and support on how best to work with the child, asking questions such as *"Did you say it is the right thing to do?"* and participant 12 stating at the end of the interview that *"I'd just like to emphasise that support would be nice"*. Participant 12 described her frustrations regarding conducting assessments whereby she was required to give the selectively mute child an ability score which she felt did not reflect the child's true abilities because of the lack of verbal measures.

Additional frustrations stemmed from the impact of the selectively mute child's behaviour on other pupils. For instance, participant seven stated that she felt frustrated for the selectively mute child's partner during pair work.

- *"Various tasks over two weeks and of course the child that's with him obviously doesn't get much from that relationship so that's frustrating so you have to put them in a three and we have an even number in the class so it just creates chaos. That's probably one of the most frustrating times because you think actually that other child isn't having a learning experience either because they're not speaking so that can be really frustrating." (Participant 7)*

Participants also often reported feeling uncertain, unprepared and confused. Kumpulainen et al. (1998) stated that teachers are often confused and reluctant to refer SM children to mental health services because of the lack of overt disruption caused by SM children and the

teacher's expectations that the symptomatic shyness will improve with age. This is demonstrated in the discrepancy between the average age of referral (nine years) and the average age of symptom onset (school entry age) with a potential delay of between 4-6 years before intervention is sought. This has implications for the EP role as it suggests the nature of concerns and the requests for intervention will be more acute and the behaviour will be more entrenched because of the delay in EP involvement.

Some participants reported being unsure of how much pressure they should put on the child to speak which supports previous findings reported by Omdal and Galloway (2007), "Teachers were reported as questioning how much pressure they should be putting on the child to speak" (p. 235).

Additional negative feelings reported by participants included feeling disappointed, sad and upset. Feelings of sadness and upset emanated particularly out of feelings of empathy for the child when they were distressed.

Guilt was a primary emotion and at other times elicited secondary to other emotional processes such as feeling anxious and linked to thoughts surrounding adequacy. Feelings of guilt often emanated from participants' low beliefs in their efficacy and this in turn was reflected in the teacher believing that the student felt self-conscious and was aware of her own academic limitations.

No participants reported feeling hostile towards the child in contrast to previous findings of Cline and Baldwin (1998) who found that teachers perceived the child's silence as a sign of hostility and aggression. Only one participant reported feeling angry and that was towards the mother of the selectively mute child. However, unlike the reports of Cline and Baldwin (1998), this anger did not become self-directed. A reason for this may be that the participant was able to resolve the situation successfully which lead to positive outcomes that included

the selectively mute child speaking.

The most frequently cited negative feelings consisted of feeling frustrated, anxious, worried, concerned and stressed with some evidence of emotional transference as participant two stated, *"Had I stressed less maybe she would have picked up on my confidence and not been stressed herself"*.

5.5. Question 1: How Does Working with a Selectively Mute Child Impact on a Teacher's Behaviours?

5.5.1. Promoted use of child's first language.

Participants who worked with an EAL selectively mute child reported utilising strategies that promoted the use of the child's first language and such strategies have been advocated by guidance on supporting EAL pupils (Ethnic Minority Achievement Support Service, 2004) and the development of a supportive and safe learning environment as recommended by Johnson and Wintgens (2001).

5.5.2. Praise, reward & reinforcement.

Participants reported using verbal praise and reinforcement although as previously stated, this sometimes proved counter-productive. Some participants reported offering rewards and trying to trick the child into speaking which proved unsuccessful, resonating with teachers' experiences reported by Cline and Baldwin (1998), "There might be plans to bribe, trick or trap the child into speaking but without success" (p. 78).

5.5.3. Individualised teaching adaptations.

Individualised teaching adaptations consisted of participants altering their style of teaching and delivery of the curriculum in order to accommodate for the selectively mute child's behaviour. These adaptive strategies which made allowances for the child's behaviour may have served to reinforce the mutism, supporting the arguments of Cline and Baldwin (1998) and Omdal and Galloway (2007). However, other adaptations such as providing the child

with additional thinking time before answering a question, thereby reducing the immediacy of a required response and limiting choices, are both strategies advocated by Johnson and Wintgens (2001) to create the right environment for a selectively mute child to speak.

5.5.4. Promoting non-verbal communication.

Participants not only promoted but also responded to non-verbal responses in order to help the children settle and feel comfortable, supporting Cline and Baldwin's (1998) observation which may have inadvertently helped to maintain the mutism. Such strategies may have also enabled the child to manipulate their learning environment successfully thereby reducing their motivation to use language, supporting Friedman and Karagan's (1973) learning theory explanation of SM.

5.5.5. Intervention programmes and techniques (EEL technique, sliding in technique, transition programme).

Some participants (N= 8) reported having been involved in implementing interventions which have been shown to be effective in promoting speech in selectively mute children such as the sliding in technique (Johnson & Wintgens, 2001). Participants also reported specific sources which were utilised such as rating scales consisting of the stages of competent speaking from 'The Selective Mutism Resource Handbook' (Johnson & Wintgens, 2001).

5.5.6. Utilising or discouraging the use of intermediaries.

There was a range among participants from those who utilised intermediaries to communicate

with the selectively mute child and participants who actively discouraged it. Cline and Baldwin (1998) advocated discouraging the use of intermediaries as they reported the case of a selectively mute child who received greater status for not speaking and had reduced expectations of speech due to other pupils in the class confirming the child's silence, which was also reported in the present research by two participants.

5.5.7. Provided additional resources for child.

The main additional resource provided for selectively mute children, was additional time with a Learning Support Assistant (LSA) or TA. This strategy may have served to reinforce the child's mute behaviour as participants often cited that one of their strategies in supporting the selectively mute child was to provide them with additional adult support with a TA, supporting Omdal and Galloway's (2007) argument that the school context can serve to reinforce the child's mute behaviour.

5.5.8. Utilised transferable skills.

The use of transferable skills from training in other conditions proved extremely effective for some participants. In particular, participants reported the usefulness of applying skills for working with young children who had no language such as babies, with children who had difficulties understanding language such as children with EAL and children with ASD.

5.5.9. Inclusive & uniform, whole-class strategies.

Participants who did not make allowances for the child's mute behaviour attempted to ensure

that the child was engaged within the class and included, which contrasts with Omdal and Galloway's (2007) view of the school's reinforcing role in the maintenance of the child's mute behaviour.

5.5.10. Information seeking.

Participants' information seeking behaviour highlights the initiative and personal agency demonstrated by teachers of selectively mute children which has not been acknowledged in the literature previously. Participants reported active information seeking behaviours through a range of sources such as using search engines on the internet. Yet primarily, participants sought information from their colleagues, particularly SENCos. When information was provided, this was interpreted as supportive and helpful. However, one participant was confused and overwhelmed by the range of advice offered by the staff in the school. This supports Cline and Baldwin's (1998) view that teachers may experience a flood of conflicting advice offered by colleagues. Participants who did not receive any information interpreted this as a lack of support.

5.5.11. Ignoring.

Some participants (N= 4) reported ignoring as a strategy in varying degrees, including avoiding direct eye contact with the child, ignoring the mute behaviour in contexts when speech would be expected or ignoring the child altogether in some situations. This has been described as an ineffective strategy by Cline and Baldwin (1998), "Ignoring their silence has no effect" (p. 77). Two participants described avoiding making direct eye contact with the child which supports the recommendations made by Johnson & Wintgens (2001) as it may

help the child feel less pressurised. Participant 11 also attributed the selectively mute child's reluctance to speak to him as being due to his gender as a male teacher, and is congruent with Johnson & Wintgens' (2001) view that this may be a factor impacting on the selectively mute child's behaviour. This influenced the participant's behaviour by placing less pressure on the child to speak.

5.6. Question 2: Do Teachers' Thoughts, Feelings & Behaviours Change & Develop Over Time?

5.6.1. Development of thoughts.

Cline and Baldwin (1998) argued that teachers and the school can adopt a more distanced attitude towards the child over time when met with failure to resolve the child's mutism. However, the research found there was an increased acceptance of the mutism over time and a re-alignment of priorities emphasising the emotional well-being of the child.

5.6.2. Development of feelings.

Cline and Baldwin (1998) state that over time, teachers become more anxious regarding the ineffectiveness of their efforts to elicit speech from the child . The current research supported this increase in feelings of anxiety in cases when the selectively mute child remained mute, yet additionally found an increase in positivity, confidence and empathy which was often facilitated by feeling supported and having a greater understanding of the condition.

5.6.3. Development of behaviours.

There are little data to describe how teachers' behaviours change over time. However, Cline and Baldwin (1998) state that if efforts to resolve the mutism in school are unsuccessful, then help is often sought through external agencies. The research found this to be the case with teachers having involvement from a range of outside agencies, the most frequently cited being EP and SALT services. Seven factors were found to mediate participants' experiences. These are described in the following sub-sections.

5.7. Question 3: What Mediating Factors Influence the Kinds of Experiences Teachers Have?

5.7.1. Previous experiences of working with a selectively mute child.

The research found that participants drew on their previous experiences of working with EAL and Autstic children and babies in order to work effectively with the selectively mute child as opposed to having specialist training on SM. Previous teaching experiences resulted in teachers feeling more confident.

- *"If I'd been a newly qualified teacher with not a lot of experience, I possibly would have struggled." (Participant 16)*

One exception was participant five who had previously taught four selectively mute children and felt anxious and confused when the fifth child did not respond as she had expected. This is understandable as selectively mute children are a very heterogenous group. However, her previous experiences of being successful and utilising the same strategies which had proved effective in the past enabled the teacher to ensure a successful outcome as the selectively mute child began speaking during the duration of her work with the child.

The findings also support previous assertions by Omdal and Galloway (2007) that teachers felt more isolated and also in the current study unsure, when they had no previous experience of working with a selectively mute child before.

5.7.2. Attachment levels.

This mediating factor highlighted the importance of language as an avenue for relationship formation. Attachments were formed more easily when the child spoke or demonstrated

intentions to speak and support was found for the prediction that teachers' feelings could be mediated by the levels of attachment they formed with the child; the greater the positive affect shown towards the teacher, the more positive the teacher felt. Participant two described herself as being like a mother to the selectively mute child and this may have been a response to the anxious child transferring the role of specific attachment figure onto his teacher as described in previous literature (Barret & Trevitt, 1991).

5.7.3. Access to training & support.

No participants reported having training on how to effectively work with selectively mute children although one participant reported receiving training materials as a secondary source from the SENCo. Other participants reported utilising transferable strategies gained from training on other conditions such as ASD. Also, Hargreaves' (1978) statement that, "Offering to help a colleague implies that they are incompetent" (p. 132) was not supported as participants who received advice and support from colleagues, with the exception of participant 2, felt more competent as a result.

Participants who had some access to training such as advice and literature from the SENCo and who felt supported, reported feeling less anxious and unsure. They were also more positive about the future and their role in supporting the selectively mute child.

5.7.4. Levels of parental engagement.

Levels of parental engagement mediated participants' experiences through increasing anxiety levels when parents were perceived as being avoidant, unengaged or exacerbatory. However, participants reported feeling more positive and supported when parents engaged positively.

5.7.5. Levels of child engagement.

As anticipated, the participants reported a range of engagement and interaction levels exhibited by the selectively mute children and this information was valuable in understanding the nature of teacher-pupil interactions. As Salzberger–Wittenberg et al. (1983) state, teacher-pupil interactions are "suffused with meaning". A tentative new finding was the link in one case between physical contact and proximity to attachment being an indicator of pre-speech. Participant 14 described the selectively mute child touching her arm initially then stroking her back before beginning to speak in her presence. Therefore, as the child's attachment to the teacher grew, the child sought to reduce the physical proximity between the teacher and herself.

5.7.6. Context.

Context was found to play a significant mediating role in influencing the nature of participants' experiences. It has been argued that primary teachers are in an advantageous position for forming relationships that could provide corrective experiences for pupils due to having fewer students and for extended periods of time as opposed to shorter periods in secondary schools (Riley, 2011). This may be more so for nursery and reception years which are characterised by high staff to pupil ratios and more parental contact as exemplified by participant three's account.

- *"Also because he was a new child that had started half way through the term because of the whole settling in procedure we had a lot more talking to parents but you also find that in Reception anyway. You have more conversations with parents because they have that gradual time to come in and sit with the child in class." (Participant 3)*

5.8. Research Limitations

There are several limitations of the study such as weaknesses of the design relating to the interview schedule. This included the limited flexibility in adapting the interview to specific individuals and situations. The standardisation of the interview questions could have limited the naturalness of the interview process due to its inflexibility. However, it may be argued that standardised questions had the advantage of keeping interviews focused on particular themes and therefore increasing the depth of the data relating to those themes.

Some participants struggled with accessing the language of some questions. This was demonstrated by teachers not answering the question, silences, pauses, asking for clarification and through non-verbal cues such as facial expressions. Silverman (1993) highlights the importance of ensuring that questions are understood in the same way by all interviewees. Therefore, reliability could be increased by revising the content of the questions within the interview schedule to ensure the language contained is accessible to all participants. In addition, it may be that using academic language of 'pedagogy' may have resulted in participants interpreting one question as a knowledge question which Patton (1990) states can be threatening.

It may also be argued that the interview could have been more natural if there were less questions within the interview schedule, enabling participants to provide an even richer account of their experiences if they had less interruptions. However, Kvale (1996) stated that one of the criteria for an ideal interview is that respondent's answers should be longer than the interviewer's questions and this was found in all of the questions which participants answered.

There were also potential observer effects as three interviews were conducted in the school staffroom with other staff present and this may have impacted on the depth of information

that participants were willing to express. It may have impacted on the naturalness of the interview due to the obtrusiveness of casual observers. Also, during the interview with participant four, a member of support staff who had an interest in SM joined the interview after 10 minutes of it beginning. The participant gave their consent but this observer effect may have impacted on the degree of honesty with which the teacher subsequently answered the questions. On reflection, it would have been appropriate for the interviewer to decline the request in order to ensure a degree of uniformity in the interview circumstances.

It was difficult sometimes for the interview not to turn into a consultation or therapy session. For instance, participant 13 was very eager to gain some advice regarding strategies to use for the selectively mute child she was teaching at the time asking questions such as, *"Is that the right thing to do?"* It was a challenge to redirect the teacher back to the interview questions. To resolve this ethical dilemma, the researcher deferred providing advice and strategies until the end of the interview session. Also, participant 12 was in a school which had an extremely stressful climate and went on to fail an Office for Standards in Education, Children's Services and Skills (Ofsted) inspection a few months later. The participant felt unsupported and stated at the end of the interview that support would have been nice. It was felt that any prompting would have led the participant to have a cathartic release of discussing problems which were not necessarily relevant to the research, so the researcher had to try and manage the participant's emotions by not providing her with opportunities to expand on her experiences of feeling unsupported through providing some emotional containment (Bion, 1967).

Also, the nil response rate for the diary study limits the inferences which can be made regarding the change and development of thoughts and feelings over time during the duration of the work with the selectively mute child. The response rate for the diary study may have been increased if the diary schedule was completed by the researcher in the format of a telephone interview. However, it appeared that the low response rate was due to the pressures

of time commitment and therefore the telephone interview method may have presented the same challenges for staff. In addition, setting up interview times may prove more problematic than the autonomy provided by the electronic diary method which was more flexible in enabling the teacher to complete the schedule at a time convenient for them on an allocated day. For instance, if the participant requested to be called on a weekend, this may prove more difficult as Cohen, Manion and Morrison (2000) state that response rates are lower at weekends.

Finally, the research could have been improved by decreasing the time between the interview process and when the participant had worked with a selectively mute child from four years to the previous year. This would have decreased the sample size but may have resulted in more accurate recollections. For instance, Participant 15 had some difficulties with recollecting past experiences, *"...like I say we're going back two years now, perhaps it would have been better to speak to last year's teacher…"* therefore it may have been beneficial to only interview teachers who were teaching selectively mute children at the time.

As a result of the aforementioned limitations some recommendations are made in the conclusion section. There were also several strengths of the research and these are listed next.

