

## Children who can talk...but don't

### Session three: Implementing a small-steps programme handout pack

Handout order	Handouts
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- |    |  |
|----|--|
| 1. | Session three PowerPoint handouts  |
| 2. | Classification of activities by anxiety load*  |
| 3. | Establishing speech: specific techniques   |
| 4. | A selective mutism case study – A bilingual child in Year 3  |
| 5. | A selective mutism case study – The shaping approach with a child in Year 2 with a speech disorder |
| 6. | A selective mutism case study – The shaping approach with a child in Years 6 to 8                  |
| 7. | The sliding-in technique*  |
| 8. | Progress chart: Talking to a new person using the sliding-in technique*                            |
| 9. | Selective mutism: Implementing a small steps programme   |

\* Handouts have been sourced from:

Johnson, M. and Wintgens, A. The Selective Mutism Resource Manual. 2<sup>nd</sup> edn 2016.  
London: Speechmark. [www.routledge.com](http://www.routledge.com)

  
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**Children who can talk...but don't**  
**Session three: Implementing a small-steps programme**

**Children's Therapies Service**





  
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**Before watching this training session**

Please ensure that you previously accessed:


- Session one: Understanding selective mutism
- Session two: Effective, round-the-clock support

This training will refer to handouts from the session three pack that can be downloaded from the website. It will be beneficial to save or print the pack off in advance so that you can read them after the training session.

- [www.kentcht.nhs.uk/childrens-therapies-the-pod/speech-and-language-therapy/selective-mutism/](http://www.kentcht.nhs.uk/childrens-therapies-the-pod/speech-and-language-therapy/selective-mutism/)






  
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**Aims**

- To understand how small-steps programmes are beneficial for children and young people with selective mutism (SM).
- To know when to implement a small-steps programme.
- To be able to implement a small-steps programme in order to help children speak to people outside their comfort zone.








  
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**Overall progression**

- Create a consistent, positive, inclusive environment with no pressure to speak.
- Establish rapport with a key adult, considering a home visit if possible.
- Acknowledge the difficulty with CYP - whatever their age.
- Establish speech with a key adult, using parent whenever possible.
- Generalise speech to other people and places, including the wider community.







  
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**Small-steps programmes**

- Small-steps programmes are only suitable for children five years+ in *addition* to the informal approach.
- Only difference between the informal approach and small-steps programme is CYP's awareness of targets.

<p><b>INFORMAL</b> "Hey, look at this great game Auntie Sue sent you. Let's get it out of the box. Oh – there's Tania, she's just having her lunch, She won't mind us playing over here."</p>	<p><b>SMALL STEPS PROGRAMME</b> "We're going to play Guess Who again with you asking the questions. While we play, Tania is going to sit outside. I'll text her now to let her know we're ready to start."</p>
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**Small-steps programmes**

- Introduce a small-steps programme if no evidence of improvement after using informal strategies for three to four weeks or four to six weeks after transition to a new school. Lack of progress could be because:
  - CYP is too anxious to respond to an informal approach
  - time spent with the CYP on a one to one basis is too limited or irregular to build rapport
- A way to fast-track progress by working through the same progression in a more structured way with even smaller steps.





### Small-steps programmes

- Small-steps programmes are particularly useful for generalisation which is not complete until the CYP participates in all class activities and initiates conversation.
- Without a programme it's easy to lose momentum and find that progress has ground to a halt.
- You can either:
  - establish talking informally or via the reading route, and then implement a small-steps programme for generalisation
  - use a small-steps programme to establish talking *and* generalise to others.

(we care)



### Getting started

Need to consider:

**How often?** At least three times a week, 10-15 mins initially, to establish speech with a 'new' adult, reducing to one to two times a week for generalisation.

**Who?** To be keyworker? Who else to join CYP's talking circle? Best order?

**Where?** Initially home? Private room at school?

**When?** Intensive burst in holidays? After school? Lunchtime?

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### Getting started

- Establish good rapport (Stage three interaction)
- Prepare the CYP
  - see next slide for younger children
  - explain to young people how phobias are overcome
- Understand how some activities trigger more anxiety than others
- Record progress age-appropriately
- Choose an appropriate technique
- Continue the informal strategies!

(we care)



### C. Talking to children aged five+

- "When you get worried about talking your throat goes tight and your voice gets stuck."
- "The same thing happens to lots of children."
- "I know you can't help it."
- "It feels horrid." (*and if appropriate*, "It felt so horrid you decided you'd never try talking at school again")
- "I know how we can get rid of that horrid feeling and stop your voice getting stuck."
- "If we start with very easy things and take very tiny steps with just one person at a time, you'll be able to make the feeling go away."
- "We only move on when you are ready."
- "If you ever feel uncomfortable, we stop."

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### 'The pep talk'



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## Choosing appropriate activities

LOW → HIGH

- rote language
- no risk of saying wrong thing (for example, reading)
- quick, (for example, factual single word)
- rehearsed/structured
- talking in unison
- one-to-one

- unsure if answer is acceptable
- alternatives/reasons
- opinions/ideas
- initiated/unplanned
- conversation (no end in sight)
- audience

See handout 'classification of activities by anxiety load' in the session three pack.

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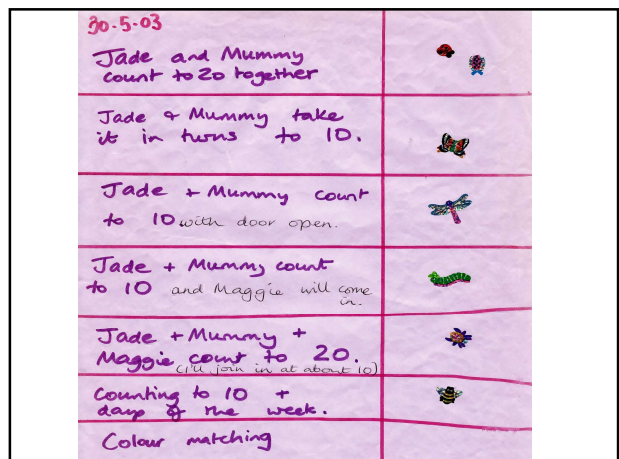
Classification of Activities by Communication Risk (Anxiety Load)		
RISK	SINGLE WORD ACTIVITIES	SENTENCE LEVEL ACTIVITIES
LOW	<p><i>Rote speech:</i> counting; days of the week; months of the year; letters of the alphabet (spoken on a turn-taking basis, each person say one item at a time, initially, and then two or more items at a time).</p> <p><i>Facial speech:</i> answer questions with 'yes' or 'no' (e.g. Can babies fly?); answer 'X or Y?' questions (e.g. Is grass green or purple?)</p>	<p><i>Rote speech:</i> counting; days of the week; months of the year; letters of the alphabet (recited initially on a turn-taking basis, each person say several items at a time, in sequence. Later, the child recites sequence alone). Sing talk in unison, say repetitive 'catch lines' in stories or rhymes. Rehearsed speech, e.g. lines in a play.</p> <p><i>Facial speech:</i> simple sentence completion or word-pairs, e.g. 'fish and chips'.</p> <p><i>Reading aloud:</i> familiar material (confident readers); take part in a play-reading.</p>
MEDIUM	<p><i>Facial speech:</i> name simple pictures (e.g. play 'Pairs'); complete stock phrases or sentences with a single word (e.g. 'You sit on a ___?', 'hot and ___?', 'table and ___?').</p> <p><i>Reading aloud:</i> simple single words; answer questions by finding answers in the text (confident readers); Word Dominoes.</p>	<p><i>Facial speech:</i> provide a definition or describe a picture so that others can identify the word; answer questions requiring a simple phrase or sentence.</p> <p><i>Semi-structured turn-taking:</i> Simple request games such as 'Fish', 'Happy Families'.</p> <p><i>Reading aloud:</i> pair cards to make a sentence, rhyme or question/answer; read a sentence and supply missing word; read out and solve crossword puzzle clues.</p> <p><i>Personal information:</i> providing details such as full name, age, date of birth, address, telephone number, school, name of teacher.</p>
HIGH	<p><i>Facial speech:</i> answer easy questions without a picture reference (e.g. 'How old are you?'); give an item from a category (e.g. colours, food, animals).</p> <p><i>Reading aloud:</i> identify missing word in a sentence; order words to make a sentence (confident readers).</p> <p><i>Likes and dislikes:</i> give favourite item from a category (e.g. colour, drink, car, recording artist); repeat with least favourite or 'worst-ever'.</p> <p><i>Thinking skills:</i> e.g. 'Word strings', riddles.</p> <p><i>Guessing games:</i> e.g. 'I Spy', 'Hangman'.</p> <p><i>Reading aloud:</i> difficult words (unlaid-confident readers); sound out and blend words.</p> <p><i>Initiation:</i> Call out, e.g. 'Snap!' 'Bingo!' 'Stop!'.</p> <p><i>Social routines:</i> 'ow', 'hi hello', 'please', 'thanks'.</p>	<p><i>Semi-structured turn-taking:</i> Games requiring questions and reasoning, e.g. 'Hobnob', 'Twenty Questions'; give directions in order to complete an activity; follow directions and seek clarification when unclear.</p> <p><i>Social routines:</i> respond 'yes, it is', 'no, I haven't', 'I'm not sure', 'I don't know' etc. rather than nod, shake head, shrug or say a simple 'yes' or 'no'.</p> <p><i>Connected speech:</i> give detailed instructions on 'How to ___' (e.g. make a sandwich, catch a fish, fly a kite, get ready for bed, add sound to a PowerPoint presentation).</p> <p><i>Unplanned speech:</i> unexpected questions.</p> <p><i>Conversation:</i> initiate contact/request; seek help; correct mistakes; negotiate.</p> <p><i>Verbal reasoning:</i> inference and deduction; alternative solutions; explanations.</p> <p><i>Personal contributions:</i> tell jokes; share opinions; fears; frustrations; wishes.</p> <p><i>Unstructured turn-taking:</i> games like 'Don't Say It!', 'Give us a Clap', 'Soused!'.</p> <p><i>Connected speech:</i> talk for thirty seconds about a favourite film, television programme or hobby; or on a topic such as 'My Family'.</p>
HIGH	<p>When devising a programme to elicit and develop speech, start in the top left box and progress across OR down, never diagonally to a higher level. Select one or two activities from each box according to age, ability and interests – there is no need to complete them all. Practice high risk activities individually before repeating in a group, including an extra person, background audience or time-pressure will add an extra anxiety load. Go back to easier activities when introducing another person or change of location.</p>	

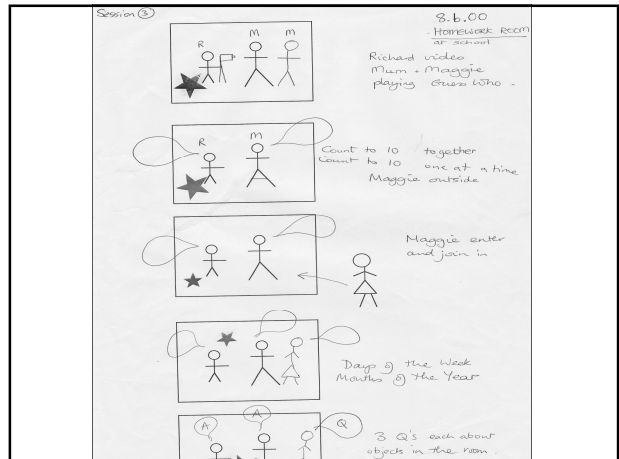
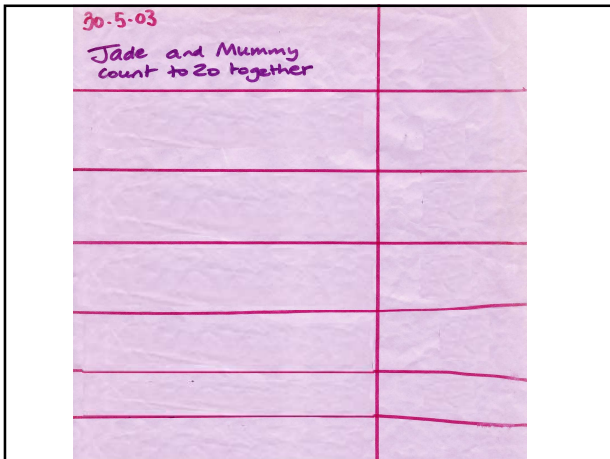
Source: The Selective Mutism Resource Manual, 2<sup>nd</sup> edition (2016), Maggie Johnson & Alison Wirtgens, a Speechmark Publication.

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## Getting started

- Establish good rapport (Stage three interaction)
- Prepare the CYP
  - see next slide for younger children
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- Record progress age-appropriately
- Choose an appropriate technique
- Continue the informal strategies!





