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# **University of Southampton**

Faculty of Environmental and Life Sciences

School of Psychology

Thesis for the degree of Doctorate in Educational Psychology

**Exploring how children with selective mutism experience and make sense  
of their school environment**

by

Milena Marta Cichoń

June 2020



# University of Southampton

## Abstract

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Exploring how children with selective mutism experience and make sense  
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Selective mutism (SM) is characterised as an anxiety disorder, where children are able to speak in certain environments (e.g. at home), while not being able to speak in others (e.g. at school). It is often identified when children start school and it can have a negative and long-term impact on social functioning and wellbeing in adulthood. Therefore, it is important to explore what systemic factors and approaches can support children's social and emotional wellbeing within the context of their school environment. A systematic literature review of narrative accounts of social behaviours from 21 studies analysed using thematic synthesis (Thomas & Harden, 2008) identified three themes that provided an explanatory framework for understanding patterns of behaviours of individuals with SM in social situations associated with (1) managing social interactions (2) taking risks within social interactions and (3) intentionality of communication, highlighting ways of supporting the social and emotional wellbeing of children with SM. However, there are a lack of studies exploring the experience of SM within the social context of the school environment and the view of the children is rarely sought. Therefore, the purpose of the empirical study was to explore what children with SM value about their school environment, specifically, which areas, things and activities at school they like and do not like, by conducting semi-structured interviews with four children aged 5-10, presenting with the behavioural profile of SM, using multiple methods, including photography, drawings and a map of the school. Using polytextual thematic analysis (PTA; Gleeson, 2001) four themes were identified that communicated children's (1) autonomy in a social space (2) individuality and personal story, (3) sense of connectedness and (4) adult roles. School staff can create opportunities for developing children's autonomy and for supporting children's teacher and peer relationships to nurture communication and sense of belonging, in addition to speech.



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## Research Thesis: Declaration of Authorship

Print name: Milena Marta Cichoń

Title of thesis: Exploration of how children with selective mutism perceive and make sense of their school environment.

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission

Signature: ..... Date: .....



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I dedicate this thesis to my Joy, my Gift, my Inspiration- O.S.C.H.



## **Definitions and Abbreviations**

ADIS-C - Anxiety Disorders Interview Schedule for Children

BASC-2 - Behaviour Assessment System for Children- second edition

CBCL - Child Behaviour Checklist

SM – Selective Mutism

EM- Elective Mutism

DSM – Diagnostic Statistical Manual of Mental Disorders

CBCL – Child Behaviour Checklist

CBT – Cognitive Behavioural Therapy

LSAS- Liebowitz Social Anxiety Scale

SSS - Situational Speech Scale

PPVT-III - Peabody Picture Vocabulary Test-III

PRQ - Physical Resemblance Questionnaire

PCSC - Perceived Competence Scale for Children

PSI - Parenting Stress Index

SMQ - Selective Mutism Questionnaire

SPAS - Spence Preschool Anxiety Scale

RCADS - Revised Children’s Anxiety and Depression Scale

RCMAS - Revised Children’s Manifest Anxiety Scale

TRF - Teacher Report Form

VABS - Vineland Adaptive Behavioural Scale



# **Chapter 1    How has qualitative research provided insight into the social challenges experienced by children and adolescents with selective mutism?**

## **1.1    Introduction**

### **1.1.1    Classification and prevalence**

Selective mutism (SM) is defined as an anxiety disorder that reflects a “consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g. school), despite speaking in other situations (e.g. at home)” (American Psychiatric Association (APA), 2013), p.195). The APA (2013) outlines that to receive a diagnosis, the lack of speech (1) must last at least 1 month, not counting the first month after starting school, (2) cannot be due to difficulties with language, (3) cannot be better explained by a neurodevelopmental disorder and (4) has to impact negatively on academic, social or occupational functioning.

Symptoms of selective mutism are typically identified between the age of 3 and 6, even before a child starts school (Cunningham, et al., 2004; Ford et al., 1998). Diagnosis is often not given, however, until the age of 6-8 years and when the speech withdrawal impacts a child’s functioning in school (Dow et al., 1995; Viana et al., 2009). Reported prevalence rates vary across countries and reflect the diagnostic criteria and population (i.e. community vs clinical cohorts). Published statistics range from 0.18% in Sweden (Kopp & Gillberg, 1997), 0.71% in USA (Bergman, et al., 2002) and 1.9% in Finland (Kumpulainen, et al., 1998). SM has also been found to be more common in girls than boys, with a gender ratio of 2.3:1 (Black & Uhde, 1995).

Several studies have found comorbidity between SM and other anxiety disorders (Dummit et al., 1997), including separation anxiety (Carbone et al., 2010) and generalised anxiety disorder (Yeganeh et al., 2003), with social phobia being the most common (Black & Uhde, 1995; Vecchio & Kearney, 2005). However, some studies found that children diagnosed with SM did not rate themselves as more anxious compared with children with social phobia and without SM and it has been suggested that their speech withdrawal serves as a coping mechanism to reduce the anxiety

(Yeganeh et al., 2003; Yeganeh et al., 2006).

Steinhausen and Juzi (1996) found that 38% of children (mean age = 8.73) diagnosed with elective mutism (the authors used the term 'elective mutism' in line with the classification and terminology used by the ICD-10 (World Health Organisation, 1992) had some type of speech and language difficulty, most common being articulation and expressive disorder. In addition, SM can present a complex clinical profile, with increased occurrence of encopresis, enuresis and developmental delay (Kolvin & Fundudis, 1981; Kristensen, 2000). Higher rates of sleep (27%) and eating difficulties (21%) (Steinhausen & Juzi, 1996) have also been reported in children diagnosed with SM. There is also emerging evidence suggesting a link with social communication difficulties, such as those associated with autism spectrum disorders (Kristensen & Torgersen, 2001; Steffenburg, et al., 2018) and some studies reported higher rates of selective mutism in bilingual or immigrant families (Elizur & Perednik, 2003).

### **1.1.2 Aetiology and development of SM**

Developing theoretical frameworks to understand the emergence of SM in childhood, researchers have outlined several risk factors associated with its onset. Children's difficulties with speaking have been linked to biological risk including a shy and timid temperament and increased behavioural inhibition (BI), e.g. teachers rated 63% of children age 7-8 years with SM as shy or withdrawn (Kumpulainen et al., 1998). Similarly, 85% of children with SM (mean age =8 years and 7 months) were described by clinicians and parents as shy, 66% as anxious (Steinhausen & Juzi, 1996). Some have suggested that behavioural inhibition and anxiety are associated with difficulties in the higher executive functioning skills of shifting attention between different situations (Eysenck, et al., 2007; Ginsburg, et al., 2004). Attentional shifting is an executive cognitive skill that is thought to regulate behaviours in new and less familiar settings, while the simpler systems of 'alerting' and 'orienting' are key to processing the sensory information within the environment (Rueda, et al., 2005).

Several studies have also pointed to environmental risk. Kristensen (2000) for example, found that children with SM experienced significantly more school changes than children without SM. A further study reported that 47% of children diagnosed with selective mutism had experienced a difficult event, including parental divorce (Oppawsky, 1999), with others finding death in the family or parental alcoholism (Kumpulainen et al., 1998) and trauma (Sheridan et al., 1995; Giddan et al., 1997). Further studies have found increased anxiety, social phobia and selective mutism among parents of children with SM (Kristensen & Torgersen, 2001; Black & Uhde, 1995; Sharkey & Mc Nicholas, 2006). Given its overlap with anxiety symptomatology,



studies have found that parents of children with anxieties often accommodate for their children's anxieties to reduce the discomfort, e.g. by speaking for them or allowing them to avoid uncomfortable situations (Thompson-Hollands et al., 2014), which can reinforce anxieties in the long term (Ginsburg et al., 2004).

### **1.1.3 Selective mutism and social adaptation**

In the course of development, children acquire social skills that are essential for interacting with others, such as for example, joint attention (two or more people attending to a shared item or point of interest) (Tomasello, 1999), turn taking, verbal and non-verbal skills (e.g. body language, gestures facial expressions). Social skills reflect experiences of bidirectional interactions with key figures in a child's environment (Bronfenbrenner & Morris, 2006) and are argued to be associated with the development of language, play, theory of mind skills and emotional regulation (Charman et al., 2000).