5.9. Research Strengths

There were several strengths of the research design such as the high comparability of responses due to the uniformity of questioning content and order, providing complete sets of data for each participant within the interview topics and facilitating the organisation and analysis of the data.

It proved useful and more informative to categorise the term experience within the concepts

of thoughts, feelings and behaviours as it enabled a more detailed exploration of these components of experience and all comments or reflections could be categorised within the three concepts. However, the challenge arose when comments which were coded could overlap within the three concepts. This suggests that thoughts, feelings and behaviours are strongly interconnected so categorisation could be viewed as a convenient way to display the data and as a guide for a richer exploration within the field, but there remains a need to acknowledge that there is an intimate relationship between the concepts.

The interview process itself produced new insights and awareness for some participants, sometimes enabling them to adapt their descriptions and meanings about certain themes, such as participant five on reflection perceiving that the selectively mute child was in control of his mute behaviour. Therefore, a change took place simply as a result of the interview process which was advantageous to the participant, supporting Kvale's (1996) observations of the main characteristics of qualitative research interviews. It may also be argued that the interview process was a generally positive experience for most participants.

The researcher will now reflect on her subjective involvement in the research process within the following section.

5.10. Researcher's Reflective & Reflexive Thoughts

My employment history was connected to my research interest; the route taken to arrive at the topic arose from my previous experiences of working as a teacher with a selectively mute child. Therefore, my perspective was that it can be a very emotional experience; one that can be very rewarding and simultaneously elicit feelings of guilt and frustration. My previous teaching experiences, assumptions of the role and preconceptions may have influenced my analysis of the data through making inferences from the data that were based on my own experiences. I believe imposing some structure to

the themes in relation to thoughts, feelings and behaviours was useful in organising the data but may have constrained both the analysis and interpretation of the data. This may have led to over-interpreting the emotional aspects of working with a selectively mute child and making some misinterpretations such as coding a teacher avoiding eye contact as an ignoring strategy as opposed to coding it as an effective strategy reflected by a teacher's sensitivity to the needs of a selectively mute child. Coding the data was a difficult process due to the volume of data and the novelty of working with words as opposed to number data but it may have been useful to re-interview participants following data analysis to check my interpretations of the data with them.

Reflecting on the interactive process between myself and the respondents, my interviewing style may have affected the manner in which the participant reflected on their experiences. For instance, it may have been that I did not allow enough thinking time for participants in order to enable them to reflect in more detail on their experiences due to experiencing mild anxiety between getting through all of the research questions and ensuring that the interviews were not too long so that participants did not become fatigued by the end of the interview session. It is believed that the proposed amendment to future research to reduce the number of questions within the interview schedule would enable participants to expand more on their answers.

I also believe that the research process developed my communication and interpersonal skills and conducting the interviews with teachers was my favourite part of the research. Although conducting the research was very time-consuming (particularly the transcription phase) and demanding in many ways, it has reaffirmed my belief in the value of research for developing both personal and professional skills. Conducting this research has made me appreciate the role of the researcher for creating dynamics within the interview setting that elicit authentic, good quality data and I believe that my interview skills developed and improved over time.

Overall, I believe this research is partly a reflection of my status as a novice researcher of qualitative methodology and the challenges of learning a new method of analysis. I found the process of engaging in qualitative research challenging as the majority of my research experience had been

conducting quantitative research and my conscious incompetence was somewhat anxiety provoking. However, I found the qualitative approach very interesting and conducting the research has developed my interest in qualitative methodology. I would like to conduct further research using this methodology in the future if such opportunities arise.

5.11. Chapter Summary

Chapter five has discussed the findings of the study and critically evaluated them with reference to previous theory and research. It highlighted the limitations of the study and suggested potential resolutions as well as drawing attention to the strengths of the study. It also provided the researcher's reflexive and reflective account of the research process.

The final chapter summarises the aims of the study and makes recommendations for future research. It also considers the practical implications of the study for the profession and practice of educational psychology, psychology and education.

6. Conclusions

6.1. Chapter Summary

This chapter summarises the findings of the current research and how it relates to the relevant theory and research. Recommendations for further research are made and the theoretical and practical implications of the research are discussed particularly regarding the implications for the field of psychology, the field of education and the profession and practice of educational psychology.

6.2. Relevance of Theory

The present research found evidence to support the link between SM and social anxiety.

In particular, the research has extended previous findings related to teachers' thoughts; the impact of expectations such that expectations of speech impacted on teaching practices through promoting the use of proactive strategies to encourage the child to engage and communicate. Other findings pertaining to teacher's thoughts are:

1. The association reported between social anxiety as descriptions of the selectively mute children and SM supporting the same association highlighted by Manassis et al. (2007).
2. The emergence of positive experiences and perceptions of the selectively mute children previously unreported in the SM literature.
3. Over time, teachers had a greater acceptance of the mute behaviour and on occasions re-prioritised their aims.

Regarding feelings, the main theories and research cited by Cline & Baldwin (1998), Buck

(1987) and Edmondson (1986) suggesting that working with selectively mute children was a stressful experience were supported by the current research. There was also an emergence of negative primary emotions that generated secondary and tertiary emotions. Yet, teachers also reported having positive feelings from their experiences of working with a selectively mute child not reported in previous literature. It also emerged that selectively mute children were less likely to be referred for a specialist assessment due to the lack of overt disruption they caused and that teachers used transferable skills from their experiences of working with other children such as babies, EAL children and children with Autism.

Furthermore, potential mediating factors on participants' experiences were identified including:

1. Previous experiences of working with a selectively mute child which in this instance increased teacher's confidence during their work.

2. Access to training and support need to be taken into account for increasing teachers' confidence and problem-solving skills although teacher training was not reported as useful for preparing teachers to work with a selectively mute child.

3. Levels of parental engagement with negative engagement styles as defined by teachers increasing teachers' anxiety levels and the converse being true for parents who engaged positively.

4. Levels of pupil engagement again identified by teachers which when positive resulted in teachers reporting more positive experiences were important factors that need to be considered. A novel finding (in one instance) was also the relatedness between physical contact and speech where the selectively mute child initiated physical contact with her teacher prior to beginning to verbalise.

5. Contextual factors need to be thought about and how they influence the development of teacher-pupil attachments through adopting more nurturing approaches in early

years settings. Most importantly, the research highlighted the school context as key to reinforcing or ameliorating mutism.

6.3. Further Research

An extension of the current study could explore additional factors which may have mediated participants' experiences that have not been explored. These included ethnicity, birth order, co-morbidity of conditions, gender of the child or teacher and the child's academic ability. Further research could explore these potential mediating factors. For instance, the research suggested that teachers had a less stressful experience when the child was more academically able as they felt reassured the child was still accessing the curriculum, but participants were also equally more frustrated when assessing the child because they often felt that the results did not reflect the child's true ability because of the omission of the verbal component of assessments.

A second extension would be to conduct a diary study with reports collected monthly as opposed to fortnightly as attempted in the current study. This may increase the response rate and the validity of the study by measuring the changing and dynamic nature of thoughts, emotions and behaviours. Lincoln and Guba (1985) state that an approach consisting of persistent observation and prolonged engagement in the research area would increase the credibility of the findings. Also, ensuring stability of observations through participants regularly tracking their experiences would have increased the reliability of the data, as recommended by Denzin and Lincoln (1994). This would have also protected the contamination of memories and possible reconstruction of events which has been a criticism of retrospective accounts (Loftus, 1977, 1979a; Loftus & Palmer, 1974). However, interviewing teachers who had previously taught a selectively mute child may have been

more advantageous as teachers had had time to reflect on their experiences.

Another extension may have included videoing the interviews in order to capture the social encounter more effectively by incorporating the visual and non-verbal features of the interview. Yet, videotaping participants may have greatly constrained the interview process due its connotation of surveillance (Cohen, Manion & Morrison, 2000) and the data analysis would have been much more time consuming.

A further extension of the study could include widening the sample to secondary school teachers as research has highlighted the importance of context in research on teaching (Hoy, 2008). Cline and Baldwin (1998) stated that infant teachers are particularly patient in waiting for children to settle into school. With the inference that primary teachers may be less patient than infant teachers, one may question what impact the patience level of secondary teachers would have on the behaviour and feelings of selectively mute children and young people.

Further research could include interviewing the parents of children with SM in order to investigate other mediating factors on teachers' experiences such as extreme shyness or anxiety in the family history which had been found to be more likely in families of children with SM (Dow, Sonies, Scjeob, Moss & Leonard, 1995). For instance, parents of selectively mute children could provide greater insights into their children's anxiety levels. Cunningham, McHolm, Boyle and Patel (2004) found parents, as well as teachers, reported that selectively mute children were overall more anxious than the matched control group. Therefore, it may be useful to interview selectively mute children, and this has been successfully achieved in previous research by using the Raven's Controlled Projection for Children (RCPC), enabling children to communicate in writing or on a computer (Omdal & Galloway, 2007). Also, it may have been useful to interview TAs who had spent a significant amount of time with the child.

In order to assess teachers' behaviour more effectively, it may be more objective to conduct behavioural observations and recording, for instance, the frequency and nature of non-verbal interactions.

6.4. Practical Implications

There are many potential practical implications of the current research and these are drawn from the researcher's interpretation of the data and from practical recommendations made by participants. These are listed under the following sub-headings.

6.4.1. Implications for psychology.

6.4.1.1. Further research.

The current research provides further insight into SM particularly with regard to the contributing factors that give rise to the condition. Such insights were provided through participants' hypotheses of why the child was mute identifying variables associated with the condition such as shyness and anxiety. The current research appears to parallel the factors that previous research has identified to be associated with SM. However, what remains less well understood are the relationships between these variables and how one may be mediating another; the subtle connections between the variables remain to be clarified. For instance, parental conflict or adverse family circumstances may lead to poorer self-esteem and this in turn to SM becoming more entrenched. It would be interesting for future research to explore how these variables may relate to and interact with each other; whether one is mediated by the other or if one is more influential than the other. The findings of such research would assist in generating more powerful theoretical explanations to make better predictions of what

would be effective for working with a selectively mute child and thereby deliver better interventions.

The psychological field would benefit from further research on the impact of SM on the lives of the key individuals involved including the selectively mute child, their parents and TAs. Studies could interview parents and provide questionnaires for selectively mute children to overcome the mute behaviour or alternatively conduct interviews in a context in which the child spoke, such as their home. This would serve to triangulate the data and therefore increase reliability and overcome some of the criticisms cited by previous studies that there is little concordance between the anxiety ratings of selectively mute children and those ascribed by key adults involved in the selectively mute child's life (Omdal & Galloway, 2007; Yeganeh et al., 2003).

6.4.2. Implications for education.

6.4.2.1. Establishing a support network for teachers.

Two participants recommended establishing a support network either virtually through an online support system to access as a form of social support and educational forum or physically.

- *"Some sort of centralised community or LEA based…" (Participant 20)*

However, Hoy (2008) asks the question, "Could teacher education prepare its graduates to self-regulate their own social support networks?" (p. 496). EPs may have an important role in equipping teachers to self-regulate their emotions in order to ensure their emotional well-being, especially when feeling isolated in the school context. Hoy's (2008) question could be answered by ensuring that teacher training includes the teaching of social networking skills in

addition to academic and pedagogical knowledge which has proved insufficient to prevent teacher attrition (Hoy, 2008).

6.4.2.2. Initial teacher training & CPD .

SM is a rare condition and therefore it is not necessarily advocated that the curriculum of initial teacher training programmes include teaching on the condition. However, it would prove beneficial if such programmes included more information on Special Educational Needs, children's emotional needs and most importantly, the transferable skills which teachers could utilise when working with children who have a range of special educational needs. This was one recommendation by participant 4.

- *"I think all teachers should have had more training in special needs and speech and language because it holds so many other things up and regardless of whether you have a selective mute in your class actually there's a lot of children who need to learn the skills of how to communicate so that would be useful…" (Participant 4)*

6.4.2.3. Outcomes for children.

It is hypothesised that through implementing the aforementioned recommendations, this would lead to improved outcomes for teachers such as being more skilled and feeling more supported which would ultimately lead to better outcomes for children.

6.4.3. Implications for the profession & practice of educational psychology.

Overall, participants who had involvement from an EP experienced them making a positive

contribution. For instance, participant six reported that the EP, "did a great job". However, there are several recommendations for EP practice, the majority of which were recommended by participants and are listed below.

6.4.3.1. Providing training.

Training could incorporate providing information on the condition of SM including causal explanations and giving practical advice and strategies such as utilising non-verbal assessment tools. The findings demonstrate that teachers were already utilising many of the formal recommendations made for creating the right environment for selectively mute children (Johnson & Wintgens, 2001), such as avoiding direct eye contact, restricting options to assist with decision making and providing opportunities for group work. Yet formalising these strategies by committing them to policy and reflecting back to teachers their good practice would most likely lead to greater confidence, competence and motivation and as Malmberg (2008) found, motivation correspondingly increases as a sense of competency increases.

Also, Shreeve (1999) stated that, "the most intense communication may occur in moments of total silence" (p. 135) and teachers can be trained to seek information from non-verbal sources. EPs can make a valuable contribution to the retention and resilience of teachers by providing advice and training:

- *"I think we need a whole staff inset without the children there about activities…" (Participant 19)*

- *"I think they [EPs] could provide some very clear dos and don'ts from a psychological perspective." (Participant 7)*

More specifically, training as part of teacher CPD events, could incorporate vicarious experiences as these have been found to have an impact on teacher's self-beliefs within their professional roles, responsibilities and efficacy (Tschannen-Moran & Woolfolk Hoy, 2007). Also, training could serve to equip teachers with emotional regulation skills to effectively manage stress as research has demonstrated that teachers who lacked such skills were more likely to experience exhaustion and burnout (Kieschke & Schaarschmidt, 2008).

However, research has demonstrated that the most effective source of increasing self-efficacy is through 'mastery' experiences (Bandura, 1997; Tschannen-Moran & McMaster, 2009). Yet SM is a rare condition and therefore it is unlikely that teachers would have the opportunity to practice skills and simulating mutism during a professional training event may have limited credibility. Therefore, it is recommended that training should incorporate detailed information on the stages of competent speaking which can be presented as checklists such as those created by Johnson and Wintgens within the Selective Mutism Resource Manual (2001). It is anticipated that by breaking down the steps to fluent speech and recognising the small achievements, teachers can then experience a sense of reward and mastery.

EPs could also conduct teacher observations and provide feedback (as requested by participant 1), supporting Noell's (2008) suggestion that EPs have a role to play in assisting teachers with providing valuable feedback following the implementation of new interventions.

It would also be highly beneficial to include training for TAs (as recommended by participant 1).

- *"...again for TAs as well because often they are the people who work most closely with the children." (*Participant 1)

6.4.3.2. Contributing to initial teacher training programmes.

EPs could contribute to initial teacher training programmes in order to equip teachers with skills including effective conflict resolution and problem-solving. This may serve to increase teachers' resilience, increase retention and reduce attrition rates in the profession.

6.4.3.3. Increasing accessibility to EPs.

As previously stated, involvement from educational psychology services was highly valued by service users although participants recommended increasing accessibility to EPs. This could be achieved through increasing the ease of communication with EPs such as providing an email address (as recommended by participant 10) or through telephone consultations (as provided by Hampshire EPS).

6.4.3.4. Providing support & reassurance.

EPs could provide support and reassurance to teachers, particularly those who are earlier in their careers and who are more likely to leave the profession, than teachers who are more established in their career and closer to retirement age (Ingersoll & Smith, 2003). Jordan and Stanovich (2003) have reported that applied psychologists are a valuable resource for teacher support. In particular, EPs could promote teachers' self-efficacy which has been argued as a personal resource factor to reduce the likelihood of teacher stress escalating to burnout (Schwarzer & Hallam, 2008). Gibbs (2012) have argued that an understanding of teachers' attributions and efficacy beliefs are the foundations for applied psychologists to support teachers.

Providing support can be achieved through applying an intervention programme, utilising a consultation approach, and the many person-centred skills that EPs possess such as positive reframing.