**Cardex box**

- One target per index card

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ACTIVITY	0-5		
	Douglas	Caillin	Rose
Driving here	0	0	0
How you feel now	1	1	1
Play I-Spy with Mum, one go each, Maggie in kitchen	1	1	1
Count to 20 with Mum, door NOT quite shut.	1	1	1
Count to 20, Maggie outside	1	1	1
Count to 30, Maggie will count too outside, and come in 1/2 way through	3	3	2
All count to 30, Maggie come in 1/3 way through and sit at table	3	3	1
Count to 10, days of the week and months of the year	2	2	1

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**Pupil(s) record their anxiety rating after each target (0-5)**

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**Getting started**

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- Continue the informal strategies!

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**D: Establish speech with a key adult, using parent whenever possible**

See handout 'Techniques to establish speech' which in the session three pack.

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**Establishing Speech: specific techniques**

All techniques are based on the behavioural principle of starting at minimal anxiety level and changing only one thing at a time. In this way, individuals can gradually tolerate conditions which would normally cause great anxiety, and after repeated exposure, they are able to face situations they previously avoided without fear. *Do let children know what is happening to minimise anxiety.*

**The Sliding-in technique**

The child talks to a trusted conversational partner (usually a parent) in a relaxed situation and then another person [N] enters the room. [N] does not approach the child, but stays occupied until the child relaxes again and continues talking. [N] gradually comes closer until they can listen and join in the activity. This can be done in one session or over several short sessions.



For more anxious children aged 5 and above, this process is broken into very small steps. One activity at a time is added to a target sheet and the child marks their progress with a stickertick as each is achieved. It is explained that the activities will make it easy to talk to a person they like. At first the child talks to a member of their family with [N] *outside* the room; this is repeated with the door slightly ajar, then with the door open, and again as [N] enters the room. If the child is maintaining some voice at this stage, [N] joins in the activity as they move towards the child. Alternatively, [N] joins in the activity while still *outside* the room (e.g. taking it in turns to say the days of the week), then comes in while talking and eventually sits with the child. Start with short, undemanding ('low risk') turn-taking activities (e.g. count to 10) and *gradually* extend to single word games and longer sentences once [N] is in the room. Prolonged eye-contact is avoided until the child is talking more confidently. The technique is complete when the parent reverses the procedure and 'slides-out', leaving their child playing games and talking

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**Choosing an appropriate technique**

- Read through page one of handout 'Techniques to establish and generalise speech'.
- Use the **sliding-in technique**, if a talking partner is available to help at home or school:
  - enter room while CYP is talking to parent/talking partner, and join in once CYP can tolerate your presence. Or join in the talking *outside* the room and then slide in.
  - slide out talking partner.

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**Choosing an appropriate technique**

- If a talking partner is *not* available use:
  - reading route or video-call steps ('Informal techniques' handout in session two pack)
  - shaping approach (gesture to sounds to words)
  - lone-talking (for example, CYP starts by reading aloud in another room or to therapy dog)
  - voice-recordings for desensitisation.




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**A selective mutism case study  
A bilingual child in Year 3**

Laraine Ehrlander-Lawrence: Director of Learning Support Centre  
Jane Stansbury: Class Teacher  
Rosie Wood: Learning Support Centre Consultant

**Definition**  
Selective mutism is an anxiety disorder in which affected people speak fluently in some situations but remain silent in others. It was once considered rare but is now known to affect more than 6 in 1000 children. The condition is known to begin in early in life and can be transitory, such as on starting school or on being admitted to hospital, but in some cases it may persist and last right through a child's school life, possibly resulting in missed life chances and difficulties communicating in adult life. Early intervention is crucial to completely eradicating the condition in the first few years of a child's life. (SMIRA)

Although by no means confined to a second or third language situation, selective mutism may occur as part of the reaction to a sudden change of language and culture.

The condition is not well understood in schools; indeed there are still people who believe these children 'could speak if they wanted to'. In fact a child who is selectively mute usually has well developed speech and language skills but *cannot* speak due to anxiety in certain situations. They are not simply 'shy'; they want to speak but don't because of the distress it causes (or has caused) them. Although still comparatively rare there has been greater interest and understanding of selective mutism in recent years and fortunately two speech and language therapists, Maggie Johnson and Alison Wintgens have made it their particular study. (Johnson and Wintgens, 2016)

**Introduction**

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**A selective mutism case study  
The shaping approach with a child in Year 2 with a speech disorder**

*The following information has been taken from an article in the Royal College of Speech and Language Therapists bulletin called, 'Mute in mainstream' by Carole Davies and Pauline Winter. The article describes the progress made with a speech-disordered child using shaping rather than the sliding in technique. The selective mutism work with staff preceded speech work with the speech and language therapist.*

Close teamwork and a targeted programme helped Carole Davies and Pauline Winter break down the barriers with Daniel.

Daniel was referred for Speech and Language Therapy at age two years four months. He used mainly vowels and babble, with occasional recognisable words, but was mostly silent with strangers. Receptive language was age-appropriate.

Throughout therapy and nursery school, he was still mostly silent and only participated selectively. Occasional utterances were single words, with poor intelligibility.

He was assessed under the (then) 1981 Education Act because of a severe delay in expressive language and was given a place at a designated school for children with specific language disorders. By the end of Year 1, all of Daniel's speech in school was whispered. Speech and Language Resource Base (SLRB) staff therefore decided to attempt the 'Breaking Down the Barriers' programme by Johnson and Glassburg, a structured remediation programme for use with selectively mute children. At this stage, Daniel used mainly three to four word utterances, which contained only lexical items. Direct questions were answered but there were very little spontaneous language in school. At home he talked a lot, using his voice appropriately.

*His phonology was disordered with final consonant deletion, gliding and cluster reduction. Vowels were*

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**A selective mutism case study  
The shaping approach with a child in Years 6 to 8**

*The following information has been taken from a 2002 article supported by SEMERC called 'In the classroom communication breakthrough' and describes how learning support workers (LSWs), Michelle Burgess and Joannia Robinson, eased transition from primary to secondary school for a child with selective mutism.*

At Cirencester Kingshill School, we were asked to support a selective mute pupil with a statement. While at junior school, Richard never spoke, so we tried to make the transition to senior school as easy as possible. The first meeting we had with Richard's parents was very daunting, he was not present and we had a list of 'dos and don'ts' from our Support Services to observe. Richard sounded very isolated and we struggled to see how we were going to accommodate a selective mute in our mainstream school. It was not just a matter of having no speech:

- He did not want to be touched
- Our questions had to be closed so that he could nod or shake his head
- We had to write words on a notepad to explain work
- He displayed obsessive behaviour and was very secretive
- He would not look at or speak to teachers.



Besides all this he did not like change, so moving classroom and encountering different teachers would prove interesting. Explanations also proved time-consuming. Ironically, the touching issue proved no problem whilst playing rugby and he has since played for his form.

He settled in well. We learnt to spend more time pointing at text and converting nearly everything into a closed question or a couple of options. We tried to respect his 'space' and answered if teachers spoke to him.

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### Sliding-in Technique (1)



- Can only be introduced when the CYP can talk easily to someone (usually a parent) in the setting to be used. So may need to work on this first if working at school rather than at home.
- Run through rote sequences with talking partner first.
- Need a private room where won't be interrupted.
- **Either** work for a fixed time of 10-15 minutes, three to five times a week for a term (anxious children will take more risks when the end is in sight)  
**or** allow one and a half to two hours for a single session (only suitable for CYP who have good rapport with keyworker/new person).

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### Sliding-in Technique (2)

- The CYP is told the purpose of the sessions – to get rid of their panic feelings by very gradually getting used to talking to other people just one person at a time. Just focus on one person and place at a time.
- Introduce the recording system and agree a signal
- Start with the CYP and parent/talking partner alone (new person leaves room after explaining the first step).
- Whispering is never a target and it's not accepted as 'talking'. A very quiet voice is OK (it will get louder!). If CYP whispers, new person needs to be further away.



 

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### Sliding-in Technique (3)

- The new person gradually enters a talking-circle where the CYP and parent/talking partner are taking it in turns to say numbers, days of the week, letters of the alphabet, etc.
- Rote sequences become short turn-taking games involving single words and then sentences.
- Reverse directions and repeat each activity.
- **Not complete until the parent/talking partner slides out of the circle and then the room (many pupils can manage this in one step), and the CYP repeats games alone with the new person.**

See handouts 'The sliding-in technique' and 'Progress Chart 4: The Sliding-in Technique' in the session three pack.


 

A technique for parents and staff working with school-aged children and young people who have selective mutism

## THE SLIDING-IN TECHNIQUE

This technique helps individuals talk to familiar adults. It should be used as part of an overall programme, as described in *The Selective Mutism Resource Manual* (Johnson & Wintgens, 2016). The following steps can be accomplished in about 1½–2 hours over a single session or in several 10–15 minute sessions held three to five times a week (more suitable for very anxious children or when time is at a premium). Children less than five years old require the informal version of this technique (Handout 15).

**Key**  
[P] = Parent or other talking partner (eg the child's sibling or school keyworker);  
[N] = Name of child or young person; [A] = new Adult.

 If you are using school or clinic premises, arrange a quiet place and time for [P] and [N] to play, read or talk together uninterrupted, possibly over several sessions, as the Sliding-in Technique cannot start until [N] is comfortable talking to [P] in this setting using their normal speaking voice. Make this easier for [N] by ensuring that activities are easy and enjoyable, so [N] does not feel tested. This is a good time to find out which rote sequences [N] can recite confidently, eg counting, days of the week.

THE SLIDING-IN TECHNIQUE

### TALKING TO A NEW PERSON USING THE SLIDING-IN TECHNIQUE


Stage of one-to-one interaction* with the new person and individual target milestones		Date achieved
Talking Bridge	Talk when alone with parent/other talking partner (eg keyworker) in a quiet room with no interruptions. New person is not involved.	
	Take turns counting to 20 with talking partner [P] and say other rote sequences, eg the days of the week/months of the year/alphabet.	
	Take turns counting with [P], knowing that the new person [N] is a short distance away. [P] starts the counting.	
	Take turns counting with [P] with [N] outside the closed door.	
	Take turns counting with [P] with [N] outside and the door not shut properly.	
	Take turns counting with [P] with [N] outside and continue when [N] opens the door about 15cm towards the end of counting.	
	Take turns counting with [P] with [N] outside and the door open 15cm.	
4	Take turns counting with [P] and [N]. [N] stays outside and the door is open 15cm.	
4	Take turns counting with [P] and [N]. [N] enters the room while counting and (a) stands by the door, (b) approaches the table, (c) sits at the table.	
4	Take turns counting with [P] and [N], starting with [N] inside the room.	

4 SLIDING-IN A NEW PERSON

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## VIDEOS



- The sliding-in technique with Jade


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## My Child Won't Speak - YouTube

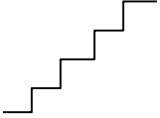
- See examples of sliding-in with school staff in the BBC Documentary, 'My Child Won't Speak', available on YouTube.
- Note how much quicker it is for school staff that Megan knows well to slide in, as opposed to her speech and language therapist.
- Can you suggest next step for Red to help her move on from leaving telephone messages for her Grandad?  
Hint: Informal techniques become small-steps when you break them down and set the child a target.



  
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## To ensure success... (1)

Goals are broken down into small steps: short, specific tasks.





- Start with something achievable and *change only one thing at a time*:
  - For sliding-in this could be: repeating an activity previously carried out with parent but with key worker now outside the room; how far open the door is; how near the new person is; the activity; or direction of turn-taking
  - For shaping this could be: making a longer sound or word; playing a voice-recording to keyworker; reading alternate sentences. (See case study handouts in session three pack and reading route on p.4 of Informal Techniques in session two pack).


 

  
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## To ensure success... (2)



- CYP never fails a target – but sometimes we set the wrong target!
- If the CYP cannot manage a step (for example, they freeze completely or whisper) calmly explain it was too difficult and you need to re-write the target and make it easier. **Then back-track immediately or terminate the session early.** Never fill any remaining time with an easy game or fun activity.
- Adult shoulders the responsibility for not completing a target.


 

  
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## To ensure success... (3)



- Explain exactly what the CYP (and parent if present) needs to do before each step and write it down if using a sticker chart or index cards. Write down only the current step rather than looking ahead.
- Do not outline in advance what the next session will cover; just say you will carry on next time.**
- Start each session by repeating two or three things the CYP has already done, either before starting the small-steps programme or at the previous session. Then move forwards again.
- Give CYP choices about targets but don't ask their permission.

  
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## E. Generalising Speech

- As soon as CYP reaches stage seven (uses sentences *without* their parent present) keyworker moves on to generalisation.



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## Summary handout

For a summary on implementing a small-steps programme, please see handout 'Selective mutism: implementing a small-steps programme' in the session three pack.

This handout includes:

- Choosing a technique, how often to meet, who to be keyworker etc.
- "Common Practices that delay and prevent progress" covers 15 pitfalls to avoid
- Intervention checklist
- Generalisation planning sheet: Identifying priorities for introducing new people, settings and group activities.

