**Primary Teachers’ Experiences of Teaching Pupils with Selective Mutism**: **A Grounded Theory Study**

Claire E. Williams1\*, Julie A. Hadwin2 &Felicity L. Bishop3

*1Brighton and Hove Educational Psychology Service,*

*Address: Brighton and Hove Inclusion Support Service, Brighton and Hove Music and Arts Building, County Oak Avenue, Brighton, BN1 8DJ*

*2 Childhood Research Forum*

*Centre for Education and Policy Analysis (CEPA)*

*School of Education*

*Liverpool Hope University*

*Hope Park*

*Liverpool L16 9JD*

3Centre for Clinical and Community Applications of Health Psychology,

School of Psychology,

University of Southampton,

Southampton, SO17 1BJ

\*Corresponding author, Email: [Claire.E.Williams@brighton-hove.gov.uk](mailto:Claire.E.Williams@brighton-hove.gov.uk).

Dr Claire Williams is an Educational Psychologist currently practicing within the Educational Psychology Team in Brighton and Hove Inclusion Support Service. She graduated from the Doctorate in Educational Psychology Programme at the University of Southampton in June 2017.

**Primary Teachers’ Experiences of Teaching Pupils with Selective Mutism**: **A Grounded Theory Study**

# Abstract

Selective mutism (SM) is typically identified in early childhood and is characterised by a lack of speech in certain social situations (usually at school), and fluent speech in other contexts (usually at home). While speaking in school is often most difficult, limited research has focused on understanding the challenges for teachers working with children with SM. This study used qualitative methods to develop an explanatory framework to represent teachers’ lived experience of teaching pupils with SM. We interviewed 11 teachers, and interviews were transcribed and analysed using grounded theory methods. The final theoretical framework captured nine categories reflecting five interlinked key processes (i.e. *categorisation* of the teachers’ beliefs about SM, development and changes of these beliefs through a process of *scientific enquiry,* efforts to *support* and *monitor* pupil progress and management of their *emotional responses*), and four contextual factors (*pupil characteristics, peer relationships, teacher self- identity* and *staff relationships*). The findings highlighted a link between teacher categorisation of SM and pupil support. We discuss the implications of the framework for guiding research and educator practice to support pupils with SM.

*Keywords*: selective mutism; grounded theory; teacher perspective; pupil support.

**Introduction**

Selective mutism (SM) is an anxiety disorder where a child with no physical impediment to speech does not talk in specific social situations where a response is expected (often in school), but does speak in other contexts (e.g., at home), and where the behaviour is present for at least a month (American Psychiatric Association (APA), 2013). Withholding of speech is most likely to occur at school, and behaviour is typically evident before five years of age (Bergman et al., 2013). Approximately less than 1% of the population are given a diagnosis of SM (Mayworm et al., 2015), and it is reported to be more common in girls with a female to male ratio of 2:1 (Dummit et al., 1997).

SM is associated with a developmental delay in phonic, literacy and language skills (Manassis et al., 2007). In addition, speaking inhibition limits opportunities for children to develop and consolidate understanding through discussion in school (Nowakowski et al., 2009), and parents and teachers often judge children with SM to be less confident than peers in social interactions and to have difficulties maintaining friendships (Cunningham et al. 2004). Some studies have shown that SM behaviours can continue into adolescence and adulthood for some children (Bunnell & Beidel, 2013; Christon et al., 2012; Lang et al., 2016).

Several studies have found associations between symptoms of SM and social anxiety disorder (SAD) (e.g., Muris et al., 2016, Vecchio & Kearney 2005). Muris and Ollendick (2015) systematically reviewed 21 papers regarding the relationship between SM and anxiety and highlighted the specific link with social anxiety. Further research has found that most adults who were given a diagnosis of SM in childhood experienced improvement, however, around half of adults reported further challenges in adulthood associated with social anxiety (Steinhausen et al., 2006).

Research has highlighted a complex set factors which could contribute to the onset of SM (Viana et al., 2009). SM has been associated with family systems where parenting styles characterised by overcontrol are argued to increase children’s beliefs they need their parent to help manage social situations (Wong, 2010). Further studies suggest that parents can transmit their own feelings of fear and anxiety around social interaction vicariously to their child (Murray et al., 2008). Early research also pointed to associations between traumatic childhood experiences with the onset of SM, including bereavement or hospitalisation (Black & Uhde, 1995), or (more recently) trauma linked to dog bites (Anyfantakis et al., 2009). It has also been proposed that avoidance of speech is a learnt mechanism to manage anxiety associated with stressful social situations (Young et al., 2012.) Evidence suggests that, regardless of initial cause, SM is a behaviour that is strongly reinforced and maintained by the child’s environment (Cohan et al., 2006). In school, for example, staff and pupils may respond to nonverbal cues in a child who has difficulty speaking, thus reducing the expectations for a verbal response (Krysanski, 2003).