- *"...somebody who's approachable who can be reassuring is probably the best thing and who can give you ideas because I know from talking to her mum that they tend to go in peaks and troughs about it." (Participant 14)*

EPs are also in an excellent position to provide professional support to teachers through formal supervision. Most EP training courses promote self-reflective skills and EPs could promote the utilisation of these skills within supervision sessions with teachers. The current study demonstrated the value of providing teachers with the time to review cases and discuss experiences as demonstrated by participant five reconstructing her experiences when recounting her work with the selectively mute child. The element of social interaction and the subsequent dialogue elicited were central to creating meaning from the experience.

Additionally, EPs can facilitate teachers in seeking support through a systemic approach by promoting a sense of collective efficacy within the school and can utilise staffroom culture by modelling problem-solving groups such as circle of adults (Newton, 1995).

EPs could also facilitate home-school links as a means of supporting teachers. The research proposes that parental support can act as a mediator for job stress and burnout.

6.4.3.5. Reflecting, reframing & reconstructing.

EPs could promote the skills of reframing events as advocated by the COMOIRA model (Gameson, Rhydderch, Ellis & Carroll, 2003, 2005; Gameson & Rhydderch, 2008) in order to reduce teachers' anxiety and frustration and to enable them to draw on their skills by

establishing what they had been successful at previously. For example, participant four positively reframed the situation by changing her attitudes to look at the child's strengths and celebrate his achievements.

- *"I'd seen him go through school and everyone kept saying his name and saying "xxx's not talking". Well take that away, he's doing everything else so let's just go with what he's doing. For me it was let's work with what's good and we'll manage."* *(Participant 4)*

Also, through the process of reflection, teachers may become more aware of some of the factors that may be maintaining the mutism such as unconscious reinforcement of the mute behaviour, exemplified in participant six's strategy to facilitate task avoidance.

- *"The only time it did impact was when I was doing speaking and listening tasks where she wouldn't want to perform anything and so I had to make sure that I grouped her carefully and made it clear that she was doing a part where she wouldn't have to speak."* *(Participant 6)*

6.4.3.6. Increasing time allocation to schools & greater autonomy over workload.

Many participants requested additional EP time which seems reasonable as the most usual course of action in dealing with cases of SM, is that once the teacher is sufficiently concerned, the school's SENCo is contacted and steps are undertaken within the DfES Code of Practice framework on Special Educational Needs including seeking additional information through a consultation process.

- *"I suppose it would be the frequency that they could come into school and help but financial constraints and the impact upon that rather than it being something that the*

Ed Psych can actually control herself so that's quite tricky." (Participant 18)

Increasing EPs' time in schools would ensure sufficient time is allocated to staff consultation in order to ensure that planned interventions are practical in a classroom setting. It would also enable EPs to be more involved in implementing the many recommendations made by the participants in this study such as providing therapeutic approaches. It is recommended that EPs become more engaged in delivering therapeutic approaches to ensure EPs maintain their skill set which would otherwise atrophy if not utilised and to avoid the profession being marginalised (Boyle & Lauchlan, 2009; Mackay, 2007, 2009). Therapeutic approaches which aim to reduce anxiety are particularly recommended as these have been proven to have the most successful outcomes (Cohan, Price & Stein, 2006a) and research suggests that Cognitive Behaviour Therapy (CBT) is the most effective therapy (Cohan et al., 2006a; Ishikawa, Okajima, Matsuoka & Sakano, 2007). However, it is recognised that intensive interventions require a substantial time commitment which can prove costly. Therefore, an avenue for input may be through EPs becoming actively involved in delivering services through the Targeted Mental Health in Schools Project (TaMHS, DfE, 2008).

Black & Uhde (1995) highlighted the school environment as the most common context in which children fail to speak and therefore, it follows, that the most effective interventions would be within a school setting. Therefore, it may be argued, that EPs are uniquely placed to implement effective interventions and facilitate information sharing as a result of their ability to access the relevant contexts and work at the individual, group and organisational levels to promote positive change.

However, when administering such interventions, it is worthwhile for EPs to be self aware of the impact the child's mutism may have on the therapeutic process and on their own self-esteem. Ruzicka and Sackin (1974) proposed that the child's silence may be interpreted as an

insult to a therapist's self-esteem. Also, such work may require the EP to practice in more flexible and innovative ways such as enabling the child to communicate through play or drawing which has been a successful documented strategy (Anthony, 1997). However, in the aforementioned strategy, it took four months before the child began speaking to the therapist and this is a significant consideration if EPs commit to undertaking individual casework, particularly in a climate where services are increasingly being provided on a "buy back" or traded model and in such a climate it would possibly be unlikely that schools would invest the considerable costs which would undoubtedly be required.

It is further recommended that EPs engage in more work to reduce teachers' anxiety in addition to the parent training and support programmes suggested within previous literature (Yeganeh et al., 2003), as developing skills to cope with emotions such as anxiety have been shown to reduce teachers' levels of stress (Zins et al., 2004). This does not have to be through a manualised therapeutic approach but could be achieved through consultation (Wagner, 2000), as it has been stated that growth brings acquaintance with limitations (Shreeve, 1999). EPs are well placed to support the selectively mute child and all those involved in their lives to reduce the anxieties that arise from conscious incompetence and to facilitate the growth and development of all those concerned.

EPs could also be involved in implementing and overseeing transition programmes. This could be achieved by creating a specialist EP role as has been the case in some LAs. Many participants viewed the reasons for the child's mute behaviour as due to their traumatic transition into school. They recounted incidents of the child being distressed, inconsolable and seemingly unable to cope with the demands of the school context. EPs could contribute to ameliorating this difficulty by becoming more involved in transition programmes for supporting children entering school, as this is the age of highest prevalence of selectively mute children (Imich, 1998), and in the transition from primary to secondary school.

6.5. Summary

The current research has contributed towards an increased understanding of teachers' experiences working with selectively mute children in relation to their thoughts, feelings and behaviours as components of their experiences. It described teachers' attributions and efficacy beliefs which led to reflections and recommendations about how to support and contribute to the emotional well-being of teachers who are working with selectively mute children. The research also contributes to the field by documenting successful incidents of eliciting speech and the previously unreported positive emotions derived from working with selectively mute children.

The research suggests that working with selectively mute children is an emotionally arousing experience and the most frequently cited emotions are frustration and concern. These emotions require acknowledgment of their impact on influencing thoughts and behaviours within the classroom. Teachers have a very significant and powerful role in children's lives. It is hoped that the present research will contribute to the body of knowledge about what would be of use to practitioners.

A final reflection is made on the importance of collaborative working between the selectively mute child's parents and teachers and the role of the EP in facilitating this. As Bowlby states, "a society which values its children must cherish their parents" and in additional concurrence with Geddes (2006), one would argue, their teachers.

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Appendices

Appendix A. Constructionist Model of Informed Reasoned Action (COMOIRA,

Gameson & Rhydderch, 2008)
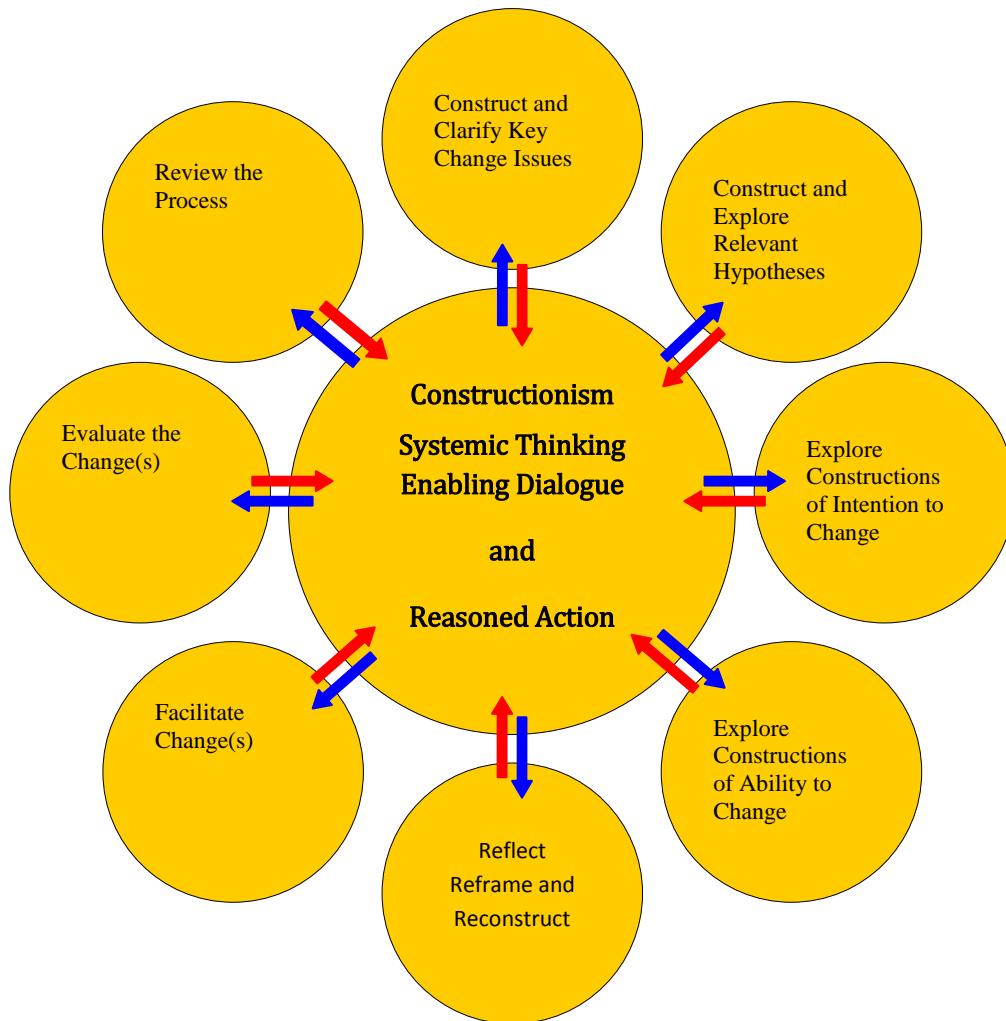
Appendix B. Teacher Prompt Questions

1. What age was the selectively mute child you taught?

2. How long did you teach the selectively mute child for?

3. Did the selectively mute child have any other conditions or diagnoses?

4. How many years of teaching experience did you have when you first began teaching the selectively mute child?

5. Can you tell me when and how you first realised the child was selectively mute?

6. a- Can you describe the child's means of communication with peers in school and if these changed over time?

   b- Can you describe the child's means of communication with adults in school and if these changed over time?

7. Can you describe the contact you had with the selectively mute child's parents and how this changed over time?

8. a- Did the selectively mute child have any siblings?

   b- If yes, can you describe their patterns of communication?

   c- Can you tell me your interpretation of these patterns of communication?

9. a- Can you tell me about your thoughts when you first started teaching the selectively mute child and how these changed over time?

   b- What were your thoughts about why the child was selectively mute?

   c- What function do you think the mute behaviour served for the young person?

10. a- Can you tell me about your feelings when you first started teaching the selectively mute child and how these changed over time?

b- Can you describe a time when you felt most _____ [name of emotion]?

11. a- How did this experience of having a selectively mute child in your class impact on your work?

b- In particular, how did having a selectively mute child in your class impact on your pedagogy and delivery of the curriculum?

12. c- Did the impact vary between different subject areas and if so how?

13. a- Can you tell me about some of the techniques or strategies you used when working with the selectively mute child?

b- Did these techniques or strategies change over time?

14. To what extent did your training or Continuing Professional Development (CPD) prepare you for working with this child?

15. If you taught a selectively mute child in the future, would the experiences that you have had help you? If so, in what way?

16. Can you tell me how teaching a selectively mute child impacted on your role identity?

17. a- What support was helpful to you at the time?

b- What support would have been helpful?

18. a- Did you have involvement with outside agencies and if so, was this helpful?

b- Did you have involvement with an Educational Psychologist and if so, was this helpful?

19. In your opinion, what additional support do you think an Educational Psychologist could provide to teachers who are teaching a child with Selective Mutism?

20. Are there any other issues or comments you would like to make about your experiences of teaching a selectively mute child that have not been covered by my questions so far?

21. Are there any other questions you expected to be asked? If so, what would the answers to those be?

Appendix C. Email to SENCos in Schools

Dear xxx,

I am a Trainee Educational Psychologist at Cardiff University based on placement in xxx Borough Council and am researching teacher's current and previous experiences of having taught a selectively mute child.

Therefore, I wanted to enquire if you currently have, or have recently had, a selectively mute child in your school and whether I would be able to contact their teacher. My research consists of a 30-45 minute semi-structured interview arranged at a convenient time and location for the teacher.

I would be most grateful for your assistance. Many thanks and best wishes,

Reem Olivia Dean

Researcher	Supervisor	Ethics Committee Secretary
Reem Olivia Dean	Dr. Simon Griffey	Dominique Mortlock
Postgraduate Student	Research Director, DEdPsy Professional Training Programme	Psychology Ethics Committee Secretary
School of Psychology	School of Psychology	School of Psychology
Cardiff University	Cardiff University	Cardiff University
Tower building	Tower building	Tower building
Park Place	Park Place	Park Place
Cardiff	Cardiff	Cardiff
CF10 3AT	CF10 3AT	CF10 3AT
Tel: 029 2087 4007	Tel: 029 2087 0366	Tel: 029 2087 4007
Email: saprod@groupwise.cf.ac.uk	Email: GriffeySJ@Cardiff.ac.uk	Email: psychethics@cf.ac.uk

Appendix D. Email to Teachers in Schools

Dear xxx,

I am a Trainee Educational Psychologist at Cardiff University based on placement in xxx Borough Council and am researching teacher's experiences of having taught a selectively mute child.

I was wondering therefore, if you would like to take part in my research project. This would consist of a 30-45 minute semi-structured interview arranged at a convenient time and location for you.

Thank you for your consideration of this project.

Best wishes,

Reem Olivia Dean

Researcher	Supervisor	Ethics Committee Secretary
Reem Olivia Dean	Dr. Simon Griffey	Dominique Mortlock
Postgraduate Student	Research Director, DEdPsy Professional Training Programme	Psychology Ethics Committee Secretary
School of Psychology	School of Psychology	School of Psychology
Cardiff University	Cardiff University	Cardiff University
Tower building	Tower building	Tower building
Park Place	Park Place	Park Place
Cardiff	Cardiff	Cardiff
CF10 3AT	CF10 3AT	CF10 3AT
Tel: 029 2087 4007	Tel: 029 2087 0366	Tel: 029 2087 4007
Email: saprod@groupwise.cf.ac.uk	Email: GriffeySJ@Cardiff.ac.uk	Email: psychethics@cf.ac.uk

Appendix E. Letter to SENCos

School of Psychology

Cardiff University

Tower Building

Park Place

Cardiff

CF103AT

Email: saprod@groupwise.cf.ac.uk

Tel: 029 2087 4007

(Date)

Dear xxx,

I am a second year Trainee Educational Psychologist at the University of Cardiff and am currently conducting a piece of research on Selective Mutism.

I am writing to enquire if you currently have, or have recently had, a selectively mute child in your school and whether I would be able to contact their teacher. Teachers would be required to contribute their experiences of teaching a selectively mute child during an interview lasting between 30 to 45 minutes. Written consent was obtained and they was informed of their right to withdraw at any point during the study. Data was stored anonymously in a password protected document and the audio was deleted 2 weeks after the interview. Teachers will also be debriefed at the end of the study.

The research project was supervised by Dr. Simon Griffey (Research Director, DEdPsy Professional Training Programme) at Cardiff University.

Many thanks in advance for your consideration of this project.