\* Generalisation and transitions are covered in session four

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## Selective Mutism: Implementing a small steps programme

**Sliding-in or shaping?**

In practice we use a combination of techniques depending on the age of the child, how anxious they are and whether the parent(s) can be involved.

**Desensitisation** activities can also play a valuable part but should never be allowed to become a substitute for speech. The child gets used to the *thought* of doing something they previously believed they couldn't manage by carrying out related, but less-threatening activities. For example, they allow a teacher or classmates to hear a **recording** of their voice. Or they talk to a classmate over the **phone** before trying it face to face.

a) *Up to 6-7 years – informal approach*  
Shaping works very well with the very young or less anxious SM child and leads on from rapport building with a familiar and trusted staff member (keyworker) in the child's school setting. The children benefit from both individual and group sessions where they feel absolutely no pressure to talk, but are gradually encouraged to move from non-verbal communication and action-rhymes, to sound-making, singing, humming, speech sounds and words. Confident readers can often progress from reading out words and sentences to reading in turns with playscripts, poems or games and finally dropping the reading component. At the same time, parent(s) spend time in the classroom/playgroup and/or at home using the *sliding-in* principle to help the SM child speak near to, and eventually with, other children and adults.

a) if available, parent supports child's familiarisation with other people and places and slides out as child's confidence grows  
b) rapport-building with keyworker and graded question technique when one to one  
c) shaping activities with keyworker to elicit speech in response to Yes/No questions

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## INTERVENTION CHECKLIST

**Planning first steps:**

- **explore initial speaking habits**
  - where, when and with whom is the child able to speak?
  - what are their strengths, favourite activities, interests?
  - how to get this information?
- **creating an anxiety-free environment**
  - who is involved and in what settings?
  - how is communication currently managed (maintaining factors)?
  - what modifications are indicated? (environmental checklists)
  - what information do people need?
  - how to impart this information?
  - what will be said to the child and by whom?
- **eliciting and generalising speech**
  - do speaking habits suggest a good starting point? (minimal anxiety)
  - gradual progression with day to day activities (informal approach) or small steps with frequent reinforcement (formal approach)?
  - how could variables be changed one at a time in order to elicit speech with a keyworker and/or transfer speech to a different location?
  - who will be involved?
  - where and when will initial intervention take place?
  - what would be a suitable activity and appropriate reinforcers?
  - how will this be presented to the child?

**Success depends on:**

- **relationship with keyworker**
  - Are adult/child roles clearly defined? Who is in control?

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## GENERALISATION PLANNING – identify scope/priorities

**RANGE OF PEOPLE**

Familiar people not yet in child's comfort zone			
Relatives	School staff	Peers	People in community (organisations etc.)



  

Unfamiliar people (include authority figures)		
School staff	Peers	Strangers in community (shops, cafes etc.)

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## Success depends on...


- thoroughly assessing and reducing reinforcement of mutism (address the maintaining factors)
- full involvement of CYP
- CYP's relationship with keyworker
- understanding the progression and keeping anxiety to a minimum
- being prepared for and ready to cope with setbacks
- knowing when to let go.

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## When to let go?

- Keyworker's role is to move things on and reduce CYP's dependency on one adult.
- Intervention can only be regarded as complete once CYP has transferred speech to a new class or setting and is talking spontaneously to new adults and children in that setting.
- Must actively manage (and subsequently monitor) transition into a new class/school.
- See session four 'Generalisation and transitions'

**You have completed training session three: Implementing a small-steps programme**

Depending on the age of the CYP you are working with, you will need to access the following training sessions:

	Early years	Primary school	Secondary and beyond
Session one: Understanding selective mutism	✓	✓	✓
Session two: Effective, round-the-clock support	✓	✓	✓
Session three: Implementing a small-steps programme		✓	✓
Session four: Generalisation and transitions	✓	✓	✓
Session five: Additional considerations for secondary+			✓



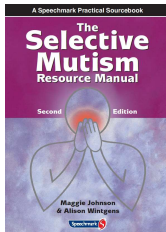
**Further support**

- **KCHFT** Virtual family groups available to all relatives of CYP with SM who have accessed training. See website for further details: <https://www.kentcht.nhs.uk/childrens-therapies-the-pod/speech-and-language-therapy/selective-mutism/>
- **SMIRA** (Selective Mutism Information and Research Association) – a parent/professional support group based in Leicester with free membership: [info@selectivemutism.org.uk](mailto:info@selectivemutism.org.uk)  
**SMIRA website** [www.selectivemutism.org.uk](http://www.selectivemutism.org.uk) and **SMIRA Facebook Group** with free downloads, info packs and chat rooms (older CYP have their own 'SM Space Café' Facebook group).
- **ADVANCED TRAINING** (e.g. assessment, SM alongside other diagnoses) available at <https://coursebeetle.co.uk/cpd-masterclasses/>

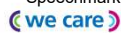


**The Selective Mutism Resource Manual  
Maggie Johnson and Alison Wintgens**

This manual provides in depth information for parents and professionals on identifying and supporting CYP with selective mutism. The manual is accompanied by a downloadable 244 page online resource which contains assessment forms, progress charts and advice handouts, some of which have been included in your handout pack today.



The Selective Mutism Resource Manual (2016)  
Speechmark Publications [www.routledge.com](http://www.routledge.com)



## Classification of Activities by Communication Risk (Anxiety Load)

RISK	SINGLE WORD ACTIVITIES	SENTENCE LEVEL ACTIVITIES
<b>LOW</b>	<p><b>Rote speech:</b> counting; days of the week; months of the year; letters of the alphabet (spoken on a turn-taking basis, each person say one item at a time, initially, and then two or more items at a time).</p> <p><b>Factual speech:</b> answer questions with ‘yes’ or ‘no’ (e.g. Can babies fly?); answer ‘X or Y?’ questions (e.g. ‘Is grass green or purple?’)</p>	<p><b>Rote speech:</b> counting; days of the week; months of the year; letters of the alphabet (recited initially on a turn-taking basis, each person say several items at a time, in sequence. Later, the child recites sequence alone). Sing/talk in unison, say repetitive ‘catch lines’ in stories or rhymes. Rehearsed speech, e.g. lines in a play.</p> <p><b>Factual speech:</b> simple sentence completion or word-pairs, e.g. ‘fish and chips’.</p> <p><b>Reading aloud:</b> familiar material (confident readers); take part in a play-reading.</p> <p><b>Structured turn-taking:</b> games such as ‘Battleships’, ‘Guess Who?’</p>
<b>MEDIUM LOW</b>	<p><b>Factual speech:</b> name simple pictures (e.g. play ‘Pairs’); complete stock phrases or sentences with a single word (e.g. ‘You sit on a ____?’, ‘hot and ____?’, ‘table and ____?’).</p> <p><b>Reading aloud:</b> simple single words; answer questions by finding answers in the text (confident readers); Word Dominoes.</p>	<p><b>Factual speech:</b> provide a definition or describe a picture so that others can identify the word; answer questions requiring a simple phrase or sentence.</p> <p><b>Semi-structured turn-taking:</b> Simple request games such as ‘Fish’, ‘Happy Families’.</p> <p><b>Reading aloud:</b> pair cards to make a sentence, rhyme or question/answer; read a sentence and supply missing word; read out and solve crossword puzzle clues.</p> <p><b>Personal information:</b> providing details such as full name, age, date of birth, address, telephone number, school, name of teacher.</p>
<b>MEDIUM HIGH</b>	<p><b>Factual speech:</b> answer easy questions without a picture reference (e.g. ‘How old are you?’); give an item from a category (e.g. colours, food, animals).</p> <p><b>Reading aloud:</b> identify missing word in a sentence; order words to make a sentence (confident readers).</p> <p><b>Likes and dislikes:</b> give favourite item from a category (e.g. colour, drink, car, recording artist); repeat with least favourite or ‘worst-ever’.</p>	<p><b>Semi-structured turn-taking:</b> Games requiring questions and reasoning, e.g. ‘Hedbanz’, ‘Twenty Questions’; give directions in order to complete an activity; follow directions and seek clarification when unclear.</p> <p><b>Social routines:</b> say ‘thank you’, ‘yes, it is’, ‘no. I haven’t’, ‘I’m not sure’, ‘I don’t know’ etc. rather than nod, shake head, shrug or say a simple ‘yes’ or ‘no’.</p> <p><b>Connected speech:</b> give detailed instructions on ‘How to.....’ (e.g. make a sandwich, catch a fish, fly a kite, get ready for bed, add sound to a PowerPoint presentation).</p> <p><b>Unplanned speech:</b> unexpected questions.</p>
<b>HIGH</b>	<p><b>Thinking skills:</b> e.g. ‘Word strings’, riddles.</p> <p><b>Guessing games:</b> e.g. ‘I Spy’, ‘Hangman’.</p> <p><b>Reading aloud:</b> difficult words (under-confident readers); sound out and blend words.</p> <p><b>Initiation:</b> Call out, e.g. ‘Snap!’ ‘Bingo!’ ‘Stop!’</p> <p><b>Social routines:</b> say ‘bye’, ‘hi/hello’, ‘please’.</p>	<p><b>Conversation:</b> initiate contact/requests; seek help; correct mistakes; negotiate.</p> <p><b>Verbal reasoning:</b> inference and deduction; alternative solutions; explanations.</p> <p><b>Personal contributions:</b> tell jokes; share opinions, fears, frustrations, wishes.</p> <p><b>Unstructured turn-taking:</b> games like ‘Don’t Say It!’, ‘Give us a Clue’, ‘Sussed!’.</p> <p><b>Connected speech:</b> talk for thirty seconds about a favourite film, television programme or hobby, or on a topic such as ‘My Family’.</p>



When devising a programme to elicit and develop speech, start in the top left box and progress *across* and *down*, never diagonally. Select one or more activities from each box according to age, ability and interests – there is no need to complete them all. Including an extra person, background audience or time-pressure will add an extra anxiety load. Go back to easier activities when introducing another person or change of location.

## Establishing speech: specific techniques

All techniques are based on the behavioural principle of starting at minimal anxiety level and changing only one thing at a time. In this way, individuals can gradually tolerate conditions which would normally cause great anxiety, and after repeated exposure, they are able to face situations they previously avoided without fear. *Do let children know what is happening to minimise anxiety.*

### The Sliding-in technique

The child talks to a trusted conversational partner (usually a parent) in a relaxed situation and then another person [N] enters the room. [N] does not approach the child, but stays occupied until the child relaxes again and continues talking. [N] gradually comes closer until they can listen and join in the activity. This can be done in one session or over several short sessions.

For more anxious children aged 5 and above, this process is broken into very small steps. One activity at a time is added to a target sheet and the child marks their progress with a sticker/tick as each is achieved. It is explained that the activities will make it easy to talk to a person they like. At first the child talks to a member of their family with [N] *outside* the room; this is repeated with the door slightly ajar, then with the door open, and again as [N] enters the room. If the child is maintaining some voice at this stage, [N] joins in the activity as they move towards the child. Alternatively, [N] joins in the activity while still *outside* the room (such as taking it in turns to say the days of the week), then comes in while talking and eventually sits with the child. Start with short, undemanding ('low risk') turn-taking activities (such as count to ten) and *gradually* extend to single word games and longer sentences once [N] is in the room. Prolonged eye-contact is avoided until the child is talking more confidently. The technique is complete when the parent reverses the procedure and 'slides-out', leaving their child playing games and talking alone with [N].

### Shaping

With this technique the *speech* target changes, rather than the proximity of the person listening. The child starts by using pointing/gestures with a keyworker and then takes tiny steps towards verbal communication by gradually increasing articulatory effort through blowing, non-speech sounds, voicing, speech sounds, syllables, words and phrases, volume and eye-contact. Confident readers may be able to read aloud, before reading games, playscripts and conversation. Shaping is useful for initial rapport-building games with young children and for when parents cannot be involved, but is generally a more stressful way to elicit speech.

### Lone Talking

The student records their voice when alone and plays the recording to the keyworker until they are comfortable with reading or reciting rote sequences and answering questions via voice-recordings. The keyworker then applies the sliding-in technique as above, but the student reads or counts aloud without the support of a conversation partner. Helpful for older students.

(Continued...)

## **Generalisation**

After any of the above techniques have enabled a child or young person to speak to [N] for the first time, [N] uses the sliding-in technique to introduce new talking partners, one person at a time, and activities are repeated in different settings with no extra audience. [N] also facilitates groupwork, gradually adding one new child at a time and varying the group members.

### **Talking Circle**

Once the child is confident that the Sliding-in technique works, more than one person can be introduced at a time at a faster pace. Two or three extra chairs are placed in a circle and the child and keyworker start counting alternately. After an agreed signal a new person enters the room, slowly takes their place in the circle and joins in the counting. This is repeated until all those waiting outside have joined the circle. Activities then move from single words to sentences, moving round the circle in different directions. Finally, the keyworker can gradually 'slide-out' leaving the child talking alone with the new people.

