

Children who can talk...but don't
Session five: Additional considerations for secondary+

Handout order	Handouts
1.	Session five PowerPoint handouts
2.	Getting the better of selective mutism – a small-steps approach Video chat small steps programme and other routes
3.	Explaining phobias to older children and teenagers
4.	'When the words won't come out' booklet for teenagers and adults *
5.	Enabling quieter students to communicate*
6.	Ensuring an anxiety-free environment for young people who have selective mutism*
7.	'The older child or teen with selective mutism' article by Ricki Blau
8.	Talking to strangers (for older children and teenagers)*
9.	Establishing speech using telephone, lone talking and shaping programmes*
10.	Structured problem solving BBC headroom wellbeing guide
11.	Catch it, check it, change it BBC headroom wellbeing guide (Simplified cognitive behavioural therapy)
12.	Engaging with older children and young people by establishing their priorities
13.	Sample moving on plan (transition to college)

* Handouts have been sourced from:

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

Children who can talk... but don't Session five: Additional considerations for secondary+

Children's Therapies Service



Before accessing this PowerPoint handout:

Please make sure you have previously accessed the following training sessions on our website:

- Session one: Understanding selective mutism
- Session two: Effective, round-the-clock support
- Session three: Implementing a small-steps programme
- Session four: Generalisation and transitions

- www.kentcht.nhs.uk/childrens-therapies-the-pod/speech-and-language-therapy/selective-mutism/



Aims

- To recognise the unique challenges children and young people with selective mutism (SM) may face at secondary school and beyond.
- To understand how to adapt support within secondary schools and further education environments to support children and young people with SM.
- To understand how to engage and empower children and young people with SM.



Young people issues

- Secondary school environment (college tends to be 'easier')
 - size, structure, teacher-pupil relationship
 - public examinations
 - bullying
- Duration of SM
 - more entrenched
 - danger of giving hope and accepting status quo (denial)
- Increased self-awareness and self-consciousness
- Risk of social anxiety disorder, depression, self-harm, becoming house-bound, if SM is not addressed.



Young people: Practical support

- Education – awareness raising
- Liaison: Special educational needs coordinator / educational psychologist / local education authority / support staff / college admissions / youth support (Connexions) / Catch 22 / careers office / work experience, etc.
- Involving a mentor
- Involving peers
- Special arrangements for public examinations and aged 11 +
- Managing transitions
- One-to-one



Key indicators for success (and avoidance of social anxiety disorder)

1. Feeling valued
2. Having friends
3. Understanding and ownership of SM
4. Supportive home/school/college environment
5. Natural transition stage ('fresh start')
6. A catalyst for change (⇒ engagement)
7. Strategies to overcome fear of speaking (linked to *student's* priorities/personal goals)
8. Success with strangers



1. Feeling valued

- Adult mentor (parents need not apply!)
 - genuinely likes the student/enjoys their company
 - Shows student their worth by exploiting their talents
 - by believing in the student, fosters self-belief
- Acceptance
 - non-judgemental inclusion within school and out-of-school activities
- Friendships
 - social validation
 - experience of own-age banter / conversation



Acceptance

Channel 4's Educating Yorkshire – Musharaf

The following student has a severe stammer rather than selective mutism but the video demonstrates to students with SM how well he is accepted and loved by his peers.

They don't mind that he has communication difficulties – they want to support him. In the same way, we can explain SM to peers and let them know how they can help (and what *doesn't* help!).

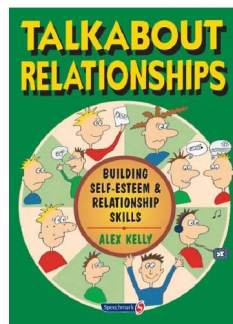
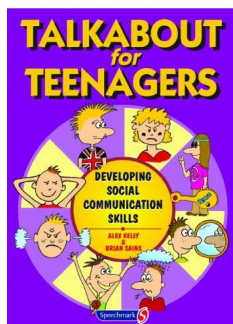


Educating Yorkshire - Musharaf overcomes his stammer

Sean O - 23 videos 184,352
 Subscribe 80 1,512 33

2. How to make friends?

- Through purposeful activity and shared interests (lunchtime/after school clubs, youth groups, etc.)
- Through adult mediation (don't put CYP together and expect them to talk!)
- Specific social skills/conversational practice as a follow-up to addressing SM (particularly for Autism Spectrum Disorder)
 - Talkabout Series (Alex Kelly).



3. Understanding and ownership of selective mutism

- Essential to understand nature of phobia and externalise the SM – it's not part of their personality; they'll work through it.
- The only way to overcome SM is by facing the fear, one manageable step at a time – only they can do this, no-one else.
- See 'phobia' handout in the session five pack – shows how to discuss phobias with secondary-aged children. It's great if their parents, friends and/or siblings can also be present if the student(s) with SM would like that.



Some examples

- A 14-year-old with SM and ASD was angry when his mother explained this to him about phobias. He'd come to believe (probably from overheard conversations) that it was up to the authorities to "sort him out" and provide a cure. He stormed off and nothing more was said.
- That weekend they went shopping and suddenly he disappeared. His mum was about to panic when he reappeared with a magazine in his hand – he'd been into the newsagent for the first time in his life and collected his weekly magazine. Mum was amazed but he calmly said 'I was only doing what you told me – you said if I made myself do things they'd stop being scary'.



Some examples

- Saki Galaxidis: YouTube blog
- Australian man aged 22 years old, talks about how he overcame SM aged 15-years-old.
- Saki didn't talk to anyone for nine years apart from parents but now talks to everyone.
- His key message is, you have to believe in yourself, you can do it, just like he did.



4. Supportive home/school/college environment

- Education of all staff:
 - individual education plan (which will be regularly reviewed and targets updated)
 - discussion at staff meeting including risk factors
 - agree general principles – all pressure off verbal communication initially (opportunity not expectation); full inclusion; one member of staff to co-ordinate gradual increase in verbal contribution.



4. Supportive home/school/college environment

- Identify key learning mentor / support staff:
 - regular communication with student (direct or indirect)
 - monitor classroom management, check comfort levels, agree staff strategies and personal contributions with student, liaise with staff for co-ordinated approach
 - set up one-to-one and group talking practice as necessary
 - provide bolt-hole, check lunch and breaktime inclusion
 - make sure no bullying (don't wait for student to report it).



4. Supportive home/school/college environment

Public examinations


- Student is entitled to extra time (performance anxiety/fear of making mistakes) and the same accommodations used in the classroom and documented in their special educational needs file, for example:
 - record or video contributions
 - present to a small group or single staff member
 - present to familiar teacher rather than an external examiner.



Equality Act (2010)


- Joint Council for Qualifications (JCQ) has a co-ordinating and regulatory role with regard to exam administration <http://www.icq.org.uk/exams-office/access-arrangements-and-special-consideration>
- All exam boards must provide special access arrangements for candidates with a **documented** history of SEN and associated support strategies so that they are not placed at a disadvantage during the exam or coursework.
- Each state school acts as a registered exam centre and must appoint an exam officer (not necessarily the SENCo) who is responsible for putting access arrangements in place.





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‘Adjustments for candidates with disabilities and learning difficulties’


- Booklet that can be downloaded from the JCQ website and details access arrangements and reasonable adjustments that need to be made for CYP completing a range of qualifications.
- It states:
 - whose responsibility it is in the school to make themselves familiar with the document
 - failure to put in place access arrangements that are not supported by appropriate evidence have the potential to constitute malpractice which may impact the student’s result.
- Specific queries must be addressed to individual exam boards.





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5. Natural transition stage

- Planned transition to secondary school /sixth form / college / university / work-experience:
 - preparation and familiarisation with setting
 - staff education regarding SM
 - extra visits (two-way – consider new staff visiting student in July)
 - moving-on plan for 16+.






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Moving on plan

- A moving on plan is a letter young people, aged 16 and older, can write and share with potential employers, work experience placements and further educational settings
- Useful for non-statemented students
- Young people play a key role in writing their moving on plan.
- Moving on plan outlines:
 - the information about their difficulties/diagnosis
 - what helps them
 - what doesn’t help them

See handout ‘sample moving on plan’ from session five pack.




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Sample Moving On Plan - May 2012 (prepared with transition to college in mind)

Educational background and current situation

I always found it very difficult to talk at school and would usually freeze when teachers asked me a question. I left XXX School during Year 11 when I started having panic attacks and became too anxious to attend. I couldn’t take my GCSEs but up until then, I was coping well with my coursework and was on track for at least Cs in my basic subjects. I particularly enjoyed English and ICT and would like another chance to take these along with Maths. Some work experience was planned for me with deaf children and animals which I was really looking forward to but for some reason it was left too late to organise. I would love another opportunity for work experience as I enjoy being busy and doing something practical. Other things I enjoy include looking after my young nephews and nieces, taking care of all our animals, walking friends’ dogs, going to the gym, spending time with my friends (I talk easily to them!) and computing.


Since leaving school I have started rebuilding my confidence and now go out much more, use the telephone, shop independently and communicate with people who I’ve never managed to talk to before. I feel ready to resume my education and am looking forward to a fresh start at college, even though I am nervous about this too. If I can just get through the first day I know I will be OK!


Where I see myself going


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6. Catalyst for change


- This may come about after a shock realisation that the alternative is unacceptable and they MUST do something – otherwise they will throw away the career they’ve always dreamed of, give up the chance of having a relationship, be dependent on parents for simplest things, etc., (internal catalyst).
- Or catalyst may be a person outside the family who genuinely seems to understand/care and convinces the student that change is possible (external catalyst).




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Supporting the process of change

- Internal catalyst:
 - raise expectations but be realistic; stay calm, positive and affirming and fully acknowledge effort and achievement when they succeed
 - nurture aspirations
 - lead by example – avoidance is not an option! Anxiety is *normal* and *helpful* – we learn to control it by managing it rather than by eliminating it (for example, by finding an alternative or easier route; breaking tasks into smaller steps)
 - without being punitive or critical, stop doing things for the student, so they experience the consequences of no change.



Supporting the process of change

- External catalyst:
 - do NOT confuse 'refusal to engage' with 'informed consent'. Gaining informed consent (to accept or refuse treatment) is a process of communication which may take weeks (Mental Capacity Act 2005). Student must fully understand what's on offer, how it will be delivered and risks of refusing treatment
 - Secure initial meeting/engagement by setting parameters and/or providing an escape route. Give student option to respond non-verbally (for example, keyboard or questionnaire) with focus on students goals/priorities.



Supporting the process of change

- External catalyst continued:
 - value all forms of communication – student is likely to say far more via texting/email (ask closed rather than open questions initially)
 - see handout 'engaging with older, harder to teach pupils' within your session five pack for examples of rapport building with older students.



7. Strategies to overcome fear of speaking

- Understanding physiology of anxiety – deep breathing to reduce heart-rate; tense and flop to experience physical release.
- Sliding-in technique with peers/staff (it works with relatives too!).
- Educating peers via personal message – audio/video-recording or letter.
- Build confidence through success talking to strangers in the community.



7. Strategies to overcome fear of speaking (continued)

- Agree targets for increased talking in the classroom (rehearsed presentations; reading aloud; talking to support assistant or friends at table).
- 'Fresh start' (BBC Documentary, 'My Child Won't Speak' 2010 – YouTube, Danielle 14-years-old – and see next slide).
- Cognitive Behavioural Therapy (CBT) for social anxiety disorder.



10 to 19 years ('fresh start' approach)

1. Educate home and new school/college about SM
2. Explain to the student why they are having difficulty and how they will overcome it
3. Transition planning – use Individual Education Plan or Moving On Plan to create consistent, positive environment
4. Build confidence talking to strangers pre-transition
5. Build rapport with key person in new setting through stages of confident speaking and reading/telephone activities as appropriate
6. Regular meetings one-to-one or via email/text to monitor classroom management/participation/inclusion, bullying, need for bolt-hole, breaktimes, etc.



Engaging young people

- Link strategies to *student's* priorities/personal goals.
- See handout 'engaging with older, hard-to-reach pupils' from the session five pack.



Priorities:
Joe, 15 years nine months

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Not very important Quite important Very important

Having hobbies and special interests
Making new friends
Feeling confident
Doing things myself rather than relying on other people
Good job
Being healthy
Coping better with school work
Going to college
Passing my exams

Priorities: Sorting

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Not very important Quite important Very important

Having hobbies and special interests
Making new friends
Getting a good job
Passing my exams
Feeling confident
Being healthy
Going to college
Coping better with school work
Being independent – doing things myself rather than relying on other people

Priorities: Ranking

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Most important

Least important

Getting a good job
Passing my exams
Being independent – doing things myself rather than relying on other people
Going to college
Feeling confident
Coping better with school work
Being healthy

Priorities: Areas of focus

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Going to college in order to... ...get a good job

Being independent – doing things myself rather than relying on other people

Passing my exams
Feeling confident
Coping better with school work
Being healthy

Talking to young people about phobias

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See handouts from session five pack:

- Booklet for teenagers and adults
- Explaining phobia to older children and teenagers

frightening not frightening

sharks water cars

tigers clowns

kittens bridges vegetables

buttons policemen

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frightening	not frightening
sharks	vegetables
tigers	kittens
cars	buttons
water	clowns
	bridges
	policemen

(we care)

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frightening	not frightening
sharks	vegetables
tigers	kittens
cars	buttons
water	clowns
	bridges
	policemen
	talking

(we care)

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8. Success with strangers

- Cognitive shift:
 - strangers will not be surprised if they talk
 - strangers will not want a conversation
 - can rehearse short exchanges and control interaction.
- Understand nature of phobia and physiology of anxiety – deep slow breathing to reduce heart-rate; tense and flop hands/ arms/shoulders to experience physical release.
- Targets for talking to strangers in the community (linked to student's priorities) starting with talking near people or telephone programme.

(we care)

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Programme for young people and adults: Building up communication confidence

- Phase one: Talking to strangers
 - telephone: automated voice response
 - train tracker
 - telephone: actual person
 - face-to-face
- Phase two: Transferring to a known person
- Phase three: Generalisation (see handout)

(we care)

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Programme for young people and adults: Building up communication confidence

The next two slides show how phase one was built into a small steps programme to enable an adult with entrenched SM to speak to several new adults. She is now living independently of her parents for the first time.

(we care)

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Small steps programme example (1)

1. Leave voice messages on my phone until you can do it with minimum anxiety – I *won't* be listening. (Built up from one word 'hello' → reading sentences → talking about her day)
2. Two-way talk with TrainTracker™ to get used to being listened to 'live' – improves pace, volume and repetition while keeping anxiety (and breathing) under control.
3. Leave voice messages on my phone knowing that I'm in the office listening.
4. Leave a voice message at pre-arranged time and I will pick up at the end of your message, and ask you something about your message.