Sincerely,

Reem Olivia Dean (Trainee Educational Psychologist)

Researcher	Supervisor	Ethics Committee Secretary
Reem Olivia Dean	Dr. Simon Griffey	Dominique Mortlock
Postgraduate Student	Research Director, DEdPsy Professional Training Programme	Psychology Ethics Committee Secretary
School of Psychology	School of Psychology	School of Psychology
Cardiff University	Cardiff University	Cardiff University
Tower building	Tower building	Tower building
Park Place	Park Place	Park Place
Cardiff	Cardiff	Cardiff
CF10 3AT	CF10 3AT	CF10 3AT
Tel: 029 2087 4007	Tel: 029 2087 0366	Tel: 029 2087 4007
Email: saprod@groupwise.cf.ac.uk	Email: GriffeySJ@Cardiff.ac.uk	Email: psychethics@cf.ac.uk

Appendix F. Participant Consent Form

School of Psychology, Cardiff University

Consent Form

 I understand that my participation in this project will involve contributing my experiences of teaching a selectively mute child during an interview. I understand that participation in this study is entirely voluntary and that I can withdraw from the study at any time without giving a reason. I understand that I am free to ask questions at any time and to discuss my concerns with the Cardiff trainee (Reem Dean) or their University Supervisor Dr. Simon Griffey (Research Director, DEdPsy Professional Training Programme).

I understand that the data was collected confidentially to the researcher and was stored in a password protected document that was anonymous to others. I understand that the data will then be coded to ensure anonymity and that a connection between the data and source will not be possible to make by an individual outside of the interview process. I understand that the audio was deleted 2 weeks after the interview during which time I have the right to withdraw my data. I understand that the raw data was deleted in July following grading of the report by the university external examiner. I also understand that at the end of the study I was provided with a debriefing.

I, _____ consent to participate in the study conducted by Reem Olivia Dean, School of Psychology, Cardiff University with the supervision of Dr.

Simon Griffey (Research Director, DEdPsy Professional Training Programme).

Signed: _____

Position: _____

Date: _____

Researcher	Supervisor	Ethics Committee Secretary
Reem Olivia Dean	Dr. Simon Griffey	Dominique Mortlock
Postgraduate Student	Research Director, DEdPsy Professional Training Programme	Psychology Ethics Committee Secretary
School of Psychology	School of Psychology	School of Psychology
Cardiff University	Cardiff University	Cardiff University
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Cardiff	Cardiff	Cardiff
CF10 3AT	CF10 3AT	CF10 3AT
Tel: 029 2087 4007	Tel: 029 2087 0366	Tel: 029 2087 4007
Email: saprod@groupwise.cf.ac.uk	Email: GriffeySJ@Cardiff.ac.uk	Email: psychethics@cf.ac.uk

Appendix G. Debriefing Form

School of Psychology, Cardiff University

Debriefing Form

Thank you for agreeing to take part in this study. As mentioned previously, the present study aims to explore teachers' experiences of working with selectively mute children. There is little research regarding teacher's perceptions and experiences of teaching selectively mute children although the literature suggests that this can be a very anxiety provoking experience. Therefore, there is a need for good quality, comprehensive research. It is hoped that your contribution in this research will lead to a better understanding of teachers' experiences and may for instance help to formulate more effective interventions,, most of which are currently school based.

As a reminder, your data was held anonymously in a password protected document, your data was stored in a password protected document that was anonymous to others. The researcher will ensure anonymity by coding the data during transcription so that a connection between the data and source will not be possible to make by an individual outside of the interview process. The audio was deleted 2 weeks after the interview and the raw data was deleted in July 2012 following grading of the report by the university external examiner. During that two week period, you have the right to withdraw your data.

If you wish to discuss any issues in the future, please do not hesitate to contact the Cardiff trainee (Reem Olivia Dean) or their University Supervisor Dr. Simon Griffey (Research Director, DEdPsy Professional Training Programme).

Many thanks again.

Researcher	Supervisor	Ethics Committee Secretary
Reem Olivia Dean	Dr. Simon Griffey	Dominique Mortlock
Postgraduate Student	Research Director, DEdPsy Professional Training Programme	Psychology Ethics Committee Secretary
School of Psychology	School of Psychology	School of Psychology
Cardiff University	Cardiff University	Cardiff University
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CF10 3AT	CF10 3AT	CF10 3AT
Tel: 029 2087 4007	Tel: 029 2087 0366	Tel: 029 2087 4007
Email: saprod@groupwise.cf.ac.uk	Email: GriffeySJ@Cardiff.ac.uk	Email: psychethics@cf.ac.uk

Appendix H. Diary Schedule

1. Please use a minimum of 2 sentences to describe your *feelings* or *emotions* during the last fortnight. Please can you also rate the intensity of your emotions on a scale of 1 to 10 with 1 being the least intense and 10 being the most intense.

Emotion: _____

1	2	3	4	5	6	7	8	9	10

Emotion: _____

1	2	3	4	5	6	7	8	9	10

Emotion: _____

1	2	3	4	5	6	7	8	9	10

2. Please use a minimum of 2 sentences to describe your *thoughts* during the last fortnight.

3. Please use a minimum of 2 sentences to describe your *behaviours* during the last fortnight.

4. Any other comments?

Appendix I. Details Regarding Interview Schedule Emailed to TEP

Teacher's initials   …..…………………………………………………………

Mobile Number   …..…………………………………………………………

Alternative Contact Number   …..…………………………………………………………

Location of interview   …..…………………………………………………………

                                     …..…………………………………………………………

                                     …..…………………………………………………………

Last known location   …..…………………………………………………………

prior to interview   …..…………………………………………………………

and contact number   …..…………………………………………………………

Date of interview   …..…………………………………………………………

Time of interview   …..…………………………………………………………

Expected end time of interview …..…………………………………………………………

Please follow the alternative procedures listed below if there has been no contact from the researcher more than 30 minutes outside the specified time for the end of the interview.

1- Call the researcher on their mobile phone. If this attempt at contact is unsuccessful, proceed to the second point.

2- Call the alternative contact number. If this attempt at contact is unsuccessful, to proceed to the third point.

3- Call the last known location of the researcher and enquire about their whereabouts.

Researcher: So what age was the selectively mute child you taught?

Participant 1: She was 11, she's was a year six.

Researcher: And female.

Participant 1: Yes.

Researcher: And how long did you teach her for?

Participant 1: For one year.

Researcher: Did she have any other conditions or diagnoses?

Participant 1: Anxiety.

Researcher: Anxiety, OK. Was that diagnosed?

Participant 1: It was diagnosed by the Ed psych when I taught her and she went to the anxiety clinic.

Researcher: Oh, right. And how many years of teaching experience did you have when you first started teaching the selectively mute child?

Participant 1: I'd been teaching for 15 years [laughter].

Researcher: [Laughter]. Wow and was that the first time you'd come across selective Mutism?

Participant 1: It was, yes.

Researcher: Because it's very rare actually.

Participant 1: It is, yes. The first time.

Researcher: And can you tell me when and how you first realised the child was selectively mute?

Participant 1: We'd known prior to her coming into my classroom so as she came through the school, she joined us as an infant child. From another school, she came with as a Year 2. She came from another school and she was very, very quiet, painfully shy. But actually as time went on we discovered it was more than just that. So in her transfer to secondary we became very anxious about how she would transfer and so the Ed psych did more testing and analysis hence the diagnosis and so she went to the anxiety clinic and her mum was obviously very concerned and at home she was fine and responded perfectly well. At school had behaviour were quite unusual.

Researcher: And what year was it that you taught her?

Participant 1: Just last year. 2009 to 2010.

Researcher: And can you describe the child's means of communication with peers in school and if these changed over time?

Participant 1: With peers, she had a very dear friend who was very close to her and she was fine about the girl. She was very quiet when she spoke and she was happy to tell her anything. In a group environment or a group situation she would almost select the children that she wanted to speak to and you could almost think that she was being rude in many respects but she wasn't so there was another girl that she worked with in the same academic group that she was happy to talk to but she wouldn't talk to the boys who were with her.

Researcher: So she was very selective?

Participant 1: Yes, so she would just select the certain people that she would talk to. With myself, if she could get away with a nod or a shake of the head that was great but I would have a one way conversation with her. Completely talk to myself really [laughter] but with my TA who she'd known as she'd come up the school, the same TA had been with her she had a much more open relationship and she would talk in more than a nod or a shake.

Researcher: So what year had she been in of when she came to the school?

Participant 1: I think she was in Year 2. In my class she was in Year 6, so she was 11. But the Mutism became more apparent the older she got because you thought she was just very shy and a very quiet child and you thought that's very good, that's very nice but the anxiety started to take over a bit more and that's when different behaviours presented themselves. An odd thing that she would do, in a whole class discussion she would put her hand up and participate if she was sure she had the answer.

Researcher: So she would actually speak?

Participant 1: Yes, she would. You wouldn't necessarily get a full sentence but if I asked her a question to a problem that we had been doing, she loved History so her hand would fly up. So it was something she would do. So she didn't sit in passively within the class at all.

Researcher: So she was engaged?

Participant 1: Yes, she was very engaged.

Researcher: But not necessarily verbally all the time?

Participant 1: No, no.

Researcher: And how did you know that she had Selective Mutism?

Participant 1: It was when the Ed psych came in and did some further tests. I mean, I don't

know whether it was a diagnosis as such but that was the intonation as to the condition that she had.

Researcher: And can you describe the child's means of communication with adults in school and if these changed over time?

Participant 1: She was very good with my TA who had been there a long time so she would have a little joke but it was always very quiet and very whispered her voice. But with me as the class teacher she clearly saw me as someone she could trust and rely upon but it was very much a nod and a shake and a one word answer. Other adults around the school, she was never challenging, she was such a good girl she was very well behaved but it would be that startled rabbit look in her face if somebody would ask her a question or she didn't know the answer or wasn't quite sure about. She'd be quite startled by that.

Researcher: That's funny because I've heard the expression like a rabbit caught in headlights before and that sounds quite similar.

Participant 1: Yes, we went on an adventure week and she loved all that. A very practical girl but again the instructors. She listened very well to what the instructors were saying but she wouldn't engage in any conversation with them at all.

Researcher: That's interesting, so can you describe the contact you had with the selectively mute child's parents and how this changed over time?

Participant 1: Her mum was very good, she'd come in because she had an IEP and not because of these problems it was more of an academic thing and so mum was very good at coming in to talk to us. That's how we managed to get the referral to the Ed psych and how we managed to get the referral to the anxiety clinic. That involved the parents being involved in that. Didn't see a lot of that at all but mum was very good and very open at parents evening

and she had come into school if there were any other problems and she lent me a DVD which the BBC did a programme about children with this condition and she said "did you manage to watch it?" like Panorama or something and it was fantastic. I could really see the similarities that within her. And she said "It is that isn't it Mrs xxx?" And I said "Yes I can see that" and one of our TAs who lives in the village actually, her son has Aspergers although very high functioning but she responded very well to xxx as well and she spent a lot of the time with the mum too and they became quite, I don't know when you have children with problems you have something in common. She became quite supportive to mum because mum got obviously naturally very upset about it.

Researcher: That's good, so you had quite a good dialogue with home.

Participant 1: Yes, she was brilliant. Mum was fantastic and that sort of thing. As I say, didn't see much of dad. He did work shifts and that sort of thing.

Researcher: And can you tell me if the selectively mute child had any siblings?

Participant 1: Yes she did, she had an older sister.

Researcher: And can you describe her patterns of communication?

Participant 1: No, she was much older. I don't know her at all.

 Researcher: And can you tell me about your thoughts when you first started teaching the selectively mute child and how these changed over time?

Participant 1: I didn't really have any thoughts, as far as I was concerned she was another child in my class whose needs I needed to meet. It didn't really worry me. If that's how she was comfortable, academically she made excellent progress in the year and I could live with it. She was never in danger. I knew she would speak to me but I wasn't expecting a lot when

she did speak. But I always did have a get out clause of her best friend who if necessary I would use her to intervene and she was quite happy to speak to her.

Researcher: And what were your thoughts about why the child was selectively mute?

Participant 1: Mum and I did spend quite a bit of time together and we did talk about her past and things that had happened in her past where when she was much younger she lived with her grandparents and her grandmother apparently had been a bit unkind about the fact that she wasn't a very outgoing child. Her mum feels that could have been the start of it, small things she exacerbated the problem. Like really, maybe she was just a bit shy and I think it was at that point that mum feels that it was a real turning point in her life that it brought the doors down and the lines of communication closed. She said grandma was very critical.

Researcher: Did she say when she went to live with grandma at all?

Participant 1: I'm not sure, I think it was before they came to our school. I think it's a marriage breakdown from what I can gather. Although there is a dad, I don't think he's her father. I don't really know to be honest. It was never, the family situation never presented itself as a problem so therefore I didn't need to know that information necessarily but I think it was before they came to our school so perhaps they moved in with grandma, so perhaps they lost their house or something, but she saw that as a significant turning point.

Researcher: So that was your interpretations and mums or did you have any other thoughts?

Participant 1: I didn't have any other thoughts, no. That sort of explained it. Before that we thought she was just a very quiet child.

Researcher: That's links into the anxiety anyway.

Participant 1: Absolutely, yes it does.

Researcher: And what function do you think the mute behaviour served for the child?

Participant 1: It's almost like a security thing and she'd shut herself off from the outside world and I think it was like anxiety overload for her. I think she used it as a get out. Certainly in times when she was very anxious like transfer to secondary school and SATs as well, we saw real differences in her behaviour, agitated behaviour, very unsettled not bad behaviour at all but if you watched her it was different behaviour. She would hit her head or pull her hair, she really despise mental arithmetic, I can identify with that one [laughter] but it wouldn't be what the other children were doing. It would be quite extreme which is when the referral to the anxiety clinic became really important. That she did that.

Researcher: So periods of transition she found very stressful.

Participant 1: Absolutely. She became more introverted, she just didn't speak as much.

Researcher: They are so stressful SATs, we've abandoned them in Wales.

Participant 1: Some schools did as well but we still did them.

Researcher: And can you tell me about your feelings when you first started teaching the selectively mute child and how these changed over time?

Participant 1: I mean, I just didn't consider her any different to any other child but I just wanted to from a transition point of view, I could see that was a big hurdle for her to climb and I just needed to support her in the best possible way I could so that it was the least stressful for her. I worried a great deal about her it and how she was going to cope at secondary school. But as far as I know, she still has her friend who is very much buddying her. There is security in the patterns of what she's doing every day, but I don't think she's

changed very much in the way she is responding. But just anxious that we could give her the right support that we needed.

Researcher: So just anxious and a bit worried as well?

Participant 1: Yes, yes.

Researcher: And how did this experience of having a selectively mute child in your class impact on your work?

Participant 1: It didn't really, to be honest because any child's needs need to be met wherever they are so from that point of view I tried to meet her needs as I would any other child but from a personal point of view, I found it quite interesting doing the research on the background as to why she might be the way she is and looking at other cases as well. That DVD was quite enlightening really, that whole light bulb moment and understanding the reasons why it might be happening as well. Then when mum came to share the information that there was a point in her life when she was heavily criticised for being quiet, I thought that kind of explains a lot.

Researcher: That was very insightful of mum to show you the DVD.

Participant 1: It was brilliant and she said did I mind. And I said of course I don't. I think there were three different case studies on it but one of them was very like xxx.

Researcher: It's lovely when you get parents who are so engaged, isn't it?

Participant 1: Yes, she was brilliant.

Researcher: And in particular, how did having a selectively mute child in your class impact on your pedagogy and delivery of the curriculum?

Participant 1: I don't know that it did really. From an SEN point of view, she wasn't a very

high attainer so from that point of view she was set targets and some of them were communication and targets but I would, if she stuck her hand up to volunteer, I would leap on it and if she wanted to do something or she wanted to give me an answer to a question I would ignore all others because I knew it was just so important for her to be recognised and her voice to be heard so I would make an effort if xxx stuck her hand up and she volunteered for something I would make sure that she did. Just to try and sort of include her but also she was artistic and my degree was in Art as well so we had that come interest, so when we did Art lessons and things we would make a big deal of her work and make sure it was displayed with others. We would make a conscious effort of celebrating the things that she was really good at and giving her voice in a different way, does that make sense?

Researcher: Yes, so giving her a different way of expressing herself through art?

Participant 1: Yes, yes.

Researcher: That's lovely, brilliant. And also you mention the fact that she had an IEP and were any of those targets related specifically to her anxiety or her Mutism?