### **Walkabout**

Once the child is able to talk in small groups they can try 'Walkabout'. Here they start talking to the keyworker in a 'safe' area where no-one else can hear - choose a simple activity to begin with rather than spontaneous conversation. The challenge is to continue talking as they walk to another safe area or back to the original spot. e.g. walk down a public corridor from one room to another, or circle the playground at lunchtime.

Source: The Selective Mutism Resource Manual, second edition (2016) by Maggie Johnson and Alison Wintgens, a Speechmark Publication.



## A selective mutism case study A bilingual child in Year 3

Laraine Ehrlanderr-Lawrence: Director of Learning Support Centre

Jane Stansbury: Class Teacher

Rosie Wood: Learning Support Centre Consultant

### Definition

'Selective mutism is an anxiety disorder in which affected people speak fluently in some situations but remain silent in others. It was once considered rare but is now known to affect more than 6 in 1000 children. The condition is known to begin in early in life and can be transitory, such as on starting school or on being admitted to hospital, but in some cases it may persist and last right through a child's school life, possibly resulting in missed life chances and difficulties communicating in adult life. Early intervention is crucial to completely eradicating the condition in the first few years of a child's life.' (SMIRA)

Although by no means confined to a second or third language situation, selective mutism may occur as part of the reaction to a sudden change of language and culture.

The condition is not well understood in schools; indeed there are still people who believe these children 'could speak if they wanted to'. In fact a child who is selectively mute usually has well developed speech and language skills but *cannot* speak due to anxiety in certain situations. They are not simply 'shy'; they want to speak but don't because of the distress it causes (or has caused) them. Although still comparatively rare there has been greater interest and understanding of selective mutism in recent years and fortunately two speech and language therapists, Maggie Johnson and Alison Wintgens have made it their particular study. (Johnson and Wintgens, 2016)

### Introduction

The following is the story of a little Japanese girl, X, who arrived at Surrey prep school, Danes Hill, at the beginning of Year 3 with clear signs of selective mutism. Fortunately, the school has a well-established Learning Support Centre (LSC); the Director of the LSC, the school's SENCo, met X the previous spring term and liaised with her school over her needs. Staff were given notes by the Director of LSC on how to handle her during the early days of her new school. Her form teacher attended a training course run by Maggie Johnson, in order to learn strategies to put into practice. With co-ordinated support from all teachers and X's parents, X is now happily participating in lessons and taking a full part in school life.

### Background and setting up support

X arrived at Danes Hill School in September 2009 with a history of not speaking at her previous schools. She could not speak in the classroom environment even to answer her name in the register. However she would read aloud to a reading assistant (*very* quietly) so long as no one else might overhear her. She would only read to her class teacher in the classroom if it was engineered that the other children were doing something quite noisy.

She could, just, say 'good afternoon' to her teacher in the playground at the end of the day. However, when in the class reading area, with both her teacher and class assistant present, she seized up despite the fact that she could read to her class teacher or the assistant on their own.

At the parent-teacher conference in her first term, X's class teacher spoke to her parents and explained that she felt X was a 'selective mute'; she asked their permission to get some help. Following contact with the LSC, X's parents came up to school for a consultation to gain a full background history and to discuss the way forward. At this initial discussion, another teacher whose first language is Japanese came along to meet the parents and aided interpretation; this was a great help to ensure that communication at this vital meeting was as full and clear as possible.

The family moved to the UK in 2006 when X had only a few words of English. She started education in a nursery for one term with a kindly teacher. At this time she explained to her parents that although she could understand English, she was not confident enough to speak it. She often had difficulty speaking to 'new' people but later, when she got to know them a little, she was 'OK'.

In Reception class X had a stricter teacher who tried, with parental agreement, to persuade X to speak. X responded by becoming even quieter and less happy. Her parents moved her to a different school in 2007 where there were smaller classes in an apparently warmer and more flexible school environment. By now she couldn't speak in class, although she spoke to friends in the playground. Other parents were surprised when these friends went to play at X's home and they heard her speaking excellent English! Teachers at school tried to help and it was suggested that X's parents seek advice. X saw a psychologist who recommended that her parents be patient and not challenge her to speak. This 'wait and see' policy was adopted at school but insufficient progress was made.

By now X's parents were seeking a change of school and were attracted by the reputation of the LSC at Danes Hill.

Following full investigation and discussion among SENCo, class teacher, LSC consultant, and parents, an agreed programme of support, led by the class teacher and supported by parents, the LSC and staff began in November 2009.

*A lesson observation in late November noted that X was 'alert throughout the lesson, smiling and enjoying the tasks. Using non-verbal communication she helped another child who did not press her for a reply. Her teacher was careful not to push for verbal responses and the lesson went well. Later, asking X to come over near me, there were signs of anxiety (tongue moving in her cheek, fingers in her mouth). X makes clicks but not vocalisations in class, although there have been a few occasions on which she has read aloud a few words or spoken in the playground.'*

X's ability to make a non-vocal click but not even a vocalised 'hmm' as a response to taking the register was an important indicator of her problems. At home with her family X had begun to speak aloud in front of others in English but was reluctant if there were more than, say, five people. For instance, at a birthday party she would only speak to individuals. On Saturdays, X was attending and enjoying Japanese school where she was speaking.

Luckily X makes friends easily and, with gentle guidance from her teacher, other children have been very sensitive. Staff were given guidance too: X's teacher encouraged them to ask her about any concerns and reinforced ideas from the following written information given at the beginning of term from the SENCo:

*X has a history of avoidance of spoken communication at school. This has meant that although she reportedly speaks fluent English at home, she can remain silent at school. Her first language is Japanese. This type of anxiety usually has early roots and, in her case, may relate to a difficulty acquiring English. She loves singing in the choir and is a good gymnast. She is a high achiever and reads fluently. She may not choose to talk to her teachers or peers, although she communicates non-verbally and makes friends. Appropriate support includes:*

- *X may find it difficult to look at you when she is anxious – she may turn her head away and seemingly ignore you, but is probably listening and not consciously trying to be rude. Continue to talk to her without demanding that she 'listens' or 'looks at you'.*
- *She may not smile or show her true feelings and should not be asked whether she is happy.*
- *She may need support to answer to her name and be slow to respond.*
- *If she worries unnecessarily about work, please reassure her and help her to get any anxiety into proportion.*

- *She may be physically sensitive to noise, smells, touch and being too close to others. Please allow her to sit where she feels comfortable.*
- *When I spoke to X, I found she has a sense of humour and was able to say a few words. It was helpful to speak to her standing/ sitting by her side rather than as a direct confrontation demanding eye contact.*

*I am hoping that X will see her new school as a fresh start and allow herself to chat to her new friends who don't know anything about her.*

*Please let me know how she settles and encourage her to join in activities.*

### **Support Programme in action**

Over the final weeks of the autumn term 2009 and the early months of the new year 2010 a gradual and carefully graded programme of support was carried out in class. Her class teacher is mindful that X remains in groups of children with whom she is familiar and comfortable. She continues to monitor X's interactions, very gradually enlarging the range of situations in which X is expected to speak and the number of people involved, and slowly increasing the 'communicative intent' of what she has to say. Communicative intent is related to how close the speech is to real communication, such as counting which has very low communicative intent; ringing a friend to ask her to play or explaining a task would be high. Another subject teacher began to work closely with X's class teacher, and, taking tiny steps, X has 'blossomed'.

### **2009/2010 Class Teacher's Working Diary**

Working notes from X's class teacher show how she gradually increased the level of language and the communicative intent:

*Start of the programme; mid-November 2009*

*I explained that I understood how she felt, that it would be fine and we would do some work together to help her. I said we would stay in the classroom for our work (a safe environment that she is relatively secure in) and gave her the choice of whether we would do her work before lunch –so she went into lunch a little late, or after she had had lunch. With some reluctance -once she had realised she had to work with me at some point –she chose before lunch.*

*As much as possible I allowed X to choose which days we worked together as I felt she needed some control over the situation.*

*25 November*

*X and I drew a talking map of where she felt comfortable talking in school; she was very uncomfortable with this but drew a face with an almost open mouth in the area just outside the classroom block but a silent face elsewhere. I showed her a 'Do not disturb notice' which I stuck on the outside of the classroom door. We sat alongside each other and took turns to count to 10 – ensuring at this stage that I was not looking at her at all as she spoke.*

*(This session introduced language at a very low level, i.e. counting)*

*27 November*

*We counted to 20 in turns. Then made shapes with different colour unifix and described them to each other and built the shape the other described. X was quite relaxed; I sat alongside her.*

*(A very small step from counting to describing the blocks)*

*1 December*

*Repeated the activity of making shapes with unifix.*

*Read and answered prewritten questions to each other.*

*Sitting opposite each other.*

*Discussed Mrs H (X's set teacher for both English and maths) joining us next time – X happier with that than with a friend joining us.*

*(Reading out the questions minimised the language load – no thinking required)*

*3 December*

*Counted, made and described cubes, asked and answered the questions as above but with Mrs H in room with her back to us and behind X. X less relaxed with another adult in room but still was able to speak.*

*(Introduction of another, trusted, adult who was not involved in the communication)*

*8 December*

*X and I asked and answered questions and after a while Mrs H came in, sat down at the table with us and joined in. X was able to ask and answer questions with her although did not look at her.*

*(Simple answers only were required to basic questions, such as 'Where did you go on holiday?' 'Do you have a brother?' 'Where do you live?')*

*10 December*

*C (one of the other girls from the class) joined us today and X was able to count, describe the cube shapes and read and answer questions. I explained to C, in front of X, that this did not mean X would talk to her in other places so not to be worried about that.*

*(Later questions were at a slightly higher level, such as 'What is your favourite lunch?' 'Which lesson do you find easiest?')*

*14 December*

*Played 'Guess Who' with C in the classroom at the start of lunch break. Walking to lunch I counted with C and X down the (empty) corridor. After lunch played another game at the front of the room during reading period, then A (another of the girls) joined in and finally C (another C). Walking to P.E. I counted with the four girls and then slowly encouraged others from the class to join in.*

*('Guess Who?' is an enjoyable game with pictures of characters. Each player asks simple questions, such as 'Does your person have a beard?' which are quite low level but, as with the questions on 10 December, involved the beginning of turn taking similar to a conversation.)*

*15 December*

*Played 'Guess Who' with the girls again, counted in the classroom with some of the boys joining in. Used counting to take the register at the end of the day and X was able to join in and say 11 (her number in the register).*

*16 December*

*Used calling our number for register again. X joined in again so I will use that for the time being and hopefully she will gain in confidence and maybe volume.*

*Today we went to the pantomime and I made every excuse I could to count the children getting them to call their numbers –leaving the classroom, getting onto the coach, lining up, getting off the coach etc and X was able to join in.*

*On the way home on the coach I noticed that X was being asked by her friends to tell them expressions and words in Japanese (the dark in the coach and the fact that they had all now heard her voice seemed to be the breakthrough for her).*

*Term ended on 18 Dec*

*I spoke to X's mum and said how pleased I was with her progress and that it would be useful if X could have play dates over the holidays to maintain her confidence with her friends.*

*Spring term 2010*

*First morning back I risked saying 'Good Morning' followed by each child's name and when it was her turn X answered 'Good morning Mrs S' with no problem at all. Fortunately, the rest of the class were so absorbed with the new pupils that they didn't really comment. Her friends tell me that during the holidays X rang them to ask them to play so her parents obviously had reinforced the work done at school. Over the next few days she initiated conversations with me –asking simple questions about where she should be*

*now and so on.*

*15 January*

*Today was a break through X arrived in school and initiated a conversation about her reading book which she felt was too easy. Then in humanities put up her hand to tell me that she had been to Egypt in the holidays and then agreed to tell the class about it!*

*March*

*X can talk to most of her teachers to answer questions, she initiates conversations with Mrs H and last week agreed to take a message to Mrs H which she delivered standing at the door across the classroom. However, when a member of staff from her old school attended a fund-raising event it was noticeable that X found it very hard to speak to her –although she did just about manage to say ‘Yes’. Unfortunately, the opportunity to give X a few minutes in a safe environment to help her with this was not available.*

*We are monitoring X. carefully and will be trying to ensure that she meets next year’s teachers frequently in a very casual way over the next term so that her movement into Year 4 goes smoothly.*

### **Progress**

X’s parents came to another meeting at school to review her progress. X had recently spoken in a year assembly in front of parents, staff and children – a major step forward! The assembly was carefully planned so that the speaking load increased very gradually; initially the whole class sang a song, then small groups spoke together and finally individual children had their own lines. Parents and teachers were thrilled.

X now puts up her hand and volunteers information in class and is participating verbally in many situations. X’s parents have been pleased with reports from play dates that X has been a ‘chatterbox’! X’s social and emotional life have clearly benefited as well as her education.

X has made excellent progress and now needs gentle, careful handling so that she continues to gain in confidence. She is not quite there yet, and needs continued discreet help to become as confident with English as she is with Japanese. Transition at the end of the summer term will need particular care. The plan is to introduce X to her new teacher very slowly throughout the summer term, gradually increasing the ‘structure’ of each meeting so that X is able to communicate well with him/her. Sensitive, low key support will still be essential to maintain progress. As before this will be given by her class teacher with back up from subject teachers and her family.