Some studies have found differences in the use of joint attention in social interactions in children diagnosed with SM. Nowakowski et al., (2011) for example, compared instances of joint interaction in structured and unstructured tasks with parents for children aged 5-8 years diagnosed with SM, anxiety (i.e. Separation Anxiety, Social Phobia, Specific Phobia) and typically developing (TD) children. They coded three types of joint interaction behaviours, including initiation, established joint attention and length of joint attention episodes. Children with SM showed significantly fewer episodes of responding to parent-initiated joint interaction during a structured task (i.e. preparing a birthday speech), compared to both other groups. However, once established, length of joint attention was similar between groups, suggesting that children with SM might need more time to establish joint interaction within the context of a structured task before they are able to engage.

Considering a broader social profile, several studies have found that parents and teachers reported poorer social skills linked to both verbal (e.g. initiating a conversation) and non-verbal (e.g. making friends) communication in children diagnosed with SM, compared to children without SM, but no differences were found in the parent ratings of non-verbal cooperation skills (e.g. following instructions; working with others) between the two groups (Cunningham et al., 2006). Cunningham et al., (2004) found that children with SM were rated significantly lower by their parents on social self-control (i.e. ability to control behaviour in social situations), social assertion (i.e. initiating an interaction) and social responsibility (i.e. asking permission), compared to TD children; however, only social assertion was rated as lower by the teachers of children with

## Chapter 1

SM when compared to TD children, suggesting that joining groups and initiation of interactions across home and school settings might be challenging.

Similarly, Carbone et al., (2010) reported that parents and teachers rated children with SM (n=48, mean age=8.2) as significantly lower on non-verbal social skills and social assertion than TD (n= 49, mean age=7.7) children. No differences were found in teacher ratings of non-verbal classroom cooperation and competence between children with SM and children with MA or TD children; however teachers also rated children with SM as lower on social assertion than children diagnosed with mixed anxiety disorders (MA; e.g. social phobia, specific phobia, agoraphobia, OCD, PTSD, n= 65, mean age= 8.9), highlighting that within the context of school, some challenges might be more specific to children with SM than anxiety.

Although adult ratings would suggest difficulties in the areas of social functioning, this is not reflected in children's ratings, for example, Cunningham et al., (2004) found that children with SM did not report differences in the amount of social activities they engaged in, compared to children without SM and they perceived themselves as accepted by their peers as children without SM (Cunningham et al., 2006). Further research has found that no differences were found between children with SM and without SM with regards to their peer status, using a sociometric index (Longobardi, et al., 2019). However, currently not much is known about the social profile of behaviours associated with SM and interventions for SM are predominantly focused on eliciting speech, rather than supporting social interactions and affect.

While the developmental pathways for SM are still unknown, a profile of equifinality (where different developmental processes can lead to the same outcomes) and multifinality (where similar processes can lead to different outcomes) (Cicchetti & Rogosch, 1996) associated with SM can be partially understood by considering SM over time, for example, Steinhausen et al. (2006) found that in 57.6% of individuals with SM symptoms can improve and resolve on their own; however, 30% of the individuals with SM reported symptoms of social phobia at follow-up. In interviews with adults who had experienced SM in childhood, they described feelings of loneliness and separation from the outside world and the gradual development of a 'silent identity' associated with lowered expectations from the environment, which is difficult to change and break through (Walker & Tobbell, 2015, p.461). Emerging evidence suggesting adverse long-term impact on social functioning and life quality prompts us to consider the role of the environment in the developmental trajectory of SM. Beauchamp and Anderson (2010) have suggested two pathways for developing poor social functioning, i.e. by having difficulties with social and cognitive skills or as a result of limited expectations and opportunities for interactions available within the environment. However, not much is known about the children's social-

emotional functioning, therefore, understanding the social experiences of children and young people with SM in different social contexts may be critical in informing the development of effective prevention methods that address patterns of continuity from childhood into adulthood.

#### **1.1.4 Approaches to treatment**

A recent narrative review of 21 studies from 2005-2015 by Zakszeski and DuPaul (2017) (for interventions with participants aged 3-12) found that behaviourist approaches were most common (95%), including contingency management (reinforcing positive verbal and not reinforcing non-verbal responses; 90%), hierarchical exposure, stimulus fading, goal setting, shaping and modelling; the outcome measures of the studies included rating scales and observations of speech initiations. While consideration of the intervention efficacy is beyond the scope of this review, half of the interventions were implemented at school and included systemic elements, i.e. consultation and psychoeducation to support the parents and teachers and most of the interventions were delivered by outside professionals (80%), limiting opportunities for teacher involvement in the intervention process (Zakszeski & DuPaul, 2017).

Considering long-term impact, one 5-year follow up study by Oerbeck et al., (2018) of an intervention that included parents, teachers and peers, psychoeducation for the parents (i.e. explaining SM principles of positive communication) and defocused communication with the children (i.e. reduced direct eye contact, increased pauses) found that 13% of the children who had previously maintained progress at 1 year (Oerbeck et al., 2015) regressed in their speech, i.e. one of the children relapsed after starting to speak at 1 year follow-up and 2 children were given a diagnosis of SM at 5-year follow up, where they had previously been speaking in all school settings at one-year follow up. Moreover, 23% of children still had symptoms of social phobia, suggesting that there is a group of children for whom direct intervention might not work long term and other factors need to be considered in addition to speech elicitation.

Within the review of interventions by Zakszeski & DuPaul (2017), only four out of 21 studies focused on non-verbal skills and only two of those (Mayworm et al., 2015; Howe & Barnett, 2013) were delivered at school, by including the teacher (the other two were in a clinical setting), both used behaviourist approaches (contingency management, prompting, shaping in Howe & Barnett, 2013; contingency management, hierarchical exposure, shaping, stimulus fading in Mayworm et al., 2015) and reported improvements in verbal and non-verbal skills (outcome measures included verbal and non-verbal responses in Mayworm et al, 2015 and social interactions, initiation of conversations, phrases spoken in Howe & Barnett, 2015). The authors concluded that there is a need for teacher involvement in designing individualised interventions matched to the unique

school context (Zakszeski & DuPaul, 2017). However, there is currently limited understanding about the social and emotional functioning of children with SM within different social contexts.

### **1.1.5 The aims and objectives of the current review**

Previous research highlights an uneven profile of social strengths and difficulties for individuals diagnosed with SM and studies suggest a limited perspective on the social and emotional functioning of children with SM. The aim of the current study was to systematically search and synthesise qualitative evidence from different types of studies to generate a more comprehensive and in-depth understanding of the experience of individuals with SM in social situations, as reported by the individuals themselves, their parents or teachers.

Current study adopts the biopsychosocial model of social development (SOCIAL) (Beauchamp & Anderson, 2010) that considers social functioning within the context of the individual executive functioning skills, such as attention, communication and social and emotional skills, in combination with the broader psychological and environmental factors within which they develop, to capture the experiences in different social contexts within the overarching platform of adult and peer interactions.

Given the heterogeneity of selective mutism, this review will be important in providing an in-depth exploration of the observational data (through case studies) and individual perspectives (through qualitative studies) to better understand both individual and external factors that potentially contribute to the cause and maintenance of social behaviours associated with SM. In addition, it will inform the development of early intervention methods that focus on the development of adaptive social functioning in children and adolescents diagnosed SM for the benefit of health and well-being through development.

The study aimed to answer the following questions:

1. How can we characterise the social behaviours that are reported by the child/young person/young adult who experience selective mutism, and/or their parents, teachers and other significant adults?
2. To what extent do other people's responses in the individual's social environment contribute to the maintenance of selective mutism?