***Selective mutism in school***

Teachers are often first to notice symptoms of SM as onset is often undetected before school age. Though the teacher represents the figures children are least likely to talk to (Bergman et al., 2002), they often play a key role in intervention. In a review of 21 psychosocial intervention studies for SM, Zakszeski and DuPaul (2017) found that interventions took place in school for over half of published studies (n = 12). School staff often played a role by consulting with the person delivering the intervention or by assisting with the transfer of skills from the therapeutic context into the classroom.

The primary outcome for interventions for SM is typically for the child to speak in the context where speech is presently withheld (see Muris & Ollendick, 2015.) Recent randomised control trials (RCTs) with children and adolescents diagnosed with SM have found that levels of functional speaking (number of audible vocalisations in target situations) is significantly increased following cognitive-behavioural interventions compared to waitlist control groups (Bergman et al., 2013). Oerbeck et al., (2014) found that for 24 children diagnosed with SM, speech in school increased following a 21-session intervention (compared with a wait-list control) that was largely delivered in the school environment. In a five-year follow-up study Oerbeck and colleagues found that 70% of children no longer met the diagnostic criteria for SM (Oerbeck et al., 2018)

Martinez et al. (2015) suggested that teacher beliefs about SM can have some effect on their interactions with the child in the classroom and the subsequent support that is put in place. For example, early research noted that teachers can experience a range of emotions when working with pupils with SM, such as anger, frustration and helplessness (Cline & Baldwin, 1994). Omdal (2008) conducted a series of semi-structured interviews with nine parents and nine educators (six teachers and three support assistants) of five Norwegian children who had a diagnosis of SM to understand the inclusivity of teaching practice for this group of children. Their thematic analysis revealed that the educators felt they did not receive enough support from specialist services and that some teachers expressed frustration regarding children’s lack of progress.

Related research has asked teachers about their experience of working with children who were characterised as shy. Shyness is often associated with social anxiety and is defined as a wariness in the face of socially novel scenarios and/or self-conscious behaviour in situations where the individual perceives social evaluation (Coplan & Rubin, 2010.) Korem (2016) conducted semi-structured interviews with 15 educators (teachers, administrators and trainers), who worked with children and adolescents aged 6 to 19 years, to ask about their experiences of supporting pupils they perceived to be shy. Thematic analysis highlighted that educators either viewed pupils positively (e.g., polite and helpful) or as a concern (e.g., they were perceived to be absent from social interactions). The authors further highlighted that school staff attitudes influenced whether professionals felt the pupil required support - those who viewed shyness as a positive quality felt this was not necessary as it was a part of their unique character and those who viewed it as a concern suggested that the pupil would benefit from support to become more socially active.

In summary, research indicates that SM can have a significant impact on development and places children at increased risk of developing SAD (e.g., Steinhausen et al., 2006). School is an effective environment for the detection and management of SM (Bergman et al., 2013), and early intervention is most effective for positive developmental outcomes (e.g., Steinhausen et al., 2006). Recent UK Government initiatives place schools at the centre of a strategic agenda to support children’s social, emotional and mental health, as outlined in the government paper 'Transforming Children and Young People's Mental Health Provision' (Department of Health and Social Care & Department for Education, 2017). In this context, staff in schools are increasingly expected to identify children who are experiencing difficulties consistent with SM and to implement and deliver interventions in school. Despite increasing teacher involvement in supporting pupils with SM little is known about their experiences of working with this group of children (Cleave, 2009).

The present study used grounded theory methodology to develop a theoretical framework capturing UK teachers’ experiences of working with pupils with SM. The development of a framework was expected to serve as a basis for future exploration of the relationship between teachers, and children with SM and that could be used to improve the experiences and outcomes of pupils in school.

# Method

## Design and epistemology

A grounded theory approach was chosen for the study. Methods associated with this approach involve data collection and simultaneous analysis. Data is coded with the aim of identifying categories that best capture the phenomena of interest and these are integrated together into a representational theory (Willig, 2013). In the current study, grounded theory methods facilitated the systematic collection of the teacher experience in their own words and guided the exploration of these narratives to inform the development of a theoretical representation of this experience. A grounded theory approach also allowed some consideration of how different aspects of the teacher experience influenced and interacted with each other.

Different versions of grounded theory reflect different epistemological positions. Charmaz (2006) introduced the idea of a social constructionist approach which suggested that categories within the theory are constructed by the researcher rather than the researcher uncovering inherent meaning. This approach is consistent with the lead author’s beliefs that she would construct the theory, with her experiences and culture influencing the analysis and interpretation of the data. However, this position was weak, and accepted that the knowledge generated would be influenced by the author perspective, but not so far that it could not be externalised beyond the study (Sayer, 1997).

In this context the lead author acted as the primary data analyst. During this process it was acknowledged that previous experience as a primary school teacher and a trainee educational psychologist had bearing on the analysis. Attempts to minimise this were made by discussing codes and emerging categories with the other authors whose respective expertise relate to mental health research and health psychology research, with experience in qualitative methods. Therefore, the process of supervision ensured the theory reflected the data in a manner agreed by all authors.