X is an able child and is fast becoming a success story!

### **2011 Update**

X’s summer report notes that she has had a most successful year, ‘reading fluently and with expression’; ‘always participates fully in class’; ‘participating with enthusiasm when called upon’; ‘a real asset to have in any class’; and ‘a delightful child with a cheerful disposition’.

### **References**

Johnson, M. and Wintgens, A. The Selective Mutism Resource Manual. 2nd edn 2016. London: Speechmark.

Selective Mutism Information and Research Association (SMIRA): [www.selectivemutism.org.uk](http://www.selectivemutism.org.uk)



## A selective mutism case study

### The shaping approach with a child in Year 2 with a speech disorder

*The following information has been taken from an article in the Royal College of Speech and Language Therapists bulletin called, 'Mute in mainstream' by Carole Davies and Pauline Winter. The article describes the progress made with a speech-disordered child using shaping rather than the sliding in technique. The selective mutism work with staff preceded speech work with the speech and language therapist.*

Close teamwork and a targeted programme helped Carole Davies and Pauline Winter break down the barriers with Daniel.

Daniel was referred for Speech and Language Therapy at age two years four months. He used mainly vowels and babble, with occasional recognisable words, but was mostly silent with strangers. Receptive language was age-appropriate.

Throughout therapy and nursery school, he was still mostly silent and only participated selectively. Occasional utterances were single words, with poor intelligibility.

He was assessed under the (then) 1981 Education Act because of a severe delay in expressive language and was given a place at a designated school for children with specific language disorders. By the end of Year 1, all of Daniel's speech in school was whispered. Speech and Language Resource Base (SLRB) staff therefore decided to attempt the 'Breaking Down the Barriers' programme by Johnson and Glassburg, a structured remediation programme for use with selectively mute children. At this stage, Daniel used mainly three to four word utterances, which contained only lexical items. Direct questions were answered but there was very little spontaneous language in school. At home he talked a lot, using his voice appropriately.

His phonology was disordered with final consonant deletion, gliding and duster reduction. Vowels were distorted and overall, he was very difficult to understand, especially out of context.

#### Sessions

SLRB staff realised that it would be crucial to have a short session every day. As the speech and language therapist (SLT) was only in school for two and a half days the support teacher became the key worker, but both professionals planned and discussed each stage.

Having scanned the timetable, the only session possible was after morning playtime, while the rest of the class were having drinks. Daniel was collected every day from the playground for ten minutes and used a small room within the SLRB. Awareness was raised within the support team and aims were discussed with them and with Daniel's class teacher. She was kept informed of his progress throughout.

In the first session, the 'ground rules' of the activities were discussed and Daniel accepted these without question. At this stage, the support teacher had worked with him over a period of one term, mainly in a small group.

#### Progress

As the sessions progressed they were extended to fifteen minutes daily, still in the small room on a one-to-one basis. The first change to the format was the introduction of an 'activity box' with a variety of different activities recorded on cards. Daniel used this to select a daily activity, as described in the programme, the principle being that he set his own target. Each target carried a reward, closely linked to the requirements. These ranged from pencil sharpeners to tubs of bubbles and Daniel gained a lot of satisfaction from them. The programme started in September of Daniel's Year 2 and he first used his voice in December of that year, after approximately sixty sessions. Once he was consistently using his voice for whole words, the

sessions changed a lot to accommodate more children, and then adults. The scope of the sessions broadened and they became less structured. The targets could be less restricted because by January Daniel was talking freely most of the time in the sessions. Rewards were given for participation in conversation instead of for specific individual words.

We began to vary the location of sessions and the small room was abandoned. If it was used, the door was left open. Initially, sessions moved to the main SLRB area, empty of people; then to the table outside Daniel's class-room, when it was empty; then into his classroom during playtime; then outside school, walking to shops, etc.

Towards the end of the summer term (July), Daniel's new class teacher for the following year was introduced to test his response. A birthday celebration was organised for him and he invited a group of children and one adult from a choice of three. He chose his new teacher and on that occasion talked happily to everyone present.

### **Significant milestones**

Week No.	Milestone
End 1	Change in body language. Broad smile when approached. Movements big and relaxed.
6	Change in attitude to work in other groups. Eager to answer questions (whispered). Written work more confident. Class teacher noted growth in self esteem.
12	Used voice with key worker. Single phonemes into tape recorder whilst teacher in room, looking out of window.
End 13	First real words in relaxed, conversational context. Described pictures in snap game.
21	Spoke to speech and language therapist on telephone to discuss game played.
22	Spoke to SLT and friend in small room. Described 'treasure' found in hunt to enable him to keep it. Used voice to read book to key worker and friend outside his classroom.
26	Spoke in little room with third adult present.
27	Spoke to a different friend, skipping, counting and saying rhymes outside in playground.
28	Spoke outside specific activity session with third adult and one other child.
33	Spoke in open classroom with four other children and fourth adult during birthday celebration. Relaxed and chatty.

### **Feelings of staff involved**

This was a new programme to all of the SLRB staff and so we felt tentative about starting it, especially because of the heavy commitment required for daily sessions.

The specialist teacher and the SLT were very anxious to do 'the right thing' in this sensitive area for Daniel. Other staff wanted to support them, but were unsure which direction to take. Everyone desperately wanted it to succeed.

The class teacher became wary about her handling of Daniel in class and needed reassurance and advice in relation to the stages of the programme. The emotional involvement for the specialist teacher was higher than expected and frustrations were sometimes difficult to rationalise. Having two members of staff involved to share the load and discuss every stage was therefore extremely valuable.

The class teacher was disappointed that throughout the year Daniel did not speak to her, and others in the team experienced similar feelings if they worked with him regularly.

### **Difficulties**

Breaks in the programme were disruptive to the flow. Whilst Daniel was not often ill, holidays always seemed to occur at vital stages. Errors were made, usually by not following the programme precisely. Once Daniel had spoken to one adult it was easy to assume he would immediately speak to others. We quickly realised the need to backtrack and take very small steps. The security of the small room was also underestimated when attempts were first made to vary the settings.

### **Tips when attempting the programme**

- 1) Embark on the programme with the support of a partner who has experience of language disordered children.
- 2) Daily sessions are very effective so try not to allow disruption of this arrangement.
- 3) Hold on to the idea that the child is stressed about using language and therefore has a huge hurdle to overcome. The key worker will act as a mental prop for the child to lean on and eventually provide the missing link to communication.
- 4) Provide information and support for all staff involved with the child if they are uncertain of their own role. Share successes with everyone.
- 5) Operate the 'return to base' rule rigidly (see Johnson and Glassbuig).
- 6) Do not let the child manipulate the key worker into extending the one-to-one sessions. Make sure progress continues by incorporating other people according to the programme.

### **What next?**

Daniel's expressive language was assessed using the Renfrew Action Picture Test. Information Score shows a mild delay but grammar score is two years behind his chronological age. His phonology does not allow him to mark regular past tenses or plurals and many grammatical words are still omitted.

His phonology is still disordered but the final consonant deletion and cluster reduction have resolved.

Some initial fricatives are devoiced, and there is some word initial /t/, /s/ confusion. Gliding is still present and the same vowel distortions are occurring.

There are now no specific targets for Daniel to speak using his voice, as he uses it appropriately in all contexts and with all communicative partners. Last week, a year after he first used his voice in school, he spoke in the class assembly.

Phonological therapy is focussing on the initial devoicing, which is already resolving. Daniel will also benefit from phonemic awareness training and developing his phonic skills as spelling is an area of weakness, with errors directly reflecting his speech patterns.

Daniel's Statement of Need has now been reviewed, with the recommendation that he return to mainstream schooling with much reduced support.

An interesting exchange recently took place between Daniel, another SLRB child and the SLT:

Child: Daniel talks proper now, don't he, not quiet.

Therapist: Yes, that's right.

Child: Why? Why he talk quiet before?

Therapist: Why don't you ask Daniel?

Child: Why you talk quiet before?

Daniel: I wanted to.

### **References**

Davies, C. and Winter, P. Mute in mainstream. *Bulletin of the Royal College of Speech and Language Therapists bulletin* 1996; 530, 8-9.

'Breaking Down The Barriers' by Maggie Johnson and Anthony Glassberg is now in appendix B from The Selective Mutism Resource Manual:

Johnson, M. and Wintgens, A. The Selective Mutism Resource Manual. 2nd edn 2016. London: Speechmark.

## A selective mutism case study The shaping approach with a child in Years 6 to 8

*The following information has been taken from a 2002 article supported by SEMERC called 'In the classroom communication breakthrough' and describes how learning support workers (LSWs), Michelle Burgess and Joanna Robinson, eased transition from primary to secondary school for a child with selective mutism.*

At Cirencester Kingshill School, we were asked to support a selective mute pupil with a statement. While at junior school, Richard never spoke, so we tried to make the transition to senior school as easy as possible. The first meeting we had with Richard's parents was very daunting: he was not present and we had a list of 'dos and don'ts' from our Support Services to observe. Richard sounded very isolated and we struggled to see how we were going to accommodate a selective mute in our mainstream school. It was not just a matter of having no speech:

- He did not want to be touched
- Our questions had to be closed so that he could nod or shake his head
- We had to write words on a notepad to explain work
- He displayed obsessive behaviour and was very secretive
- He would not look at or speak to teachers.

Besides all this he did not like change, so moving classroom and encountering different teachers would prove interesting. Explanations also proved time-consuming. Ironically, the touching issue proved no problem whilst playing rugby and he has since played for his form.

He settled in well. We learnt to spend more time pointing at text and converting nearly everything into a closed question or a couple of options. We tried to respect his 'space' and answered if teachers spoke to him.

### Breaking down barriers

Richard was unable to speak at all when he first entered school (only speaking at home). Our ultimate aim was to ensure he spoke by the time he reached Year 9.

Our difficulties were:

- He would hide under the table whenever speech was required
- He had an evident fear of speech and would not give eye contact
- He would constantly fiddle with items to avoid speech.

We told him he must give eye contact to all members of staff when spoken to, and nod or shake his head. He worked hard and produced some very neat work although his spelling was very weak.

At his December review, through a colleague, we discovered the 'Breaking Down the Barriers' programme written by Maggie Johnson and Anthony Glassberg, specifically for selective mutes aimed at enabling them to speak. The programme took a while to implement for practical reasons and we started it in March with parental consent. By February of his first year he was giving good eye contact to his LSWs and to some teachers.

The programme had only ever been used in residential schools. Pupils follow a specific timetable and it was very difficult to find the required pockets of time. So we adapted the programme to our own requirements:

- We used ten minutes of the lunchtime, sometimes running into registration with the agreement of pupil and form tutor
- We found a small, quiet room that no pupils could walk through
- Both of the LSWs would take the ten-minute sessions

- We ordered the resources through our support service (SENARC)
- We kept a record of what we did each day so that each LSW could plan her session.

### **The programme**

The programme started on 20 March 2000, a little later than we planned as Richard had been on a residential visit and various day trips. Initially we gained his trust through games that did not require speech. We covered this stage quickly and moved to stage two.

Encouragement was given to prevent Richard from using gestures. Firstly, he needed to open his mouth to make facial movements and listen to his own voice to reassure him it was acceptable. Getting him to tape his voice initially proved difficult so we allowed him to practise the sounds in the room, then say them to us from under the desk or wherever he felt comfortable. This stage took a long time but by June 2000 he had made sounds. We now needed to bring him from under the table and his goal was to say 'hello'.

By the end of the summer term he was sounding letters but still under the table. We did not want to lose his achievements so arranged with his mother that he would put a diary on tape through the summer holidays.

### **By September**

Now we needed more time for the programme. We arranged for him to be removed from a lesson each day, using twenty minutes for the programme and the rest for homework or reinforcing lessons - this was agreed by everyone concerned. He brought a small hand-held tape recorder from home together with the diary he had recorded over the summer. It was the first time we had heard his voice consistently.

His voice was quite high-pitched and he struggled to make some sounds. We started to tape letter sounds he made but the real breakthrough was his reading of humorous and well-illustrated simple books from the Learning Support Department. He came out from under the table and began sitting on a chair reading single words. He moved on to books and plays and we took it in turns to read. Eventually eye contact was made and his new goal was to say 'hello' as he entered the room. He became relaxed and we moved to the next stage - acting out social situations.

The essential considerations were:

- He liked structured work, including reading, plays, games and social situations
- We always needed to have speech rehearsed and conversations written down to practise
- We ensured there were no surprises and gave constant reassurance and encouragement
- We had plenty of ideas for each session and gave him choice
- We said everything out loud, rather than writing it down, to familiarise him with hearing his own voice and with using language
- We always remembered that he found normal social conversation terrifying
- We used different settings.