## **1.2 Method**

### **1.2.1 Epistemological and ontological stance**

The qualitative methodology of this systematic review allowed for the rich accounts of behaviours to be captured in different social contexts (Ritchie et al., 2013). Data was analysed inductively using a 'bottom-up' approach looking at common themes that emerge (Bryman, 2008). This qualitative systematic review adopts a relativist ontology, assuming that there are different interpretations of knowledge (Willig, 2013) and it values the accounts of behaviours and experiences that were observed and captured in different social situations. The author assumes a critical realist epistemology by acknowledging the existence of some shared reality, while accepting that our knowledge is limited in capturing all the facets of that reality (Fletcher, 2017). While capturing the narrative accounts of the observable behaviours in a range of social situations to identify themes within the processes of social interaction, it also acknowledged that that approach might not be able to fully capture the complexity and richness of the phenomenon (Willig, 2013).

### **1.2.2 Search strategy**

The search was carried out on four databases: Psych Info, CINAHL (via EBSCO), Web of Science (Core Collections) and ERIC between August and December 2019. The search strategy was generated using the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA; Moher et al., 2009). Based on the key terms found within the literature, the following search terms were used: 'selective mutism' OR 'elective mutism' OR mutism OR 'selectively mute' OR 'electively mute' OR 'mute' AND 'child\*' OR 'pupil\*' OR 'learner\*' OR 'adolescent\*' OR 'teen\*' OR 'young person' OR 'adult\*' AND 'qualitative' OR 'qualitative stud\*' OR 'interview\*' OR 'focus group\*' OR 'case stud\*' OR 'interpretative phenomenological analysis' OR 'observation\*'. Reference lists of existing articles were screened through backwards and forwards screening to locate any further articles.

### **1.2.3 Inclusion and exclusion criteria**

The search included published articles between 1936- 2019 (PsycInfo), 1994-2019 (CINAHL), 1970-2019 (Web of Science) and 1967-2019 (ERIC), in line with the time frames of each database. The search was limited to studies that were published and were written in English language. Book chapters, book reviews, letters to the editor, commentaries, interviews, summaries, posters and conference proceedings were not included in the search. The search also excluded literature

## Chapter 1

reviews, prevalence and demographic studies. Table 1 summarises the inclusion and exclusion criteria.

Table 1

*Inclusion and exclusion criteria for study selection*

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
Studies published between 1877-2019 in English language	The study was not related to SM
Published study, case studies and/or qualitative literature that includes narratives of an individual's social experiences (and not an amalgamation of different exemplar case studies).	Quantitative and intervention studies (including RCTs) that lack narrative/qualitative accounts or observational data related to social experiences of individuals with SM.
Studies with individuals aged between 0-25 years who meet the diagnostic criteria for DSM III (1980), DSM -III (R) (1987), DSM-IV (1994), DSM-IV TR (2000) and DSM-V (2013) (but who do not need to have to have an official diagnosis).	Studies where individuals have: A diagnosis of comorbid SM and autism Previous experiences of abuse and/or trauma, or psychiatric conditions, such as schizophrenia or other catatonic condition Confirmed speech and language difficulties, complex learning difficulties and/ or brain injuries English as an additional Language (EAL)
Studies with narrative or observational accounts of behaviours in social situations related to social interaction, social relationships, peer relationships, social skills or participation, verbal and non-verbal communication.	Quantitative prevalence/ assessment/ demographic/ intervention studies.
Studies with qualitative methods, including interviews, focus groups, IPA, observations and case studies, and quantitative case studies that include narrative/ qualitative accounts.	Letters to the editor, book reviews and conference papers/posters, presentations and commentaries or interviews, reviews of literature.
Studies with qualitative/ narrative accounts that describe the experiences of children and young people with SM, and across contexts, e.g., individual therapy, school or family context, clinical case studies, interviews exploring current or retrospective experiences.	Studies or case studies that include pharmacological interventions.
Studies exploring retrospective adult accounts related to experiences of SM that occurred between the age of 0-25 years.	Studies exploring retrospective adult accounts related to experiences of SM that occurred over the age of 25 years.

The initial database search generated 500 results, 1 additional article was included from the author's existing literature list, 3 articles were identified through backwards chaining, yielding a total of 504. After removing 128 duplicates, titles and abstracts of 369 articles were screened according to the inclusion and exclusion criteria. Screening led to the removal of 294 articles (see

Figure 1). 100 articles were randomly selected and screened by a second researcher, 82% agreement rate was achieved at stage 1 screening. A third reviewer screened 33 studies (18%) where there was a disagreement in the decision making with the previous reviewer, the disagreements were resolved by jointly reviewing the inclusion and exclusion criteria. The agreement rate this time was 94%. The full text of 75 articles that met the inclusion criteria were considered for the review and in-depth screening. Through this process, 54 articles were removed, and 21 articles were included in the review. The decisions for inclusion and exclusion were carefully recorded when screening titles and abstracts (stage 1 screening; please see Appendix A) and whole articles (stage 2 screening; Please see Appendix B).

#### **1.2.4 Participants**

Studies with children, young people and adults aged 0-25 were included, to reflect the age range within the Special Educational Needs Code of Practice (2015). Studies containing retrospective accounts of adults older than 25 years-old were included, if they were related to experiences of when the participants were younger than 25. Given the multiple changes in classification and diagnostic criteria that occurred between 1980 and 2014, studies were included if they contained accounts of behaviours that were in line with the diagnostic criteria of 'elective mutism' in DSM -III (1980), DSM-III-R (1987) and 'selective mutism' in DSM-IV (American Psychiatric Association, 1994), DSM-IV TR (APA, 2000) and the DSM-V (2014) but they did not need to have an official diagnosis. Studies were excluded if selective mutism was comorbid with (a) autism, (b) trauma and/ or abuse, (c) psychiatric conditions, such as schizophrenia or other catatonic conditions, (d) speech and/or language difficulty, e) complex learning difficulties and/ or brain injuries and (f) acquisition of English as an additional language (EAL) (please see Appendix C for example decision making process).

#### **1.2.5 Study design**

Studies with different types of qualitative methods and methodologies were included, such as case studies, interviews, observation, focus groups, interviews and interpretative phenomenological analysis. Case studies provided a rich, in-depth and contextualised presentation of each individual case, using a range of methods (Yin, 1994). Studies describing experiences of children and adolescents in the context of individual therapy, school, family situations, or any other social context were included. Studies that focused solely on pharmacological treatment and/or interventions and those that only included quantitative data were excluded; however, studies where pharmacological treatment was used in combination with

other approaches or where participants were taking medication before or during the study, were included.