## Participants

Participants included 11 primary school teachers (3 male), aged between 23 and 61 years, and all identified as White British / European. The teachers worked in primary, infant or junior schools in four local education authorities in the South of England, and were required to currently teach, or to have taught in the past two years, a pupil with SM. Specifically, teachers were included in the study if they reported that their experience included working with a pupil whose behaviour was consistent with the diagnostic description of SM (adapted from APA, 2013). Key behaviours included: 1) the pupil did not initiate speech, or respond when spoken to in specific social situations, but would speak in other circumstances; 2) the duration of the mutism was longer than one month and did not coincide with the onset of school; 3) the absence of speech was not related to a lack of familiarity with the language; 4) the lack of speech was not better explained by other diagnosed circumstance. Teachers were recruited through opportunity sampling. This approach was necessary due to the low prevalence rates of SM. Of the 11 participants, five were currently teaching a pupil with SM and five had experience of teaching multiple children with SM during their career. There was a range of experience amongst the sample, from two participants in their first year of teaching to one who was nearing retirement.

## Procedure

All interviews took place in a private space. Teachers provided written consent to be interviewed, audio-recorded and contacted later to potentially be re-interviewed. At the end of the interview the participant was thanked and debriefed. After every interview the researcher created field notes to capture contextual information which may have bearing on analysis.

## Approach to data analysis

All interviews were audio-recorded, transcribed and analysed using grounded theory methods (Charmaz, 2006). Analysis began with initial coding of transcripts, where codes were used to summarise and label data. When trends emerged in this phase the analysis became more directed. Significant codes were given labels and existing transcripts were analysed by applying and adapting these codes. Subsequent interview transcripts were coded using these terms. These were adapted, and new codes were introduced to ensure new data were accommodated. Recruitment and analysis continued until the researcher felt no new properties were emerging from the data. The categories were finalised and the relationships between them were identified to form the first draft of the theory. Feedback was sought from one new teacher and two who had taken part in the first round of interviews to check the validity of the theory. Connections between categories were refined as a result before the final theory was produced. In reporting the findings below, quotations have been selected as typical or eloquent examples to illustrate particular concepts. All names have been replaced with pseudonyms.

# Results

## Overview

Nine categories were constructed from the data to create a theoretical representation of primary school teachers’ experiences of working with a pupil with SM (see Figure 1). Five central processes were identified as core to the teacher experience. Teachers were engaged in a process of *categorisation*, seeking to understand the nature of children’s difficulties. They worked as *scientific enquirers,* gathering information and testing out hypotheses related to this categorisation, so they could *support pupils* as effectively as possible whilst also *measuring and monitoring* this support and the factors that made this process challenging*.* Their *emotional responses* were also core to their experience and informed their ability to support pupils. Teachers identified several contextual factors that influenced the five core processes, and these were grouped into four contextual categories: *pupil profile, peer relationships, staff self-identity* and *staff relationships.*

[Figure 1 near here]

## The five core processes

### **Categorisation**. Teachers had different ways of making sense of SM but all expressed views about what they believed it to be and placed it in a category of their own understanding. A broad range of categories emerged including the view that SM was a condition that needed to be diagnosed and treated, that it was linked to anxiety, and that it was an aspect of the pupil’s unique character.

The process of categorisation served the teachers to better understand the pupil, guide their decisions and justify their teaching practice. For example, Olivia felt that SM was a part of her pupil’s individual characteristics and therefore did not feel that she needed a specific intervention to target his speech.

*“Like I say if there was an underlying other problem then yes it would be worrying, but I think because the way he is, just a normal boy, he just needs to be treated normally.” (Olivia)*

A common dichotomy in categorisation was whether SM was viewed as the pupil’s choice or not. The view that SM was not a choice tended to be connected to perceptions that it was a condition or disorder and the behaviour was outside of the pupil’s control. The interpretation that the pupil chose to be mute was sometimes connected to the view that the child was being manipulative.

*“Towards the end* [of the school year] *I’d say she was quite manipulative… when she didn’t get a response from me she’d then go to another adult. Sometimes she’d play one of us off against each other so sometimes I think she was a bit, sneaky.” (Emma)*

Teachers’ beliefs were not fixed and they described instances of their categorisation changing due to new information being gathered. They could also hold multiple beliefs and place the behaviour into more than one category.

### **Teacher as a scientific enquirer.** This category captured the desire that all teachers had to develop a better understanding of the pupil and the behaviour. The participants took part in a process of enquiry where they developed theories about what was going on for the pupil and tested these out. Theories were accepted, rejected or redefined depending on the evidence they gathered. The belief that there was an underlying cause to SM was often stated. Participants thought that knowledge of an underlying cause held the secret to achieving successful outcomes.

*“I’d be determined to see if I could find out what the reasoning is behind them choosing to be a selective mute to see if I could help them to start talking.” (Emma)*

Teachers generated hypotheses about the cause of the mutism based on information they gathered from sources, including colleagues, external professionals, published materials (usually websites) and their observations.

Teachers mentioned several hypothetical reasons for SM they had generated. Examples included: a family propensity, early childhood trauma and a specific fear of self-expression. These hypotheses shaped teacher practice and guided their next steps in supporting the pupil. When a hypothesis did not lead to favourable outcomes new hypotheses were generated. The process of generating and exploring hypotheses influenced the authors’ decision to describe teachers as 'scientific enquirers'.