After rehearsing a telephone conversation, he spoke on the phone to his LSW. We found speech much more forthcoming when he knew what to say. The next stage was to introduce friends into the room (one at a time) at lunchtime. Although all this was rehearsed he went back under the table when his friend was present. Gradually he came out and played the game. When he was confident we introduced more pupils.

We decided to devise a plan for him to say 'yes' to registration. This would provide a foundation for him to speak in front of a large, yet familiar group. An agreement and a precise plan were made for this. We started this plan at the beginning of November but it was not fully achieved until February the following year.

Once he had achieved this target there was no stopping him. He chatted happily to his LSWs in lessons and to a couple of friends. He made tapes for oral work in English and German to enable him to gain marks. He now raises his hand to answer questions and speaks to teachers.



### **Major achievements**

- Speaking to the speech therapist
- Going on school trips and speaking to friends
- Giving a presentation in English
- Speaking to more pupils, LSWs and teachers
- Introducing a new LSW in design and technology - Richard had no problem talking and adapting to this change. The programme has been a very successful and we could not have achieved it without the cooperation of the whole school, parents and the support of Maggie Johnson who gave advice during the programme. We were given freedom and control of the programme in partnership with the SENCO.

It was anticipated that it would take at least eighteen months to break the overwhelming cycle of fear. This is still an ongoing programme and the next targets are to broaden it to family, friends and general situations outside school, to give Richard the best opportunity when he leaves Kingshill.

*The name of the child involved has been changed.*

### References

'Breaking Down The Barriers' by Maggie Johnson and Anthony Glassberg is now in appendix B from The Selective Mutism Resource Manual:

Johnson, M. and Wintgens, A. The Selective Mutism Resource Manual. 2nd edn 2016. London: Speechmark.

## A technique for parents and staff working with school-aged children and young people who have selective mutism

# THE SLIDING-IN TECHNIQUE

This technique helps individuals talk to familiar adults. It should be used as part of an overall programme, as described in *The Selective Mutism Resource Manual* (Johnson & Wintgens, 2016). The following steps can be accomplished in about 1½–2 hours over a single session or in several 10–15 minute sessions held three to five times a week (more suitable for very anxious children or when time is at a premium). Children less than five years old require the informal version of this technique (Handout 15).

### Key

[P] = Parent or other talking partner (eg the child's sibling or school keyworker);

[N] = Name of child or young person; [A] = new Adult.



**If you are using school or clinic premises, arrange a quiet place and time for [P] and [N] to play, read or talk together uninterrupted, possibly over several sessions, as the Sliding-in Technique cannot start until [N] is comfortable talking to [P] in this setting using their normal speaking voice. Make this easier for [N] by ensuring that activities are easy and enjoyable, so [N] does not feel tested. This is a good time to find out which rote sequences [N] can recite confidently, eg counting, days of the week, months of the year, letters of the alphabet.**

### Steps

- 1 [P] or [A] explains to [N] that they know how hard it is for [N] to talk to new people. That, whenever they try, a nasty feeling or panic reaction stops the words coming out. You are going to show them a way to get rid of that feeling, so that talking feels much easier. Explain that first [N] will get comfortable talking to [P] and then [A] will very gradually get closer and join in. You will break it down into such tiny steps that [N]'s usual panic feelings won't have a chance to build up. [N] is bound to feel a bit worried or anxious at first because it's new, but not enough to stop them talking.

Tell [N] exactly what they need to do as you go along and that they must make sure you only change one thing at a time – that is the secret to making it work! Stress that it's up to [N] how far you go in each session. You will only continue for as long as they feel comfortable, or until it is time to stop (always tell [N] how long the session will last).

- 2 Introduce an appropriate recording system, such as a sticker chart for younger children, where you will write the instructions for each target as you go along. Each target can be described as a target, a goal, an assignment or a step, depending on [N]'s age and interests. After each target is achieved, [N] will check it off with a tick, sticker or star; or, if older, a note of their anxiety level on a scale from 0 (no anxiety) to 5 (panic stations).

Older teens with a good understanding of the rationale can usually work through without checking off each step but it is useful to check their anxiety level intermittently, asking them to hold up zero to five fingers. More than three fingers means you need to take a break, slow down or repeat earlier targets to bring their anxiety down.

Write down (or *draw* for children who have comprehension difficulties) two to four targets that [N] has *already* achieved. For example, listening and learning about SM; a rapport-building activity with [A]; and two talking activities they recently did with [P] such as playing a game, reading aloud or counting to a hundred in tens. Use these targets to show [N] how the recording system works. It's a nice bonus for young children because they get stickers straightaway!



**After every target achieved, [A] returns to congratulate [N], check off the target and set a new one. Keep things very calm and don't rush selecting a sticker, etc. This is an important time for [N]'s anxiety level and heart rate to drop before attempting the next target. When [N] does particularly well and uses a louder voice, for example, feel free to give two stickers!**

- 3 Now the target-setting begins. Each target is explained and written down, one at a time, in a confident manner: 'This is what we do next', rather than 'Shall we try this?' or 'Do you think you can manage this now?' [N] is told that, to make it as easy as possible, the first target is to repeat the talking activities with [P] which they have just checked off. [A] leaves the room, closes the door and moves some distance away while they do them. (In an open-plan setting, you may get away with going round the corner and waiting out of sight.)

The targets are different, of course, because now [N] knows that [A] is outside. Write down the first target (an activity that involves talking, is very easy to do, and takes less than three minutes). Agree a signal so that [N] or [P] can let [A] know they have completed the target (eg ring a bell, knock on the table or open the door). [A] takes up their position but may return to the door a little early to check whether they can hear [N]'s voice.

- 4 Afterwards, [P] may report that [N] could not talk or spoke in a whisper. In both cases, [A] takes responsibility and says that they were standing too close for [N] to talk or 'use their big voice'; eg 'I'm not surprised you found that hard. You must have been very worried that I could hear you'. Add an extra clause to [N]'s target ('with [A] waiting ... at the end of the corridor/in the staffroom/upstairs/in the garden', etc), to stress that it will be impossible for [A] to hear [N]. Repeat steps 3 and 4 until [N] achieves, and checks off, both targets.



**If [N] does not achieve a target, this is because the steps were not small enough, not because [N] failed. [N] does not get a sticker, etc on these occasions but this is not mentioned. Attention is diverted to a different target. Keep the focus on achievement, rather than disappointment.**



**It is essential that [N] uses their voice throughout the programme, albeit at a reduced volume. If whispering is allowed to persist, [N] will not learn that their anxiety can be overcome. There is no need to spell it out, but it will soon become clear to [N] that the targets are to talk rather than whisper. [A]'s ongoing feedback will be very important here, eg 'Oh no! I've scared your big voice away, haven't I?'**

If [N] does not achieve a target, make the target easier or:



- ★ For short sessions, end the session early. Focus on achieved targets and congratulate [N] on doing so well. Don't fill the remainder of the time by repeating targets or doing an unchallenging activity because this loses momentum and removes the need for [N] to stretch herself or himself.
- ★ For long sessions, take a break. [A] leaves [N] to relax with [P] for a while. Then repeat the last two successful targets and progress in smaller steps.

- 5 If [A] is a long distance away, repeat the activity with [A] a bit closer until [A] is at least in the same building!
- 6 Now change the activity to counting if this has not already been done. [P] and [N] count to 10, then 20, taking it in turns: [P] says 'one', [N] says 'two', and so on. Aim for a good pace and steady rhythm (slightly faster than one digit per second).

**(Note:** if [N] whispers, make it easier by changing the target to [P] and [N] counting to 10 together; then counting together to nine with [N] saying 'ten' on their own; before trying the original target again.)



**It is essential for [N] to start each target with their voice. In this way, even young children can note the exact moment when their throat tightens to a whisper, and become increasingly adept at recovering the original, relaxed sensation. A target can be regarded as achieved as long as [N] starts and finishes with voice.**

- 7 The next target is to repeat the counting activity as [A] approaches the closed door. This can be done in one or several steps, depending on [A]'s starting point. [A] returns to the same location while [P] and [N] count alternately to 10 to get [N]'s voice 'flowing'. Then, as [P] and [N] continue to 20, [A] walks towards the door ([A] agrees to count to 10 before starting their approach). Continue to change either [A]'s starting position or the activity (eg take turns saying the days of the week or letters of the alphabet) until [N] can talk with [A] standing right outside the room.
- 8 Repeat the counting activity to 10 but, this time, [A] does not quite shut the door on their way out of the room – the door should be pulled to, but not closed. At the end of the activity, [A] does not wait for the agreed signal and enters the room to congratulate [N] and check off the target. It is now established that the signal is not needed because [A] can hear and knows when [P] and [N] have finished.

**(Note:** if [N] whispers throughout, [P] and [N] repeat step 7, counting alternately to 10 with the door fully closed to recover [N]'s voice. Then repeat, with [A] opening the door a fraction just before the end of the counting. If [N]'s voice drops to a whisper for their last few numbers, it is time to either end the session or take a break. It may help to tell [N] that you have already heard their voice through the door, and to remind them that you are not planning to come into the room at the moment. If they can manage to keep their voice going with the door not properly shut, they will have faced

their biggest challenge and their anxiety will start to fade. Once achieved, the next target is to open the door fractionally halfway through the counting and, finally, to repeat step 8.)



**At the start of every new target-setting session, ease [N] back to the point they reached before by repeating the last two or three targets achieved in the previous session. By keeping targets short, it should always be possible to move forward at each session, despite backtracking initially.**



**If targets are repeated during the same session, don't write them out again. [N] adds a second sticker or tick to the same target to represent consolidation rather than progress. When repeating previous targets at the start of a new session, however, write them out again because they represent a significant new starting point.**

- 9 Repeat step 8 but [P] and [N] count to 20 (or as high as [N] can manage easily), taking it in turns. Despite the door being pulled to, [N] is told they are doing very well to count with the door open. If [N]'s voice is extremely quiet, but more than a whisper, repeat this step with another rote sequence such as the days of the week, months of the year or letters of the alphabet, depending on [N]'s age.
- 10 The next target is for [P] and [N] to count to 20 as before, with the door pulled to but not fully closed. This time, [A] s-l-o-w-l-y opens the door halfway through the counting: 'Just a little bit, not enough for me to come in'. Aim to open the door a good 15 centimetres for the last few numbers.

**(Note:** if [N] whispers, open the door by smaller degrees, or don't open it until later in the counting sequence. Eventually, [N] will be able to talk with the door open 15 cm, but it may be necessary for [N] to rest and resume this activity on another day.)



**Be flexible and take steps faster or slower according to [N]'s anxiety level. For example, if [N]'s voice is quiet but strong at step 10, combine steps 11–13 and ask [A] to join in the counting as they open the door and walk into the room.**

- 11 It is now time for [A] to join in the turn-taking circle *from their position outside the room*. [P] and [N] count alternately to 10 but then [A] says 'eleven', [P] 'twelve', [N] 'thirteen', and so on, up to 20. If young children are only confident counting up to 10 or 12, [A] joins in after [N] says 'six'.
- 12 Repeat with a different rote sequence depending on [N]'s age (see step 8.). This time [A] joins in from the beginning after [P] and [N] have taken their turns.
- 13 Repeat a turn-taking count to 20 with [A] entering the room halfway through, s-l-o-w-l-y opening the door, stepping into the room, closing the door and walking over to sit with [N] and [P] as they finish counting to 20. If [N]'s voice is fairly strong and [N] is good at counting, [A] does not end there but continues by saying 'twenty-one', looking to [P] to continue the sequence. Stop counting at 30 and give [N] *two* ticks, stickers or stars; not



only was the current target achieved, but also the next one (counting in a circle with [A] sitting at the table).

**(Note:** if [N] looks surprised and does not continue the extended sequence, nothing has been lost. [A] simply apologises straightaway with a comment such as 'Oh no! You were doing so well. I went on to the next target by mistake – sorry, that's my fault'.

If [N] whispers, mouths the words, or says nothing as [A] approaches, build up to this target slowly by stopping as soon as [A] has opened the door; and repeating with [A] moving further into the room each time. Or [A] can enter the room backwards and take an outward-facing chair at the table, delaying eye contact until step 14.)

- 14** Repeat the previous target, explaining that [A] will walk over and sit down to finish the counting. The real difference this time is that [A] will not leave the room at the start of the counting, but there is no need to draw attention to that when writing the target. [A] stands at the doorway while [P] and [N] begin the counting; approaches the table at about number 8; sits down at about number 15 and continues counting to 20 while sitting at the table. If [N] does not sound anxious and makes eye contact with [A], omit the next step.



**Step 14 is omitted when working through in a single session or if [N] and [P] are sitting very near to the door.**

- 15** [A] no longer needs to move away from the table. Count to 10 in the usual order, followed by the days of the week, then go back round the circle in *reverse* order, counting to 10 and saying the days of the week. This gets [N] used to speaking after [A] rather than [P]. Alternatively, substitute any of the sequences listed in step 8.

[N]'s voice may be quiet but it should not sound strained.