Participant 1: Mutism because we had set a target that she had to give more than one word answers on so many occasions. Things like that so communication and to different adults because as I say, if she was a bit more familiar with you then you were alright but if you were a complete stranger you wouldn't get a lot from her. Our Ed psych found it quite difficult to do a full analysis and a full report on her. She broke it up into small sections so that she could cope with it and xxx didn't seem to mind spending time with the psychologist because again she sees her around the school from time to time so a fairly familiar face and we had done some work prior to the meeting. I think she found it quite challenging that the information that children would normally have just flooded out, didn't really come from her.

Researcher: So mum as well had prepared her beforehand.

Participant 1: Yes, yes.

Researcher: That's good and did the impact vary between different subject areas and if so how?

Participant 1: Yes, she loathed maths with a passion, she liked English and went on to do quite well. She got average SATs results. That was her thing, she would really close down and she worked always with my TA's group, there were four of them who needed additional support and so she had an environment that she was used to, quite secure. But still it was the subject where I think the anxieties took over to such a degree that she really would close down.

Researcher: So it really hindered her learning?

Participant 1: Absolutely, yes definitely because we believed it was in there but I think she just wouldn't allow, for her that was an enormous barrier and she hated the subject so no matter what we did. It was all encouragement, all praise, she did respond well to praise and stickers and that kind of thing but she had just got that mind set from probably a historic thing and we struggled to break it.

Researcher: But then for example in Art she was good?

Participant 1: Yes she was much more relaxed and History so her little eyes would light up if it was topic work. She absolutely loved History and Geography and the humanities sort of subjects and again stories. Story writing she was quite creative. She would have a really good to go, she would sit for long sustained periods, quite happy. Whereas other children would find that quite a struggle actually. She was quite confident to do that kind of thing. She was reasonably sporty, that was something else. She was part of the girls' football team so she

would engage in those sort of team event, she was an excellent team player actually.

Researcher: Which she communicates with adults and peers during those games?

Participant 1: Not really, no.

Researcher: And can you tell me about some of the techniques or strategies you used when working with the selectively mute child? You said verbal praise worked well.

Participant 1: Yes, lots of verbal praise. She responded well to stickers and team points, the things that children usually do respond well to but we didn't do anything special other than the fact that she did have a lot of TA support and our family support worker also got very engaged in the transition programme to our secondary school which was very helpful for her because as we identified very early on that was a real thing. As soon as they enter Year 6 you are talking about the leaving! You can see she was just "oh" but I know she was fine and it worked successfully. So giving extra adult support because although it didn't appear that she wanted to it, actually that is exactly what she did want.

Researcher: And did these techniques or strategies change over time?

Participant 1: No, not really to be honest.

Researcher: Just consistent praise and support?

Participant 1: Yes, definitely.

Researcher: And to what extent did your training or Continuing Professional Development (CPD) prepare you for working with this child?

Participant 1: My previous training?

Researcher: Yes, for example your initial teacher training or other CPD events?

Participant 1: No [laughter]. My teacher training most definitely did not prepare me for working with any sort of child to be honest. Not really to be fair. I have worked with children with all sorts of problems. I suppose working with children with ASD probably gave me the most insight into these sorts of conditions. I think it would be fair to say that any sort of training I had done, I could apply similar techniques, minimise change, she didn't like any sort of change. It's those sorts of things that I could apply but not the teacher training, it was so long ago [laughter]. I don't think we've even did anything on SEN.

Researcher: So if you taught a selectively mute child in the future, would the experiences that you have had help you? If so, in what way?

Participant 1: Yes, definitely.

Researcher: So can you tell me how teaching a selectively mute child impacted on your role identity?

Participant 1: On my role identity?

Researcher: Yes.

Participant 1: I don't think it has.

Researcher: Okay, interesting and what support was helpful to you at the time?

Participant 1: The support that I got from the family support worker was very, very good and the parents. Latterly the Ed psych, once the statement had gone through because it takes such a long time to have a child go right through the process. In the end it was helpful but maybe if we had looked at giving her more support earlier on. It's not that she was ignored, she wasn't and she had been seen as time had gone on but it was always considered that she was a nervous shy child. It wasn't until the secondary transfer thing that because obviously

from our point of view and from the point of view of the Ed psych that is the point when you look at all the children who are going to transfer and she was identified as a child who would need extra support.

Researcher: And what support did the family worker offer you?

Participant 1: What she did was, she organised the transition programme. We started in January time and went then right the way through to the transition point and what we did was to look at her strengths and Art was one of them so we arranged to go up to the art department and take a couple of lessons. There were four children in total and three out of the four were quite artistic so she didn't stand out, so we weren't doing it specifically for her. It was couched in a way that it would benefit all. We asked her best friend whose mum is actually one of our teachers if she would mind if xxx was included in the transition programme to support xxx because I think if we, the other two were boys and I think she would have done it. There would not have been in any problem about that but I think having xxx there are as well just eased the transition for her because she had less anxiety because she knew that she was with somebody that she knew she could communicate with and speak to so a family support worker was fantastic at looking at the needs of the children. So they did things like they went and had a snack there or at a really busy point, they went and bought something from the cafeteria. They then went and had lunch there are another time so again points of mass anxiety. When you're going to secondary school you think where do I eat my lunch, it's very different to primary school and they went into a History lesson and a Geography lesson. Things that were really important. I don't think they did a PE lesson but they just kept going so they kept becoming more familiar and she really facilitated all of that.

Researcher: So a transition plan. You said another source of support was the home environment and family so what sort of support did and offer a pass from the DVD?

Participant 1: Yes, it was just the good communication. Anything we tried mum would be supportive of and things like the anxiety clinic. Some parents because they have to be consulted, they have to be interviewed and things, they consider it often a failing on their behalf. Mum said she would put anything aside to support her daughter so she was really very engaged in being able to do that. We were very thankful that she was willing to put in that commitment because you don't often find that families. They consider it a failure and especially they don't see why they need to be interviewed as well as they see it as just the child's problem and that's not what it's about. We often find it's quite difficult to get parents to engage in that way but mum was fantastic, she really was brilliant.

Researcher: And do you think the anxiety clinic would be another source of support?

Participant 1: I had some conversations that I didn't get anything.

Researcher: Directly.

Participant 1: Yes, I was asked to fill in surveys and things so I didn't get anything directly from them, no.

Researcher: And any other sources of support that you found helpful at the time?

Participant 1: No, I don't think so other than the school network and the SENCo. She is excellent and obviously she drives the Ed Psych's time because she says look we need to prioritise this child. Having her on board helped to push the process forward.

Researcher: Did you have involvement with outside agencies and if so, was this helpful? So you mentioned a family support worker.

Participant 1: Yes, the family support worker and the Ed psych.

Researcher: And where they helpful?

Participant 1: Yes, definitely.

Researcher: And did you have involvement with an Educational Psychologist and if so, was this helpful?

Participant 1: Yes, she's our school educational psychologist so she knows the school quite well and the context and she did the battery of tests. She had seen her before in the past and she came in and watched her in lessons and things like that. She didn't really offer us anything practical but she did push forward the anxiety clinic referral so from that point of view that was the most useful.

Researcher: So she facilitated support.

Participant 1: Yes, so she got mum on board and spoke to mum about it and she's a very positive person so she always looks at the child's strengths so she did say things like xxx is really good at Art, do you think you could make more of an effort to put up her work and really celebrate it and if opportunities come up can she be chosen. I said "Oh yes not a problem". It's a bit obvious to me but maybe not to some. Just awareness.

Researcher: Do you know what battery of tests she did?

Participant 1: I don't know, psychometric tests.

Researcher: Ok, and in your opinion, what additional support do you think an Educational Psychologist could provide to teachers who are teaching a child with Selective Mutism?

Participant 1: I suppose if you looked more at the classroom practice, I mean she did observe in context and then maybe you could offer support. There might be something that you do or don't do so more looking at the teaching to see what impact that has on the child, the individual. I don't know if there are other therapies any cognitive behaviour therapies

things like that which could be done or training being given on something like that to understand what's going on behind it because it's not something you are born with but how we can best support the children because sometimes when I have a one way conversation I think what else can I do? I would not include her, it would be easier to ignore her actually. She could have easily just slipped away but I didn't. She did listen and I don't know maybe if educational psychologists were able to watch teachers or maybe make some suggestions or if there are any programmes because I think there are different degrees of Mutism.

Researcher: OK, so it would be in terms of making practical suggestions.

Participant 1: Yes, practical suggestions would be really useful.

Researcher: And training and also evaluating the impact of those techniques.

Participant 1: Yes that would be really good and again for TAs as well because often they are the people who work most closely with the children. In xxx's case it was the SEN element as well because she needed the support to achieve academically as well. We just did our best really.

Researcher: So training would be at the whole staff level?

Participant 1: I think that would be quite useful, yes. Particularly if you had a child that was coming up the school, I think that would be quite useful.

Researcher: Did you have any kind of to hand over period with her previous teacher or previous TAs?

Participant 1: The previous TA stayed but we are quite a small school so we do have a lot to do with all the children. There are only 130 children in the school so everybody knows everything but not specific. I got all her IEPs and notes that sort of thing is nothing more

specific than that.

Researcher: But there was a bit of a handover period?

Participant 1: Yes and the children do have a transition. So they go into their new classes, they spend a day in their new classes and they do things to prepare themselves for the new transition but I don't know if we could have done any more. I don't know.

Researcher: Last questions, are there any other issues or comments you would like to make about your experiences of teaching a selectively mute child that have not been covered by my questions so far?

Participant 1: I think they've been covered. Every child has the right to an education but for some people certainly taking her out and about without sticking a label on them, and some people didn't have a good understanding of the condition itself. So just having enough understanding to perhaps why the child wasn't responding to you or certainly we had people in that maybe you weren't that understanding. It's a bit like having an autistic child isn't it, you have to point them out but almost you don't want to.

Researcher: Not draw too much attention to them.

Participant 1: Yes.

Researcher: And are there any other questions you expected to be asked? If so, what would the answers to those be?

Participant 1: No that's pretty much it.

Appendix K. Pupil Demographics

Participant No.	Gender (M/F)	Age (Years)	Co-morbid conditions	Ethnicity	Birth order
1	F	11	Anxiety	White, British	2nd of 2
2	F	6	None	Nepalese	1st of 2
3	M	4	Speech & language difficulties	White, British	3rd of 6
4	M	6	None	White British	2nd of 3
5	M	4	None	White British	2nd of 2
6	F	7	None	White British	Unknown
7	M	9	None	White British	2nd of 3
8	M	2	Aspergers	Kenyan	1st of 2
9	F	9	Special Needs	White British	2nd of 3
10	F	8	None	White British	Unknown
11	F	7	EAL	Nepalese	1st of 2
12	F	6	EAL	Nepalese	Only child
13	F	5	EAL	Polish	Only child
14	F	10	None	White British	2nd of 3
15	M	5	Diabetic	White British	2nd of 3
16	F	9	None	Pakistani	1st of 3
17	F	5	None	White British	Unknown
18	F	3	None	White British	Uknown
19	F	3	None	White British	1st of 2
20	M	6	EAL	Pakistani	2nd of 2

* EAL= English as an Additional Language

Appendix L. The Initial 1068 Codes Identified from the Interview Transcripts

Acceptance	Acceptance of lack of speech	Achievement for child when he spoke	Adjusting to a new situation may because of SM
Advising parents	Against wrongly labelling child	Animated with friends	Anxious
Approachable to parents	Asked mother to bring in Nepalese books	Assessment	Assessment by observation left child disadvantages
Assessment challenging for EP	Assessment difficult	Assessment-challenge	Attachment
Attachment- did not take mutism personally	Attachment- us	Attribute speaking to herself	Attributed speech to child feeling relaxed
Autism training helpful	Avoided looking at child directly	Background information helpful	Became more accepting
Began speaking because sister joined school	Beh- Teacher relaxed over year	Behaviour support provided advice	Behaviour support was helpful
Behaviourist- made recommendation to CAMHS	Behaviourist	Believed child was in control	Believed child was petrified of adults
Brought siblings into class	BSO	BSO calmed mother	Built up trust
Cannot spread herself	Cause may be child was embarrassed about deep voice	Causes of SM may be that she was living above a shop	Challenging
Change in child's behaviour- form no speech to some	Change over time- child became toilet trained	Changed strategy s later gave choices	Cheeky
Child - good sense of humour	Child accidentally spoke to teacher	Child aggression	Child an excellent team player
Child answered yes and no	Child anxious	Child banging on door	Child became more comfortable over time
Child became more confident over year	Child began saying odd words	Child began speaking to peer in front of teacher	Child being able helped teacher
Child below average academically	Child bubbly	Child clammed up when spoken to	Child clever
Child closed down in Maths	Child sometimes smiled	Child communicated by facial expressions	Child communicated more with TA than teacher
Child communicated with actions	Child communicated with brother	Child copied	Child creative
Child cried on first day	Child dependent on 1 boy	Child does not cause trouble but does not do a lot.	Child does not communicate to go to the toilet

Child does not do a lot	Child embarrassed about accent	Child embarrassed	Child expressionless
Child felt pressurised	Child frustrated	Child gave eye contact when wanted to communicate	Child gestured
Child had core group of friends	Child had difficulty with independent work	Child had no academic issues	Child had one specific friend
Child had poor teeth	Child happy	Child initially had one close friend	Child initially unresponsive
child is aware she was different	Child lack of overt emotion	Child learned best by rote repetition	Child learned by patterns
Child lied about speaking in school	Child more engaged during role play	Child more likely to engage in subjects when no wrong answer	Child more talkative in creative subjects
Child mouthed words	Child not appropriately placed in class, cannot access curriculum	Child not collected after school by parents	Child not shy
Child only spoke to girls	Child passive	Child paused a lot when conversing with teacher	Child poor in basic skills
Child pretended to talk	Child put hand up	Child read aloud	Child read to TA once
Child refused to use toilet	Child remained mute through the year	Child responsive to jokes	Child retreat into her shell
Child said greetings	Child scared	Child secluded	Child shy
Child smiled at friends	Child speaking linked to role identity	Child split up from friendship group from previous year because over reliant on children	Child spoke in a louder voice with peers
Child spoke in a low voice	Child spoke in a quieter voice to adults	Child spoke in the playground	Child spoke more to TA than teacher
Child spoke only to other children	Child spoke over time	Child spoke through friend	Child spoke to 1 peer
Child spoke to adults before peers	Child spoke to TA	Child spoke to TA out of school	Child spoke to teacher
Child spoke when with those she trusted	Child sporty	Child stroked teacher's back	Child struggled in Maths
Child tapped teacher	Child timid	Child touched teacher's arm	Child uncomfortable about unknown
Child understood	Child unresponsive to questioning	Child used hand signals	Child using a type of sign language
Child very able	Child very polite	Child wanted to be the same as friends	Child wanted to be treated equally
Child wants to not	Child was	Child was	Child was

have attention drawn on them	comfortable with peers	embarrassed to speak	expressionless
Child was incredibly self conscious	Child was patient	Child was quiet	Child waved to teacher
Child went unnoticed	Child wet himself	Child whispers to friend	Child will say routine things
Child with SM would not communicate with peer	Child with SM would not talk to peer	Child withdrawn	Child would lead adults to what he wanted
Child would mouth words	Child would not speak once entered school gate	Child would not speak to teacher	Child would not talk
Child would physically retreat	Child would shut down	Child would stop speaking when an adult was near	Child would try
Child wrote on whiteboard	Child's behaviour changed in Maths- more engaged	Child's behaviour did not change over time	Child's behaviour not changed over year
Child's body tensed	Child's communication increased over time	Child's communication increased throughout year	Child's communication remained the same throughout the year
Child's home life as a potential explanation of behaviour	Child's mother could speak and understand English well	Child's parents did not answer phone	Child's speech not distinguishable
Communicated important information for home through telling the child	Concern	Concern about the future	Concerned about child's home life
Concerned about strange videos displayed in family shop	Concerned about younger sibling's school absence	Concerned that cause of SM was problem at home	Concerned that family shop sold alcohol
Concerned that there strange people who entered the family shop	Conflicted about labelling	Conflicting advice	Contact with child's extended family
Control	Could not understand child's issues	CPD- training on ASD	Cried when child spoke
Cuddle	Curious (thoughts)	Daily communication with parents	Delighted verbal response
Developed better time management skills	Development of child's behaviour over year- from no speech to whispering	Development of emotions- began frustrated to understanding	Development of emotions- felt more positive towards the end
Development of emotions- less frustrated at end of	Development of emotions- more positive	Did not know why child was mute	Did not pressurise child to speak

year			
Did not want to make it worse	Did not want to single child out	Different interaction level than teachers	Difficulties accessing information from parents
Difficulty	Difficulty managing different concerns of parents	Difficulty with communicating with both parents simultaneously	Difficulty with repeating things to each parent
Directive language	Discourage friend speaking for child	Discovered child could speak by overhearing him talking to mother	Discrepancy between home and school behaviour
Does not speak in front of teacher	Draw pictures	Drew on previous experiences	EAL resources as a support
EAL training helpful	Emotional transference	Empathy	Encourage child to read books in first language
Encourage child to speak first language in class	Encourage joint communication	Encouraging child to speak	Encouraging parents
Encouraged child to point to communicate	End of year child spoke a little	EP diagnosis	EP did a great job
EP did a home visit	EP had contact with mother which was helpful to teacher	EP help- practical tips	EP help- teaching tips
EP helpful in providing a starting point.	EP involvement would have been useful to be given some advice on ways of working with the child	EP modelled habituation programme	EP observation
EP ran habituation programme	Ep recommendation- therapy (CBT)	EP recommendation- to observe teachers and feedback	EP role- facilitating statementing procedure
EP role- takes weeks to get an answer if call up	EP was very good	Ethics- sought info from researcher	Expectation child will never put hand up
Expectation of children to go up to and hug an adult	Expectation of speech	Expectation that child will forget and speak	Expectation that child won't speak
Expectation that child would be like previous children but took longer to speak	Expectation that child would speak	Expectations changed	Expectations set by outside professionals
Expected child to be shy because sibling was shy	Experience useful	Experience was challenging	Experiences of working with SM child useful
Explaining behaviour to peers	Explanation- lack of confidence	Explanation- Child was laughed at	Explanation for beh- new setting