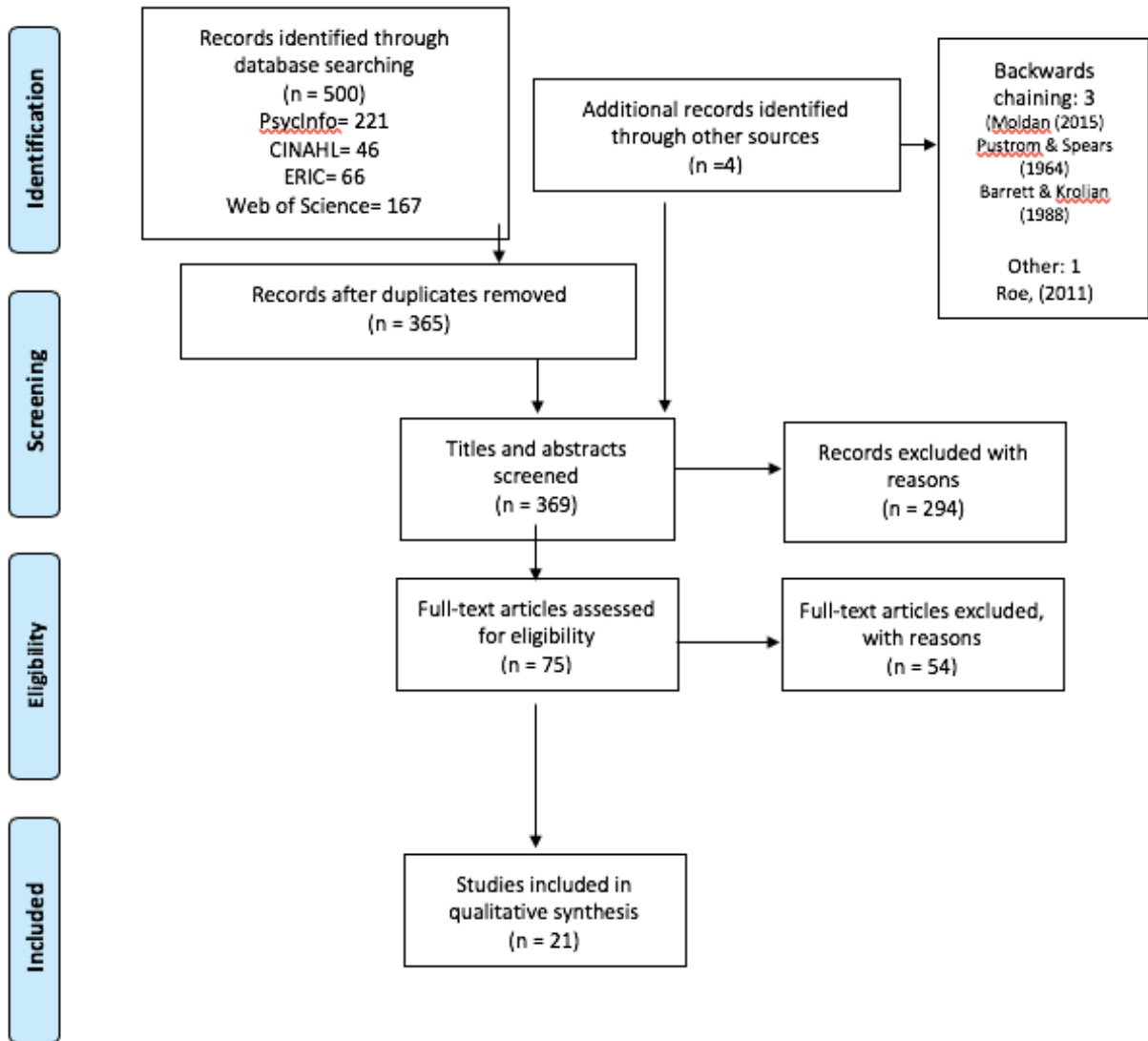


Figure 1 PRISMA Flow Diagram demonstrating the process of the systematic search (Moher et al., 2009)

### 1.2.6 Data extraction

Given the potential challenges in selecting the most appropriate information, concepts that were important for understanding the phenomenon, the researcher took a broad approach and analysed any data that was found in the results/ findings sections, while carefully considering findings that might have been reported in other sections of the paper (Thomas & Harden, 2008).



Twenty one studies were included in the review and were analysed in detail in order to extract the following information: (1) study author and date, (2) location, (3) population (participant age, gender, nationality), (3) study design, (4) methods, (5) mode of communication and with whom, (6) experiences of social interactions and expressivity, (7) background information and significant events, (8) context and intervention and (9) approaches used to elicit interaction. Details of each study for each of these descriptors is shown in Table 2.

#### **1.2.6.1 Quality appraisal**

All studies included in the review were rated using the Qualitative Research Checklist from the Critical Appraisal Skills Programme (CASP; 2017), to evaluate the methodology and findings of the studies by considering the theoretical context (e.g. is the qualitative design appropriate for addressing the research goal? has the researcher justified the research design?). The CASP checklist is designed to appraise qualitative evidence within a study around three areas: (a) is the study valid (i.e. were the aims clearly stated, was the recruitment strategy appropriate) b) the results of the study (i.e. was the analysis rigorous, were the data presented in sufficient detail) and c) will the results help locally (does the study make a contribution to the field, do the authors comment on future research), while allowing to consider the ethical principles underpinning research with low incidence and sensitive population. The checklist consists of 10 questions and answers and prompt questions for an in-depth consideration of each question. Each answer was given a score of 0 ('no' or 'not sure') or 1 ('yes') yielding a total score out of 10 (or out of 9, where item 3 on the checklist did not apply to the study). Although studies differed in quality, all studies and sources of data were included in the analysis. The scores for each item are shown in Appendix D. Table 2 includes the scores for each paper.



Table 2

*Summary of case studies and qualitative studies including narrative accounts of young people with SM*

Study author & date	Location	Population	Study design	Methods	Mode of communication and with whom	Experiences of social interaction and expressivity	Background information/significant events	Context & Intervention	Approaches used to elicit interaction	Quality Rating
1. Sloan, (2007)	USA	Anna, 5-year-old Latina girl (spoke fluent English at home)	Case study School-based family therapy with a child with SM	Interview with the parents Observation (in class, playground and during lunch at school) Play Therapy	Speaking to parents at home; silent at school	At school rigid body language, not joining in any interactions, described as 'stoic' with restricted body movements; crying when another child approached her; nodding and shaking head as 'yes'/'no'	Became more socially withdrawn at four years, speaking only to family members; parents could not recall a specific event, thought that she was "very shy"; mother had traumatic childhood history resulting in isolation from the community; father's family experienced poverty and deprivation	Family Therapy with Anna and her parents at the school; Individual sessions for Anna	Positive rapport building through a positive dialogue with the family Playing board games with parents Desensitisation to the therapist's presence Using games (e.g. walkie talkies) Video modelling Positive praise and rewards Relaxation exercises	1
2. Conn & Coyne, (2014)	USA	3-year-old African-American boy, Max	Case study Behavioural intervention for SM in early years in school-consideration	Semi-structured parent interview Observation Child and development measures (CBCL, TRF)	Spoke to mum and brother (limited), Whispers, non-verbal and externalising behaviours	Avoided play with peers, Non-verbal communication (e.g. eye contact, gestures, pointing, nodding)	Became noticeably more non-verbal after parents separated and moving house with mother	Treatment in a pre-school setting over 3 months, in the classroom (small and large group settings) supported by	Exposure Shaping Contingency management	.89

			of the treatment setting and the individual/family context	Teacher consultation	Communicated to other relatives and outside home through gestures; non-verbal with biological father			the therapist and another adult		
3.	USA	15-year-old Ava Latina female adolescent with SM and Social Phobia	Case study Modular CBT treatment	Diagnostic interviews Clinical interviews, Questionnaire (SMQ; RCADS) Self-monitoring	Limited communication and interaction at home and school	Withdrawal from social situations Parents speaking for Ava in social settings	Anxiety, panic attacks Complex home life; Has a younger sister and older brother with disabilities who was hospitalised for 3 months after a car accident when Ava was 4; she became more withdrawn, clingy and quiet when her sister was born	Adapted Modular CBT treatment	Fear hierarchy Relaxation skills Gradual exposure Teaching new skills Parent education	.78
4.	USA	4-year-old Korean girl, Hannah (bilingual, fluent English)	Case study Intervention to increase speech across people, settings and situations	Clinical interview with parents and teachers Questionnaire (parents and teachers): BASC-2; SMQ	Speaking only with parents and sister; not speaking to some relatives, friends, teachers, classmates	Attentive to the environment Joining in interactions and play with other children	Mother reported guilt due to depression in pregnancy and postnatally	Behavioural therapy (17 sessions), some involving Hannah's older sister Behavioural reinforcement	Yes/ no questions using visual stimuli Feelings Thermometer (0-9) Psycho-education on SM and the role of anxiety Positive exposure	.60