- 16** [N] is now ready for structured turn-taking games or activities requiring a single-word response. See Appendix A of *The Selective Mutism Resource Manual* for ideas, and progress to sentences after two or three activities, ensuring that [N] has no difficulty with the content or skills required. It is important for [N] not to worry about *what* they are saying; the focus is on staying relaxed so that [N]'s voice can flow. Keep all activities as short as possible, to save time and maintain momentum. Reverse the order of turns so that [N] both responds to and addresses [A].

[N] may still be looking at [P] while addressing [A], in which case introduce an activity involving [N] looking at [A] to get a clue or signal.



**If [P]'s time is limited, or sessions are difficult to arrange, [P] can slide out after one turn-taking game in step 15.**

- 17** In this final step, [N] repeats an easy activity with [A] alone, on the understanding that [P] will return later on. [P] waits for the activity to begin and then leaves the room. If more than one talking partner has been involved (eg both parents), [N] chooses who will leave the room first, and carries out this step first without [P1] and then without [P1] or [P2]. This is a great achievement: [A] has now become one of [N]'s talking partners, and can lead the next session without [P] present.



**(Note:** sliding out [P] is vital for [N]'s independence and confidence in talking to other people. If smaller steps are needed, [P] can initially move to a different part of the room, or just watch before leaving the room. Likewise, [P] may accompany [N] to the next session but leave the session for longer periods. Next, [N] should start the session without [P], knowing that [P] will join them for the final activity.)



**It is sensible to consolidate the use of single words and sentences by playing a couple of games for each type of language activity, eg picture naming, picture description, questions and directions, etc. But do not delay generalisation to other people and other settings unnecessarily.**



**Once speech has been established with [A] in this way, [A] becomes a talking partner [P] and can use the same technique to establish talking with other adults and peers, and gradually increase group size. Sessions can generally move faster now, without such a detailed breakdown into small steps. Support the development of spontaneous speech by only gradually moving from structured to unplanned activities (see Appendix A in The Selective Mutism Resource Manual for ideas).**

# TALKING TO A NEW PERSON USING THE SLIDING-IN TECHNIQUE

Stage of one-to-one interaction* with the new person and individual target milestones		Date achieved
Talking Bridge	Talk when alone with parent/other talking partner (eg keyworker) in a quiet room with no interruptions. New person is not involved.	
	Take turns counting to 20 with talking partner [P] and say other rote sequences, eg the days of the week/months of the year/alphabet.	
	Take turns counting with [P], knowing that the new person [N] is a short distance away. [P] starts the counting.	
	Take turns counting with [P] with [N] outside the closed door.	
	Take turns counting with [P] with [N] outside and the door not shut properly.	
	Take turns counting with [P] with [N] outside and continue when [N] opens the door about 15cm towards the end of counting.	
	Take turns counting with [P] with [N] outside and the door open 15cm.	
4	Take turns counting with [P] and [N]; [N] stays outside and the door is open 15cm.	
4	Take turns counting with [P] and [N]; [N] enters the room while counting and (a) stands by the door, (b) approaches the table, (c) sits at the table.	
4	Take turns counting with [P] and [N], starting with [N] inside the room: (a) standing by the door; (b) sitting at the table.	
4	Participate in turn-taking sequences in both directions for counting, days of the week and possibly months of the year or the alphabet with [P] and [N] at the table: (a) takes turn after [P]; (b) takes turn after [N].	
4	Participate in structured single-word turn-taking games or activities with [P] and [N], in both directions.	
4	Participate in structured sentence-level turn-taking games or activities with [P] and [N], in both directions: (a) gives clues; (b) asks questions; (c) gives instructions.	
6 and 7	Participate in structured single-word or sentence-level games or activities with [N], while [P] waits: (a) across the room; (b) outside the room.	
7	Participate in structured sentence-level games or activities with [N]: (a) [P] joins in at the end of the session; (b) [P] doesn't attend the session.	
8	Use connected speech with [N] to: (a) give instructions; (b) ask questions; (c) continue a conversation.	

**Note:** The student's voice may be quiet but must not be whispered or strained.  
 Each target is broken down into smaller steps, as necessary, to reduce anxiety and ensure success.  
 Whole targets, or steps within targets, may be bypassed for fewer steps.  
 Several targets may be completed in the same session.  
 Generalisation to other people may start at stage 7.

\* 'Model of confident talking: stages of one-to-one interaction' (Johnson & Wintgens, 2016, page 74)

## Selective Mutism: Implementing a small steps programme

### Sliding-in or shaping?

In practice we use a combination of techniques depending on the age of the child, how anxious they are and whether the parent(s) can be involved.

**Desensitisation** activities can also play a valuable part but should never be allowed to become a substitute for speech. The child gets used to the *thought* of doing something they previously believed they couldn't manage by carrying out related, but less-threatening activities. For example, they allow a teacher or classmates to hear a **recording** of their voice. Or they talk to a classmate over the **phone** before trying it face to face.

#### a) Up to 6-7 years – informal approach

*Shaping* works very well with the very young or less anxious SM child and leads on from rapport building with a familiar and trusted staff member (keyworker) in the child's school setting. The children benefit from both individual and group sessions where they feel absolutely no pressure to talk, but are gradually encouraged to move from non-verbal communication and action-rhymes, to sound-making, singing, humming, speech sounds and words. Confident readers can often progress from reading out words and sentences to reading in turns with playscripts, poems or games and finally dropping the reading component. At the same time, parent(s) spend time in the classroom/playgroup and/or at home using the *sliding-in* principle to help the SM child speak near to, and eventually with, other children and adults.

- a) if available, parent supports child's familiarisation with other people and places and slides out as child's confidence grows
- b) rapport-building with keyworker and graded question technique when one to one
- c) shaping activities with keyworker to elicit speech if no response to X or Y questions.
- d) keyworker/parent supports generalisation to other people and places at home and in the community, including transition to new school/class.

#### b) 5-6 years and above

After trying the above, more anxious children may need a specific small-steps programme to elicit speech with a keyworker. They need to control their anxiety, so are made fully aware of each target before recording or acknowledging their success at each step. Stickers etc. are a confidence boost when age-appropriate and provide a natural break which reduces the anxiety level between targets. For most children, *sliding-in* with the parent provokes far less anxiety and yields quicker progress. Some teenagers find it difficult to work in front of their parents and prefer *shaping* however. And sometimes there is no talking partner available so *sliding-in* is not an option.

### How often and how long will it take to elicit speech?

A *shaping* programme to elicit speech should only be attempted if the child can be seen individually for 10-15 minutes three or more times a week for at least a term without a break. Any less than this and it's like starting again each time for the child.

*Sliding-in* also needs a commitment of three sessions a week with close collaboration between home and school, but speech is usually elicited with a familiar keyworker after 4-6 short sessions, or one long session (1½-2 hrs – don't attempt this with very frozen children). Once the child is using sentences comfortably with the keyworker in structured activities, sessions need to continue on a twice-weekly basis to slide-in other significant adults and children at a faster pace, and transfer back to the classroom. Once talking in the classroom, targets can be managed within the school day and extra sessions need only be arranged to help the child initiate conversation and to manage transitions.

Transitions between schools and classes must be carefully managed as part of the programme. It is relatively easy to elicit speech with key adults and friends, but generalisation to other children and adults in

all situations can take several years, depending on the age and anxiety levels of the child. What we can be sure of is that the earlier we start and the more we do, the quicker the difficulty will be overcome.

### **Specialist involvement?**

Sometimes it may be appropriate for an outside professional to establish speech with the child in the first instance – for example a speech and language therapist may already have established rapport with a child during assessment. Or the child may have put up so many barriers at school that they need to gain confidence and belief that progress is possible on neutral ground. Equally, therapists and psychologists will benefit from the experience of working with at least one child who has SM, in order to advise and support more effectively in future. But whichever approach is chosen, it is essential to find or hand over to a keyworker in the child's school as soon as possible. Only staff on site have the day to day contact necessary to sensitively and effectively manage the generalisation phase.

### **If a school-based keyworker has been identified:**

- a) elicit speech with keyworker at home or at school using sliding-in technique with parent or shaping programme
- b) fade out the parent either at home or school so that child can talk to keyworker without parent present (omit if parent not involved)
- c) keyworker facilitates generalisation to other people and places at school including transition to new class/school
- d) when half the class have heard child's voice, conduct activities during class time
- e) parent supports generalisation in wider community

### **If the keyworker has to be a parent (not ideal but sometimes unavoidable):**

- a) parent visits school regularly to slide-in selected children and adults in a room where they will not be disturbed, and slides-out for part of the session as child's confidence grows with new people
- b) new adult (e.g. teacher) introduces new activity while parent is out of the room
- c) if possible, new adult starts next session and parent arrives later to take over
- d) parent transfers activities to the empty classroom
- e) parent continues generalisation to other people and places including transition to new class/school, always sliding out for part of session.
- f) when half the class have heard child's voice, conduct activities during class time
- g) parent supports generalisation in wider community

### **If the initial keyworker is not school-based:**

- a) elicit speech with keyworker A at home, school or clinic using sliding-in technique
- b) slide out the parent either at home, school or clinic so that child can talk to keyworker A without parent present (*or do this after next step*)
- c) keyworker A hands over to a school-based keyworker B
- d) slide out keyworker A
- e) keyworker B facilitates generalisation to other people and places at school including transition to new class/school
- f) parent(s) support generalisation in wider community

Full details of target-setting are set out in 'The Selective Mutism Resource Manual' \*.

\* *The Selective Mutism Resource Manual*, Maggie Johnson and Alison Wintgens (2016). Speechmark Publishing, ISBN 9781909301337.

## Common practices that delay and prevent progress

Firstly it must be stressed that although there are many factors that can impede progress, they can all be resolved or avoided! It is never too late to repair the situation after a setback, with open discussion between all involved to identify and modify the relevant factors.

### 1. **The programme was started too early.**

Inadequate assessment may lead to an inappropriate diagnosis and/or intervention plan.

- a) The child may have additional problems such as autistic spectrum disorder, attachment disorder or receptive language difficulties which need to be addressed alongside the mutism.
- b) Their reluctance to speak may be due to cultural or personal inhibitions which need to be addressed in the first instance.
- c) Factors at home or at school which may be reinforcing the child's mutism or raising their anxiety may not have been fully explored and addressed.

It may be helpful to revisit the child's speaking habits and to use the Parental and School Interview forms in the SMRM<sup>2</sup> as a tool to obtain more information about other concerns and possible maintaining factors.

### 2. **Lack of teamwork, information or support.**

Insufficient time has been invested in information sharing, joint planning and monitoring, leading to loss of momentum or the programme being abandoned.

An on-going team-approach involving both home and school is paramount and will be flagged up again in point 5, for any unaddressed anxiety or inconsistent handling will undermine the effectiveness of direct work with the child. Even when parents are not able to contribute to the programme directly, every effort should be made to forge a home-school link as parents can provide information, ideas and back-up that are crucial to the overall success of an intervention plan.

It must also be recognised that working with SM children is emotionally draining and keyworkers need ongoing support and regular opportunities for reviewing progress and sounding out ideas with the school SENCo, class teacher or visiting specialist. Outside agencies should note that leaving a programme in school without building in this support is rarely successful. Inexperienced keyworkers will need help to plan targets with encouragement and reassurance to maintain momentum. Never put the onus on a keyworker to make contact only if they have a problem, as this implies failure if the need arises. Review meetings should be set in advance and then cancelled if not required, with additional telephone contact arranged within a week or two of leaving a programme. Aim to review progress once a month for the first term and twice a term thereafter. By the second year, once a term is usually sufficient but contact can be maintained between meetings via telephone or email.

### 3. **There has been inadequate discussion with all involved about the nature of intervention and the time it is likely to take.**

Some schools may not have been aware of the time commitment required to successfully address selective mutism, nor appreciate that a relatively small time investment now, will eliminate the need for prolonged intervention and anxiety in later years. Other schools may be committed to the long haul but have allocated a keyworker to the child for only one or two over-lengthy sessions per week.

Frequent 10-15 minute individual sessions will be required to establish speech initially (minimum three times a week), with a gradual reduction in frequency in the generalisation phase (sessions can now be increased to 20-30 minutes). Generalisation to other people and situations, and the transitions into new classes and schools must be managed as part of the intervention plan.

### 4. **The child is not an active partner in the intervention process.**

- i) There has been little or no discussion with the child about the nature and resolution of their difficulties. Never ask children WHY they do not talk – how can they possibly know why this is happening to them?! All they know is that talking fills them with dread and they will do anything to avoid that feeling. Instead, TELL them why. Before embarking on a programme, children need reassuring that you



understand why they cannot talk in certain situations and know they are not doing it deliberately – it is anxiety that is stopping their voices from coming out of their mouths. Go on to tell them that this anxiety developed when they were much younger – they got scared when first separated from parents/teased for speaking/found it hard to use a new language/felt different or awkward in a new/noisy/crowded environment etc.