Explanation- anxiety	Explanation- anxiety and phobia	Explanation- attention seeking	Explanation- avoid forming relationships
Explanation- being rewarded for not speaking	Explanation- child afraid to talk	Explanation- child couldn't help it	Explanation- child had contextualised attitudes
Explanation- child may be conscious of Nepalese accent	Explanation- child may have been on the ASD spectrum	Explanation- child unhappy	Explanation- child was self-conscious
Explanation control	Explanation- control	Explanation- control and manipulation	Explanation- cultural differences
Explanation- didn't know how to start talking again	Explanation- didn't like sound of his voice	Explanation- didn't want to speak in case said the wrong thing	Explanation- doesn't know how to break cycle of beh
Explanation- doesn't want to let people down	Explanation -early negative childhood experience	Explanation- early experience, told to be quiet	Explanation- emotional transference from anxious parents
Explanation- expectations would change	Explanation- experiencing trauma	Explanation- fear	Explanation- for protection
Explanation- getting one over	Explanation- habit	Explanation- hide away	Explanation- home impact on school
Explanation- initially staff reinforced mutism by not expecting speech	Explanation- lack of confidence	Explanation- lack of social skills	Explanation- linked with EAL
Explanation- low self-esteem	Explanation- mother exacerbated condition	Explanation- mutism habit	Explanation- mutism related to comfort level of child
Explanation- mutism triggered by an incident	Explanation- New setting	Explanation- not child's fault	Explanation- not speaking is a default position
Explanation of sibling's behaviour as imitating child's	Explanation- parental separation	Explanation- pattern of reluctant interaction with male teachers	Explanation- physical contact related to child's speech
Explanation- protection	Explanation- purpose of mutism to be anonymous	Explanation- purpose of mutism to be invisible	Explanation- quiet sibling gave a clue about SM child
Explanation- realised subconsciously	Explanation requires investigation into home life	Explanation- safety	Explanation- security
Explanation- self-conscious of deep voice	Explanation- shyness	Explanation- siblings spoke for child	Explanation- speech related to knowing adult
Explanation- strong shyness	Explanation- survival, way of coping	Explanation- teeth removed	Explanation- to avoid answering questions about family
Explanation- trauma	Explanation- trauma	Explanation- worried	Explanation- worried

of first day in school	of moving school	about people's responses	people will laugh
Explanation- worried about getting approval	Explanation- awareness of lower academic abilities	Exploring	Extended family wouldn't enter school grounds
Eye contact	Facial expressions	Fairness	Familiarity with parents outside of school
Father had fallen asleep	Father was half dressed	Feedback from parents	Feel protective
Feelings- disappointment	Feelings towards child didn't change	Feelings- would have been more concerned if child was underachieving	Felt a sense of achievement
Felt amazed when child spoke	Felt angry at parent	Felt- Apprehension lessened	Felt apprehensive
Felt apprehensive	Felt awkward	Felt challenged	Felt concern about how child would cope
Felt concerned	Felt concerned about assessment	Felt confused by the child's behaviour	Felt daunted
Felt determined	Felt empathic	Felt enthusiastic	Felt excited
Felt frustrated	Felt frustrated at mother because wouldn't listen to her	Felt frustrated because child getting conflicting messages	Felt frustrated for child
Felt good	Felt good for child	Felt good for him	Felt guilt
Felt guilty	Felt happy to have child in her class	Felt heartbroken	Felt hopeful (for speech)
Felt inadequate	Felt interactions were difficult	Felt interested	Felt interested initially
Felt intrigued	Felt irritated at lack of knowledge	Felt it was an achievement for child	Felt it was difficult
Felt it was hard work	Felt like a failure	Felt limited in her teaching ability	Felt nice to be trusted
Felt no frustration	Felt nurturing	Felt obligation to help	Felt overwhelmed
Felt panicked	Felt pleased for child	Felt pleased when child spoke	Felt positive
Felt pressured	Felt pride	Felt professional opinion was less respected	Felt proud when child spoke
Felt really bad	Felt really nice to hear child speak	Felt relived when child spoke	Felt responsible
Felt responsible (for child's lack of progress)	Felt responsible for putting child back	Felt rewarded	Felt selfish
Felt stretched	Felt sympathetic over time	Felt teacher counsellor cared less for child	Felt unprepared from teacher training

Felt unprepared	Felt unsupported	Felt unsure	Felt unworried
Felt uplifted when child spoke	Felt uptight	Felt valued	Felt warmth towards child
Felt worried	Felt worried about workload	Few facial expressions	Few gestures
Filled out a child protection form	Find out interests	Felt inadequate	Frustrated at mother
Frustrated because couldn't get through to mother	Frustrated for child	Frustrated that child reverted to mutism the next year	Frustration
Frustration extended when ceased teaching child	Frustration working with SALT	Function of behaviour to avoid participation	Future expectation-more realistic
Future experiences-less expectation of speech	Future experiences-more patient	Future- may need to be more reflective of practice	Future- would be more confident
Gave child cards	Gentle giant	Giggle	Giving advice to teachers
Giving time for child to answer	Good communication with mother	Good relationship with parents	Got used to Mutism-it was OK
Gradual removal of strategies	Gradually increased physical proximity	Group work a challenge for child	Had a soft spot for child
Happy child	He's got a nice sense of humour.	Help from an EP would have been appreciated	Helpful- Better understanding of reasons for mutism
Helpful- internet	Home assessment	Hopeful when child showed signs of pre-speech	Hum
I don't think it's any more different than that, it just makes you more aware.	If taught in future remain hopeful	If we ask her a question then she'll give a gentle nod.	Ignored child
Ignoring goes against wishes	Ignoring the child helped them	Impact of behaviour on speaking and listening tasks	Impact on feelings if taught SM child in the future- unsure
Importance of background information	Inclusive strategy	Increased communication over time	Increased communication related to increased integration
Increased in confidence over time	Information passed over from Nursery	Information sharing with parents	Informed long term about child
Initial expectation of speech	Initial training-PGCE	initially anticipated it to be challenging	Initially believed that child couldn't speak
Initially child did not communicate	Initially closed body language from child, became more relaxed	Initially unsure of cause	Insight impacted on teaching strategy
Intelligent	Interest	Interesting	Introducing child with SM to another Nepalese child

Investigating	It was a matter of me going online and looking up.	Know when a child is uncomfortable	Labelling
Labelling- a positive	Lack of clarity as to child's speech status	Lack of time to work 1 to 1 with child	Lack of understanding regarding cause of SM
Language barrier in communicating with parents	Leading adults	Less strategies used over time	Like a marionette puppet
Limited role	Limited speech from child	Little contact with child's parents	Little contact with parents
Long term good relationship with parents	Long term interest in child's welfare	Lots of information to read- lack of time	Low ability child
Low priority when spoke to SENCo	Made a family book	Made a fuss of child and made him withdraw more	Mediating factor- previous experience (lack of)
Mediating through a child	Mini-cards	Minimising choices	More able child
More adaptable	More engaged in tactile activities	More extreme teaching	More talking to parents in Reception
More than just a teacher	Mother felt criticised	Mother frustrated	Mother nagged child to speak
Mother not too concerned	Mother perceived as not being able to do much	Mother very anxious	Mother very involved
Mother was worried	Motivation- initially wanted to hear child speak	Mute because teeth removed	Mutism consistent in all subjects
Nice lad	NNEB	No advice	No communication from child
No communication with peers	No connection between siblings	No contact with parents	No expectation of additional support for child
No expectation of speech	No eye contact with peers	No feedback from child was a struggle	No feedback from social services regarding application of child protection papers
No integration from child's extended family	No speech	Nodding	Noisy at home
Non-verbal communication went on for a term	Non-verbal joking- child would pull faces	Not concerned about child	Not draw attention to child
Not frustrating	Not informed of from social services what happened	Not make a fuss	Not talk to adults

Not useful to have lots of reading materials	Nothing much gets done until later down the line	Nursery setting	One main friend
One word reply to teacher	One word responses	Other children prioritised	Other pupils don't expect speech
Parallel play with peers	Parent bossy	Parent engaged	Parent expectation that child would grow out of it.
Parent frustrated	Parent insistent for child to speak at school	Parent more concerned when child in school	Parent not doing what was asked in school
Parent put pressure on child to speak	Parent relieved	Parent verbally aggressive	Parental separation
Parents believed it was a phase	Parents did not attend parent's evening	Parent's evening	Parents open
Parents pleased with progress	Parents potentially anxious about being judged	Parent's reaction- surprise that child didn't speak in school	Parents worried- fear of labelling
Partner work	Passing on knowledge	Peer expectations	Peer's acceptance
Peers as intermediaries	Perceived child as patient	Perceived child felt exposed	Perceived everyone in school as friendly
Perceived everyone in school as open	Perceived that child goes unnoticed	Perception - child was lovely	Perception of child- intelligent
Perception of self not a specialist	Perception of self- don't know anything really	Perception that child viewed her as an ally	Perceived to be putting pressure on child
Pictures	Pictures for the whole class	Pity	Play Therapist
Point	Pointing	Pointing to picture cards	Poor eye contact
Positive descriptions of child- lovely boy	Positive experience	Positive feeling	Positive response from child
Positive thought- training for all	Practical recommendations- accessing resources	Practical recommendations- EP as intermediary	Practical recommendations- strategies
Precious time with EP	Pressure from parents	Pretend child is invisible	Previous experience
Previous knowledge of child	Pride	Prior knowledge	Priorities changed
Prolonged awareness and involvement with child	Prolonged contact with parent	Promoting assertive skills	Push children to their full capabilities
Questioning child's ear	Quiet child	Quite academic	Raise hand
Reactions of peers- gasp	Reassured parents	Received training to reduce anxiety	Recollection
Recollections	Recommendation- able to email an EP	Recommendation- advice on strategies	Recommendation- centralised

			community
Recommendation- clarity on process of diagnosis	Recommendation- EP to review more often child's progress	Recommendation- explanation and information	Recommendation- explanation of potential causes
Recommendation- explanations	Recommendation from EP- more info	Recommendation- guidance	Recommendation- INSET
Recommendation- more support in class	Recommendation- more training on special education	Recommendation of EPs- observe TAs	Recommendation- reassurance
Recommendation- SEN courses	Recommendation- someone to call for advice	Recommendation- support service	Recommendation- teacher training lectures on communication disorders
Recommendation- training from EP	Recommendation- updates on SEN policies	Recommendations- Ed Psych to give pointers	Recommendations from EP are nor surprising
Recommendations- more time with EP	Recommendations- psychological advice	Relationship breakdown of parents	Relied on home assessments initially
Researched SM	Role- accepting	Role- become more insightful	Role- did not want to appear to select one particular child for special treatment
Role- educating others	Role- enabling child to communicate in a range of ways	Role- expect too much of herself	Role identity- more assertive and firm with staff
Role identity- mothering	Role- increased awareness	Role- investigator	Role- less professional
Role- mentoring	Role- more attentive to non-verbal communication	Role- more flexible	Role- more knowledgeable
Role- more patient	Role- more protective	Role- more relaxed approach	Role- nurturing
Role of EP- facilitated referral process	Role of EP- intermediary	Role- priorities changed	Role- problem solver
Role- teacher was also SENCo	Role- to reduce child's stress	Sad	Safety
SALT	SALT involvement	SALT provided advice	SALT provided recommendations
Sat child next to TA	Satisfaction when child spoke	School Ed Psych fantastic	Self achievement
SENCo- delivered habituation programme	SENCo delivered habituation approach	SENCo- provided literature	SENCo- provided teacher with published literature
SENCo ran habituation programme	SENCo- ran social skills group	SENCo researched condition and provided more info	SENCo- spoke to people in LA
SENCo supportive	SENCo- supportive	SENCo- training	Set child back

	and feeds back from courses		
Shake head	Shared teaching plans with TA	Shift in attitude	Sibling communicated softly
Sibling- confident	Sibling had a wider vocabulary	Sibling led adults	Sibling- limited eye contact
Sibling pointed	Sibling responsive	Sibling shy	Sibling speaks more
Sibling took a long time to be confident	Sibling very low academically	Sibling very quiet	Sibling was a bit bossy
Sibling was also mute	Sibling was quietly spoken	Sibling- would joke once got to know you	Sibling- would smile
Sibling-no eye contact	Sibling's communication fine	Siblings infer emotions	Sibling's speech was not good
Sliding in technique was effective	SM as a protection	SM to allow child to be invisible	Smiled at child
Smiling	Social services- no follow up	Sought background information on child	Speaking to the child was effective for transmitting information home
Special needs	Specialist Literacy teacher	Spoke in playground	Spoke to child
Spoke to peers	Spoke to peers but hit and miss	Spoke to sibling	Spoke to teacher
Spoke to teacher in front of parents	spoke words	Sponatenous initial speech	Spontaneous speech
Strategy- prepared child	Strategy- told child to be quiet	Strategy- to remove parent because jeopardised approach	Strategies did not change over time
Strategies- handover with child's next teacher	Strategies- negotiation, if and then statements	Strategy - sliding in technique	Strategy - sliding in technique including boys in group
Strategy - to increase child's confidence	Strategy- act natural when child spoke	Strategy- additional TA support	Strategy aimed at whole class level
Strategy- alternative means of communicating	Strategy and role identity training for next teacher	Strategy- apply techniques from ASD training	Strategy- asked friends how they communicated with child
Strategy- avoided eye contact otherwise child would not speak	Strategy- became more persistent over time	Strategy- called home to ask what he knew	Strategy- cards
Strategy- careful pairing	Strategy changed- expected more speech over time	Strategy changed over time	Strategy changed over time- stopped trying to trick ch
Strategy- child seated behin teacher	Strategy- child to raise hand	Strategy- child wrote it down	Strategy- consistent approach
Strategy- contacted previous school	Strategy- created an IPPP	Strategy- created pictures for him	Strategy- creating a safe learning environment