'Teacher as a Scientific Enquirer' was related reciprocally to 'Categorisation'. The categories the teacher placed SM into influenced the degree to which they engaged in the process of enquiry. The urge to identify an underlying cause was weaker for teachers who viewed SM as an individual characteristic that should be accommodated rather than changed. The process of enquiry could also alter teacher beliefs about the categorisation of SM. Information gathered through this process led to new interpretation of the behaviour. Ella described her shift in thinking from perceiving a pupil to be manipulative to seeing her as anxious and too scared to speak based on discussions she had with a speech and language therapist.

*“In the beginning I found it really tricky and I thought ‘oh God, she’s just a stubborn little madam she won’t talk…it wasn’t until I met the speech and language lady that I realised it was based on anxiety… she probably wants to talk but the anxiety is stopping that voice from coming out…" (Ella)*

### **Supporting pupils**.Teachers spoke about the support they put in place for pupils. Strategies varied depending on the pupil’s perceived needs but often involved making changes to the environment, such as sitting them near peers they would communicate with. Teachers reflected on the reasons why strategies had been successful or not. Harriet felt the age of the pupil and the flexibility of her class environment positively affected her ability to support the child.

*“He likes talking in the book corner so we would try to introduce activities in there. But that’s just the sort of thing we would do for any child. Once they get to the older classes it becomes much more difficult.” (Harriet)*

Other teachers found the class environment presented a challenge due to space constraints and conflicting demands of other pupils.

A common perception was that external agency support (e.g. speech and language therapists and educational psychologists) was difficult to come by and that pupils with SM were not a priority. Budget limitations meant resources went to pupils with more significant behavioural or learning needs.

*“We’ve never gone down that route just because we only get three visits a year with the educational psychologist … sad really isn’t it? Because they all need something.” (Harriet)*

Teachers communicated that they thought carefully about the type of support to offer their pupils. This was closely linked to their categorisation of SM. Ella’s categorisation of her pupil’s mutism was that it linked to anxiety. Therefore, the focus of support was to help the pupil feel comfortable at school.

*“I used to get my teaching assistant involved with her and used to get her to do special things together. Even though she never spoke much to my TA it was important for her to feel valued, to ease that anxiety.” (Ella)*

Three teachers (Ella, Lisa and Sophie) talked about providing a specific manualised intervention for SM. All three participants were focused on reducing the pupil’s anxiety. Lisa spoke about the need to do something now due to her concern about the pupil’s future.

*“I worry that this is going to carry on for her. I mean she's got to get to secondary school, then to the wider world, she's got to get a job and all these things” (Lisa)*

Participants who held a categorisation of SM that it was an individual characteristic tended to provide support which focused on learning outcomes. They were less likely to adopt strategies which focused on the pupil’s emotional state or felt that an individualised intervention was necessary. Nathan held such a categorisation and felt speech would spontaneously increase over time, unless this was associated with a past trauma.

*“You know, if there’s no traumatic reason for it maybe it* [speech] *will come out in the same time anyway.” (Nathan)*

'Supporting Pupils' also linked to 'Teacher as a Scientific Enquirer'. The process of enquiry was driven by teacher beliefs that it would inform them how to support the pupil.

### **Measuring and monitoring**.Measuring a pupil’s progress and monitoring the impact of support was a significant aspect of the experience. Perceptions of what constituted progress or successful outcomes varied and were linked to the categorisation of SM. Examples included an increase in non-verbal communication, the pupil feeling relaxed and the pupil being able to achieve academically. A desire to hear the pupil speak was reported by all participants but the reasons differed. To some it would indicate that the pupil felt comfortable and to others it was an important step towards the pupil reaching their full potential.

*“You think ‘what you’ve got is fine but I know if you were to talk with me and I could ask you some questions we could take it further verbally’.” (Nathan)*

A significant sub-category was the impact of having to work within policies introduced by external sources at a local or national level. Local frameworks included school, or local education authority policies. Cathy described the difficulty of applying the school policy when a pupil with SM unexpectedly shouted out in anger.

*“You needed to follow the behaviour policy, but you know that was his attempt at trying to communicate what was going on. When he did it I was like “that’s not right…* *but tell me more.” (Cathy)*

Teachers had strong views on the difficulty of adhering to the national curriculum. All teachers felt that it was difficult to make accurate assessments of a child with SM as many curriculum standards required the pupil to demonstrate a verbal understanding. Consequently, they felt their academic assessments did not capture the child’s true ability.

*“I think the curriculum isn't made for a child with SM…the reading and the writing criteria are all about discussing your work, reading it out loud, saying a sentence before you write it. He can't access that.” (Sophie)*

The category of 'Measuring and Monitoring' closely linked to 'Supporting Pupils'. The outcomes that teachers monitored related to the support strategies they put in place and were used to judge if the strategy had been successful and whether to carry on, alter their strategy, or seek additional support. Cathy spoke about her pupil experiencing separation anxiety and taking steps to support him with this, whilst also wanting him to develop his independence.