(we care)

Small steps programme example (2)

5. Leave voice message and I will pick up at the end of your message, ask you something about your message and if you answer I'll repeat two to three times.
6. As above but you ask me something too.
7. As above but not pre-arranged.
8. Leave a few weeks and repeat.
9. Meet face-to-face – show me some photos and I'll initially comment and then ask questions.
10. Repeat with other people. (Easier each time: Left voicemails starting with hello but very quickly progressed to 'real' messages and then face to face conversation with new people).



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@smira.org.uk
- **SMIRA website** www.smira.org.uk and **SMIRA Facebook Group** with free downloads, info packs and chat groups (older CYP have their own '**SM Space Café**' Facebook group).



Resources

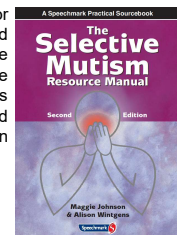
- **The Selective Mutism Resource Manual** (2016) Speechmark Publications www.routledge.com
- **Talkabout Series** Alex Kelly, Speechmark
- **Comic strip conversations** (Carol Gray, 1994)



The Selective Mutism Resource Manual Maggie Johnson and Alison Wintgens

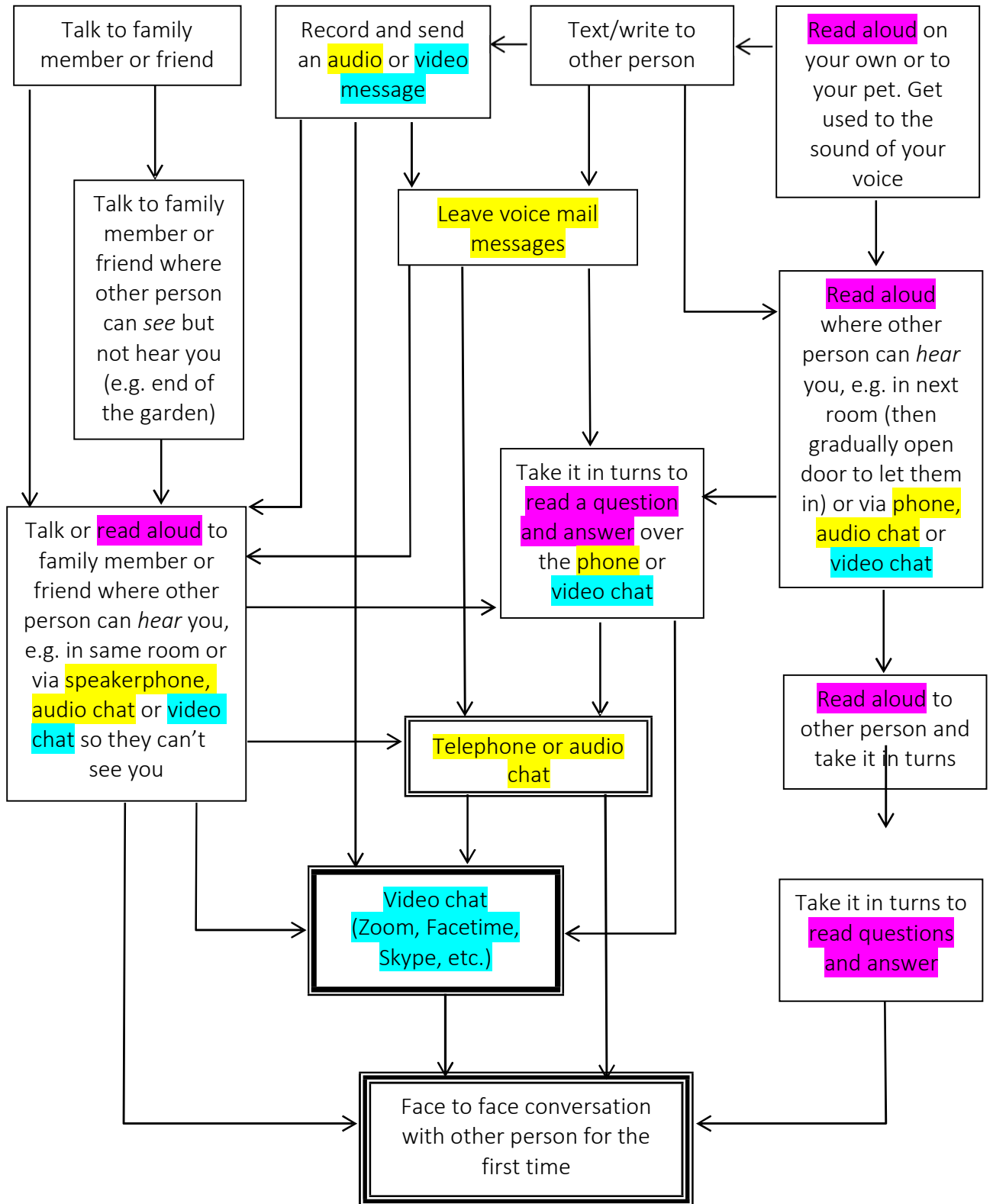
This manual provides in depth information for parents and professionals on identifying and supporting CYP with selective mutism. The manual is accompanied by a downloadable 244 page online resource which contains assessment forms, progress charts and advice handouts, some of which have been included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

The Selective Mutism Resource Manual (2016)
Speechmark Publications www.routledge.com



Getting the better of selective mutism – a small-steps approach

Possible routes to talking face to face – start with what you can already do



For more detail see pages 2-5 for video chats (Zoom, Facetime, etc.) and telephone route, with or without parents present, and page 6 for the reading route which can also be done via video-link.

1. Video Chat Route (Zoom / Facetime / Skype etc.) with support of parents

Do not worry how long this takes – it might take one session or several sessions, but your perseverance will always pay off! Don't leave too long between sessions for best results – no more than 2 or 3 days. Ideally, carry on the next day.

1. Parent arranges a guessing game to play with friend or relative (N) via video chat, e.g. Hangman, Battleships, Guess Who? or adapted Headbanz or Pictogram. Start with games that need single words and build up to sentences. See next page for Battleships grid.
2. It's OK if child doesn't want to be in camera range at first, they can just watch, no need to join in straightaway. They'll gradually get closer to parent as they realise there's no pressure to talk and the game looks good fun. Often children come closer if parent pretends to get stuck, e.g. 'Oh dear, what's that, it looks really weird!'; 'Hmm, I wonder if I should go for H6 or H7?'
3. N and parent chat to each other as usual. N doesn't ask the child any direct questions but talks to them commentary-style, e.g. 'You won't believe what Nana did the other day...'; 'You're good at this, aren't you?'
4. Parent involves the child by asking questions where they can respond by pointing, nodding or shaking their head, e.g. 'Do you think it's a dinosaur?', 'Shall I choose this square or that one?', but puts no pressure on them to talk to N. Parent responds to the child's gestures as if they are talking, e.g. 'Great idea, you just sank one of Sam's submarines!' When that's easy...
5. Parent asks the child choice questions ('X or Y?') where the child answers with one word, e.g. 'What do you think Grandad's drawn this time, do you think it's a **dragon** or a **camel**?' Parent waits 5 seconds (keep smiling, don't look anxious!) and moves on if the child doesn't respond, 'I'll try... **camel**'. Children often find it easier to correct you than reply, so get it wrong!
6. Once the child is chatting *easily* to parent, it's OK for N to ask them direct questions, but still the focus is on N playing and chatting with *parent*, rather than trying to get the child talking. At this point we are just aiming for the child to be comfortable talking to parent in view of N.
7. If N asks the child a direct question, parent must always wait 5 seconds to give them a chance to answer. If no response, parent repeats the question to the child or makes it easier (turns it into a yes/no question or an 'X or Y' question). There is no pressure to answer N, the child can answer the parent (the parent acts as a 'talking bridge' between N and the child).
 e.g. Grandad: Give me a clue, Liam. What family does it belong to?
 Mum (after 5 seconds): What family does it belong to, Liam. Is it a plant or an animal?
8. As soon as the child wants to play the game, let them take a turn. This is the best way for them to talk directly to N but parent should stay for another couple of games to make sure the child doesn't need them as a talking bridge.
9. Once the child is playing the game well with N, their parent leaves so they can play it unsupported. If the child seems anxious, leave just for a short while, e.g. to get a drink, and promise to be back very soon. This is where games are so valuable as they give the child a familiar structure for talking which is much less scary than an open-ended conversation.
10. Build up to games like 'Don't Say It!' which feel just like conversation and promote free talking.

Reference The Selective Mutism Resource Manual (2016) by Johnson and Wintgens, Routledge (and thanks to Anna Strzelecka)

Battleships

The object is to sink your opponent's fleet before they sink yours. Each player has a 10 × 10 grid where they fill in the squares to depict various vessels and a second 10 × 10 grid to record the hits and misses when attacking the other player (see next page). Players take it in turns to target one of their opponent's squares, hoping that they will score a direct hit. When successful, they are told what type of vessel has been struck, and this helps guide their next 'missile'.

Players send a missile by naming a square ('D4', 'E9', etc.). Their opponent replies 'miss', 'submarine', 'tanker', etc. The original player then writes 'S', 'T', etc. in the square or marks it with a dot if it's a miss. Their opponent can cross out the square on their own grid to make sure no cheating is going on!

BATTLESHIPS

	1	2	3	4	5	6	7	8	9	10
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										

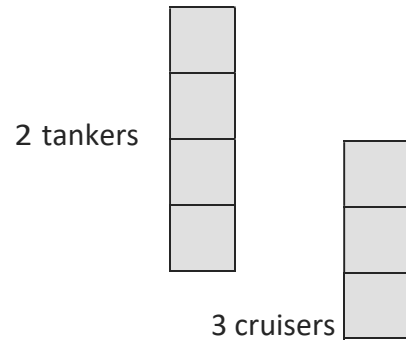
Add to grid:



1 battleship



5 submarines



2 tankers

3 cruisers

BATTLESHIPS

	1	2	3	4	5	6	7	8	9	10
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										

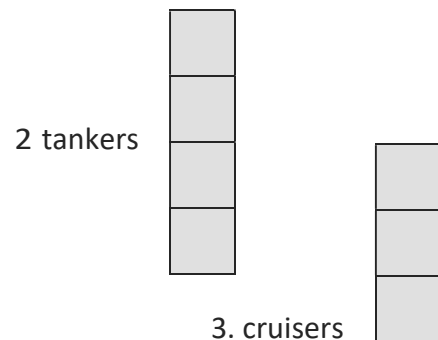
Find and sink:



1 battleship



5 submarines



2 tankers

3. cruisers

2a. Video Chat Route (Zoom / Facetime / Skype etc.) with the support of the person you want to talk to

Do not worry how long this takes – focus on what you will get out of it in the long run and take as many sessions as you need. The smaller you make the steps, the quicker you'll get there. Perseverance always pays off and what feels so impossible to start with will suddenly seem easy as you take the plunge and face your fears in tiny, manageable steps. Don't leave too long between sessions for best results – no more than 2 or 3 days. Ideally, carry on the next day – frequent repetition is the key to retraining your brain and switching off the automatic panic reaction you currently experience when you try to talk to people for the first time. If the steps seem too small, miss some out!

The following steps start with 'automatic' speech. This comes from a different part of the brain to conversation and is the easiest way to first get your voice 'out there' with someone you want to speak to. Let your automatic brain do the work so you don't have to think about what to say; all you need to focus on is gently breathing in, then breathing out and allowing your voice to start in your throat. Automatic speech will lead to single word answers, sentences and eventually, conversation.

1. Establish two-way communication via texting/messaging/emailing/using Chat on Zoom with video disabled. Make sure you both go through these instructions and know what to do!
2. Open a video link but sit off camera or disable the camera/video so you don't feel scrutinised by the other person. Very importantly, MUTE yourself so the other person can't hear you - this way you can just focus on getting your voice to work without them hearing you. You can still see and/or hear the other person though, and can communicate with them in writing.
3. Agree beforehand that you are going to count to 20 together, then say the days of the week together, then the months of the year and finally the letters of the alphabet. The other person starts and you join in with them as much as you can – focus on slow breathing in and out, then try to speak after you start breathing out. Afterwards, you can let the other person know how you did, if you want to (write it down).
4. Try this step even if you didn't manage to talk in step 3, some people find it easier. The other person says 2 items from one of the previous lists and then you say the next item out loud.

e.g. '1, 2...' '3' '7, 8...' '9' 'E, F...' 'G'
 'Thursday, Friday...' 'Saturday' 'May, June...' 'July'

You are still MUTED. Do this with ten different sequences.

5. Try this step even if you didn't manage to talk in step 4, some people find it easier. The other person starts a well-known phrase and you say the last word out loud.

e.g. 'It's raining cats and...' 'dogs' 'Once upon a...' 'time'
 'Happy birthday to...' 'you' 'Batman and...' 'Robin'

You are still MUTED. Do this with ten different phrases. Hopefully the other person will have some good ideas!

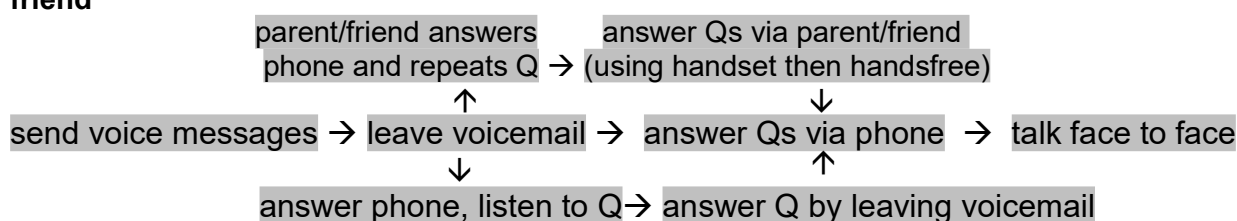
6. Repeat steps 3 – 5 until you have no problem joining in.
7. Repeat step 3 and start as normal but UNMUTE after you've said a few items of each sequence out loud. It will feel scary so it's important to stay focused on your breathing. The more you do it, the easier it gets. Don't worry if you suddenly speak quieter, this will correct itself as you relax your shoulders and breathe deeper.