				Receptive Language assessment (PPVT-III) Observations (home, school, around the therapist)		Non-verbal signals (e.g., nodding, pointing)		CBT approaches adapted to a young child	Positive reinforcement Self-modelling Stimulus fading Exposure hierarchy	
5.	USA	16-year-old Anglo-Canadian female adolescent	Case study Intervention of the adolescent with SM with her mother	Interview with Mother Observations	Mother, Younger teenage friend from old neighbourhood	Body rigidity, Moving away from people Dependence on mother to speak	School refusal At risk of involvement from social services	1:2 Therapy (relational psychodynamic approach) with the therapist and the child's mother, lasting 2 years	Engaging both mother and child in intervention Taking photos in her and her mother's world	.60
6.	USA	6-year-old girl, Jenna	Case study Intervention to overcome SM based on the principles of self-regulation	Parent Interview Observations Therapeutic approaches to encourage self-regulation	Spoke to mother, no other adults, only a few children at school	Keen to play games with mum; initiated interaction with the therapist by offering a game Stiff 'wooden' body language Smiling when mother was losing the game	Mother experienced SM as a child and continues to have difficulties speaking to people; Jenna was diagnosed with SM at 2,5 years; 2 previous therapists were not able to help	1:1 therapy with Jenna and her mother involving behaviourist, cognitive and psychoanalytic approaches	Play Attunement Consultation with parent Work with teacher Stimulus fading technique in the classroom	.50
7.	USA	6-year-old European American boy, Carter; met criteria	Case study To present an intervention that consisted of individual	Structured Diagnostic Interview with parents	Speaking to parents; only saying yes/no to teachers	Difficulties with separating from mother (crying, not letting go), averted eye gaze, not	After home schooling, at age 5 family moved and Carter joined school and refused to	School setting; Initially 10 individual sessions with Carter, his	Contingency management to reduce school refusal; Games, drawing activities; anxiety-	.50

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Kearney, (2017)		for oppositional disorder	and group therapy using contingency management	(ADIS-C) Parent and Teacher Behaviour Checklist (CBCL, TRF) Observations	when given sweets	joining in, sitting away from other children	separate from mum; another family move and change of schools	parent and the therapist to address anxiety and school avoidance; 12 parent psychoeducation sessions (topics around relaxation, goal hierarchy, goal setting) 12 group sessions with 2 other children with SM	management techniques	
8. Hung, Spencer, & Dronamraju, (2012)	USA	4-year-old girl, Renee	Case study Identification and intervention support in early years and primary school	Observation Play Therapy Discussion of progress with parents and teachers	Talkative at home	Rigid body language, frozen when spoken to	Not speaking when started school	Classroom setting Multi-modal approach consisting of behavioural approaches, play therapy, (7 sessions); school and family contributions; Initially play therapy was 1:1; peers were invited to the sessions after	Using puppets, games, musical instruments, drawing, reading books during play therapy; Gradual exposure to new environments through walking, watching the therapist's behaviours; gradually inviting more children to the therapy sessions	.50

								Renee had started speaking in sentences; teacher was invited		
9. Ale, et al., (2013)	USA	5-year-olds Zoe, and Brian, European American/only Zoe 's case was included in review	Case study Intervention with the child and the family	Clinical interview with the parents; review of records; Parent Report Questionnaire (SMQ; SPAS; Family, social, academic history	Speaking to parents; not speaking at school; whispering to mum when around her peers and teacher	At kindergarten started withdrawing from social situations/ difficulty making friendships; spoke with peers 1:1 at home in the presence of parents; Parents speaking for Zoe	Decline in speech outside home at around age 2; after the birth of her younger sister Stopped speaking to teacher and most peers in pre-kindergarten	Systematic graduated exposure Therapy (1:1) (23 sessions over 6 months, weekly sessions x 60 mins; follow-up consisted of 13 sessions over 15 months, monthly sessions x 30-45 mins)	Graduated exposure Differential reinforcement Positive rapport Hierarchy of skills Positive praise Psychoeducation of parents and teachers about anxiety Skill generalisation	.55
10. Fisak, Oliveros, & Ehrenreich (2006)	USA	LM, 10-year-old Hispanic boy with SM and social phobia	Case study Modified social skills training intervention in combination with parent training and school-based strategies	Semi-structured diagnostic interview with parents (ADIS-IV). Parent and teacher rating scales of anxiety (CBCL, TRF), PCSC, RCMAS; Observations	Speaking only at home (with mother, father, housekeeper, electrician and brother); previously spoke only to a friend from class but when they were separated,	Parents rated severe difficulties in social situations (e.g., parties), especially at school	Shyness and refusal to speak when he first entered kindergarten; this behaviour became more pronounced after moving home and losing contact with peers Parents isolated/ poor socialisation	Modified version of the Social Effectiveness Therapy for Children Behavioural treatment for social anxiety; 23 sessions Parents, sibling and therapists	Social skills training Parent training in managing anxiety Gradual Exposure Systemic work with the school	.56

					stopped speaking			took part in the sessions		
11.	USA	6-year-old boy	Case Study Intervention to address the child's fear of the outside world; to help child develop coping strategies for anxiety, to change family responses reinforcing anxiety	Audio-recordings Observations Clinical interview with the parents Diaries to record interaction Self-report Parent report Play Therapy	Speaking only to parents, sister, some family members; not speaking to other people; not speaking to anyone at school; when outside not speaking to parents, only using gestures	Limited non-verbal interactions (e.g., smiling, nodding, eye contact); at school communicating non-verbally with the teachers	Familial link to shyness/ inhibition and family not socialising	Multidimensional intervention (25 sessions) + 1 year follow-up; direct work with the child for 21 sessions; last 4 sessions parent interview and school consultations	Feelings thermometer Play therapy Games (colouring, puppets) Relaxation	.56
12.	USA	8-year-old Caucasian boy, Bruce	Case study CBT modular intervention that allows to use different approaches flexibly	Parent Interview (ADIS-IV C/P) Parent and Teacher -report Questionnaire Self-report Questionnaire Language Assessment (PPVT) Observation	Spoke only to members of family, not to teachers, classmates, friends or grandparents. Not speaking to family members in open spaces	At the beginning of the session not able to respond, 'frozen' with anxiety; by the end using non-verbal communication: pointing, using fingers to indicate yes/no	Shy as an infant Family history of anxiety	Modular Cognitive Behavioural Therapy (CBT) for childhood anxiety disorders (21 sessions) with Bruce's mother and brother	Psychoeducation for the family about Exposure Cognitive restructuring Social skills Maintenance Relapse prevention Fear hierarchy Positive reinforcement	.56



13.	USA	13-year-old male adolescent	Case study Intervention for long-term SM	Self-report Attendance records Number of verbalisations Participation in extracurricular activities	Speaking at home and non-school settings; no speech at school (except on 3 occasions); talked to the assessment team	Pupil reported that he never spoke at school, reported feeling nervous and worried about being rejected by peers	Mutism since kindergarten (for 7,5 years) No traumatic events but some difficult experiences around speaking in school; frequent absences from school	Treatment (63 sessions) lasting 1,5 years; involving the therapist, teacher, peers	Systematic desensitisation (to reduce anxiety) Consultation with school staff Social speaking skills	.33
14.	USA	5-year-old MZ twins, Mira and Melanie	Case description The role of genetic and environmental factors in the onset and presentation of SM	Parent Interviews and assessment (CBCL; LSAC; SSS; PRQ); Teacher Interview and rating scales (TRF; First Grade Readiness test); Observations at the nursery; Birth records	Twins speak to their mother, biological father, step-father and both sets of biological grandparents and older brother; not speaking to step grandparents or biological father's partner	Facial expressions, non-verbal communication (e.g., nodding, pointing,) Joining in interactions with other children	Onset at age 3 when joined pre-school	Pre-school setting	Sensitive teacher Supportive environment	.33
15.	USA	5 year-old girl, Amy	Case study To help Amy communicate with others (verbally/ interactions) and to support the	Observation	Speaking only to parents at home; did not speak at all during the first 5 months of school	Described as 'passive' by the teachers, would sit and watch what was happening around her Played alone or with an adult	Amy experienced enuresis. At school behaviours included grabbing the teacher's neck while smiling, stabbing the playhouse with a fork, wetting	Individual and sibling play therapy that lasted 9 months and included 36 sessions	Providing a sense of control for Amy Interactions with siblings Opportunities for play	.30