Strategy- did not expect speech	Strategy- differentiation	Strategy- discouraged friend from speaking for child	Strategy- discouraged peers speaking for child
Strategy- double teaching	Strategy- drew on previous experiences	Strategy- EEL	Strategy- eliciting monosyllabic answers
Strategy- enabled child to stay after school to play games in classroom	Strategy- encouraged child to point	Strategy- encouraged child to speak to sibling	Strategy- encouraged child to whisper to friend
Strategy- encouraged non-verbal communication	Strategy- encouraging	Strategy- engaged with child during play	Strategy- encouraged child to give answer to friend
Strategy- established a safe environment	Strategy exacerbated behaviour	Strategy- excluding parent	Strategy- expand on child's ideas
Strategy- expected speech	Strategy- extra encouragement	Strategy- extra playtime for child when went into next class	Strategy- extra praise
Strategy- facilitating dev of attachments	Strategy- feelings cards	Strategy- gave child jobs or responsibilities	Strategy- gave child parts that didn't require speech
Strategy- gave child small targets	Strategy- gentle approach	Strategy- gentle persuasion	Strategy- good communication with parents
Strategy- google	Strategy- got parents in to read to child	Strategy- Gradually added words to gestures	Strategy- group work
Strategy- guided child to gentler children	Strategy- habituation	Strategy- had to become more patient	Strategy- highlighted child's strengths
Strategy- home visit	Strategy- incorporated social activities	Strategy- instructed staff not to put pressure on the child to speak	Strategy- instructed staff to act normal when child spoke
Strategy- internet	Strategy- IPPP	Strategy- kept child in familiar surroundings	Strategy- lip read
Strategy made child cry	Strategy made child more shy	Strategy- make allowances but these are limited	Strategy- make child feel at ease talking
Strategy- memory games	Strategy- met with previous teacher	Strategy- met with SALT	Strategy- modelled for children preferred responses
Strategy- modelling	Strategy- more observant	Strategy- more thinking time	Strategy- mother came into school
Strategy- non-verbal communication-	Strategy not always effective	Strategy- not draw attention to child	Strategy not effective

thumbs up			
Strategy- not ot make a big issue	Strategy- not too much eye contact	Strategy- nurturing approach	Strategy- observations to inform assessment
Strategy- offering non-verbal responses during registration	Strategy- pair work	Strategy- pairing effective	Strategy- parallel play
Strategy- peer mentors	Strategy- pick child to answer questions that had short answers	Strategy- pointing	Strategy- praise
Strategy- presented info visually	Strategy- prioritised child answering questions	Strategy- prompting child	Strategy- prompting through questioning
Strategy- provide choices	Strategy- provided choices	Strategy- providing roles and responsibilities	Strategy- pushed child
Strategy- questioning to elicit understanding	Strategy- redirecting mother's approach	Strategy- removed staff from child when he started talking so that he wouldn't be conscious	Strategy- requested help from the Beh supp team
Strategy- reviewed IPPP	Strategy- reward with certificates	Strategy- rewarded child when she read	Strategy- sat child at front of class
Strategy- set clear boundaries	Strategy- set up training for TAs in school#	Strategy- signing, makaton	Strategy- small group work
Strategy- speech not expected	Strategy- speech scale	Strategy- spoke to previous teachers	Strategy- stickers
Strategy- TA delivered breaking barriers for SM programme	Strategy- take child to toilet	Strategy- take register differently	Strategy- talking partners
Strategy tapping into child's interest	Strategy- taught child Makaton	Strategy- taught child to sign	Strategy- teaching a range of communication skills
Strategy to calm mother	Strategy to leave child in peers	Strategy to make herself more familiar with child through mother	Strategy- trained staff not to expect speech
Strategy- transferred skills for EAL children	Strategy- transition programme	Strategy treated child the same	Strategy- trick into talking
Strategy- tried to be gentle with mother initially	Strategy- triple teaching	Strategy- taught class for two years	Strategy- TV, Tanya Byron
Strategy- use from EAL children	Strategy- used gestures	Strategy- used resources from Sparkle Box	Strategy- used teacher.org

Strategy- verbal prompts	Strategy was effective	Strategy was effective with previous mute children	Strategy- went online
Strategy when teaching- make jokes	Strategy- whiteboard	Strategy- whole class level	Strategy- whole class level encouraged pair work
Strategy worked	Strategy- writing helpful strategies down for child	Strategy-allowances so child got changed in cupboard	Strategy-build up incentives
Strategy-child to point	Strategy-counters	Strategy-drawing on other teacher's knowledge	Strategy-emailed child
Strategy-ensure child had all things he would need	Strategy-establish expectations	Strategy-extended child's range of choices	Strategy-getting cross worked
Strategy-grading system	Strategy-included child	Strategy-joking with child	Strategy-not get cross
Strategy-positive reframe, look at child's strengths	Strategy-positive reframe, celebrate child's success	Strategy-scribe for child	Strategy-support child
Strategy-treat child the same as other children	Strategy-used online teacher's resources	Strategy-used picture cards	Strategy-using IT
Strategy-working with parents	Stress	Sudden speech	Support - from parents
Support- colleagues	Support from EAL specialist teacher	Support from EP	Support from Family support worker
Support from Head	Support from LSA	Support from previous teacher	Support from previous teachers
Support from SALT	Support from school nurse	Support from SENCo	Support- from TA
Support from TAs	Support- mutual between mother and teacher	Support- school network	Support- speaking to EP
Supportive TA	Surprise	Surprised when heard child speak	Talk partners
Talking activities were hard	Talking to mother supportive	Talking to peers	Tap hand
Tapping adults	Taught child's sibling	Teacher counsellor	Teacher expectations changed
Teacher reflections- a long process	Teacher reflections- condition is very hard to understand	Teacher thought parents were in denial	Teacher training not useful
There's quite a lot of group work.	Thought- a learning experience	Thought- amazed that a person can function without speech.	Thought child's behaviour was odd
Thought- expectation	Thought- function of	Thought it was	Thought it would be

of speech	behaviour to shut himself off	horrible could not adequately differentiate	interesting
Thought- takes a lot of effort not to speak	Thought that child was exposed to age inappropriate situations	Thoughts- acceptance of mute behaviour	Thoughts- adapting to child's behaviour created chaos in pairing activity
Thoughts- how does the child do it	Thoughts- there is less information about SM	Thoughts- wanted to fix problem	Thoughts- wanted to solve the problem
Thoughts- wanted to spend more time with child one a 1 to 1 basis	Thought- it would have been easier if she just spoken	Too suffocating to have an adult always with child	Took child onto street to get her home
Training- BA	Training- BEd	Training- GTP	Training not helpful
Training recommendations- background information on condition	Training recommendations- more SEN	Training recommendations- strategies	Training was supportive
Transferable skills- working with ASD children	Transferable skills working with babies	Transferred knowledge of ASD children	Transferred skills of working with EAL children
Transition	Transition- worry	Trial and error process	Tricky managing parental recommendation of strategies
Tried to investigate child's home life	Trust	Turning point	Unmanageable literature
Unsure	Unsure about child's home life	Unsure of how to get child home	Unsure of reason for child's behaviour
Unsure of the best thing to do	Unsure of what child was saying	Unsure of where to start	Upsetting
Used a visual timetable	Used non-verbal clues	Used picture dictionaries	Used visual resources
Useful for EP to provide information on the background of the child	Useful to speak to parent	Using another child as an interpreter	Using brief sentences
Using child's name	Using peer to model	Verbal encouragement	Very frustrated
Very low academically	View that child needs to be in a smaller class	Visited siblings in other classes	Visual stimuli
Visual timetable	Vocal outside of school	Wanted additional adult support for child	Wanted more time with SALT
Wanted to make child happy	Wanted to release frustration	What she did was, she organised the	Whispering

		transition programme.	
Whispering to peers	Working with outside agencies	Worried	Worried about making situation worse
Worse thing to draw attention	Would not get changed in front of peers for PE	Would not speak in front of teacher	Would not speak when an adult present

Appendix M. Themes & Sub-Themes Identified from Codes for Question 1 (How Does Working with a Selectively Mute Child Impact on a Teacher's Thoughts, Feelings and Behaviours?)

Table 1. Themes and sub-themes identified in relation to teachers' thoughts.

Code	Sub-theme	Theme
Believed child was in control	Control & manipulation	**1. Causal Attributions of SM**
Control & manipulation		
Getting one over		
Child was laughed at	Early traumatic incidents, transitions & negative experiences	
Early negative childhood experience		
Early experience, told to be quiet		
Experienced trauma		
Parental separation		
Teeth removed		
Trauma of first day in school		
Parental separation		
Adjusting to a new situation		
Child cried on first day		
Child scared on first day		
New setting		
Trauma of moving school		
Avoid forming relationships	Escape & avoidance	
Didn't want to speak in case said the wrong thing		
Doesn't want to let people down		
Expectations would change		
Hide away		
Purpose of mutism to be anonymous		
Purpose of mutism to be invisible		
Survival, way of coping		
To avoid answering questions about family		
Function of behaviour to avoid participation		
Child embarrassed to smile		
Child embarrassed about accent		
Child was embarrassed to speak		
Child may be conscious of Nepalese accent		

Didn't like sound of his voice		
Self-conscious of deep voice		
Awareness of lower academic abilities		
Function of behaviour to shut himself off		
Emotional transference of stress from teacher to pupil	Emotional transference	
Emotional transference from anxious parents		
For protection	Safety, security & protection	
Safety		
Security		
Believed child was petrified of adults	Fear & phobia	
Phobia		
Child afraid to talk		
Worried about people's responses		
Worried people will laugh		
Worried about getting approval		
Child anxious	Child's character traits, attitudes & skills	
Child shy		
Child was incredibly self conscious		
Child was quiet		
Child withdrawn		
Lack of confidence		
Child was self-conscious		
Low self-esteem		
Cultural differences		
Pattern of reluctant interaction with male teachers		
Doesn't know how to break cycle of behaviour		
Child had contextualised attitudes		
Habit		
Lack of social skills		
Didn't know how to start talking again		
Attributed speech to child feeling relaxed		
Expected child to be shy because sibling was shy		
Child's home life as a	Adverse home environment	

potential explanation of behaviour		
Home impact on school		
Causes of SM may be that she was living above a shop		
Relationship breakdown of parents		
Thought that child was exposed to age inappropriate situations		
Being rewarded for not speaking	Social reinforcement	
Attention seeking		
Initially staff reinforced mutism by not expecting speech		
Mother exacerbated condition		
Siblings spoke for child		
Initially staff reinforced mutism by not expecting speech		
Other pupils don't expect speech		
Peer expectations		
Peer's acceptance		
Siblings infer emotions		
Child spoke when with those she trusted		**2. Causal Attributions of Speech**
Speech related to relationship with adult		
Speech due to own successful input		
Built up trust		
Expectation of speech	Speech expected	**3. Expectations**
Directive language when expecting speech		
Expectation that child will forget and speak		
Expectation that child would speak		
Initial expectation of speech		
Motivation- initially wanted to hear child speak		
Did not pressurise child to speak	Speech not expected	
Did not want to make it worse		
Did not want to single child		

out		
Acceptance of lack of speech		
Expectation that child won't speak		
Expectations set by outside professionals		
No expectation of speech		
Did not expect speech		
Speech not expected		
Acceptance of mute behaviour		
Child - good sense of humour		**4. Perceptions of the Selectively Mute Child**
Child an excellent team player		
Child became more confident over year		
Child clever		
Child bubbly		
Cheeky		
Child creative		
Child does not cause trouble		
Child not shy		
Child sporty		
Child very able		
Child very polite		
Child was patient		
Gentle giant		
Happy child		
Intelligent		
Nice lad		
Perception - child was lovely		
Thought child's behaviour was odd		
Child frustrated		**5. Participants' Projections of the Selectively Mute Child's Experiences**
Child felt pressurised		
Perception that child viewed her as an ally		
Worried about getting people's approval		
Worried about people's responses		
Worried people will laugh		
Parents open		**6. Perception of Parents**
Mother was very good		
Parent bossy		
Teacher thought parents were in denial		

Pressure from parents		
Parent verbally aggressive		
Parent's reaction- surprise that child didn't speak in school		**7. Participants' Projections of Parents' Experiences**
Mother felt criticised		
Parents potentially anxious about being judged		
Parent relieved		
Parents pleased with progress		
Mother frustrated		
Mother very anxious		
Mother was worried		
Parent expectation that child would grow out of it		
Parent frustrated		
Parent more concerned when child in school		
Parents wanted a label		
Parents worried- fear of labelling		
Sibling communicated softly		
Sibling led adults		**8. Perception of the Selectively Mute Child's Sibling**
Sibling had limited eye contact		
Sibling pointed		
Sibling shy		
Sibling took a long time to be confident		
Sibling very low academically		
Sibling very quiet		
Sibling was also mute		
Sibling-no eye contact		
Sibling speaks more		
Sibling confident		
Sibling had a wider vocabulary		
Sibling responsive		
Sibling was a bit bossy		
Sibling would smile		
Sibling's communication fine		
Reassured parents	More approachable & reassuring	**9. Impact on role**
More patient		
Approachable to parents		
Had to become more patient		
Tried to calm mother		
Nurturing role	Mothering, caring,	

Caring, protective role	nurturing & protecting	
Role identity mothering		
More protective		
Nurturing		
Nurturing approach		
Shared teaching plans with TA	Educating, advising & training	
Role to educate others		
Handover with child's next teacher		
Instructed staff not to put pressure on the child to speak		
Instructed staff to act normal when child spoke		
Set up training for TAs in school		
Trained staff not to expect speech		
Promoting child's assertive skills		
Advising parents		
Giving advice to teachers		
Advice giving		
Insight impacted on teaching strategy	More aware, skilled & adaptable	
More adaptable		
Additional skills and training for all		
Become more insightful		
Role enabling children to communicate in a range of ways		
More assertive and firm with staff		
Increased awareness		
Less professional		
More attentive to non-verbal communication		
More flexible		
More knowledgeable		
More relaxed approach		
Became more observant		
A learning experience of different ways to communicate		
Developed better time management skills		

Became more accepting		
Investigating	Investigative & problem solving	
Investigator		
Problem solver		
Wanted to fix problem		
Limited role	Limited, inadequate & lacking autonomy	
Child speaking linked to role identity		
Felt inadequate		
Low priority when spoke to SENCo		
Other children prioritised		
When teaching spread thinly		
Felt like a failure		
Felt limited in her teaching ability		
Felt stretched		
EP as intermediary & facilitator	Facilitating processes	**10. Perceptions of EP's Role**
Role of EP- facilitated referral process		
EP role- facilitating statementing procedure		
EP ran sliding in technique	Implementing & modelling intervention programmes	
EP modelled sliding in technique		
EP observation	Observing, assessing & diagnosing	
EP assessments		
EP diagnosis		
EP did a home visit		
EP allocation controlled by LEA	Lack of autonomy over work	
SENCo controls EP time		
Perception of EP to accessing resources	Gatekeeper to resources	

Table 2. Themes and sub-themes identified in relation to teacher's feelings.