8. Repeat steps 4 and 5 and UNMUTE during the activity – you choose when.
9. Repeat steps 3 - 5 until you find it easy to unmute. You've done the hardest bit – you've got your voice out there!
10. Repeat steps 4 and 5 UNMUTED from the start.
11. **Optional.** Repeat steps 1, 4 and 5 sitting on camera or with video enabled so the other person can see you messaging and speaking. You don't have to make eye-contact if it feels easier to talk looking down. Or you can leave this step until later if you want.
12. Prepare an agreed number of yes/no questions in advance and write them down – you can be as silly or serious as you like, e.g. Do you watch East Enders? Have you got any pets? Do pigs fly? The other person will read out their questions first and you answer 'yes', 'no' or 'maybe/sometimes'. Do this MUTED first, if you want, and repeat until you can do it Unmuted.
13. Now it's your turn to read out your questions and the other person has to answer. Read out each question MUTED first if you want, and then repeat it Unmuted so the other person can answer. Repeat until you can do this without muting first.
14. Do new lists of yes/no questions and this time take it in turns to read out one from your list. Repeat until you can do this UNMUTED from the start.
15. If you can, repeat step 14 sitting on camera or with video enabled. You don't have to make eye-contact if it feels easier to talk looking down.
16. Repeat steps 12 - 14 with some different questions where the answer is one word, e.g. What's your favourite flavour crisps? How many legs does a spider have? Would you rather have a cat or a dog? Repeat until you can do this UNMUTED from the start with visual contact.
17. Repeat no. 16 with questions that need longer answers. The more you repeat this, the easier it will feel to make eye-contact and have a conversation.

2b. Video Chat Route (Zoom / Facetime / Skype etc.) with the support of the person you want to talk to

As an alternative to 2a., consider following the **reading route** on the next page, first off-camera then in camera range. If it feels possible, go for it, as it's a quicker route! Reading aloud is another form of 'automatic' speech. Once you are a competent reader, the brain automatically recognises words and you don't have to consider what you are saying – it's not like having a conversation.

3. Telephone Route with or without the support of a talking partner such as parent or friend



4. Reading Route – working towards conversation with a keyworker/relative/friend

This is an excellent starting point for children and young people who are competent readers and are able to read aloud when on their own with a keyworker, etc. As such it represents the quickest route to establishing speech, but should never be adopted if it causes distress or 'shut-down'. An advantage of this method is that it does not require a parent or other talking partner's presence - not all young people find this helpful and not all parents are available. Reading aloud is usually less daunting than other verbal activities as the person with SM does not have to worry about saying the wrong thing or being expected to enter the unpredictable and personal world of conversation. Success is dependent on the child or young person (CYP) knowing that their difficulties are understood, and trusting that by reading aloud they will not suddenly be expected to speak any more than they feel comfortable. It also helps to sit beside rather than opposite the CYP, following the text so they do not feel scrutinised as they read.

Young children may approach this route via reading groups, where children read the same text in unison and join in as best they can, following the text with their finger and saying whichever words they can manage. Older children and teenagers who read well may be able to read aloud following a period of rapport-building and explanation of their difficulties, e.g. if you have selective mutism, things like being asked unexpected questions can be very difficult, but reading aloud is easier because you don't need to find your own words to express yourself and know exactly when the talking will stop.

Move towards true communication in a few sessions as follows, starting with a familiar paragraph or piece of work that the CYP has looked at in advance. They may like to practise reading it aloud on their own first or go straight in at no. 1.

1. CYP reads a short passage to keyworker (or relative, etc.).
If voice is steady and audible rather than whispered or strained, it is possible to go straight to 4). Otherwise use 2) and 3) for smaller steps to improve voice through repetition and gradual relaxation.
If difficult, CYP first records themselves reading or counting aloud on their own and then plays it to the keyworker until feeling less anxious.
2. Keyworker and CYP take it in turns to read alternate sentences from a short passage or familiar poem.
3. Emphasis moves from reading to more interactive turn-taking:
Keyworker and CYP read different characters' lines from a set number of pages or for a set number of minutes (local amateur dramatic companies will have play scripts you can borrow and TV scripts are available to download.
or CYP reads out numbers, the days of the week and months of the year and then says them alternately with the keyworker, aiming for steady pace, rhythm and voice (may be quiet but should not be strained).
4. Reading games and activities involving turn-taking, questions and answers. e.g. the keyworker asks questions that can be answered by reading out from the text; the CYP reads out crossword clues for the keyworker to solve; teenagers and keyworker take it in turns to read out quiz questions from magazine.
5. Activities involving turn-taking, questions and answers without reading.


Reference: The Selective Mutism Resource Manual, 2nd edition (2016) by Maggie Johnson & Alison Wintgens, a Speechmark Publication.


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Explaining phobias to older children and teenagers









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Phobias

- The following slides provide ideas on how to discuss phobias with secondary-aged children.
- Parents, friends and/or siblings should be encourage to also be present if the student(s) with selective mutism (SM) would like that.









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Which of these would scare you if you got too close?

- Sort the following into 2 columns.
- There's no wrong answers, it's how *you* feel.






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frightening

sharks

kittens

buttons

not frightening

water


tigers


bridges

policemen

cars

clowns
vegetables




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frightening

sharks

tigers

cars

water

not frightening

vegetables


kittens


buttons

clowns

bridges


policemen




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Discussion

- **All** of these cause some people to panic, even though there's no real danger, many people have phobias of buttons, cats, vegetables etc.
- The brain can become programmed to see anything as dangerous, a threat; we then experience panic and do anything to avoid that object or event.
- Similarly some people aren't at all scared of sharks, tigers etc because they have learned to handle them and feel in control.



Discussion

- This is what has happened to you – so we can add **talking** to your list.
- You don't always experience panic, it's only occurred in certain situations, and you have learned to manage those feelings by avoiding talking in those situations in various ways.



frightening

sharks
tigers
cars
water

not frightening

vegetables
kittens
buttons
clowns
bridges
policemen

talking



Conclusion

Everyone has a different perception of danger. Danger is often not a **real** threat. It's a combination of:

1. following rules (such as crossing the road)
2. knowledge/expertise (such as a tightrope-walker or lion tamer)
3. the way we **react**, either physically (such as a nut allergy) or psychologically, as in phobias. In phobias the **feeling** is real, but the danger is not, it has been created in your mind.



How do phobias start?

There is a **real** threat which causes real panic and fear, but the fear gets **transferred** to a non-threatening object or event.

See the next slide for an example.... Can you work out what the **real** threat was that triggered the phobia?



You've probably heard of arachnophobia (a fear of spiders). Look these up:

- kroupounophobia
- nephophobia
- ailurophobia

Here's an account from someone who's terrified of kittens. Can you be a detective and work out why her brain became convinced that kittens were a threat to her?




A phobia of kittens

"I don't mind cats but kittens make me feel scared to death, just thinking of their small size and furry skin makes me feel sick.

I can still remember my very first encounter with a cat. It was on a sunny afternoon and I was four years old resting in bed because I was ill for a couple of days. All of a sudden a mother cat carrying her kitten burst in my room looking for somewhere to hide her newly born baby kitten. I was frantic and started screaming until I fainted according to my mum. From then on I couldn't stand anymore to touch or see a kitten, not even in pictures or on TV."




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A phobia of kittens - looking for clues

- “furry skin”


A unique description of fur – could the phobia have started around skin rather than soft, fluffy kittens?


- “screaming until I fainted according to my Mum”

This implies that her mother couldn't get to her very quickly – why not?

Other clues:


- “sunny afternoon”, “all of a sudden”, “burst in”, “newly born”.





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Possible scenario


Mum has gone outside to hang out the washing and has told her daughter that if she wants her, she must call out of the window. Daughter therefore thinks she's alone in the house and does not expect anyone to come in. As the door opens, she is terrified – a burglar, kidnapper, bogey man? As it opens there is a panic reaction and sense of doom – what monstrous intruder is about to enter? What actually appears round the door is something she has never seen before – a pink wrinkly new-born kitten – and she unconsciously associates it with terror and fear for her life .





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How your brain works


- Brains operate both consciously (where you actively choose what you want to do) and automatically (where you do some things without choosing to).
- The **amygdala** is a part of the automatic brain that controls your fear reflex or your 'flight or fight' mechanism. It is located at the base of the brain.
- The amygdala pumps out stress hormones and causes physical changes to your body, such as causing your heart to beat faster and your throat muscles to tighten - no wonder you cannot speak!
- We need to **switch it off** so your body and throat can relax and words come out easily again.





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What happens when the amygdala is switched on?


- As soon as the flight or fight mechanism is activated, your mind becomes very focused on your immediate environment in order to spot the dangers and work out what it is that you need to do to keep safe.
- Your mind uses your senses to analyse everything that could present a threat; it does this by posing a series of 'what if' thoughts.
 - What if I drag the person from the burning car?
 - What if I fight the tiger?
 - What if I jump off the building?
- These are useful questions that help us weigh up all the risks and keep us safe.





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But...



- in anxiety conditions, because no real threat is present, the questioning focuses on other things in your environment as your mind searches for 'blame and cause'.
- So the 'what if' questions/thoughts become things like:
 - What if they laugh at me?
 - What if they hate me?
 - What if I get it wrong?
 - What if I sound stupid?
 - What if food makes me throw up?
 - What if these germs kill me?
- You try to make sense of your fear response by proving there is something to be afraid of.




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The result

- You strengthen the association you have set up and become even more scared of the thing which was not threatening in the first place.
- You deal with it by trying to **avoid** any situation which might bring this panic feeling.
- So by avoiding talking, you stay calm. This is fine a lot of the time but in the end we find we are not following our chosen path. Our amygdala is making a lot of the important decisions.
- This is a vicious cycle which we can only break by teaching the amygdala a new set of rules and switching it **off!**

How to switch it off?

- Understand the fear.
- Relaxation – laughter, deep breathing, keep busy.
- Face the fear in small steps and show the amygdala that there's no danger.
- Stop trying to convince yourself that there is something to be afraid of.
- Recognise that your own behaviour makes your fears come true and creates the danger.
- Replace your negative thoughts (your worst fears) with positive thoughts (facts).

 we care



The good news

- Selective mutism is a phobia.
- All phobias can be **cured!**

Here's an example written by a student who never spoke at secondary school but was fine at university....

 we care

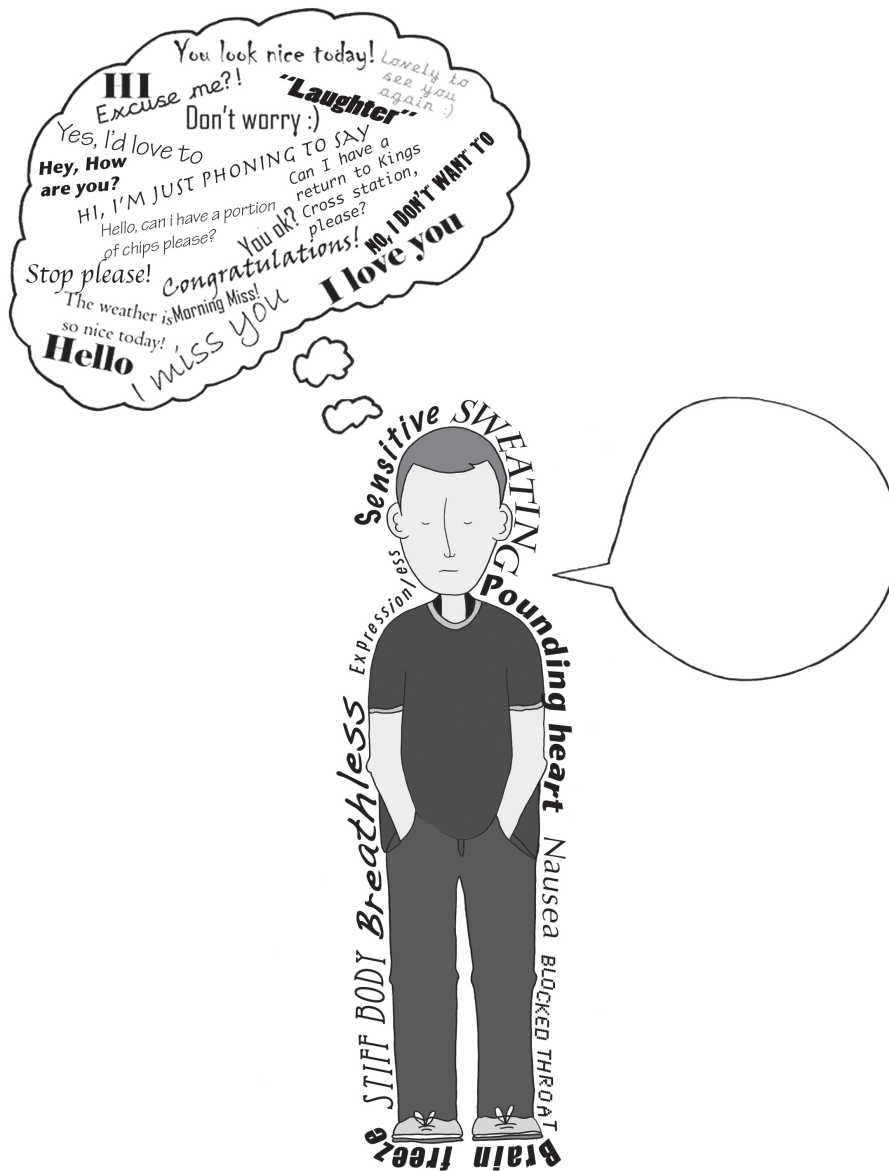


Personal experience

"I focused on building my confidence outside school with people who didn't know about my problem and set myself increasingly difficult tasks that were scary but doable. The more people I interacted with that saw me as maybe just a bit quiet, the more my confidence grew. I still couldn't speak at school however!

The most freeing thing for me was seeing the selective mutism as an unfortunate thing I suffered from (like eczema) rather than being me. Once I started viewing it like that I could also see it as something that I could learn to live with, cope with and help myself to overcome. I am still an anxious person but it no longer controls me, I control it. I'm in my second year at university now and love it!"

 we care



WHEN THE WORDS WON'T COME OUT

Information about selective mutism
for teenagers and adults

Please read this booklet if you can speak in some situations but not others and if *any* of the following are true:

- ★ you feel physically frozen or paralysed when you try to talk
- ★ you want help to speak more freely
- ★ it's easier not to talk
- ★ you have given up hope of talking without anxiety
- ★ you are sick of people trying to 'help'
- ★ you believe things are fine as they are
- ★ you feel let down by professionals in health or education services
- ★ you want to know more about selective mutism.

You may have struggled with talking for many years. This can affect the choices you make and your ability to influence other people and be the person you really are. You may have reached the point where you are desperate for help or ready to give up. Either way, it's impossible for you to make an informed decision about what to do next until you understand what you are dealing with.

This booklet summarises what selective mutism (SM) is, how it messes with your mind, how it can be overcome and the most important change you can make TODAY.

What is SM?