			family with approaches to manage Amy's behaviours				accidents, reported by adults not to show pain	Family consultation		
16.	USA	4-year-old Caucasian girl, Leah	Case study Multi-modal intervention	Parent interview and rating scales (CBCL; PSI; VABS) Observation	Speaking only to parents	Facial expressions, gestures, nodding, shaking head	At nursery was talking to staff and peers until she transitioned from 2 to 3 days per week	Therapy consisting of a weekly parent group, play therapy, home and school visits; after 6 months with no success medication was added	Behavioural interventions for specific areas; reinforcing speech; avoiding reinforcement of non-speech; play therapy with the child to increase competence and independence and reduce anxiety	.22
17.	USA	6-year-old boy	Case study Intervention using a self-modelling approach	Baseline data on speech before and after the intervention	Spoke only to mother; not speaking to staff or mother when other staff around	Not joining in Not reacting in response to peer teasing; took part in non-verbal classroom activities	Maternal symptoms of depression and agoraphobia; complex family situation (2 brothers with complex needs)	5x 5 minute-sessions of self-modelling	Self-modelling intervention	.10
18.	UK	4 adults with SM: Lily (23) SM since the age of 12; Ben (30) SM since early childhood; Sam (21)	Interpretative Phenomenological Analysis (IPA) Experience of adults with SM	Online semi-structured interviews author's auto-ethnographic accounts (diary entries from the author)	Lilly (23) – socialising with a small group of friends online; Hannah-speaking only to her parents; Sam-communicating	Hannah only able to communicate with parents The study focuses on phenomenological accounts, limited	No single event contributing to the SM; Hannah recalled becoming withdrawn after moving to a new home and losing friends; Sam and Lily recalled being bullied at	1:1 online written communication via Skype	Online communication via skype Flexible interview schedule guided by the participants	1

		SM since age 8; Hannah (26) diagnosed at 17			with parents and a small group of friends he had met before SM	accounts of interactions	school; Ben recalled being shy as a child and slowly withdrawing speech from his family			
19.	Norway Omdal, (2007)	5 adults Elisabeth & Sarah (twins aged 31), Hannah (45), Linda (48), Catherine (33). One adult Maria (60); met the exclusion criteria	Qualitative study To explore the experience of SM from adults who have recovered; to understand the recovery process	Semi-structured interviews	Hannah only spoke to her best friend at boarding school; Catherine could not speak to strangers; pre-school communication was through songs and drawings; Linda only spoke to siblings and some friends	Limited accounts of social interactions	Hanna: birth of twin siblings at 2,5 years; at age 7 was away from home, in a boarding school in South America; Linda 'protected' herself, she felt that others doubted her capabilities; Catherine had to change nursery at 2, reported bullying at school	1:1 retrospective interviews	Interviews at the participants' homes to make them feel more relaxed	.70
20.	Norway Omdal, (2008)	Julie (4) Stine (9) Daniel (6) Jacob (11) Berit (13) (Only Julie and Stine included in the review)	Qualitative study Teachers promotion of social inclusion in school for children with SM	Semi-structured interviews with parents and teachers; Video-observations of children at home and nursery/school	Julie: not speaking to staff, some children Stine: speaking to only one girl, other children not initiating communication with her	Stine: communicated by whispering to father	Julie: stopped speaking when started nursery Stine: not speaking at school for 4 years; dependent relationship with father	Interviews with parents; interview schedule given in advance; Video observations of children's behaviours at home / school	Reviewing the video recorded observations with the children Teachers including children in small groups, not focusing on their speech, home visits, encouraging to make sounds when walking outside, physical play, humour	.50

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*\*This is an exploratory post-hoc study that utilised the interview data from the study by Omdal (2007) and the interview and observational data from the study by Omdal (2008) and it includes the same participants and methods as the other studies*

*Note: ADIS-C Anxiety Disorders Interview Schedule for Children, ADIS-IV C/P Anxiety Disorders Interview Schedule for DSM-IV for Children and Parents, BASC-2 Behaviour Assessment System for Children- second edition CBCL Child Behaviour Checklist, LSAS Liebowitz Social Anxiety Scale, SSS Situational Speech Scale, PPVT-III Peabody Picture Vocabulary Test-III, PRQ Physical Resemblance Questionnaire, PCSC Perceived Competence Scale for Children, PSI Parenting Stress Index, SMQ Selective Mutism Questionnaire, SPAS Spence Preschool Anxiety Scale, RCADS Revised Children's Anxiety and Depression Scale, RCMAS Revised Children's Manifest Anxiety Scale, TRF Teacher Report Form, VABS Vineland Adaptive Behavioural Scale*

### **1.2.7 Data Analysis**

Data was analysed iteratively using the thematic synthesis method in order to identify common themes, by following the procedure outlined by (Thomas & Harden, 2008) that consisted of three steps: 1) coding of the text 'line by line', 2) identification of 'descriptive themes' and 3) identification of 'analytical themes'. NVivo Software (QSR; Number 12.5.0 (3729)) was used to analyse data. All qualitative studies containing narrative accounts of behaviours in social situations that included social interaction, social relationships, peer relationships, social skills and participation were included and imported into NVivo.

Studies were selected after screening the full articles if they contained one or more references to the key social behaviours associated with social interactions involving verbal and non-verbal skills in a range of social contexts, such behaviours that allow to perceive and process social information, e.g. eye contact, attention, joint attention, gestures, facial expressions, body language (informed by the SOCIAL model of social and emotional development by Beauchamp & Anderson, 2010), verbal utterances and words; ways of responding in different types of social situations and interactions (peer-peer, child- adult) (Iarocci, Yager & Elfers, 2007).

Studies were included if they contained observational or narrative accounts from the author of the study, from the parent, other adults working with and interacting with the child and the accounts of the individuals with elective/ selective mutism. While a loose framework was used to select articles that contained references to social behaviour, the analysis process was inductive and open to other types of behaviours that might be associated with social functioning (e.g., children's behaviours when entering a social situation).

#### **1.2.7.1 Thematic Synthesis of the data**

In line with the steps of thematic synthesis listed by Thomas & Harden (2008), the first stage of thematic synthesis involved coding all included articles line by line to highlight all data related to social behaviours and interactions in different contexts. During this stage, 73 initial nodes were identified, containing high degree of specificity, in order to capture the smallest units of meanings, revisiting and comparing the initial nodes, in order to find all possible meanings. The initial codes were reviewed several times to check that they contained relevant meaningful sections of the text. Examples of the initial coding process are presented in Table 3.

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During the second stage of the analysis, all the initial codes were reviewed in order to identify 'descriptive themes' based on the similarities and differences between the codes, with summaries explaining how they differ from each other. After reviewing and categorising the initial codes, descriptive themes were identified. During the final stage of the analysis, the descriptive themes were reviewed flexibly, moving beyond the original data categories extracted from the studies to identify new conceptual meanings. These new meanings were synthesised and captured within the final themes and subthemes. The researcher remained open and reflexive throughout the analysis process, keeping a log of decisions to ensure transparency and validity, while trying to capture data from different contexts and methodologies in order to find new meanings (Thomas & Harden, 2008).

Thematic synthesis of 21 studies included in the analysis identified three main themes to explain the processes of social interaction for children with SM: 1) managing social interactions (subthemes 'me versus the social world' and 'other people as enablers and disablers of interaction'), 2) social interactions require taking a risk (subthemes 'managing emotions' and 'sensitivity in shifting between people and situations' and 3) intentionality of communication.