Code	Sub-theme	Theme
Experience rewarding	Pleased, rewarded & proud	**11. Positive Feelings**
Felt really nice to hear child speak		
Felt pleased when child spoke		
Satisfaction when child spoke		
Felt proud		
Felt uplifted when child spoke		
SENCo- delivered sliding in technique	Supported	
SENCo- provided literature		
SENCo- ran social skills group		
SENCo researched condition and provided more info		
SENCo- spoke to people in LA		
SENCo- supportive and feeds back from courses		
Support from colleagues		
Support from EAL specialist teacher		
Support from EP		
Support from family support worker		
Support from head		
Support from Learning Support Assistants or Teaching Assistants		
Support from previous teachers		
Support from school nurse		
Support from SENCo		
Support mutual between mother and teacher		
Support from school network		
Talking to mother supportive		
Felt a sense of achievement	Sense of achievement & relief	
Felt relieved when child spoke		
Felt enthusiastic	Excited, happy & enthusiastic	
Felt excited		
Felt happy to have child in her class		
Thought it would be interesting		
Felt amazed when child spoke	Amazed & surprised	
Surprise		
Surprised when heard child speak		
Amazed that a person can function without speech		
Felt empathic	Empathy & warmth	
Felt frustrated for child		
Felt good for child		
Felt pleased for child		
Felt warmth towards child		
Frustrated for child		
Frustrated that child reverted to mutism		

the next year		
Felt hopeful (for speech)	Hopeful	
Hopeful when child showed signs of pre-speech		
Not concerned about child	Unconcerned, not worried	
Not frustrating		
		12. Negative Feelings
Felt frustrated	Frustrated, anxious, worried, concerned & stressed	
Felt frustrated at mother because wouldn't listen to her		
Felt frustrated because child getting conflicting messages		
Frustrated at mother		
Felt uptight		
Stress		
Frustrated because couldn't get through to mother		
Lack of time to work 1 to 1 with child		
Concern		
Anxious		
Concern about the future		
Concerned about child's home life		
Concerned about strange videos displayed in family shop		
Concerned about younger sibling's school absence		
Concerned that cause of SM was problem at home		
Concerned that family shop sold alcohol		
Concerned that there were strange people who entered the family shop		
Conflicted about labelling		
Felt concern about how child would cope		
Felt concerned about assessment		
Felt worried		
Felt worried about workload		
Labelling		
Against wrongly labelling child		

Parents wanted a label		
Worried about transition		
Worried		
Worried about making situation worse		
Challenging	Challenged, panicked, apprehensive, daunted, pressured & overwhelmed	
Felt challenged		
Felt daunted		
Felt overwhelmed		
Felt apprehensive		
Felt panicked		
Felt pressured		
Assessment challenging & difficult		
Panicked due to lack of experience		
Talking activities were hard		
Adapting to child's behaviour created chaos in pairing activity		
Felt unsupported	Unsupported	
Felt unsupported -Help from an EP would have been appreciated		
Wanted additional adult support for child		
Received conflicting advice	Uncertain, unprepared & confused	
Felt confused by the child's behaviour		
Felt unprepared from teacher training		
Felt unprepared		
Felt unsure		
Initially unsure of cause		
Lack of clarity as to child's speech status		
Lack of understanding regarding cause of SM		
Received conflicting advice		
Trial and error process		
Unsure of reason for child's behaviour		
Unsure of the best thing to do		
Unsure of where to start		
Disappointment at not fixing problem	Disappointed, sad & upset	
Felt sad		
Upsetting		
Felt heartbroken		
Pity		
Felt guilty	Guilt	
Felt really bad		
Perceived guilt over selfishness		
Made a fuss of child and made him withdraw more		
Set child back		
Strategy exacerbated behaviour		

Strategy not effective		
Felt responsible (for child's lack of progress)		
Felt responsible for putting child back		
When teaching spread thinly		
Felt angry at parent	Anger	

Table 3. Themes and sub-themes identified in relation to teacher's behaviours.

Asked mother to bring in Nepalese books		**13. Promoted use of Child's First Language**
Encourage child to read books in first language		
Encourage child to speak first language in class		
Read books in child's language		
Smiled at child		**14. Praise, Reward & Reinforcement**
Encouraging		
Extra encouragement		
Extra praise		
Stickers		
Praise		
Reward with certificates		
Rewarded child when she read		
Verbal encouragement		
Giving time for child to answer		**15. Individualised Teaching Adaptations**
Minimising choices		
Partner work		
Strategy to prepare child		
Negotiation with child, if and then statements		
Strategy to increase child's confidence		
Careful pairing		
Child seated behind teacher		
Differentiation		
Double teaching		
Gave child jobs or responsibilities		
Gave child parts that didn't require speech		
Gave child small targets		
Gentle approach		
Gentle persuasion		
Group work		
Guided child to gentler children		
Highlighted child's strengths		
Incorporated social activities		
Memory games		
Modelling		
Gave more thinking time		
Pair work		
Pairing effectively		
Parallel play		
Presented information visually		
Prioritised child answering questions		
Prompted child		

Provided choices		
Questioning to elicit understanding		
Sat child at front of class		
Talking partners		
Trick child into talking		
Triple teaching		
Verbal prompts		
Make jokes		
Making allowances so child got changed in cupboard		
Build up incentives		
Extended child's range of choices		
Getting cross worked		
Positive reframe, look at child's strengths		
Using brief sentences		
Using child's name		
Draw pictures		**16. Promoting Non-verbal Communication**
Encouraged child to point to communicate		
Gave child cards		
Mini-cards		
Pictures		
Raise hand		
Offered alternative means of communicating		
Cards		
Child to raise hand		
Child wrote it down		
Created pictures for child		
Encouraged child to point		
Encouraged non-verbal communication		
Lip read		
Thumbs up		
Offering non-verbal responses during registration		
Signing, Makaton		
Take register differently		
Used gestures		
Whiteboard		
Emailed child		
Grading system		
Scribe for child		
Used a visual timetable		
Used picture dictionaries		
Following resource manuals		**17. Delivering Intervention Programmes & Techniques (EEL**
Sliding in technique was effective		
Sliding in technique		

Transition programme		**technique, sliding in technique, transition programme)**
Used counters		
Brought siblings into class		**18. Utilising or Discouraging the use of Intermediaries**
Child gave answer to friend		
Introducing child with SM to another Nepalese child		
Mediating through a child		
Peers as intermediaries		
Encouraged child to speak to sibling		
Encouraged child to whisper to friend		
Discourage friend speaking for child		
Discouraged peers speaking for child		
Using another child as an interpreter		
Sat child next to TA		**19. Provided Additional Resources for Child**
Provided additional TA support		
Created and reviewed an Individual Pupil Provision Plan (IPPP)		
Providing peer mentors		
Linked with EAL		**20. Utilised Transferable Skills**
Applied techniques from ASD training		
Transferred skills of working with EAL children		
Transferable skills of working with ASD children		
Transferable skills working with babies		
Inclusive strategy		**21. Inclusive & Uniform, Whole-Class Strategies**
Not make a fuss		
Did not want to appear to select one particular child for special treatment		
Strategy told child to be quiet		
Strategy aimed at whole class level		
Creating a safe learning environment		
Set clear boundaries		
Strategy to treat child the same		
Establish whole class expectations		
Strategy-included child		
Helpful- internet		**22. Information Seeking**
It was a matter of me going online and looking up		
Sought background information on child		
Asked friends how they communicated with child		
Called home to ask what he knew		
Contacted previous school		
Background information helpful		
Information passed over from Nursery		

Used google		
Used internet		
TV		
Used resources from Sparkle Box		
Used teacher.org		
Went online		
Drawing on other teacher's knowledge		
Used online teacher's resources		
Previous knowledge of child		
Prior knowledge		
Ignored child		**23. Ignoring**
Ignoring goes against wishes		
Ignoring the child helped them		
Avoided looking at child directly		
Pretend child is invisible		
Avoided eye contact		
Not draw attention to child		

Appendix N. Themes & Sub-Themes Identified from Codes for Question 2 (Do Teachers' Thoughts, Feelings & Behaviours Change & Develop Over Time?)

Code	Sub-theme	Theme
Acceptance of mutism over time		**24. Development of Thoughts**
Expected more speech over time		
Expectations changed		
Increased expectations over time		
Priorities changed		
Shift in attitude		
Teacher expectations changed speech not expected		
Began frustrated then more understanding	Decreased frustration & apprehension	**25. Development of Feelings**
Apprehension lessened		
Teacher relaxed over year		
Less frustrated at end of year		
Felt more positive towards the end	Increased positivity, confidence & sympathy	
Increased in confidence over time		
Increased positivity		
Felt sympathetic over time		
Strategies did not change over time	Strategies remained the same	**26. Development of Behaviours**
Changed strategy & later gave choices	Strategies changed	
Became more persistent over time		
Gradual removal of strategies		
Gradually increased physical proximity		
Withdrawal of strategies over time		
Strategy changed over time- stopped trying to trick child		
Gradually added words to gestures		
Strategy made child cry & changed over time		
Strategy made child more shy so changed		
Strategy- tried to be gentle with mother initially		
Withdrawal of strategies over time		

Appendix O. Themes & Sub-Themes Identified from Codes for Question 3 (What Mediating Factors Influence the Kinds of Experiences Teachers Have?)

Code	Sub-theme	Theme
Drew on previous experiences		**27. Previous Experiences of Working with a Selectively Mute Child**
Expectation that child would be like previous children but took longer to speak		
Felt it was harder work		
Strategy was effective with previous mute children		
Experience useful		
Experiences of working with SM child useful		
Future expectation-more realistic		
Future experiences- less expectation of speech		
Future experiences- more patient		
Future- may need to be more reflective of practice		
Future- would be more confident		
If taught in future remain hopeful		
Importance of background information		
Positive experience		
Previous experience- future less apprehensive		
Attachment linked to development of relationships		**28. Attachment Levels**
Built up trust		
Long term interest in child's welfare		
Prolonged awareness and involvement with child		
Prolonged contact with parent		
Autism training helpful		**29. Access to Support & Training**
CPD- training on ASD		
EAL resources as a support		
EAL training helpful		
Received training to reduce child's anxiety		
Training not helpful		
Daily communication with parents	Engaged & supportive	**30. Levels of Parental Engagement**
Feedback from parents		
Good communication with mother		
Good relationship with parents		
Information sharing with parents		
Long term good relationship with parents		
Mother very involved		

Parent engaged		
Good communication with parents		
Got parents in to read to child		
Mother came into school		
Child not collected after school by parents	Non-engaged, avoidant & exacerbating	
Child's parents did not answer phone		
Difficulties accessing information from parents		
Father had fallen asleep		
Felt professional opinion was less respected		
Language barrier in communicating with parents & not attendance at parent's evening		
Mother exacerbated condition		
Mother nagged child to speak		
Parent not doing what was asked in school		
Parent put pressure on child to speak		
Parent insistent for child to speak at school		
Excluding parent		
Child answered yes and no	Communicated with teacher verbally	**31. Levels of Child Engagement**
Child began saying odd words		
Child read aloud		
Child spoke over time		
Child spoke to teacher		
Child will say routine things		
Child's communication increased over time		
Development of child's behaviour over year- from no speech to whispering		
One word responses		
Spoke to teacher		
Spontaneous initial speech		
Whispering		
Child sometimes smiled	Communicated with teacher non-verbally	
Child communicated by facial expressions		
Child communicated with actions		
Child does not cause trouble		
Child gave eye contact when wanted to communicate		
Child gestured		
Child mouthed words		
Child pretended to talk		
Child put hand up		
Child responsive to jokes		

Child sometimes smiled		
Child stroked teacher's back		
Child tapped teacher		
Child touched teacher's arm		
Child used hand signals		
Child using a type of sign language		
Child waved to teacher		
Child wrote on whiteboard		
Cuddled		
Facial expressions		
Giggled		
Leading adults		
Nodding		
Non-verbal joking- child would pull faces		
Shake head		
Smiling		
Tap hand		
Child does not communicate to go to the toilet	Did not communicate with teacher	
Child expressionless		
Child initially unresponsive		
Child lack of overt emotion		
Child passive		
Child remained mute through the year		
Child retreat into her shell		
Child would not speak to teacher		
Few facial expressions		
Like a marionette puppet		
No communication from child		
No speech		
Animated with friends	Communicated with peers & siblings in school	
Child communicated with brother		
Child dependent on 1 boy		
Child had core group of friends		
Child had one specific friend		
Child smiled at friends		
Child spoke in a louder voice with peers		
Child spoke only to other children		
Child spoke through friend		
Child spoke to 1 peer		
Child whispers to friend		
One main friend		
Parallel play with peers		
Child spoke to peers		
Talking to peers		
Child only spoke to girls		

Whispering to peers		
Child with SM would not communicate with peer	Did not communicate with certain groups & individuals	
No communication with peers		
No connection between siblings		
No eye contact with peers		
Child communicated more with TA than teacher	Communicated with key adults in school	
Child spoke in a quieter voice to adults		
Child spoke to adults before peers		
Child spoke to TA		
Tapping adults		
Child read to TA once		
More talking to parents in Reception Nursery setting	Nursery versus Primary	**32. Context**
Child closed down in Maths	Lesson/subject	
Child more engaged during role play		
Child more talkative in creative subjects		
Child more likely to engage in subjects when no wrong answer		
Child's behaviour changed in Maths- more engaged		
More engaged in tactile activities		
Mutism consistent in all subjects		
Child spoke in the playground	Location in school	
Child would not speak once entered school gate		
Child would stop speaking when an adult was near		
BSO provided support and advice	Useful	**33. Involvement with Outside Agencies**
EP did a great job		
EP was very good		
SALT support		
Specialist Literacy teacher		
Support from EP		
Support from Family support worker		
Teacher counsellor		
Useful for EP to provide information on the background of the child		
Frustration working with SALT	Not useful	
Lots of information to read- lack of time		
No feedback from social services regarding application of child protection papers		
Not informed of from social services what happened		

Not useful to have lots of reading materials		245
Nothing much gets done until later down the line		
Social services no follow up		

Appendix P. The Final 33 Themes Identified from the Data Set & Explanation of Theme

Contents

Theme Name	Theme Content
1. Causal Attributions of SM	Participants' beliefs regarding the causes and contributing factors to the child's SM
2. Causal Attributions of Speech	Participants' beliefs regarding the causes and reasons for the selectively mute child beginning to speak
3. Expectations	Participants' expectations when they first began working with the selectively mute child
4. Perceptions of Child	Participants' perceptions of the selectively mute child
5. Participants' Projections of Child's Perceptions	Participants' projected views of the selectively mute child's constructions of events
6. Perception of Parents	Participants' perceptions of the selectively mute child's parents
7. Participants' Projections of Parents' Perceptions	Participants' projected views of the selectively mute child's parents' constructions of events
8. Perception of the Selectively Mute Child's Sibling	Participants' perceptions of the selectively mute child's sibling
9. Impact on Role	Participants' views of the impact of their teaching experiences on their role
10. Perceptions of EP's Role	Participants' perceptions of the EP's role
11. Positive Feelings	Participants' positive feelings elicited from working with the selectively mute child
12. Negative Feelings	Participants' negative feelings elicited from working with the selectively mute child
13. Promoted use of Child's First Language	Participants promoted the use of the selectively mute child's first language in school
14. Praise, Reward & Reinforcement	Participants offered praise, reward and reinforcement to encourage the selectively mute child to speak
15. Individualised Teaching Adaptations	Participants utilised individualised teaching strategies aimed specifically at the selectively mute child
16. Promoting Non-verbal Communication	Participants promoted non-verbal methods of communicating with the child
17. Delivering Intervention Programmes & Techniques (EEL technique, sliding in technique, transition programme)	Participants employed a range of techniques and programmes aimed to encourage the selectively mute child to speak and promote their emotional well-being
18. Utilising or Discouraging the use of Intermediaries	Participants utilised intermediaries such as the child's peers or siblings and other significant adults or discouraged the use of intermediaries
19. Provided Additional Resources for Child	Participants provided additional resources for the selectively mute child
20. Utilised Transferable Skills	Participants utilised their transferable skills and experiences from working with other children and applied them when working with the selectively mute child
21. Inclusive & Uniform,	The strategies participants utilised were uniform and aimed at

Whole-Class Strategies	a whole-class level
22. Information Seeking	Participants sought information regarding the SM and strategies to ameliorate it from a range of sources
23. Ignoring	Participants ignored the mute behaviour and tried not to draw attention to the child
24. Development of Thoughts	The development of participant's thoughts over the course of working with the selectively mute child
25. Development of Feelings	The development of participant's feelings over the course of working with the selectively mute child
26. Development of Behaviours	The development of participant's behaviours over the course of working with the selectively mute child
27. Previous Experiences of Working with a Selectively Mute Child	Participant's previous experiences of working with a selectively mute child
28. Attachment levels	The level of teacher-pupil attachment levels
29. Access to Support & Training	Participants' access to support and training
30. Levels of Parental Engagement	Participants' experiences of the levels of parental engagement over the course of working with the selectively mute child
31. Levels of the Child's Engagement	Participants' experiences of the levels of the selectively mute child's engagement over the course of working with them
32. Context	Participants' experiences of the different contexts and the mediation on their experiences during their work with the selectively mute child
33. Involvement with Outside Agencies	Participants' involvement with outside agencies during the course of their work with the selectively mute child