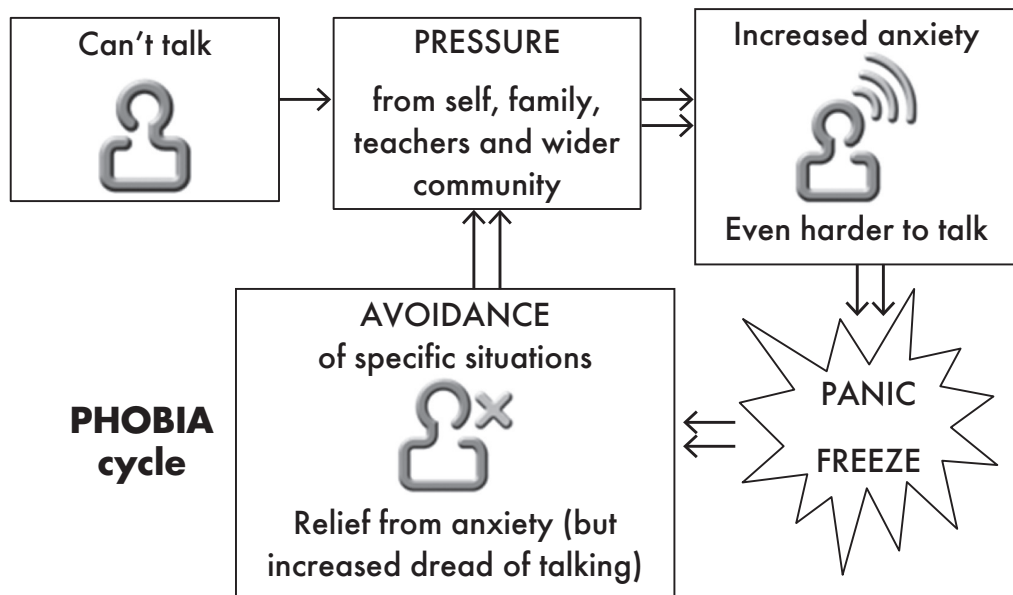
SM is a condition in which individuals are able to talk freely in situations where they are relaxed and relatively free of anxiety, but they become frozen and unable to speak in other situations. This may be accompanied by all the signs of extreme anxiety – racing heart, muscular tension, tight chest and throat, difficulty breathing ... or a dull feeling of nothingness because you know you won't be able to speak, so what's the point of even trying?

SM is often described as a fear of speaking and you may identify with intense feelings of dread or panic at the thought of having to speak to certain people. Or you may say you're not afraid of *speaking*; you're afraid of looking an idiot when you can't speak and terrified you won't be able to speak when you need to.

It all boils down to the same thing. SM is an anxiety disorder and people with SM have developed a phobia of talking to, or being overheard by, certain people.

Normally when people have phobias, their families and the general public are sympathetic and don't force them to do the things they have a phobia about. It may seem odd – after all, some phobias are pretty weird, such as phobias of buttons, kittens or bananas – but we realise that the person is not *refusing* to board a plane or eat bananas or whatever. They just cannot, under any circumstances, physically make themselves do it. It's not a choice; if they had any choice at all, they'd choose not to have the stupid phobia.

So the main obstacle for you is that most people have no idea that SM is a phobia and do all the things that make phobias *worse*. They put all sorts of pressure on you to speak and make you feel really bad about not speaking (as if you didn't feel bad enough already).



Sadly, the longer you live with SM, the more it threatens to alter your self-image. You're an intelligent person; you know things don't happen without a reason. So, in the absence of any other explanation, you start to believe what other people are saying about you; that you are shy, different, rude, difficult, stubborn or not worth the bother. These are simply the opinions of individuals who *got it wrong*.

Had they known the truth, they would have used different words: guarded, scared, hurt, determined, focused, a survivor.

Even if you reject the opinion of other people, you may create your own reasons to justify your fear; you hate your voice, you can't think quickly enough, you are poor at conversation. (By the way, *everyone* is shocked by the sound of their own voice, and *no one* can think quickly or communicate well when they are anxious!)

Inevitably, other people are affected by your silence. Many assume you don't want to talk; they do not know how to approach you; they worry about doing the wrong thing. And so ...

they ignore you. That can have a devastating effect. Unless you are one of the lucky people who have always felt secure in their family's unconditional love and the social acceptance of friends, you may reach the wrong conclusion and think that other people find you stupid or dull, unlikeable or unattractive, or a misfit.

And perhaps the greatest untruth of all ... nagging away at you is the feeling that *you ought to be doing better*. But no one arranged for you to have the equivalent of swimming lessons or extra Maths, so how were you supposed to improve?

Over the years, all of this can amount to a hefty burden of confusion, resentment, guilt, shame and isolation which chips away at your self-esteem, intensifies your negative associations with communication and distorts your perception of yourself and other people.

In short, you've already had to deal with far more than most people you grew up with. You are stronger than you think. None of this is your fault – life isn't always fair and you have been extremely unlucky to miss out on the support and understanding which is now available to young children who have SM. You are as unique, likeable and valuable as everyone else. And the good news is, phobias can be cured! *At any age!*

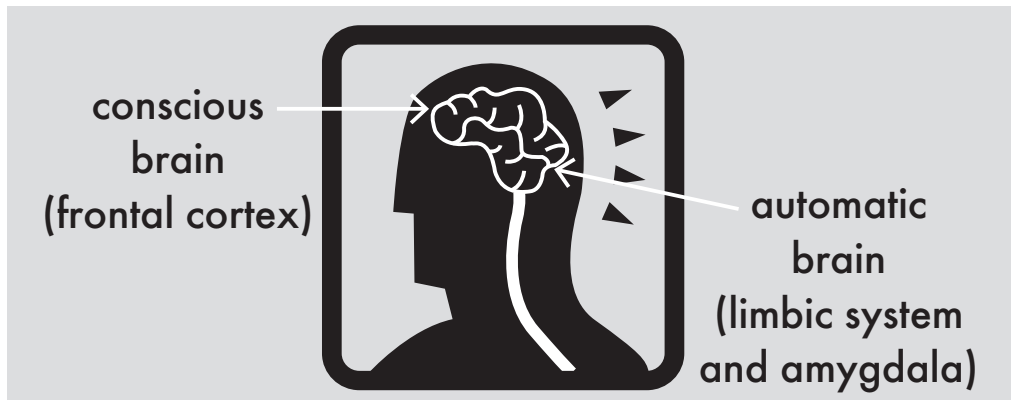
How do phobias start?

You know how a particular smell or piece of music can trigger past memories and sensations? Powerful feelings are commonly linked to something in the environment, and that environmental trigger can generate the same feelings years later. It's different for everyone but, in the case of SM, there will have been a time in your childhood when feelings of extreme distress, despair or panic became associated with being expected to talk; eg you desperately wanted your parents and a stranger tried to comfort you; or you were told off by a teacher. You may have been too young at the time to talk back, or you may have been too ill or alarmed to talk (the 'freeze' response).

Since then, similar people have acted as a trigger, so that, when they try to talk to you, the same ghastly feelings have flooded back with the sensation of being unable to speak. Even though these feelings are recalled from the *past*, people with phobias experience the *current* situation as unbearably threatening, and do all they can to avoid reliving those childhood sensations. You may have discovered, for example, that if you stay indoors all day and never answer the phone, you will be spared those feelings. This is the ultimate price you pay. Through sheer bad luck and subconscious association, SM has made you a prisoner in your personal comfort zone.

The key to your freedom ...

... lies in understanding how your brain works.

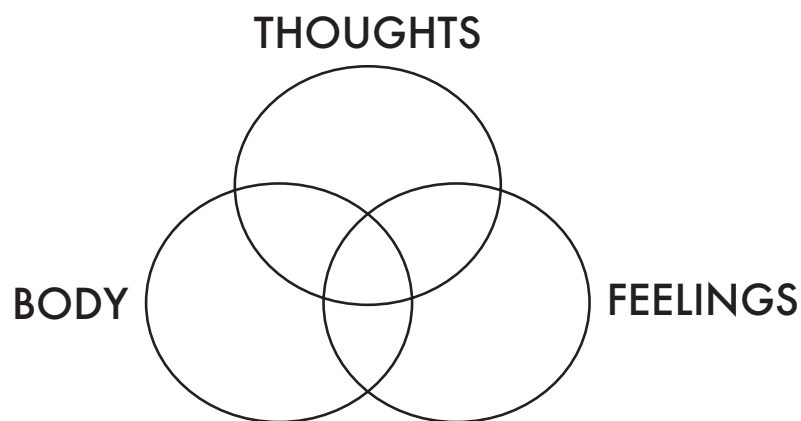


The **amygdala** controls our automatic fear reflex. Its role is to keep us safe and alert. It prepares our bodies to cope with danger by triggering the release of stress hormones which cause *physical reactions* such as increased heart rate, rapid shallow breathing, a rush of blood to the arms and legs, sweating and muscular tension.

The **limbic system** interprets physical and chemical changes in our bodies and labels them as *emotions* or *feelings*.

The **frontal cortex** is where rational, conscious *thought* takes place. One of the effects of stress is 'brain freeze'. It's impossible to think rationally and our mind goes blank.

These three areas are closely interlinked and influence each other without us realising it. It can be very hard to separate thoughts, feelings and physical sensations, in order to know which are real and which are illusions.



For example, you may be aware of your heart racing and feel nervous or afraid, but it could be coffee, energy drinks or nicotine that increased your heart rate, rather than stress. Or you might be good at driving but think so much about what people will say if you fail your test that you are too tense to put the car in gear. Unhelpful thoughts like this have a way of coming true!

And, in the case of selective mutism, the conviction that you cannot speak to certain people triggers the amygdala's *fight–flight–freeze* reaction – your body goes into overdrive and you feel as if you are in great danger; it truly is the most horrible sensation. You have three options: *attack* (we usually save that for those closest to us!); *escape* (no wonder you do all you can to avoid feeling like this); or *freeze*. Your body stiffens, your throat closes up, you're stopped in your tracks.

Your feelings are REAL, but the threat to you is IMAGINARY. That doesn't mean you're going mad.

It's just how phobias work.

How to switch off your amygdala

Anyone who's got over a phobia will know that, once the amygdala is switched off, it's like something has lifted. You're *free* and the same trigger no longer has any effect. There are several proven ways to achieve this:

- ★ **Graded exposure.** By facing your fear in tiny, bearable steps, your automatic brain learns through repeated experience that there is no need to sound the alarm. You plan the steps and stay in control.
- ★ **A fresh start.** By anchoring your fears to specific people (eg people in your last school or job), rather than people in general, it is possible to feel comfortable around strangers and move more easily to a new environment.
- ★ **Complete relaxation.** It's impossible to feel both stressed and relaxed at the same time. So, when you are distracted by enjoyable activities which demand physical release and concentration, you are less likely to be plagued by unhelpful thoughts. Your body will relax; you'll breathe more deeply; you'll laugh; you'll say something without thinking. When this happens, try to stay calm; stay in control; keep the words flowing. Tell yourself it's safe to talk.

What else will help?

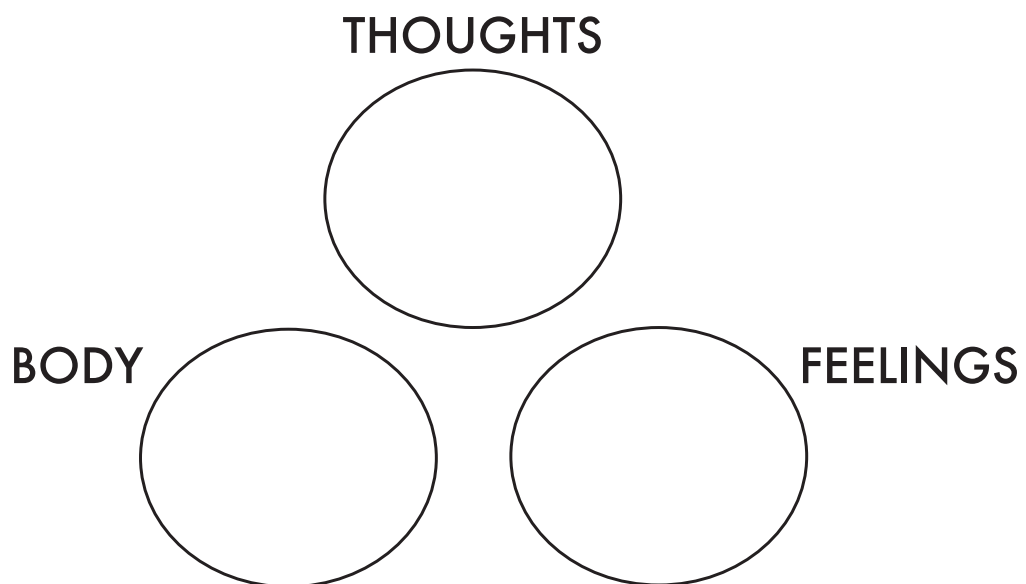
We can make the link between THOUGHTS, BODY and FEELINGS work to our advantage:

- ★ When you smile – even a fake smile – your brain releases feel-good chemicals, making both you and those around you feel better. Do it often!
- ★ Tension produces anxiety so regularly check your body for tightness and rigidity. Try to unclench your muscles, go floppy, sink back into the chair, relax ...

- ★ Slow, deep, calming breaths will slow down your heart rate and make you feel calmer (try it in the dentist's chair!).
- ★ Exercise, eat healthily and get enough sleep.
- ★ Recall positive memories and emotions from the past: your happiest, proudest, strongest moments. Relive them for a few minutes and things that usually worry you will seem less important.
- ★ Act and *look* confident and you will start to *feel* confident. It's not the other way round!
- ★ Recognise that your negative associations with speaking are memories and beliefs from the *past*. They belong to a small, innocent person, not the older, wiser person you are now.
- ★ Whenever you can, practise humming quietly with your lips together – feel the vibration in your throat which means your vocal cords are relaxed. If you feel your throat tighten, loosen it by breathing out with a hum. As you hum, you release your voice.

The most important change you can make TODAY

Take your time to re-read this booklet, then use your conscious brain to start separating and overriding the automatic cycle of thoughts, sensations and feelings:



- ★ Rather than focus on the emotions of fear, dread or panic, tune in to your body and notice what is *happening*. Eg 'My heart is racing; my shoulders are raised and tense; my ribcage is rigid; my throat muscles are tightening; I'm holding my breath.'
- ★ Tell yourself that your body is producing unpleasant physical sensations, but you can handle it; they weren't triggered by a real threat. The sensations will subside if you take slow, deep, calming breaths and repeat, 'This will pass; my fear is imaginary.'
- ★ Note and challenge unhelpful thoughts; are they true? Or have they come from years of inaccurate information and subconscious association? You have done *nothing* wrong; you have as many good qualities and talents as the next person; it is OK to make mistakes; people are more interested in their own lives and insecurities than yours.