*“A meet and greet worked really well for him. We let it happen for a term, but because we didn’t want that to be the only system that he knew for the whole of his first year at junior school we started to wean it off.” (Cathy)*

Perceptions as to what successful outcomes would look like were influenced by teacher categorisation of SM. For example, where Ella put in place the aforementioned teaching assistant support to help the pupil feel relaxed and valued, she judged the success of the approach by her perceptions of the pupil’s mood.

*“this did seem to make her happier in the long run” (Ella)*

### **Responding emotionally.** The experience of working with a pupil with SM evoked a range of emotional responses. Frustration was frequently reported but it took different forms. Predominant was a helpless frustration where the teacher felt they were not getting the best out of the pupil and where they were not sure how else to do this. Linked closely to this was the feeling that they were letting the pupil down.

*“I do feel quite sad about the situation at the moment. I feel I'm failing her… because I don't know how else to help her.” (Lisa)*

There were occasional references where teachers described feeling frustrated in anger. This was more likely to occur when the pupil did not make progress towards the outcomes the teacher hoped for, despite a high level of support.

*“Occasionally she would actually talk to another adult, not in our base, we might have had a visitor come in once and she would speak to that visitor and that frustrated us because we were thinking, well what? Why? How?” (Emma)*

Many participants described strong emotions that resulted from wanting to do more to understand and help the pupil’s situation but not knowing how to best to do this. Sophie worried about her pupil’s future and felt she did not have the resources and skills to support him.

*“I worry about him, and I want him to try to work through some of his issues, which he's not going to do if he doesn't have the right resources, and we don't have those expertise” (Sophie)*

Negative emotions were rarely directed towards the pupil. Teachers tended to talk about pupils with empathy and understanding.

*“You’ve got this child that’s really uneasy and every movement she made is awkward, it just breaks your heart. You want to see her enjoying herself.” (Ella)*

'Categorisation' of SM indirectly influenced the teachers’ emotional responses. Beliefs about SM led the teachers to put certain support in place, with the hope that this would lead to outcomes related to this categorisation. Lisa and Ella felt the pupil was too anxious to speak and hoped that intervention to address this would lead them to feel more relaxed and thus able to talk. When the speech outcome was not achieved it led them to feel failure and disappointment.

*“You feel like you’ve failed…and you feel like maybe I haven’t done my job properly because I can’t get them to talk to me.” (Ella)*

Conversely, Olivia and Nathan accepted SM as a part of the pupil’s character and were less focused on achieving outcomes relating to speech; they therefore did not express as many internalised feelings in their interviews.

## Four contextual factors

The teachers spoke about factors which had a bearing on their experience of the five core processes. These factors included the individual features that made up the *pupil’s profile,* the impact of other pupils and the *peer relationships,* the participants individual character in *staff self-identity* and the nature of the *staff relationships* they had with colleagues.

### **Pupil profile.** The teachers provided lots of contextual information and spoke at length about the pupil’s individual profile. The pupil’s level of non-verbal communication had a significant impact on experiences. When the pupil used gesture and facial expressions the teacher was able to use these to help them meet the pupil’s needs and judge their level of understanding. Greater levels of non-verbal communication were associated with participants feeling positively about their experience. The level of non-verbal communication differed, with some perceiving that they had few cues to work with and others feeling that they were highly attuned to their body language.

*“Sometimes he'd just he’d nod to say ‘yeah I’m fine’ or he would literally screw his face up if he didn’t get it …or he didn’t want to do it. So then you knew. “(Cathy)*

### **Peer relationships.** The relationship between pupils with SM and their peers significantly influenced the teacher experience. Eight teachers described that a pupil with SM had a peer they would verbally communicate with. This relationship was valued as it provided a channel of communication that made it easier to for the pupil to get their needs met and for the teacher to be reassured that they understood what was going on. There was no suggestion that this may reinforce the behaviour.

*“He would have a pre-arranged signal with his friends who would say "Mr Jones, Andy needs to go to the toilet." …and that would be great.” (Tim)*

### **Staff-self-identity.** The previous experiences and personalities of the teachers had an influence over the core categories. For example, some participants felt teaching experience, or lack thereof, had a bearing. Four teachers had taught a pupil with SM before. This provided them with confidence when they encountered the behaviour again.

*“I wasn’t suddenly going ‘my goodness I’ve got someone who won’t talk, what am I going to do?’ I realised it’s actually quite possible to have a happy successful child in your classroom in the short time that I had the little girl.” (Nathan)*

### **Staff relationships.** The degree to which the participant felt supported by colleagues impacted on their experience. Lisa, Sophie and Ella felt they had good support from the school special educational needs coordinator (SENCo) and were able to approach them to access a range of internal and external resources.

*“I think because she* [The SENCo] *realised that she wasn’t the fountain of knowledge she was the one that initiated that lady* [SALT] *coming in and working with us, that was fab.” (Ella)*

However, not all staff relationships were seen as supportive. Some participants perceived a sense of competition from colleagues as to whom the pupil would talk to. This contributed significantly to participants’ emotional responses. It was a key factor that led Emma to feel frustrated and angry during her experience.