Explain that this happens to lots of children and it's nothing to worry about – as they get older and braver the anxiety will disappear.

- ii) There has been insufficient reassurance that progress will be made by moving one small step at a time at the child's pace. The child therefore has no sense of where each activity is heading, leading to heightened wariness and anxiety. Do not fall into the trap of thinking you can fool SM children into talking or that it is somehow kinder to avoid explanations! They can only control their anxiety by knowing exactly what is happening and what is about to happen.

Breakdown at this stage often leads to a sense of being 'tricked' into talking and a dread of further consequences. Many children fear that if they talk to one person, they will immediately be expected to speak to everyone else as well – the secret will be out! They need to hear from everyone involved - parent, keyworker and teacher are the usual minimum – that time is NOT the essence, and that they can get used to talking to just one new person at a time. Only through trusting that what the keyworker says will happen, actually does happen, will children be able to relax sufficiently to take new risks. For example, if told they will be working alone they need to see a 'Do Not Disturb' sign on the door, rather than worrying that someone will come in at any moment. They should be given opportunities to help plan their programme.

5. ***There has been a lack of overall co-ordination with consequent inconsistency for the child.***

For example, if the child has been assured that everyone at school understands their difficulty and that they need only talk to their keyworker for the time-being, valuable trust can be lost if other staff try to elicit speech. Or if one person is offering money, chocolate bars or Happy Meals for achieved targets, it should not be surprising that someone else's stars appear less exciting (see also the point below).

6. ***Rewards have been confused with bribes.***

Rewards can be a valuable incentive but they are not necessary for every target - success is its own reward. Indeed, it can put a child under a lot of pressure to offer rewards early on (i.e. *bribes*) as it shows how desperate the adult is for the child to succeed! Rewards should always be celebrations of success that acknowledge hard work and reaching a milestone.

Do not confuse stickers with rewards. The value of a sticker lies not in its material worth, but in acknowledging success and fostering the child's belief that it IS possible to beat SM. Unlike bribes, they are presented only to mark achievement – they're not offered and then removed if the child fails to meet a target, making them feel even worse than they did before.

7. ***There is a poor relationship between the child and designated keyworker.*** Young children need very regular contact with a keyworker in a familiar place to gradually feel comfortable and confident in their company. Sessions therefore need to be either at home or school in the early years with an appropriate adult who is part of the child's day to day routine.

Perhaps there has been insufficient time to develop rapport before attempting the sliding-in technique or the keyworker has little understanding of the condition and conveys impatience or insensitivity. Sometimes the keyworker has not been particularly sympathetic to the child in the past and the child has a clear memory of this. A genuine apology and fresh start can work wonders!

8. ***The child has no clear indication about how often sessions with a keyworker will take place or how long they will last.***

There is no warning that sessions are about to take place and no explanation if sessions are missed. Or there is a rather ad hoc approach to the sessions with no agreed time-limit (10-15 minutes recommended). SM children need to know exactly what is happening, otherwise they worry which is counter-productive to 'having a go' and taking risks. Many selectively mute children have a heightened sense of 'abandonment', and it is vital they believe that, all things being equal, their keyworker is not going to let them down.

9. ***The child is not clear about the content of the sessions/the keyworker is not clear about the child's limitations.***



The keyworker is attempting to build rapport through general chat rather than specific target-setting activities. This is appropriate for shy children but not SM children for whom social conversation carries the highest 'communication load' and generates acute embarrassment when they cannot respond. Provide an outline of the session (e.g. 10 minutes on targets, questionnaire about bullying, check to see how coursework is going) and give students the option of choosing the order (they may prefer you to choose). Younger children may simply be working on targets.

10. ***The programme has come to a standstill.***

The child is enjoying the keyworker's attention but little or no progress is being made. Perhaps the keyworker lacks confidence and is holding the child back by their own fear of failure. They are repeating tasks excessively rather than moving on each time. Or perhaps the keyworker is getting a boost from the unique relationship they have built with the child, and is sub-consciously delaying the generalisation phase while genuinely believing that the child cannot cope with more pressure.

Sometimes children are given too much control and are allowed to set not only the *pace* of the programme, but also the *content*. They then avoid taking risks and choose to repeat 'easy' anxiety-free activities. It is important for children to be given options, *but only within an overall structure or progression which has been set by the keyworker*.

In order to move the programme forward, the keyworker may need to reiterate their role (point 4) and remind the child that they are there to help the anxiety ('nasty feeling') go away so that the child can have friends and fun, get help with their work and so on. The phrase 'I can't do that because then I wouldn't be helping you' is a useful one to have ready! Keep the child's favourite activities for rewards rather than time-fillers, and *terminate sessions early* if the child is not ready to try something new (see point 12).

11. ***The rule of changing only one variable at a time when setting a new target has not been adhered to.***

The child is being expected to cope with too many changes at once. Variables include the **identity** of those present, the **number** of people present, the **location**, and the **task**. If new activities are carried out within earshot of other people, perhaps through an open window or door, this alone represents a significant change for the child. Similarly, if group-size is increased, it is unreasonable to expect the child to cope with a change of activity at the same time. Either the number of people present should be increased or the complexity of the activity, but not both together.

So, if succeeding in a withdrawal room with the keyworker, the next step should be to either repeat the *same* activity in the classroom with *no-one else present*, or to repeat the activity *in the withdrawal room* with an extra child or adult of the child's choosing. Or if the child talks to a teacher at home, they could try the same thing at school in an *empty* classroom *with a parent present*. Repeating the activity without the parent is a separate step.

12. ***Only one variable has been changed but it has been too big a step for the child.***

How can the step be made smaller? Many factors can influence anxiety levels, so it is important to understand which factors are operating for a particular individual. For example, does it make a difference if the listener looks at the child or is turned away, if the child is required to silently mouth or use voice, or if a visible or hidden articulatory movement is involved (as in 'p' vs. 's')?

More detail is given in the SMRM<sup>2</sup>, but essentially the keyworker should try to reduce or modify one or more of the following factors:

- the choice of person present
- the number of people present, either as part of the task or hovering in the background
- the extent of physical involvement (articulatory effort, eye-contact and gesture)
- the length of the task (keep it short and specific rather than open-ended: 'read 5 words' or 'read for one minute' cause far less anxiety than 'read to me')
- the 'communication load' of the task itself

The communication load is *low* when using rehearsed or familiar speech, minimal responses and factual language, and *high* when a child is required to initiate, express opinions, use complex language or hold open-ended conversations.

With regard to the choice of person present, care must be taken to 'slide-in' the child's teacher at the appropriate time. If the child has little rapport with their teacher, sees them as an authority figure, is afraid

to fail or wants to succeed almost too much, their anxiety level may be too high to allow the sliding-in technique to be successful. They will gain more confidence if the keyworker slides in a child or less 'threatening' adult first. Sometimes the child has such strong associations of failure with their current teacher, having tried to speak and failed on many occasions, that it is better to develop their communication with a classroom support worker in the first instance, and work towards generalising speech to the teacher in the *next* year group.

13. ***Silence is being reinforced, rather than vocalising.***

The child failed to meet a target but still got their usual sticker or tick 'for trying' or was allowed to spend the remainder of their special time with the keyworker repeating anxiety-free activities. This reinforces silence and lack of risk-taking, and leads the child to view the keyworker as someone nice to spend time with, rather than someone who is there to help them move forward (see point 9 for related discussion).

Children should never be allowed to feel they have failed – only that their anxiety was too great to allow them to succeed. The keyworker's job is to make the steps toward a challenging target smaller, giving reassurance that this will make it easier for the child to manage. This can either be done immediately with a shorter or simpler task (see point 11), or by *terminating the session early* with a very casual "Never mind, we'll try again next time". The experienced keyworker will use both these options to the child's advantage, but less experienced workers are advised to opt for early termination. This provides breathing space and planning time, and means the child will feel disappointed that the session is over, rather than relieved that the pressure is off. If they have a good relationship with their keyworker (point 6) they will look forward to the next session, remaining motivated to attempt activities or discuss other ways forward. Fixed times for the sessions (point 7) ensure that the end is always in sight and that both child and keyworker usually finish 'on a high'.

14. ***The child has been moved through the programme using a whispered voice.***

Generalisation will be significantly delayed if this is the case, for whispering indicates audience-awareness and extreme tension around the vocal cords. It will be necessary to back-track with the sliding-in technique, moving more slowly (see point 11) so that a quiet but audible voice is maintained throughout, reminding the child to 'use big voice' or 'switch voice-box on'. For example the keyworker may need to enter the room *backwards* to prevent reversion to whispering, or join in talking games while still *outside* the room. As long as the child is relaxed, volume then usually increases naturally as short manageable tasks are achieved and confidence grows. Activities involving silly noises and humming may also be helpful, as are blindfold or barrier games where the keyworker cannot lip-read and says 'Pardon?' if unable to hear.

N.B. It is perfectly acceptable for children to whisper at other times *outside* the special time allocated to working on targets. *Any* communication in natural settings is to be accepted until the programme helps them to feel better about using a stronger voice.

15. ***The programme has been discontinued too early with not enough attention paid to transitions.***

It cannot be assumed that once a child is talking to one or two people they will now improve spontaneously and transfer easily to a new class or school. Change can sometimes be an advantage as mentioned in point 11, but for most children the generalisation phase needs to be closely monitored and facilitated. Prepare children for transition by introducing them to a new school or teacher in the term *before* the move, and take advantage of school fetes, informal visits and existing friendships to establish positive links and associations. Examples that help children settle include exploring and talking in a new school when it is *empty*, looking forward to sitting with a friend in a new class, having the continuity of a support-worker across two year groups, and being visited by a new teacher *before* the transfer for rapport-building and sliding-in.

Reference: SMRM, 2<sup>nd</sup> edition (2016) by Johnson and Wintgens, a Speechmark Publication.

## INTERVENTION CHECKLIST

### Planning first steps:

#### • explore initial speaking habits

- where, when and with whom is the child able to speak?
- what are their strengths, favourite activities, interests?
- how to get this information?

#### • creating an anxiety-free environment

- who is involved and in what settings?
- how is communication currently managed (maintaining factors)?
- what modifications are indicated? (environmental checklists)
- what information do people need?
- how to impart this information?
- what will be said to the child and by whom?

#### • eliciting and generalising speech

- do speaking habits suggest a good starting point? (minimal anxiety)
- gradual progression with day to day activities (informal approach) or small steps with frequent reinforcement (formal approach)?
  - how could variables be changed one at a time in order to elicit speech with a keyworker and/or transfer speech to a different location?
- who will be involved?
- where and when will initial intervention take place?
- what would be a suitable activity and appropriate reinforcers?
- how will this be presented to the child?

### Success depends on:

#### • relationship with keyworker

- Are adult/child roles clearly defined? Who is in control?
- Calm, positive, empathetic personality. Must be trust, frequent contact, and **fun!**

#### • Understanding the progression and keeping anxiety to a minimum

- Ensure all maintaining factors have been addressed – *one* person can hinder progress.
- Fully involve child so no surprises
- Change one variable at a time - smaller steps for quicker progress
- Ensure child is relaxed at start of session
- Precede new tasks with warm-up (repeat a couple of activities from previous session)
- Lower the communication risk when introducing new people/places
- Keep tasks short, specific and time-limited rather than open-ended
- Never too late to back-track (e.g. if child is in habit of whispering)
- Don't miss out stages
- Enjoy a break!

#### • Being prepared for and ready to cope with setbacks

- Look for reasons when child appears to regress (↑communication risk or expectation)
- If target not achieved either:
  - Backtrack and take smaller steps (for experienced keyworkers)
  - Stop immediately – don't fill time with easier tasks
  - Stay relaxed, calm and positive – you will try again next time with smaller steps
- Reassure child by explaining reason for difficulty
- Apologise if you went too fast / forgot to explain to supply teacher / put child on spot, etc.

#### • Knowing when to let go (not too late, not too soon)

- Is keyworker able to let go/move child on or is he/she enjoying their special relationship?
- Is parent/keyworker afraid child will fail and transferring their anxiety or keeping child at same level?
- Has child made a successful transition with minimal support? Do they initiate speech?
- Are social networks in place?

**GENERALISATION PLANNING – identify scope/priorities**

**RANGE OF PEOPLE**

<b>Familiar people not yet in child's comfort zone</b>			
<b>Relatives</b>	<b>School staff</b>	<b>Peers</b>	<b>People in community (organisations etc.)</b>

<b>Unfamiliar people (include authority figures)</b>		
<b>School staff</b>	<b>Peers</b>	<b>Strangers in community (shops, cafes etc.)</b>

**NUMBER OF PEOPLE involved in conversation/activity**

<b>1:1</b>	<b>2</b>	<b>3-6</b>	<b>7-15</b>	<b>16+</b>

**PLACES (consider proximity and size of background audience)**

<b>No-one else present</b>	<b>1 person in background</b>	<b>2-5 in background</b>	<b>6+</b>	<b>15+</b>