Of course, it isn't easy to make any of the changes in this booklet without support and they will take time. But just *believing* they are possible is the best start you can make. Finding a friend, relative, mentor or professional who is willing to help you take things further is a close second ...

Get them to read this booklet too and then you won't need to explain it all.

Further reading

The Selective Mutism Resource Manual (2016) by Maggie Johnson and Alison Wintgens, Speechmark Publishing Ltd.

First Steps Out Of Anxiety (2010) by Dr Kate Middleton, Lion Books, Oxford.

Many thanks to Lizzie Helps and Matt Thompson for their artwork

Easy-to-read A4 version

An advice sheet for people working with older school-aged children and young people

ENABLING QUIETER STUDENTS TO COMMUNICATE

Communication and interaction are challenging for many students. Some 'freeze' and are *unable* to speak at times, despite conversing confidently and fluently when they are relaxed with friends or close family.

You can help to bridge this gap by (a) having a private word with students to show that you understand and (b) avoiding situations which put unnecessary pressure on them to communicate in front of their peers. Ironically, the less insistence there is on talking, the easier it is for these students to relax, speak and gradually work towards agreed targets, such as taking a turn to read aloud in class. By adopting the following guidelines you can bring out the best in anxious students.

- 1 Some students find it painfully difficult to *initiate conversation*. This includes asking for help or clarification, seeking permission, using social greetings and making friends. They usually do nothing in this situation, or simply loiter, hoping someone notices that they need help or want to be included. If they are getting desperate, some will resort to unusual behaviour to gain attention.

Try to:

- a) Remember that when anxious students need help, they have difficulty making the first move. They dread drawing attention to themselves in case this leads to a joke or a question or a negative comment which they can't take in their stride. Ask quietly during the lesson or session if there is anything they are not clear about and ensure afterwards that assignments, etc are understood.
- b) Acknowledge written requests and follow them up by talking things through quietly in ways which do not draw unnecessary attention to the student.
- c) Ensure that students can leave to use the toilet, or for any emergency, without seeking permission. Consider a whole-class system, such as signing out, that does not discriminate against individuals who have difficulty making requests.
- d) Make a seat available to the student, rather than expecting them to find their own place.
- e) Always smile at the student, make them feel welcome and say 'Hello' even when there is no reply. Ensure that no one takes it personally if the student maintains a blank or fixed expression and does not actively engage. These are signs of anxiety rather than aloofness and, with the right support, the situation will improve.



Continued

ENABLING QUIETER STUDENTS TO COMMUNICATE

- 2 Some students freeze when asked a *direct question*, particularly within earshot of other people.

Try to:

- a) Agree with the student that you will give advance warning of any questions or that they will signal if they are comfortable to be chosen.
- b) Avoid asking direct questions and allow the student to make their contribution later on, either in writing or on a one-to-one basis.
- c) Avoid asking the student questions across the room, so that they have to answer to everyone. Stand next to them, so that you can turn to them and address them more privately in a quieter voice.
- d) Move on calmly to someone else if the student cannot answer, without letting the student feel that they have failed; for example, 'You carry on thinking about that. Anyone else want to have a go?' Feeling that other people are watching and waiting for an answer makes it worse for quieter and anxious students.

- 3 Many students don't like to run the risk of *getting things wrong* or *meeting disapproval*. So any question where there is no definite or simple answer is likely to cause distress and lead to a silent struggle.

Try to:

- a) Tell the student that it is OK to say 'I don't know' or 'I'm not sure'.
- b) Give a choice, eg 'Is it nearer London or Liverpool?'
- c) Stick to closed questions which have simple factual answers and can be answered in a few words. Leave open-ended questions, opinions, alternatives and explanations until the student is more confident.
- d) Offer possible alternatives if the student does not answer; for example, "'Well, do you think it was a good idea, not so good, or somewhere in-between?'"

- 4 If you make an *assumption* or a *genuine mistake*, the student will find it extremely difficult to correct you. If they say nothing, you cannot assume that they agree with you. If it's a public situation, lightly move the conversation on, and check later when one-to-one.

Try to:

- a) If you offered a choice, repeat it and add "Or something else?"
- b) Check your facts or say "I'm not sure if I've got this right". Ask 'yes/no' questions to clarify a situation, rather than leave the student struggling in silence. Alternatively, give them a few moments to gather their thoughts and write down their comments.
- c) Double-check that the student feels ready for a task or an assignment; for example, "This is what I think you're ready to do. But is there something easier you'd like to do first to prepare for it?" For instance, they might like to run through a presentation with a supportive adult before delivering it to the whole class. Write down the assignment and ask them to either tick it or write an alternative by the end of the day.

An advice sheet for parents, carers and teachers

ENSURING AN ANXIETY-FREE ENVIRONMENT FOR YOUNG PEOPLE WHO HAVE SELECTIVE MUTISM

PLEASE DO:

- ★ Recognise that selective mutism is an anxiety disorder; a phobia of talking which young people can only overcome by taking small steps forward in a controlled way at their own pace. By removing speech anxiety in everyday situations, you will enable young people to benefit fully from an agreed intervention programme.
- ★ Remember that this is a genuine difficulty and it will get worse if the young person feels any pressure to speak or has a sense of being made into a public spectacle. Have patience and let them speak when they are ready.
- ★ Engage the young person through their interests and talents, their sense of humour and by asking for their help. Tell them what a good job they did.
- ★ Include the young person by talking to them in a chatty, friendly way without expecting an answer. Make comments, rather than asking direct questions; for example, 'I'd love to know where this came from, it's gorgeous', rather than 'Where did you get that?'
- ★ Provide the *opportunity* to speak, rather than making demands; for example, 'I love this colour. I wonder what you used to mix it?', rather than 'How did you make this?'
- ★ Warmly respond to the young person's attempts to communicate through gesture or whispering, by talking back in a natural way as if they had spoken.
- ★ Reassure the young person in private that you won't single them out in a group to answer a question, read aloud or demonstrate an activity unless they let you know that *they want to be chosen*. Say that they can start talking as soon as they feel ready but, until then, there are plenty of other ways to get the best out of school, college or work life or their chosen activity. It's OK to laugh or join in when the group speaks in unison – whatever they can manage.
- ★ Give the young person a means of sharing good news and letting you know if anything has upset them, eg through email, a liaison book or a go-between.
- ★ Establish communication and build rapport wherever possible by email.
- ★ Make hands-up, thumbs-up or eye contact and a nod generally acceptable at registration if the young person is struggling to answer.
- ★ Encourage young people to sit or work with friends they talk to in other settings and ask questions through their friends. Move away to make it easier for them to answer.
- ★ Tell the class or group that you welcome all forms of contribution – listening, speaking or making notes.

PLEASE DO:

- ★ Include activities in which speech is optional, making this clear before you start.
- ★ Include the young person in other activities by offering alternative forms of communication. For example: holding up, underlining, circling or pointing to their answer; writing on sticky notes, a dry-wipe board or a computer screen; texting; emailing. Ask them which method they prefer for different activities.
- ★ Provide opportunities to talk in situations that may be less threatening to the young person. For example: 'Please could you take [N] to the lockers and show her where to put her bag?'; 'Why not take your parents to the hall and get them a cup of tea before the rush?'; 'Please help [N]. He's not sure what he's got to do'.
- ★ Make sure that peers don't pressurise the young person to speak and understand that they will speak in their own time. Check for, and stop, actual or cyber bullying and teasing.
- ★ Look for positive behaviour and let the young person know how well they are doing.
- ★ Let the young person sit at the back or side of the classroom to get a good vantage point.
- ★ Encourage general creativity and expression through art, film making and design.
- ★ Encourage independence and ensure success. Rather than doing things *for* the young person, do things *with* them initially and then withdraw, or make things *easier*.
- ★ Have the same expectations of good behaviour as for any other young person.

PLEASE DO NOT:

- ★ Be hurt or offended when the young person remains silent.
- ★ Confuse a fixed facial expression with glaring, defiance, being uninterested or smirking.
- ★ Beg, bribe, persuade or challenge the young person to speak, or make it your mission to get them to talk.
- ★ Make the young person say 'Hi', 'Please', 'Thank you', etc. They are *not* being rude.
- ★ Penalise the young person for not talking or tell them they are talking too quietly.
- ★ Ask direct questions which put the young person on the spot, especially when other people are watching and waiting for an answer. Use comments which they might respond to.
- ★ Look directly at the young person when you are hoping that they might say something.
- ★ React when the young person speaks in public. Simply carry on as if they have always spoken, responding positively to what they *say*, rather than the fact that they spoke.
- ★ Make the young person repeat themselves in public if you don't hear them.
- ★ Chastise the young person in public – have a quiet word in private about your expectations.
- ★ Treat the young person too delicately – they enjoy banter the same as anyone else!

10b
Continued

ENSURING AN ANXIETY-FREE ENVIRONMENT

PLEASE DO NOT:

- ★ Expect the young person to initiate interaction, even in ways which don't require talking. Initiation is extremely difficult for most individuals with SM. Make sure that you or other people take the lead to enable the young person to find a partner, get help, obtain an item or report a loss, bullying or illness, for example. It will also be important to ensure access to such basics as the toilet, food and water without needing to speak.
- ★ Follow opting out with special treatment or privileges because this can delay gradual participation.
- ★ Anticipate the young person's every need. Instead, hold back, give permission ('It's OK to ...') and create opportunities for them to start taking the lead.
- ★ Allow the young person to become isolated. Actively foster friendships with peers, both in and outside the educational or work setting, through shared projects, interests and activities.
- ★ Object if the young person talks to you through their friends – they could be valuable allies in the young person's intervention programme. But make sure that the young person is comfortable enough to communicate with you non-verbally when needed; for example, they could confirm the message you received by nodding or shaking their head.
- ★ Be surprised if the young person looks confused, does the wrong thing or does nothing. Anxious individuals are often too tense to process information quickly or accurately, so repeat instructions quietly and calmly, as necessary.
- ★ Spring surprises on the young person. Instead, prepare them for changes and transitions with advance visits, timetables and brochures or photographs, as appropriate.
- ★ Leave the young person out of plans for school or college trips or work experience. These involve environments which are usually much less stressful than the classroom.
- ★ Dwell on what the young person *can't* do. Discover their interests and talents and let them shine. 😊

Other useful handouts

Handout 4 'What to say when ...'

Handout 5 'Selective mutism is a phobia'

The Older Child or Teen with Selective Mutism

Ricki Blau

Selective Mutism in the Older Child

Selective Mutism (SM) is usually noticed when a child begins pre-school or kindergarten, if not before. So when a student in the upper elementary or secondary grades has SM, it's safe to assume that he or she has been living with Selective Mutism for many years. Within the lifetime of today's teens, researchers and treating professionals have learned much about this anxiety condition. Young children who receive prompt and appropriate treatment now make great strides. But information about SM is still not as widely available as it should be—educators, doctors, and psychologists often fail to recognize SM or understand how to help affected children. Consequently, many children do not receive early diagnosis or appropriate support.

Older students with SM may have received no treatment or may have suffered years of inappropriate treatment and negative reinforcement. Instead of being helped to control their anxiety and become more comfortable at school, they may have been pressured to do the things they feared, such as speaking. Over the years they have developed ingrained behavior patterns and maladaptive coping mechanisms by which they avoid situations that make them anxious. Not speaking has become a habit that is difficult to break. They begin to see themselves as “the kid who doesn't speak” as do many people around them. The fear of receiving attention if they should start to speak makes it harder to imagine changing. They may also have developed phobias about speaking or having their voice heard. Older children with SM often lag behind their age peers in social competence because they've had less experience with peers and adults. Treatment plans for the older child must take these complications into account.¹

Students with SM are, in general, extremely sensitive individuals. Older children and teens are acutely aware of their differences and the responses they elicit from their teachers and other adults. People have been trying to get them to talk for years! They understand that they repeatedly fail to meet standard expectations in the school setting. Consequently, they are wary and keenly aware of the most subtle pressure to communicate. Wanting to avoid attention, they typically have learned to hide the appearance of anxiety; while younger children may freeze and show a blank expression, older students more commonly appear relaxed and “ok,” even when they're not. In summary, older children have developed more complicated profiles, influenced by their experiences and environmental stressors. Their individual profiles tend to show more variation than with younger children, and treatment needs to be tailored to the individual.

Helping the Student Make Progress

For all of the above reasons, you can expect progress to be more difficult and slow once a child has reached the age of eight or nine. Different strategies and interventions are

needed for older children or teens. Consider, for instance, a *fading* strategy, in which a child first talks with a parent in a private room at school, and over time other individuals are gradually drawn into the conversational group. This often succeeds with a very young child. Older children, on the other hand, have developed a self-image as a non-communicator and would recognize the situation as a set up aimed at getting them to talk. The fading strategy doesn't work for them. As experienced treating professionals have found, the older child or teen needs to be actively involved and in control of their therapy, which aims to help them recognize their anxiety and take small, controlled steps in real life situations. In younger children, medication to reduce the anxiety often produces quick and dramatic results. With older students who have many habits to unlearn, medication is often an important adjunct to behavioral therapy but many treating professionals have found that it not as effective on its own.

For older children, the thought of changing longstanding habits and exposing themselves to anxiety-provoking situations is frightening, and they can become quite resistant to therapy. Dr. Elisa Shipon-Blum, the Medical Director of the Selective Mutism Group/Childhood Anxiety Network, has observed that if a child is not verbal in school by the age of eight or nine, he or she is unlikely to talk at school until at least high school, and possibly later. For students in this age range, she has suggested that the emphasis be on helping the student realize his or her academic potential and remain socially connected. This will usually require flexibility about assessment and participation.

The student's self-consciousness usually extends to situations beyond speaking and commonly affects non-verbal as well as verbal communication. In general, the student with SM finds it much easier to respond to another individual than to initiate communication. A student who is able to respond to a teacher's question, (verbally, in writing, or with a gesture) may be unable to initiate with that same teacher to ask a question or contribute to a class discussion. He or she may be unable to take a note to the attendance office, check out a library book, or make a purchase at the snack bar. SM has an impact both academically and socially, and students can feel left out because of their inability to interact with ease.

If teachers can help decrease anxiety at school and increase the student's self-confidence, there will be a greater chance of progressing communicatively, both non-verbally and verbally. Perhaps the student will interact with new work partners, carry notes to the office without a friend, or respond more easily, in writing, to discussion questions. It is important to recognize even small improvements and not become discouraged!