Table 3

*Examples of line-by-line coding during the first stage of thematic synthesis (Thomas & Harden, 2008)*

Text	Initial code	Type of data
<i>“Some teachers did not react to Stine’s mutism, as she was easily understood by her expressive body language” (Omdal, 2008)</i>	Adults accepting non-verbal communication	Observation
<i>“For Ben the isolation was described as transcending interpersonal relationships, being felt as a separateness from the world of others” (Walker &amp; Tobell, 2015)</i>	Aloneness and separation from the outside world	Retrospective adult account (Interview)
<i>“Attempts to engage her in interactive play with other children were ineffective. Anna sat alone on the sidelines and watched the other children interact, even in songs and stories that required moving hands or feet” (Sloan, 2007)</i>	Disengagement from the environment  Watching others while not joining in	Observation
<i>“After months of silent inertia, the vitality of J’s rhythmic banging resounding around the room seemed to signal the gradual awakening of her desire for relatedness”. (Berko, 2013)</i>	Intentional non-verbal communication to signal an idea, a thought or an emotion	Therapist/ Researcher Observation

Table 4

*Examples of descriptive themes during the second (descriptive) stage of thematic synthesis.*

Theme and Description	Subthemes	Definition of a subtheme	Example
<p><b>Adults' expectations:</b> This theme captures to what extent adults expect children to interact, the type and frequency of interaction that the adults might expect from the children. This includes positive interaction that facilitates engagement and willingness to interact as well as actions that might result in disengagement and the child remaining quiet.</p>	Acceptance of non-verbal communication.	This sub-theme contains references to quotes and situations when the adult has enough sensitivity and responsivity to recognise and respond to the child's communication attempts.	<i>"The teachers responded to the client's gestures throughout the observation period, thereby reinforcing his nonverbal communication" (Jackson, 2002).</i>
	Rescuing and dependency	The sub-theme describes situations in which the adult took on the role of a 'helper' who rescues the child from their silence, by receiving their communication, interpreting it according to their own lens,	<i>"When we are in the grocery and people wait for her to reply, I feel sorry for her and talk for her (Julie's mother)" Omdal and Galloway (2008)</i>
	Encouraging social actions and environments	Adult actions that allow the child to connect with the environment in a positive way by exposing to social situations and modelling social behaviours	<i>"Julie's assistant started by including Julie in a small group of children, not focusing too much on her and thereby avoiding establishing a dependent relationship with her" (Omdal, 2008)</i>
<p><b>Other children as a bridge in communication:</b> The role of other children in and outside of school in facilitating children's</p>	Protection	Other children speaking for the child to protect them and passing on the message to the adults.	<i>Classmates and peers also seemed to protect her in social interactions when they perceived she needed assistance. For instance, when individuals who were new to the classroom tried to interact with Hannah, the peers surrounded Hannah and told the individual that Hannah was quiet and slow to warm up" (Jacob, 2013).</i>



communication by listening, speaking for them and engaging in interactions.	Granting access to activities and interactions.	Children dependent on other children having the control in passing on the messages and serving as the 'gatekeepers' to access a desired item or a social interaction.	<i>"They were not as readily accepted by their new classmates so spent more time alone"</i> (Segal, 2003).
<b>Separate from the social world:</b> References to situations when the child was disconnected from interactions	Aloneness.	Accounts suggesting a sense of aloneness, being in a world outside of the social world, or in a conflict with the world.	<i>"During their childhood, they felt that everyone else was their enemy and it was 'them against us'"</i> (Omdal, 2007).
	Behind a barrier.	Accounts communicating a barrier or a division between the child and the outside world, including physical obstructions and hiding from view.	<i>"Carter sat in the corner of the room facing the wall and refused to engage with anyone for 15 min"</i> (Skedgell and Fornander, 2017).
<b>Joining in:</b> Situations when the individual with SM used a range of verbal and non-verbal communication signals in order to enter a social situation.	Willingness to engage.	Intentional action to signal the desire to join.	<i>"Despite significant anxiety in social interactions, she expressed a desire to make friends"</i> (Christon and Robinson, 2002).
	Adapting.	Behaviours that require transitions between situations and social demands.	<i>"When the session ended, Renee went back to the main classroom and resumed her blank look and unresponsive behaviours"</i> (Hung, Spencer and Dromanraju, 2012).
	Time and Exposure.	Changes in social interactions and skills over time.	<i>"This progress included her increased communication through drawing and writing, her soft whispers to mother in my presence, and her, albeit fleeting, eye contact with me"</i> (Berko, 2013).
	Emotional regulation.	Ways of responding to and regulating emotions in different social situations.	<i>"Carter became visibly uncomfortable (e.g., flushed cheeks, chewing on his shirt) when prompted to speak with the group"</i> (Skedgell and Fornander, 2017).
	Non-verbal as a replacement of speech.	Different types of non-verbal communication cues, such as body language, gestures, facial expressions and proximity.	<i>"Her restricted range of non-verbal communications (namely, head-nods and shakes, shoulder shrugs, and banging)"</i> (Conn and Coyne, 2014).



## 1.3 Results

### 1.3.5 Summary of the studies

There were 17 case studies and 4 qualitative studies using semi-structured interviews that included 31 participants. Seventeen studies were carried out in USA, three studies were from Norway and one study was in the UK. Nineteen studies contained accounts of children with SM aged 3-16, two studies (18, 20) explored retrospective adult accounts that related to the experiences of SM in childhood, one study (21) was a supplemental study that analysed the data sets from adults in study 18 and 20, by considering a different hypothesis. Case studies used a combination of methods, such as parental interview (1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16), family and behaviour history or birth records (9, 14), school and/or attendance records (13, 14), parent/teacher behaviour questionnaires and rating scales (2, 3, 4, 7, 10, 12, 14, 16), parent report and self-report (11, 12), teacher interview/ consultation (2), observation (1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 14, 15, 16, 19, 20) and language assessment (4, 12).

The narrative accounts of SM were described in the context of 1:1 therapy (3, 4, 9, 11), therapy with the child's mother (5, 6), the family of the child (1, 7, 10, 12, 15, 16), teachers and/or classmates (7, 8, 13), or group intervention programme in a pre-school setting (2), cognitive behavioural therapy (CBT) (3) and self-modelling therapy intervention (17). One case study described the onset and presentation and management of SM in twins (14). All studies contained background information about the circumstances around the withdrawal of speech. This included family events, such as moving home (2, 7, 10, 18, 19), bullying (18, 19), parental separation (2), birth of a younger sibling (9, 19) or other difficulties, such as enuresis (15), difficult events within the family, such as hospitalisation of a sibling (3), familial shyness, inhibition or anxiety (11, 12), difficulties when joining and attending kindergarten or when starting school (8, 10, 13, 14, 16, 20), maternal depression (4, 17), maternal SM in childhood (6) and parental trauma in childhood (1).

### 1.3.6 Quality assessment

Table 2 shows the quality rating for each criteria outlined in the CASP checklist (2017). Overall, the studies were of poor methodological quality. Two studies (1,18 /21) fulfilled all the quality criteria on the CASP checklist. Nine case studies and one qualitative study were rated below 50% (9-17, 21). Seven studies did not state their aims and objectives (7, 12-17), while 14 studies (1-6, 8-11, 18-21) sufficiently captured the relevance of research in the context of the

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existing gaps in the literature. Three out of four qualitative studies (17, 18, 19) provided an explanation for using a chosen method; however, only 4 out of 17 case studies justified using a case study design (1, 11, 12, 15). Seven case studies did not explain the recruitment strategy clearly (5, 9, 10, 13, 14, 16, 17), often just stating that the child was referred for treatment. Two out of four qualitative studies similarly did not explain the recruitment strategy (20, 21). Eleven out of 21 studies considered and described the relationship between the researcher and the participants (1- 6, 8, 9, 13, 18, 20), including information about the approaches that were used to establish positive rapport, the researcher's sensitivity to the child's needs and the impact of the interaction on the child's emotions.

Three case studies (1, 2, 12/17) and three qualitative studies (18, 19, 20) considered the ethical issues around consent, confidentiality and explaining the purpose of the research to the child and the parents. While most of the case studies contained rich and contextual descriptions of the children and young people, including histories and conceptualisation of the problem, only 6 studies contained sufficient detail to capture how the data was analysed (1, 2, 3, 5, 10, 18). Fifteen (/21) studies presented findings in sufficient detail and considered them in relation to the research questions (1-5, 7, 9, 10, 12-14, 16, 18, 19, 21).

### **1.3.7 Analysis of the key themes that were identified through thematic synthesis**

Thematic synthesis of 21 studies identified three main themes to explain the processes of social interaction for children with SM. The first theme of 'managing social situations' (subthemes 'me versus the social world' and 'other people as enablers and disablers of interaction') captures the behaviours that individuals might display when entering social situations where there is a requirement to manage and respond to the presence, proximity or behaviours from other people and how the other people respond. The second theme of 'social interactions involve taking a risk' (subthemes 'managing emotions' and 'sensitivity in shifting between people and situations') describes the process of joining a social situation that might involve emotional and cognitive re-adjustment. The third theme of 'intentionality of communication' captures the motivational aspects of behaviours within social situations.