*“She came over and she was 'oh Evie's spoken to me' so it was a little bit like rubbing salt in the wound.” (Emma)*

# Discussion

The current research explored the teacher experience of teaching pupils with SM and used responses to build an explanatory theory that represents how aspects of this experience develop and relate to each other. The final theoretical framework highlights five key aspects of this experiences; *Categorisation, Teacher as a Scientific Explorer, Supporting Pupils, Measuring and Monitoring* and *Responding Emotionally*. These processes were interlinked and influenced each other, with the final theory demonstrating the direction of this influence. In addition, the theory highlighted that these five interconnected processes could be influenced by external factors which could be grouped into four contextual categories: *Pupil Profile, Peer Relationships, Staff Self-Identity* and *Staff Relationships.*

The development of this theory brings new insight about the experience of teachers who work with pupils with SM where extant literature is limited. It provides a framework that teachers, educators and external agency support staff (including educational psychologists) can use to reflect on the teacher experience and to think though how it can be used to improve the experience and outcomes for pupils with SM in school. The framework can also inform future exploration and research into the relationship and potential influence of the teacher on pupils with SM. In an early paper, Glaser and Strauss (1967) proposed that substantive theories (theories based on a specific conceptual area) can form the basis of formal theories (broader theories that capture a wider phenomenon.) The present research is grounded in primary teachers experiences of working with pupils with SM and therefore represents a substantive theory. However, it is plausible that the present theory may also represent the wider experience of teaching pupils with internalising behaviours. In this instance the implications of the theoretical model become wide reaching, and future research should explore whether the proposed theory can be expanded into a broader formal theory that captures the teacher experience of working with pupils with a range of emotional needs.

The presented theory showed that teacher beliefs about SM led to the placing of the pupils’ behaviour into specific categories of understanding, that influenced their practice. Teachers described engaging in a process of enquiry, behaving like scientists by collecting evidence, generating hypotheses and testing them out in order to better understand the pupil. These key processes impacted on the support teachers put in place for the pupil and the positive child outcomes they hoped for.

Previous studies have found that teachers can be reluctant to categorise children based on their behaviour and dislike of the use of diagnostic labels which lead to stigmatising beliefs (Moore et al., 2017). The process of categorisation in this theory did not refer to the application of established diagnostic labels, but rather a process whereby teacher integrated their beliefs into a representation of what they felt SM is in order to make sense of the phenomenon and formulate ideas for their practice.

The results indicated that categorisation of SM influenced the type of support teachers put in place for the child. Some teachers discussed SM as a unique characteristic of the pupil and did not feel that targeted intervention specifically to help them overcome SM was needed. Others, who categorised SM as a disorder or an anxiety response, explored targeted interventions to reduce anxiety and thus increase speech. This suggests that, depending on their perception of the pupil’s difficulties, teachers can act as inadvertent gatekeepers to targeted interventions that have been found to improve speech, reduce anxiety and increase positive outcomes (Bergman et al., 2013; Oerbeck et al., 2018; Zakszeski & DuPaul, 2017). The results did indicate, however, that teachers can alter their categorisations of SM through the process of scientific enquiry. This process suggests that teacher categorisation of SM is fluid and can adapt to incorporate an understanding of the benefits of targeted intervention. The narrative of perceiving a set of behaviours as a personal characteristic of a child vs perceiving these as difficulties was similar to previous findings. Korem (2016) found that amongst a group of educators teaching pupils perceived to be 'shy' those who viewed this behaviour as an aspect of the pupil’s character felt that targeted support was not required. Collectively, these findings indicate that increasing teacher awareness of the signs and potential long-term effects of SM will be of benefit to the child (Schwartz et al., 2005).

In the present study scientific enquiry was largely informed by the teacher experience, with some reference to accessing research relating to SM from unverified web sources. A minority of teachers reported having access to specialist professionals who provided new theoretical information. However, similar to previous research (Omdal, 2008), difficulty accessing external services was a key aspect of the teacher experience. Ertsas and Igens (2016) proposed that solely relying on personal experience can lead practitioners to become stuck in their thinking and advised that teachers should inform themselves of wider professional topics, education policy and research.

Some teachers described the experience of working with a pupil with SM as frustrating, consistent with earlier research (Cleave, 2009; Omdal, 2008). However, this expression of frustration typically reflected some level of incongruence between a desire to help and not knowing how to achieve positive change. Additionally, there were some comments where a participant expressed feelings of anger. This chimed with earlier claims that some teachers perceive SM as a defiant behaviour (Imich, 1998). However, in the present study, this perception was exceptional, and most teachers expressed concern and empathy for pupils. Whilst emotional responses were a key aspect of teacher experience, they were a by-product of other processes in the theory. Overall, categorisation of SM (versus emotional responses) had greater impact on the level of support the teachers put in place.