Measure success by how well the student functions at school in general, and not by his or her communicative relationship with the teacher. Even the most empathetic and skilled teacher is an authority figure, and students with SM are commonly more inhibited with teacher than with other people. At the beginning of a new school year, new teachers should start allow for plenty of "warm-up" time. Start slowly with the goals of getting to know the student, gaining their trust, and helping the student become as comfortable as possible at school. Emphasizing or pushing for communication in any form, non-verbal,

written, or oral, is likely to cause the student to withdraw. Communication will develop as the student becomes less anxious.

Helping the student make and maintain social ties is vital. It is, unfortunately, too easy for a socially anxious individual to become isolated and depressed. Depression is more likely as a child enters adolescence and can lead to more severe anxiety, social isolation, lower performance in school, suicidal thoughts, and self-medication with alcohol or drugs.

It's More than Not Talking

Studies have shown that over 90% of children with SM have Social Anxiety Disorder, also known as Social Phobia.^{2 3 4 5} In fact, some experts have suggested that SM may be a manifestation or variant of social anxiety. These students are excessively self-conscious. They are afraid of being embarrassed, judged or criticized, and of receiving scrutiny or attention.⁶ Social anxiety does not make a child anti-social or even asocial. A socially anxious child can be very social and enjoy the company of family and friends when in a familiar and comfortable setting. Many students are more comfortable with their peers (this is more common), but others are more comfortable with a trusted adult.

Some students, who may have partially overcome their SM, do speak at school. Most likely, these students still experience anxiety, even though it is less obvious.^{7 8} They may not be able to speak in all situations or with all people. A student who is able to respond to a teacher's question or even contribute to a discussion may be completely unable to ask a question or express a concern.

Anxiety can affect academic performance in many ways, even in a student who begins to talk at school. Not talking is only the tip of the iceberg! Other manifestations of anxiety include:

- Perfectionism; worry that work is inadequate in quality and/or quantity
- Procrastination and avoidance
- Problems with test-taking and timed testing; may rush for fear of not finishing in time; may panic; may be too anxious to check answers or may check answers repeatedly and not finish
- Problems with open-ended or unclear assignments; worry that they don't know what the teacher wants or that they will do the wrong thing
- Unable to ask for help or clarification; unable to express worries or complaints
- Afraid to express an opinion, even to express likes or dislikes

- “Blanking,” or panic-like reactions
- Easily frustrated
- Illegible, tiny, or faint writing to obscure answers they’re unsure of
- Difficulties with group work; may be unassertive or passive; conversely, may be a “control-freak” if worried that the group’s work is inadequate
- School refusal or faked illness to avoid social situations at school or because of worries about schoolwork

The first step in helping a student with these difficulties is to recognize that they are manifestations of anxiety. The student is not choosing to behave this way and is neither unmotivated nor oppositional. Then,

- work to build the student’s self-esteem and self-confidence,
- increase the student’s comfort and reduce anxiety at school,
- back off on all pressure to speak, and
- make accommodations, such as those suggested in the following section, that allow the student to progress academically.

Mild expressive language difficulties may be more common in students with SM, and they can be a source of added self-consciousness and anxiety.^{9 10} Subtle effects on oral and written expression can include: word retrieval glitches, terse writing with few descriptive details, and the use of non-specific language (e.g. “that thing” instead of a precise noun). A screening by a Speech and Language Pathologist or Neuropsychologist may be appropriate if there are concerns about language difficulties.

Accommodations and Classroom Strategies

Listed below are suggestions for strategies and accommodations that may be helpful for the older student with Selective Mutism.¹¹ Accommodations and modifications may be specified in an IEP or 504 Plan (in the US). Some accommodations are appropriate for almost any student with SM:

- Training for teacher(s) covering the nature of SM and classroom strategies; training before the start of the school year followed by on-going support
- Brief training so that all adults who might have contact with the student understand SM and how to interact with the student.
- No grading down for not speaking or for any failure to communicate that is due to the anxiety condition.

- No pressure to speak. No teasing, threatening, limiting the student's participation, or punishment for any failure to participate that is related to the anxiety condition.
- Alternative forms of assessment and participation to substitute for speaking, such as: written work, non-verbal communication, audio- or video-taping, collaboration with friends, practice at home under parent's supervision, the use of a computer, or the use of another person as a verbal intermediary. Individual work may be allowed for a student who is unable to participate in a group.
- Warm, flexible teachers who understand SM as an anxiety condition
- Avoid singling out the student or calling attention to any differences.
- Avoid calling attention to any new steps the student makes, such as talking in a new situation; other students should be told, without the student present, to not comment if the student with SM talks
- Do not attempt therapeutic interventions except under the guidance of an authorized treating professional or as specified in the IEP or 504 Plan, and keep written records of interventions.
- In general, except as specified in the IEP, treat the student as much as possible like any other student.

Other accommodations and strategies to consider, depending on the individual student, include:

- Clear, specific assignments and expectations; detailed grading standards or rubrics that reduce the student's worries about what is expected
- Clear and specific prompts and questions for written work and discussion topics, rather than open-ended topics
- Place trusted friends in the same class(es). In secondary school, this probably will require hand scheduling.
- Frequent opportunities for small group activities, preferably with at least one trusted peer.
- Frequent opportunities for hands-on activities, since many students are more engaged and less distracted by worries when physically active.
- Frequent opportunities for gross-motor activity (not only organized physical activities, but also informal opportunities to get up and move around) to help the student with self-regulation.

- Teachers initiate a regular check-in with student to compensate for student's difficulty in initiating verbal or non-verbal communication; ask if the student has any questions or anything they want to communicate.
- Seating in less conspicuous locations: back half of the room, towards the sides, and away from the teacher's desk
- Seating next to a trusted friend and near students identified as good work partners
- Vary modes of participation *for the entire class* to include non-verbal communication, e.g.: students write on individual small white boards, students signal "thumbs up" or "thumbs down," students indicate a numerical response by raising the corresponding number of fingers, students write a question or comment (possibly anonymously) to hand in
- Advance preparation for class discussions; present questions to the student the day before or earlier in the day. If the student is unable to respond, move on rather than waiting for the student to answer.
- Extended time for testing and assignments, or non-timed testing.
- Advance notice for large projects; help break projects into smaller chunks to avoid overwhelming the student.
- Alternative forms of participation in school performances. Some students with SM enjoy acting and find it easier to speak in the role of a character, and some sing or do cheerleading in a group. Many are too self-conscious to appear onstage even in a non-speaking role but contribute as a writer, publicity artist, set designer, or lighting technician.
- A private location to dress for PE
- Support social connections: identify potential friends and work partners; initiate activities with those students and monitor as necessary; teacher assigns partners rather than let class choose
- Encourage the student to tell others how he or she would like to be contacted, for instance if they are working together on a project that requires some contact outside of school
- Set aside an area within the classroom where a pair or small group of students can work more privately, so as to encourage more easy communication. The area might be equipped with small whiteboards, office supplies, etc.
- Social support at lunchtime, on field trips, and at other unstructured times

- Support for participation in extracurricular activities
- A steady adult, such as a trusted teacher or counselor, responsible for maintaining a continuous relationship with the student from year to year
- Disability awareness and sensitivity training for other students; monitoring for bullying; be prepared to answer questions from other students, help them understand SM, and address their
- Regular and frequent communication with the parents and outside treating professionals; communication mechanisms, such as email or voicemail, so that the parents can alert the school to immediate problems
- Support for the student's goals in behavioral therapy under the guidance of an outside (or in-school) treating professional, including: communication with treating professional (possibly through the parents), record keeping and reporting, and carrying out the specified communication activities. Examples of activities: send student on an errand to the office with or without a buddy, student "interviews" teacher with written questions, student mouths words while class recites poem.

With appropriate support the older student with SM can achieve academically and develop social relationships. Helping students gain comfort and confidence at school fosters an environment in which they experience less anxiety and can increase the level and variety of communication at school.

¹ The discussion in this and the following two sections are based on a series of lectures given by Elisa Shipon-Blum, D.O. at the conference Speaking Out for Our Children. Quality Resort Hotel, San Diego, California. 17-18 January 2004.

² Bruce Black and Thomas W. Uhde, "Psychiatric Characteristics of Children with Selective Mutism: A Pilot Study." *J. Am. Acad. Child and Adolescent Psychiatry* 34:7, July 1995: 847-856.

³ Denise Chavira et al., "Selective Mutism and Social Anxiety Disorder: All in the Family?" *J. Am. Acad. Child and Adolescent Psychiatry* 46:11, November 2007: 1464-1472.

⁴ E. Steven Dummit III et al., "Systematic Assessment of 50 Children with Selective Mutism." *J. Am. Acad. Child and Adolescent Psychiatry* 36:5, May 1997: 653-660.

⁵ "Practice Parameters for the Assessment and Treatment for Children and Adolescents With Anxiety Disorders." *J. Am. Acad. Child and Adolescent Psychiatry* 46:2, February 2007: 267-283.

⁶ Ibid.

⁷ R. Lindsey Bergman, John Piacentini, and James T. McCracken, "Prevalence and Description of Selective Mutism in a School-Based Sample." *J. Am. Acad. Child and Adolescent Psychiatry* 41:8, August 2002: 938-946.

⁸ Bruce Black and Thomas W. Uhde, op.cit.

⁹ Hanne Kristensen and Beate Oerbeck, "Is Selective Mutism Associated With Deficits in Memory Span and Visual Memory?: An Exploratory Case-Control Study." *Depression and Anxiety* 23:2, 2006: 71-76.

¹⁰ Katharina Manassis et al., "The Sounds of Silence: Language, Cognition, and Anxiety in Selective Mutism." *J. Am. Acad. Child and Adolescent Psychiatry* 46:9, September 2007: 1187-1195.

¹¹ School accommodations for younger students are discussed in Elisa Shipon-Blum, *The Ideal Classroom Setting for the Selectively Mute Child* (Jenkintown, PA, The SMART Center, 2003) and in Angela E. McHolm, Charles Cunningham, and Melanie K. Vanier, *Helping Your Child with Selective Mutism* (Oakland, CA, New Harbinger, 2005).

TALKING TO STRANGERS (FOR OLDER CHILDREN AND TEENAGERS)

Name: _____

Date: _____

Please complete section 1 plus one other area that is important to you.

Rate each situation in those sections from 0 to 5 to show how easy or difficult you would find it (0 = easy/no anxiety, 5 = very difficult/high anxiety or panic).

SITUATIONS	0-5	✓ if you ever do this
1 General independence		
Go out alone – you might pass strangers or people you know on the way (eg post a letter, walk the dog, go to a friend's house)		
Use your phone in a public place where people might see you talking		
Wait on your own in a public place (eg outside school gates for a lift, in a café while friend goes to the toilet, train station)		
Answer the front door and take in mail or sign for a delivery		
Phone to order food for home delivery or collection (eg pizza)		
Approach a stranger on the street to ask a question or for directions (you could be alone or with a friend)		
2 Going out with friends or family		
Order food or drink at a counter (eg ice-cream van, fish-and-chip shop, fast-food restaurant, cinema)		
Order food or drink at your table (in a café or restaurant)		
Go back for, or request, an extra item (eg sauce, serviette, something you forgot)		
Buy a ticket from a cashier (eg cinema, swimming pool, bowling alley)		
3 Shopping independently		
Buy an item where you can hand it over and pay without talking (eg magazine, sweets, drink, DVD, clothes)		
Go through a staffed supermarket check-out and pay for shopping (no need to talk but the cashier might say 'Hello', etc)		
Look round a place where an assistant might ask if they can help you (eg browse in a shop or at a market stall for clothes, music, etc)		
Get an item at a shop, bank or post office where you need to ask (eg stamps, a reserved magazine, shoes in your size, currency)		
Ask an assistant for an item you cannot find (eg library book, supermarket item, DVD)		
4 Travelling independently		
Buy a travel ticket at the ticket office		
Buy a travel ticket on a bus or train		
Travel alone		
Travel with a friend or sibling (not parent)		

Accompanying discussion points and activities for individual or group sessions, or homework

1. Being able to talk to strangers gives you independence and freedom. Can you think of anything you would really like to do if you had this independence? For example, join a club, make friends, go to college, apply for a job. The items on this form are smaller steps towards achieving the goals that matter to you. Consider how you achieve these things at the moment. Do you depend on parents, or friends, or the internet? Are there times when you go without or have to put up with something you don't want? These are all good reasons to make a start on understanding and overcoming the anxiety which is getting in the way of you enjoying your life to the full.
2. Working within your chosen area, identify specific examples of activities that would be particularly useful to you if you could do them with little or no anxiety. For example, places where you like to eat and food you would like to order; shops you'd like to go to and things you'd like to buy; journeys that you'd like to make. Choose one activity to work on.
3. Consider the factors which make an activity more or less difficult.
For example:
 - the number of people present in the background or in the queue
 - seeing people you know versus seeing strangers
 - doing it alone or accompanied
 - the size of the building or the length of the walk
 - the time of day
 - the number of items to order or purchase
 - buying tickets in advance or when needed
 - whether the stranger is a man or a woman.
4. Break down the chosen item into smaller steps, starting with the steps you would find easier:
For example:
 - phone a 'robot' about a ticket (automated voice-recognition)
 - ask a real person about a ticket on the phone
 - buy a ticket from the ticket office at a quiet time of day
 - buy a ticket from the ticket office at a busy time of day
 - buy a ticket on the train.
5. Work through these 'assignments', adding smaller steps if necessary. Repeat each one you achieve immediately or soon afterwards, until you can do it with little or no anxiety. Then move on to the next step. There are no rules about how often you tackle a new assignment but the more often you do it, the faster your anxiety will disappear! Go back to the original list when you are ready to select another item.
6. Be proud of your achievements! What may seem like small steps to other people are massive steps towards overcoming a phobia, and each takes courage.

ESTABLISHING SPEECH USING TELEPHONE, LONE TALKING AND SHAPING PROGRAMMES



[N] = Name of child or young person [A] = Adult who [N] will be talking to for the first time.

These programmes are usually implemented to enable children and young people to speak to an adult for the first time, but the voice message telephone programme may also be useful for speaking to other children. See 'Small-steps programmes – general principles' in Chapter 10 (page 187) for length and frequency of sessions.

The programmes provide a very structured small-steps approach for the most anxious individuals. Younger or less anxious individuals may work through quickly, with little need to repeat targets, or suddenly take off and not need to complete a programme. Be flexible and let the child or young person's response set the pace.

Set targets in a game format for young children wherever possible, using ideas from Appendix A. This provides an extra element of *purpose* – when you are extremely anxious, the idea of fun is not enough to distract you from your thoughts and feelings, but having an external focus is very beneficial. Older children and young people will understand the rationale of overriding their SM anxiety response through tiny steps and repetition and can take a more directive approach.


Tailor targets to individual interests and aspirations, choosing age-appropriate tasks and activities.

If at any point the child or young person does more than the stated target, *do not* delay progress by going slower than is necessary. Go straight to the relevant point in the programme. For example, they might say letter *names* rather than letter sounds, answer in *phrases* rather than single words, or make a spontaneous comment.

Follow the programmes with generalisation activities involving other people and other settings as appropriate (see Chapters 9 and 10).

Change to generalisation activities sooner if face-to-face conversational speech emerges spontaneously during the programme. [A] can facilitate conversation by (a) ensuring that the child or young person understands that talking to [A] will not mean a sudden expectation to talk in other situations; (b) using undemanding 'commentary-style' talk in between targets, with the *occasional* casual question, eg 'Did you see where I put my pen?' (See Chapter 8 page 122, and Figure 9.2 on page 153 for the recommended question sequence.)

1 Telephone programmes

	<p>These programmes can be implemented separately or in combination, as shown in Example 8, Appendix C. The first two routes focus on establishing speech with a familiar adult, possibly someone who does not see [N] regularly; while the third route builds confidence in talking to strangers. All routes have the advantage of allowing [N] to work initially from a comfortable setting such as home.</p> <p>The Remote Talking route requires the involvement of a talking partner. It is particularly suitable for children who are comforted by their parent's presence and ready to be guided by them about the best way to talk to an adult such as their teacher, school key worker, therapist or relative.</p> <p>The Voicemail route may benefit from a parent's support, but does not require their actual involvement in completing the targets. While equally suitable for young children, this route is therefore a good option for anyone who does not have access to support from a talking partner or is sufficiently motivated and independent to work alone with the identified adult.</p> <p>The Robot route similarly benefits from a parent, mentor or key worker's support to maintain momentum, but it can be carried out by young people and adults independently. This route has four objectives, so it may be a useful additional component in programmes using other techniques in this manual.</p> <ol style="list-style-type: none"> 1 To reduce or eliminate anxiety associated with using the telephone (also useful for parents who model avoidance of using or answering the phone). 2 To enable individuals to gain voice control when feeling anxious by practising steady breathing and airflow in a safe environment. 3 To enable individuals to confidently repeat themselves with increased volume and/or clarity when not heard on the first occasion. 4 To enable individuals to approach and speak to strangers.
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Goal	The Remote Talking and Voicemail routes
Reassurance and desensitisation	Explain that it will be easier for [N] to talk if [A] is some distance away and that, initially, all that [N] needs to do is let [A] <i>listen</i> – [N] will not be asked any questions. Stress that things will go very slowly and new targets will only be introduced as [N]'s anxiety reduces. Both routes may optionally be preceded by sharing a voice recording with [A] as described below under 'Lone talking' ('Talking bridge') and in Chapter 9, 'Desensitisation using voice recordings' (page 157).

Goal	The Remote Talking route	Tips
Preparation	[N] is given a short passage to read to their parent and practises this at home. Non-readers or struggling readers can count alternately with their parent instead; parent says 'one', [N] says 'two', parent says 'three', etc, up to 20 or as high as [N] can manage.	Choose text that [N] can manage easily; the technique can be used later to hear children read for assessment purposes if required.
Comfortable toleration of voice being heard when talking to parent	[A] rings [N] at a prearranged time and the parent answers, or vice versa. [N] repeats the reading or counting activity with the handset positioned on the table, but not set to speakerphone or loudspeaker. The parent relays any questions or comments at this stage. When finished, the parent picks up the receiver, tells [A] that [N] did well and passes on [A]'s congratulations.	It does not matter if [A] cannot hear [N]; what is important is that [N] thinks they can and was able to tolerate being listened to. If [N] whispers, move the phone far enough away for [N] to use their voice (however quietly). If [N] cannot manage to get started, the parent reads out the start of each sentence and [N] says the last word. Or they swap to counting: first in unison to 10 and then alternately; parent says 'one', [N] says 'two', parent says 'three', etc, up to 10.

Goal	The Robot route	Tips
Preparation	<p>It is important for [N] to understand the rationale for following the programme, which will vary according to individual circumstances and need, . Select one or more of the following explanations as appropriate.</p> <ol style="list-style-type: none"> 1 Talking to a robot (speech-recognition software) is an excellent way to get accustomed to using the telephone and to practise voice and breathing techniques that are essential to override the physical 'freeze' that prevents speech when in a state of heightened anxiety. 2 Well-programmed software is very realistic and creates the illusion of talking to a real person; individual anxiety can therefore be very high to begin with, but quickly falls with practice. This demonstrates how, by facing fear and pushing through it, the brain rapidly learns when fear is irrational and switches off its automatic anxiety response. 3 The robot can only respond accurately to speech of reasonable volume and clarity; therefore, individuals can be confident that if the robot 'understands' them, other people will understand too. 4 It is a fact of life that listeners don't always hear first time round, and working with the robot develops the habit of repeating yourself effectively, without becoming distressed or giving up. 5 Mastery of talking to strangers is the best preparation for a fresh start in settings where the young person does not know anyone. Talking to strangers by telephone is a step towards face-to-face interaction. 6 Being able to make the first approach is both the hardest and most essential part of coping in any community, whether this is a school, college, workplace or social organisation. Having this ability puts you in control: not only do you have more influence, you will also no longer be on guard in case other people approach <i>you</i>. 7 The world is full of strangers who are willing to provide endless opportunities for talking practice, so although it is possible to find answers to most questions through the internet, take advantage of a stranger! Every talking opportunity is a chance to practise control; making talking easier when it really matters. 	<p>Look out for telephone enquiry lines which use voice-recognition software. Mentors can help by using the service themselves and writing down the available menu options or scripts that are used. For example, the UK TrainTracker™ on 03457 48 49 50 #1 is an automated service which provides rail journey or ticket information after asking a few questions. [N] must answer by <i>talking</i>, rather than opting to use the telephone keypad!</p> <p>The advice in point 7 applies to children as well as adults. Children are often expected to talk to 'safe' strangers, eg people who talk to them when they are with their parents. See Chapter 9, page 161 for further guidance.</p>

Goal	The Robot route	Tips
Talk comfortably to a robot	[N] calls the robot as often as necessary until they can complete a task without hanging up. (For example, find out what time the next train for London leaves Manchester Piccadilly and how much a ticket costs with a Young Person’s Railcard). Ideally, [N] will complete without having to repeat themselves because this will show they are using good pace and volume. But background noise and a poor signal often interfere with voice quality, so the important point is for [N] to stay calm, and repeat themselves louder and more clearly whenever necessary (eg take a deeper breath, release more air, open their mouth and move their lips more as they speak).	Remind [N] that they have complete control and can hang up without offending anyone! See ‘Breathing’ in Chapter 10 (page 216).
Talk comfortably to a stranger on the phone – ask a question	[N] calls a stranger, either to ask a simple question (eg what time the library opens or whether a certain item is in stock) or runs through the same robot enquiry with a real person. For example, option 2 on UK TrainTracker™ goes to a National Rail customer service agent, or private train operators such as Virgin Telesales will ask very similar questions if [N] says they need to check a ticket price. Repeat with as many different short enquiries as possible, until feeling comfortable and in control.	Even though this is a real person, [N] still has the option to hang up without causing offence! Lines go dead, emergencies happen . . . service agents are used to it.
Talk comfortably to a stranger on the phone – complete a transaction	[N] now makes a call which they need to see through – if they hang up, the onus is on them to call back to complete or restart the transaction. These calls usually require more talk, but can be a lot more rewarding! Examples are placing an order (eg for pizza, takeaway, shopping channel purchase, insurance, theatre tickets) or making an appointment (eg for a haircut, manicure, gym induction, driving test). Once successful, [N] repeats the challenge while imagining making eye contact with the person as they speak. Repeat until it feels comfortable.	Write down the information you will need in advance, in case your mind goes blank: details of the order, full delivery address, possible dates, etc. Cut out a life-size face from a magazine, stick it on the wall and talk to it!
Talk comfortably to a stranger in the community – ask a question or request an item and end the transaction appropriately	[N] covers the following steps in whichever order they choose – it doesn’t matter if [N] already knows the answer; this is about making anxiety disappear through repetition and practice. <ol style="list-style-type: none"> 1 Request an item at a shop, café or ice-cream van (the server is expecting a request and usually initiates the exchange), eg purchase a first-class stamp, burger or drink. 2 Ask a question at a reception desk, information point or ticket office, or approach a shop assistant, eg ask the time of the next train or where the magazines are. (There is a greater need to be clear as this is less predictable than a food order, but it is the person’s job to be helpful.) 	[N] should choose settings where they feel most comfortable initially: some people prefer a noisy background to mask their voice, eg a supermarket or night club; some prefer an empty shop, café or quiet street where they won’t be overheard by other people – particularly people they know. Practise aloud at home first while visualising every detail of the chosen setting.

Goal	The Robot route	Tips
	<p>3 Approach a stranger in the street to ask a question, eg what time it is, directions to the café, small change in exchange for a note. [N] must work out how to get the stranger's attention and will have to say 'Excuse me' or 'Hi' and wait for eye contact before speaking. If [N] doesn't wait for eye contact (the signal that the person is listening), there is a strong chance that [N] will need to repeat their question. ([N] should always be prepared for this, of course!)</p> <p>Simple questions will allow [N] to leave without further discussion. A smile and a nod will do, but add 'Thank you' as soon as possible. Gradually tackle venues with more people around and more possibility of being overheard.</p>	
<p>Talk comfortably to a stranger in the community – complete a longer transaction</p> <p>Move freely in community settings</p>	<p>As above, but with more complex enquiries that take longer to complete, eg ordering several items of food; asking the times and prices of train tickets; asking how to join the library/ leisure centre/ art class; finding out the difference between two computer games or food brands; booking a holiday; opening a bank account; going for a test-drive; enquiring about work opportunities or becoming a volunteer; asking for help to change a car tyre or move some furniture.</p> <p>[N] gradually works towards approaching unsuspecting strangers (people in the street rather than community workers), talking in front of bystanders and, ultimately, talking in places where they may be observed by people who know them and have never seen them speak before.</p> <p>[N] identifies the reasons they avoid certain places and devises a plan to address specific anxieties. 'I will always be an anxious person but I control the anxiety, it doesn't control me.'</p>	<p>Prove to yourself that you can cope with anything and deliberately do something outlandish! Go into several shops, asking for whatever the shop next-door sells!... Smile at 'safe' strangers as you pass them by</p> <p>Ring the pizzeria and order a Chinese meal ...</p> <p>It is unlikely that people you know will comment but rehearse a reply just in case. Agreeing with people quickly puts an end to the matter, e.g. 'Yeah, I never had much to say in those days ...'</p>

Structured Problem Solving

**Are you a 'worrier'?
Sometimes we can fret about a problem rather than actively try to solve it.**

Learning how to break down a problem into its various components – and then decide on a course of action – is a valuable skill that can help manage generalised anxiety and depression.

Use the structured problem solving work sheet to help you figure out how to solve one of your problems. Use the example below to help you.

Structured problem solving worksheet – example

What is the problem/worry? I want to go on holiday but have no passport and don't know how to get one

Step 1 List all possible solutions even bad ones	Step 2 List advantages and disadvantages of each solution		Step 3 Choose best or most practical solution or combination	Step 4 Plan how to carry out solution	Step 5 Record progress and review plans. Feel good about your efforts
	Advantages	Disadvantages		How will I achieve my goal?	
Don't get one	No need to do anything	Can not go on holiday		1 Ask friend for help	
Find out how to obtain passport	Get passport and can go on holiday	Effort, need help from friend		2 Go to post office and get form	
				3 Fill in form	
				4 Get photo and send with form	
				5 Ask friend to come to the passport office to collect passport	

Structured problem solving worksheet

What is the problem/worry?					
Step 1 List all possible solutions even bad ones	Step 2 List advantages and disadvantages of each solution		Step 3 Choose best or most practical solution or combination	Step 4 Plan how to carry out solution	Step 5 Record progress and review plans. Feel good about your efforts
	Advantages	Disadvantages			
				1	
				2	
				3	
				4	
				5	

Catch It, Check It, Change It

This is a simplified version of Cognitive Behavioural Therapy (CBT).

CBT is based on the idea that the way you see yourself, the world and other people can affect your thoughts and feelings, and can ultimately lead to mental health problems.

But through practice, you can learn to change the way you think, which can really help in recovering from psychological problems and improving your mental wellbeing.

What we're offering here is only a very simple version, but it still might be useful to understand your own thoughts.

We've called it **Catch It, Check It, Change It**.

Is your glass half full or half empty?

We all face challenges on a daily basis, but how you react to a problem can affect how you feel physically and emotionally, as well as what you decide to do.

For example: You're walking down the road and you see someone you know. They recognise you but they walk on by, without saying anything.

Negative/glass half empty response

A common response by someone who's depressed might be:

Thoughts: *They ignored me – they don't like me*

Emotions: *Low, sad and rejected*

Actions: *Go home and avoid people*

This can become a vicious circle; the more negative your thoughts, the more depressed you might become, and the more depressed you are, the easier it is to believe quite unrealistic and depressing things.

Helpful/glass half full response

Someone who isn't depressed might have a more positive view of the situation:

Thoughts: *They look a bit distracted – I wonder if there's something wrong?*

Emotions: *Concerned for the other person*

Actions: *Get in touch to make sure they're OK*

How to Catch It, Check It, Change It

This is about breaking the vicious circle of depressing or anxious thoughts, feelings and behaviour.

Step 1 – Catch It

Spot when you might be having these kinds of negative thoughts. The best way to do this is probably to use your emotions as 'cues'. When you feel anxious or depressed, check your thoughts. What are you thinking? Could those thoughts make you depressed or anxious?

Step 2 – Check It

Stop and think about what you're thinking. Is it really true? Do you have evidence to back it up? Would other people interpret things in the same way? This is perhaps the most difficult part of the exercise as nearly everybody believes their own thoughts are right (think about arguments with friends about politics or football). It's very difficult to check out your own thoughts objectively. That's why CBT is best done with a therapist, who is much more able to take that 'one step back' perspective.

Step 3 – Change It

At this point you need to try substituting more realistic thoughts. If your automatic thoughts tend to be depressive or anxious, you need to think of different – but realistic – ways of thinking about the situation. Then, check out these new ways of thinking. Are they more likely to be true than your automatic thoughts? Do they make you feel any different?

Step 4 – Practice Makes Perfect

Psychologists and psychiatrists have found that homework is important here. It's important to practice, so try using the simple diary below. There's an example version to show how you can use it. Print it off and practice.