***Conclusion and practical implications***

The present research provides a systematic exploration and theoretical representation of UK primary school teachers’ experiences of working with a pupil with SM. Grounded theory methods were used to develop a theory which captured how teacher beliefs about SM form categorical representations that guide thinking and practice, as well as the support for pupils with SM. While teacher categorisations of SM influenced the support pupils receive, these were found to change through the process of scientific enquiry. The results suggest that it is important for teachers to reflect on their beliefs and categorisations of SM, as well as being open to new interpretations, and to encourage appropriate access to pupil intervention. Access to reliable information about SM during this process would help teachers develop their categorisations and support strategies. Educational psychologists and other mental health and well-being professionals working in a school context can provide such information to staff, as well as educating SENCos to raise awareness of pupils with SM in school as a vulnerable group.

# Acknowledgements

We are grateful to the teachers who gave their time to talk about their experiences of teaching children with selective mutism. This research formed part of a UK Government funded programme for a doctorate in educational psychology awarded to the first author.

# References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington DC: American Psychiatric Association.

Anyfantakis, D., Botzakis, E., Mplevrakis, E. et al. (2009). Selective mutism due to a dog bite trauma in a 4-year-old girl: a case report. *J Med Case Reports 3, 100*. https://doi.org/10.1186/1752-1947-3-100

Bergman, R.L., Piacentini, J., & McCracken, J.T. (2002). Prevalence and description of Selective Mutism in a school-based sample. *Journal of the Academy of Child and Adolescent Psychiatry, 41 (8)*, 938-946. https://doi.org/10.1097/00004583-200208000-00012

Bergman, R. L., Gonzalez, A., Piacentini, J., & Keller, M. L. (2013). Integrated behavior therapy for selective mutism: A randomized controlled pilot study. *Behaviour Research and Therapy*, *51*(10), 680–689. doi: 10.1016/j.brat.2013.07.003

Black, B., & Uhde, T. W. (1995). Psychiatric characteristics of children with selective mutism: A pilot study. *Journal of the American Academy of Child and Adolescent Psychiatry*, *34*(7), 847–856. doi:10.1097/00004583-199507000-00007

Bunnell, B. E., & Beidel, D. C. (2013). Incorporating technology into the treatment of a 17-year-old female with selective mutism. *Clinical Case Studies*, *12*(4), 291–306. doi:10.1177/1534650113483357

Charmaz, K. (2006). *Constructing grounded theroy: A practical guide through qualitative analysis*. London, UK: Sage.

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

Cleave, H. (2009). Too anxious to speak? The implications of current research into selective mutism for educational psychology practice. *Educational Psychology in Practice*, *25*(3), 233–246. doi:10.1080/02667360903151791

Cline, T., & Baldwin, S. (1994). *Selective mutism in children.* London, UK: Whurr Publishers Limited.

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

Coplan, R. J., & Rubin, K. H. (2010). Social withdrawal and shyness in childhood: History, theories, definitions, and assessment*s*. In K. H. Rubin & R. J. Coplan (Eds.), *The development of shyness and social withdrawal* (pp. 3–22). New York, NY: Guilford Press.

Cunningham, C. E., McHolm, A., Boyle, M. H., & Patel, S. (2004). Behavioral and emotional adjustment, family functioning, academic performance, and social relationships in children with selective mutism. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *45*(8), 1363–doi:10.1111/j.1469-7610.2004.00327.x

Department of Health and Social Care & Department for Education (2017). *Transforming children and young people’s mental health provision: A green paper* (Report No. Cm9525) London, UK. Crown Copyright. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/664855/Transforming\_children\_and\_young\_people\_s\_mental\_health\_provision.pdf

Dummit, E. S., Klein, R. G., Tancer, N. K., Asche, B., Martin, J., & Fairbanks, J. A. (1997). Systematic assessment of 50 children with selective mutism. Journal of the American Academy of Child and Adolescent Psychiatry, 36, 653–660. Selective Mutism. DOI:10.1097/00004583-199705000-00016

Ertsas, T. I., & Irgens, E. J. (2016). Professional theorizing. *Teachers and Teaching*, *23*(3), 332-351. doi:10.1080/13540602.2016.1205013

Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory*. Chicago, IL: Aldine

Imich, A. (1998). Selective mutism: The implications of current research for the practice of educational psychologists. *Educational Psychology in Practice*, *14*(1), 52–59. doi:10.1080/0266736980140110

Korem, A. (2016). Teachers’ outlooks and assistance strategies with regard to “shy” pupils. *Teaching and Teacher Education*, *59*, 137–145. doi:10.1016/j.tate.2016.06.002

Krysanski, V. L. (2003). A brief review of selective mutism literature. *The Journal of Psychology*, *137*(1), 29–40. doi:10.1080/00223980309600597

Lang, C., Nir, Z., Gothelf, A., Domachevsky, S., Ginton, L., Kushnir, J., & Gothelf, D. (2016). The outcome of children with selective mutism following cognitive behavioral intervention: A follow-up study. *European Journal of Pediatrics*, 175(4), 481–487. doi:10.1007/s00431-015-2651-0