Remember, this is a very difficult process. Overcoming mental health problems is a huge challenge and even though CBT is probably the most effective approach, our Catch It, Check It, Change It guide is just a very simple first step.

Example diary:

When/Where	Event	Emotion	Automatic thoughts	Rational response
Monday at work	My manager points out my mistakes at work... so I immediately start to make more mistakes!	Anxious and depressed	I think she secretly dislikes me and is trying to undermine my job... I'm convinced she's going to fire me.	Well... all bosses, even good ones (perhaps especially good managers) sometimes point out mistakes. I do recognise I got some things wrong, and she was quite polite about it. She criticises other people a lot more than me... and criticises me a lot less than other managers I've worked for... she always tells me she's pleased with my performance.


Blank diary:


When/Where	Event	Emotion	Automatic thoughts	Rational response


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Engaging with older children and young people by establishing their priorities









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Before meeting face to face...

- In most cases you have already made a diagnosis from background information provided by family/school etc.
- Do your homework – find out from parents/staff what the young person has been saying/doing in reaction to their selective mutism (SM) and/or how it has been handled. Relate your input to this.
- Provide clear expectations – purpose of initial meeting, how long will last, what the young person needs to do (listen, no need to answer questions), they can leave at any time if they choose.







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Initial meeting

- Explain your role:
 - I know it's been tough with all this focus on careers advice/ getting a job/ GCSEs...
 - I work with children and teenagers with social anxiety/selective mutism*. This interferes with their communication skills – they can't communicate freely.
- Explain no pressure to speak/confidentiality
- Establish young person's priorities:
 - You probably wish everyone would leave you alone/ feel quite pushed around/are sick of people thinking they know what's best for you
 - I'd just like to work out what's important to you and see if there's anything I might be able to help with.



(*agree terminology with parents – may be more appropriate to leave explanation of selective mutism to a later session if young person is reluctant to meet)





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Establishing priorities – when little engagement

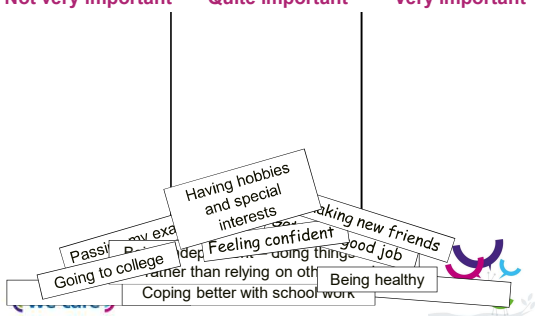

- See activity 9 of the Selective Mutism Resource Manual 2nd edition (SMRM2e) - page 89
- This sorting and ranking technique can be used for all ages (five+) to make questions/decision-making manageable (less anxiety-provoking). For example, what sorts of things do you like to do when you go on holiday? What topic would be good for your project? Who would you like to work with? GCSE options.
- Put options on pieces of paper/post-it notes/ laptop text boxes/Zoom whiteboard as in following examples, with blanks in case student wants to add own ideas. Ask student to place in appropriate column.






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Priorities: Joe, 15 years nine months

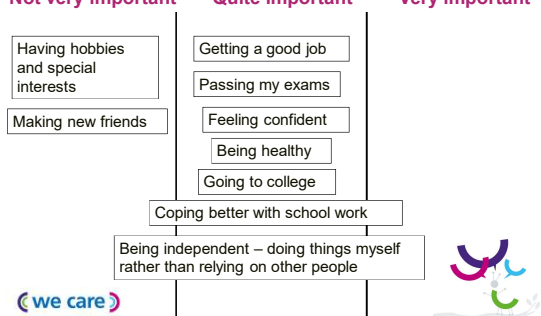


Not very important Quite important Very important






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Priorities: Sorting

Not very important Quite important Very important

Priorities: Ranking 
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Most important

Getting a good job

"If only one of these was possible which would it be? Put it at the top".


Passing my exams Being healthy


Going to college Feeling confident

Coping better with school work

Least important

Being independent – doing things myself rather than relying on other people



Priorities: Ranking 
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Most important

Getting a good job

Passing my exams

"OK, look at the other things that are left. If only one of them was possible, which would it be? Put it at the top". (Repeat)


Being healthy


Going to college Feeling confident

Coping better with school work

Least important

Being independent – doing things myself rather than relying on other people



Priorities: Ranking 
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Most important

Getting a good job

Passing my exams

"It's much easier to think about things one at a time than rank in order of importance".

Being independent – doing things myself rather than relying on other people


Going to college


Feeling confident

Coping better with school work

Being healthy

Least important







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Going to college in order to... ...get a good job


Being independent – doing things myself rather than relying on other people


- The keyworker thanked Joe for this information and told him that they would think about whether they'd be able to help him with any of it. The following week, the keyworker told Joe that they'd be able to help with **two** things (any work done on talking would tie into these areas – **his** priorities).
- Joe was told that school was not worried about his ability to pass exams, and his confidence would grow as he achieved in other areas.

Initial meeting 
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- The keyworker chose not to explain selective mutism to Joe at initial meeting – he had had a lot of assessments and the keyworker knew from parents he didn't want to be 'labelled'. They decided to discover how he viewed himself
- See rating/scaling activity on next slide. This can be adapted for younger children and other topics.
- The keyworker gave a **very** brief description of each diagnosis/ description before Joe rated each one according to how much he felt it applied to him.
0=not at all, 10=definitely.
- The keyworker did the first one – autism spectrum disorder (ASD); Joe had been assessed for this so this diagnosis was agreed. Joe rated the rest.



Labels – how do you see yourself? 
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Typical ASD Sensitive

Acute sensitivity Selective mutism Introvert Student

Social anxiety disorder Perfectionist Worrier Shy

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Labels – how do you see yourself?

ASD - 0

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Labels – how do you see yourself?

(Rearranged after Joe had finished rating them)

Introvert Typical teenager Shy

Socially anxious Quiet communicator

Social communication difficulties

Sensitive Selective mutism Worrier

Social anxiety disorder Perfectionist

Acute sensitivity ASD - 0 Depression

(we care)

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Drawing meeting to a close

- Suggest a set number of meetings (a trial period) after which the young person evaluates the sessions and decides if they want to continue.
- Set a non-verbal assignment:
 - Let them teach YOU something, for example 'Prepare a tutorial to show me how to improve my PowerPoint presentations'
 - Find out what helps and what doesn't, for example Form 10 (SMRM2e) 'Reactions of Family/Staff': sort previously identified maintaining factors into not annoying/quite annoying/very annoying (can add an extra column for 'it depends') – it's important to address maintaining factors before setting the child or young person's targets
 - Observation task, for example body sensations when they want to escape.

(we care)

FORM 10

10 REACTIONS OF FAMILY/FRI...

REACTIONS OF FAMILY/FRIENDS/STAFF

Name of person completing the form: _____
Age or date of birth: _____ Date: _____

Please tick if an item occurs occasionally (✓) or often (✓✓) and rate how much this bothers you from 0 – 5 (0 = not at all, 5 = a lot).
If you like, you can give an example.
If something never happens, leave that line blank.

		How often this happens	0-5
Example: My anxiety about talking is ignored or dismissed	✓✓	5 - Mum jokes about it & I feel really embarrassed.	
1 My anxiety about talking is ignored or dismissed			
2 Adults or peers ask me questions and wait longer for an answer than I find comfortable			
3 I'm given a turn to talk (eg answering the register or at circle time) but can't say anything			
4 People ask me why I don't talk, if I can talk or when I will talk			
5 People say things like 'How can I help if you don't talk'			

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As they engage... (1)

- Continue to identify priority areas through **rating** activities (see example on next slide).
- Identify and address maintaining factors.
- Continue to set assignments, for example for Joe 15 years nine months:
 - Session one: Prepare a tutorial to show me how to improve my PowerPoint presentations (non-verbal)
 - Session two: Talk me through installing & using PDF software (verbal but reading aloud after preparation so 'low-risk')
 - Session three: Answer phone at 4:00pm and talk me through a specified computer query (advance warning)
 - Session four: Answer phone tomorrow afternoon and talk me through a computer query (no preparation).

(we care)

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Going to college – rating activity

Asking for help Choosing course Using cafe

Presentations Interview Meeting new people

Keeping up with assignments Using public transport

Using telephone Going out alone Answering questions

Asking for things in shops, for example PC World


How important? (0-10)
How difficult? (0-10)

(we care)

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As they engage... (2)


- Continue to reflect on their current situation using ranking, rating and general observation work. **Gradually** introduce key areas of difficulty/avoidance around communication/ socialisation (Joe worked on college interview)
- Appropriate questionnaires can be completed via email between sessions, for example **Forms 7** 'All About Me' and **8b** 'Secondary communication rating scale' and **Handout 11** 'Enabling Quieter Students to Communicate' (SMRM2e).
- General practical support (such as liaison with college - educate about selective mutism and request interview questions).



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Establishing priorities – when easy to engage

- Form 5** 'Picture This!' (SMRM2e) for all ages – student completes in writing (see next slide)
- Post-it notes (see Alice's example)
- student and mentor/keyworker and parents if appropriate write their ideas on post-it notes.
- see if any agreement/differences – go with *student's* priorities, but sometimes they can usefully feed into each other.
- student rates each goal for importance (how much they want to achieve it) and then for perceived difficulty. Try to focus on most important/least difficult first, again looking for useful links.



FORM 5

PICTURE THIS!

Name: _____ Date: _____

(a) School / college / work * (* delete as appropriate)

Imagine a wonderful school/college/workplace* where you are happy, feel comfortable, have a good time and get on well. What happens there to make you feel good?
(Write, draw or tell someone as appropriate.)


- Things to do with getting on with other children / students / workmates*
- Things to do with members of staff / supervisors / people in charge*
- Things to do with class work and homework / your job*
- Things to do with lunch-times, break-times, after-school activities or clubs, or social gatherings at work*
- Anything else you can think of

5 PICTURE THIS!

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Things Alice might like to Achieve



Talking to other family members	Using a phone to call a friend	Answering telephone
Going out with friends	Work with animals	Get a job
Talk to people in shops	Go out alone	
Use public transport alone	Go to college	
Using phone to make appointments, etc	Pass GCSEs	Ask for a drink in a café/order fish and chips



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The plan (using Alice's priorities):

- phone programme to increase confidence talking to strangers (include Alice's Mum as she doesn't answer the phone either)
- sliding-in technique with Dad so Alice can talk to keyworker (so that she can help Alice talk to her sister's partner)
- sliding-in technique/structured activities with sister's partner
- investigate college courses for Animal Welfare, keyworker to liaise with college.

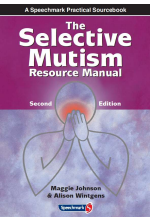
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Resources:

The Selective Mutism Resource Manual (SMRM2e) Maggie Johnson and Alison Wintgens

This manual provides in depth information for parents and professionals on identifying and supporting children and young people 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



Sample moving on plan (May 2012) (prepared with transition to college in mind)

Educational background and current situation

I always found it very difficult to talk at school and would usually freeze when teachers asked me a question. I left XX School during Year 11 when I started having panic attacks and became too anxious to attend. I couldn't take my GCSEs but up until then, I was coping well with my coursework and was on track for at least Cs in my basic subjects. I particularly enjoyed English and ICT and would like another chance to take these along with Maths. Some work experience was planned for me with deaf children and animals which I was really looking forward to but for some reason it was left too late to organise. I would love another opportunity for work experience as I enjoy being busy and doing something practical. Other things I enjoy include looking after my young nephews and nieces, taking care of all our animals, walking friends' dogs, going to the gym, spending time with my friends (I talk easily to them!) and computing.

Since leaving school I have started rebuilding my confidence and now go out much more, use the telephone, shop independently and communicate with people who I've never managed to talk to before. I feel ready to resume my education and am looking forward to a fresh start at college, even though I am nervous about this too. If I can just get through the first day I know I will be OK!

Where I see myself going

I would love to follow a career with animals so have applied for the Animal Care course at XX College. YY College is full of people I used to know at school and it will be much easier for me to start again with people who will not question me about why I missed so much school and what I have been doing since I left school.

I would also like to pick up my GCSE coursework and think the part-time GCSE option would work well for me if the timings fit in with the rest of my timetable. I also hope that going to college will help me make new friends and build on the progress I have made this year, so that I have the confidence to travel on my own and become more independent.

The support I need and what I am doing to achieve my goals

I used to attend Child and Adolescent Mental Health Service (CAMHS) but left just over a year ago as it was not helping me. Since then [Youth Worker/counsellor/SLT/voluntary agency] has helped me with my communication and anxiety and I have made good progress.

I have reached the point where my main fear about college is the first day. It was very helpful to talk to [Head of Learning Support] earlier this week and look round the college site. If I get a place I will visit a few more times to familiarise myself with the buildings and get used to being around other students again. I do not want to be seen as 'different' to the other students and would like to integrate with as little attention drawn to me as possible.

The following will help me:

- Knowing I can contact [Head of Learning Support/Learning Mentor] if I need to talk (she has given me her email address).
- Attending Enrolment on the same day as my friend if she gets a place too (I am going to let [Head of Learning Support] know her name so she can organise this).
- Being introduced to other students on Day One and at the Team building events so that I am not on my own and relying on other people to make the first move.
- Very clear instructions about timetable arrangements and changes as I hate to get anything wrong and get panicky if I am uncertain about anything.
- Friendly staff who chat to me normally but don't mind if I don't say much back at first.
- Staff who let students email them if they have any concerns or questions. I find it a lot easier to answer emails than initiate them though.

- Staff who don't press me for more information if I can't think of anything to say.
- Time to settle in at my own pace.
- Rooms with enough seats so I don't have to go to another room to collect a chair.
- Being told which seats are free so I'm not worrying about taking someone's place.
- Being paired with other quiet students who are looking to make friends.
- Sitting with friends.
- Talking in small groups of peers rather than in front of the whole class.
- Writing things down to help me gather my thoughts.
- Knowing I don't have to do presentations. I need to talk to tutors privately about when I feel ready for this.
- To get used to talking to tutors in small groups or at my seat before I talk to them in front of the whole class.
- Having somewhere to go if things get too much and I just need to sit quietly and get my anxiety under control. I don't think I will need this, but it would help to know there is somewhere to go and that my tutors would understand and know where to find me.
- Travelling to and from college with my friend or one of my parents.
- Staff who understand that when I'm anxious I find it very difficult to initiate communication, so if you do not hear from me, please email/text me and do not think I am deliberately missing a lesson.

The following will *not* help me as I want to be the same as everyone else:

- Individual meetings with learning support or tutors (other than the routine meetings that ALL students have).
- Being singled out or treated differently to other students, e.g. someone saying 'A, you can write it down if you find it easier'.