Manassis, K., Tannock, R., Garland, E. J., Minde, K., McInnes, A., & Clark, S. (2007). The sounds of silence: Language, cognition, and anxiety in selective mutism. *Journal of the American Academy of Child and Adolescent Psychiatry*, *46*(9), 1187–1195. doi:10.1097/CHI.0b013e318076b7ab

Martinez, Y. J., Tannock, R., Manassis, K., Garland, E. J., Clark, S., & McInnes, A. (2015). The teachers’ role in the assessment of selective mutism and anxiety disorders. *Canadian Journal of School Psychology*, *30*(2), 83–101. doi:10.1177/0829573514566377

Mayworm, A., Dowdy, E., Knights, K., & Rebelez, J. (2015). Assessment and treatment of selective mutism with english language learners. *Contemporary School Psychology*, *19*(3), 193–204. doi:10.1007/s40688-014-0035-5

Moore, D. A., Russell, A. E., Arnell, S., & Ford, T. J. (2017). Educators’ experiences of managing students with ADHD: A quaitative study. *Child: Care, Health and Development*. Advance online publication, 1–10. doi:10.1111/cch.12448

Muris, P., Hendriks, E., Bot, S. (2016). Children of few words: Relations among selective mutism, behavioral inhibition, and (social) anxiety symptoms in 3- to 6-year-olds. Child Psychiatry & Human Development, 47, 94–10. doi: 10.1007/s10578-015-0547-x.

Muris, P., & Ollendick, T. H. (2015). Children who are anxious in silence: A review on selective mutism, the new anxiety disorder in DSM-5. *Clinical Child and Family Psychology Review*, *18*(2). doi:10.1007/s10567-015-0181-y

Murray, L., de Rosnay, M., Pearson, J., Bergeron, C., Schofield, E., Royal-Lawson, M., & Cooper, P. J. (2008). Intergenerational transmission of social anxiety: The role of social referencing processes in infancy. *Child Development*, *79*(4), 1049–1064. doi:10.1111/j.1467-8624.2008.01175.x

Nowakowski, M. E., Cunningham, C. E., McHolm, A. E., Evans, M. A., Edison, S., St. Pierre, J., Boyle, M. H., & Schmidt, L. A. (2009). Language and academic abilities in children with selective mutism. *Infant and Child Development*, *18*(3), 271–290. doi:10.1002/icd.624

Oerbeck, B., Overgaard, K.R., Stein, M.B., & Pripp, A.H. (2018). Treatment of selective mutism: a 5-year follow-up study. European Child and Adolescent Psychiatry, 27, 997–1009. DOI: 10.1007/s00787-018-1110-7.

Oerbeck, B., Stein, M. B., Wentzel-Larsen, T., Langsrud, Ø., & Kristensen, H. (2014). A randomized controlled trial of a home and school-based intervention for selective mutism - defocused communication and behavioural techniques. *Child and Adolescent Mental Health*, *19*(3), 192–198. doi:10.1111/camh.12045

Omdal, H. (2008). Including children with selective mutism in mainstream schools and kindergartens: Problems and possibilities. *International Journal of Inclusive Education*, *12*(3), 301–315. doi:10.1080/13603110601103246

Sayer, A. (1997). Essentialism, social constructionism, and beyond. *The* *Sociological Review*, *45*(3), 453–487. doi:10.1111/1467-954X.00073

Schwartz, Richard H., and Elisa Shipon-Blum. (2005) Shy child? Don't overlook selective mutism: recognize this social anxiety disorder and treat it early to help prevent long-term dysfunction. *Contemporary Pediatrics, 22 (7*), 30-36. Corpus ID: 147908077.

Steinhausen, H. C., Wachter, M., Laimböck, K., & Metzke, C. W. (2006). A long-term outcome study of selective mutism in childhood. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *47*(7), 751–756. doi:10.1111/j.1469-7610.2005.01560.x

Vecchio, J., & Kearney, C. (2005). Selective mutism in children: Comparison to youths with and without anxiety disorders. *Journal of Psychopathology and Behavioral Assessment*, *27*(1), 31–37. doi:10.1007/s10862-005-3263-1

Viana, A. G., Beidel, D. C., & Rabian, B. (2009). Selective mutism: A review and integration of the last 15 years. *Clinical Psychology Review*, *29*(1), 57–67. doi:10.1016/j.cpr.2008.09.009

Willig, C. (2013). *Introducing Qualitative Research in Psychology*. Maidenhead, UK: Open University Press.

Wong, P. (2010). Selective mutism: A review of etiology, comorbidities, and treatment. *Psychiatry*, *7*(3), 23–31. doi:10.1097/00004703-199902000-00007

Young, B. J., Bunnell, B. E., & Beidel, D. C. (2012). Evaluation of children with selective mutism and social phobia: A comparison of psychological and psychophysiological arousal. *Behavior Modification*, *36*(4), 525–544. doi:10.1177/0145445512443980

Zakszeski, B. N., & DuPaul, G. J. (2017). Reinforce, shape, expose, and fade: A review of treatments for selective mutism (2005–2015). *School Mental Health,* 9(1), 1-15. doi:10.1007/s12310-016-9198-8