### **1.3.8 Theme One: Managing social interactions**

This theme captures the reciprocal nature of the social interaction, where either the child or the adult could be leading or responding to the interaction. It also highlights the power imbalance within an interaction, where the adult often leads and structures the interaction and how the child/ individual with SM receives it, where they might not be able to respond and

connect. This theme consists of two subthemes: 'me versus the social world' and 'others' role in enabling and disabling interactions'.

### **1.3.8.1 Subtheme One: Me versus the social world**

This subtheme was evident in 13 studies (1, 2, 3, 5, 6, 7, 14, 15, 16, 17, 18, 19, 21) and it describes how children with SM use space around them, the items and their own body language to either connect or mark a division line between them and the people in their environment. In 5 studies, children were described as using a physical barrier or distinctive behavioural responses when coming into contact with other adults and children. Behaviours included hiding behind another adult, for example, initially walking behind the therapist when joining the therapy sessions (1, p. 99), "hiding her face in her hands" when an adult came up to 4 year-old Leah (16, p. 858), displaying rigidity in body language and non-responsiveness to questions from the researcher (5, p. 309) and the child appearing "wooden", where the mother was described by the researcher as helpless in trying to get her daughter to "move out of this affective state" (6, p. 301). Other accounts describe displaying a 'closed' body language, e.g. 6 year-old Carter who "tilted his head down, folded his arms across chest and hunched his back" (7, p. 170) when he was around other peers, or, in the case of a 16 year-old "J", using a hooded top and asking for a mask to obscure themselves from the therapist (5, p. 315).

Resistance in entering a social group interaction were also described in 4 studies (1, 3, 7, 16), where this included avoiding situations that involved social contact e.g., taking class photos, playing at breaktime, working in a group (7), sitting with a group, but not taking part in the activities (16), or removing oneself from an interaction with a parent due to competing attention from the other sibling (3), as in the case of a 15 year-old Ava (3, p. 477). Three studies included accounts of twin siblings where they asserted an almost exclusive interaction with each other and a determination not to speak with other people in their environments (14, 19, 20). The twins in one study described a sense of allegiance towards each other, almost a battle, "them against us" where, if they spoke, the external world would win and that would threaten the separate identify they had built (19, p. 244). This allegiance might have served as protection for the twins, where they alluded to building a barrier between them and the others. However, other studies have highlighted that this type of barrier can lead to "interpersonal (and) intrapersonal isolation" (p.464) where the individual with SM is outside, looking at a social world, but is not able to join in, engage and feel included, e.g. "It's like that scene from scrooge where he looks through the window and he can see people having fun being together. I'll always be stuck outside looking in" (17; Ben (age 30), p. 464).

### 1.3.8.2 Subtheme Two: Other people as enablers or disablers of interaction

This sub-theme was identified in 19 studies and it describes how the actions of other adults and children around the child both encourage and limit opportunities for interaction and communication. Given that children find it difficult to speak, the adults and other children have some control in the way that they structure their communication, show sensitivity and encourage children's attempts to communicate. Four studies described how adults' acceptance of children's body language and non-verbal signals enable them to connect and receive their communication, while also reinforcing their non-verbal communication, e.g. when the children use gestures and body language (2, 11, 21), or asking 4-year-old Hannah simple 'yes/ no' questions to which she responded by nodding her head (4, p. 340). However, adults can also have an unfair advantage when trying to place 'conditions' on the children's speech and interaction, which the children are not able to fulfil, as described in two studies, e.g. where key adults tried to "force, bribe, trick or coerce" the child to speak, furthering the anxiety resulting in seizing of the vocal chords (1, p. 97, age 5), as well as offering an after-school play group, only if the child started speaking (4, p. 338).

Further studies discussed that there might be little control for the children in environments where both the adults and children themselves have developed low expectations for the children to speak (4, 8, 13, 14, 17, 18, 19, 20, 21). These described a developmental process where over time the environment has adapted to the child's silence and fewer attempts were made to engage them in interaction and "protect from speaking" (4, p. 337, age 4), where the teachers "stopped asking questions" (13, p. 315; age 13) or assumed that the child felt discomfort when other people were speaking to her (8, p. 225, age 4). One study outlined that in a classroom setting peers became adept at informing the visitors that the child was "shy and she does not speak" (4, p. 340, age 4). Five studies included accounts of other people speaking for the child (4, 5, 10, 12, 21), which included adults wanting to protect the child from having to speak (21, p. 78), whereas a therapist reported on an observed sense of 'enmeshment' between a 16 year-old with the mother, where the mother's voice and opinions appeared to inhibit the child's voice, limiting it to non-verbal signals, such as nodding or "banging the table with her fist to communicate her anger" (5, p. 313). Other descriptions were related to family members speaking for the children in public places, such as parks and restaurants (10, 12) and other children speaking for the children within the classroom (4, 12, 14).

The non-speaker status is also recognised by the children. For example, when the children in one study were asked why they did not speak at school, they replied "our friends like us as we are" (14, p. 483). Furthermore, adults diagnosed with SM spoke about the difficulty in connecting

when others gave up on their attempts to communicate, further reinforcing their feelings of isolation (17).

### **1.3.9 Theme Two: Social interactions require taking a risk**

This theme captures the process of risk-taking that is required to approach and process social situations, engage with and navigate the interactions with others, while managing own emotions and responses. This theme consists of two subthemes: ‘managing emotions’ and ‘sensitivity in shifting between people and situations’.

#### **1.3.9.1 Subtheme One: Managing emotions**

This subtheme was identified in 14 studies. It captures narratives associated with emotional demands in being able to join in and manage social situations and interactions (1, 3, 5-8, 10, 12, 13, 15-18, 21). Six studies contained accounts which suggested emotional discomfort in social situations, e.g. 6-year-old Carter displaying “flushed cheeks, chewing on shirt” when he was asked to speak in a selective mutism intervention group, (7, p. 174), or assuming an ‘outsider’ position in the playground, i.e., looking but not joining in with the other children (15). This subtheme also captures descriptions of children trying to cope emotionally in situations that required social exposure or evaluation from others. These include, for example, “feeling embarrassed around his peers including receiving praise from parents and teachers around them” (12, p. 159), coping with the fear of the expectation to interact (21, p.76), experiencing fear of peer rejection (13, p. 315) or risk of humiliation (18, p. 463).

The emotional discomfort was not limited to interacting in groups. Two studies described heightened emotional responses within the context of 1:1 interaction with the therapist, including displays of aggressive behaviour and sabotaging a game when one of the adults was winning (6, p. 301) or showing “periodic bursts of hostility or lengthy laughter or destructiveness” during play (15, p.48). In four studies, heightened emotions were associated with difficulties in separating from the mother, e.g. crying and holding on to the mother (3, p. 477), screaming (5, p. 309), hiding behind the mother and refusing to remain in the room unless the mother was visible (7, p. 168). Three studies also described ‘babyish’ behaviours such as using a baby voice (6, p. 302; 10, p. 384) and “lying on the floor in the therapy room” (5, p. 309), when the mother had left the room.

### **1.3.9.2 Subtheme Two: Sensitivity in shifting between people and situations**

This subtheme describes the effort of adapting between the conversational and interactional demands in different contexts and situations. Twelve studies included accounts of adults who commented on how the children's behaviours and non-verbal signals changed when they were transitioning between places, situations and different types of interactions (1, 3, 5, 6, 7, 8, 9, 10, 12, 15, 16, 19). These descriptions included one child refusing to enter the therapy room without mother's assistance (5, p. 309), another one displaying a heavier walk and blank facial expressions when walking back from the therapy room to the classroom, having established a more engaged body language and responsivity during 1:1 therapy (8, p. 225), hiding under the easel when two other children were playing together ignoring 5 year-old Amy (15, p. 47), finding it difficult re-engage with the group after being in "time out" (16, p. 858), or pausing speaking immediately when someone else entered the room (8, p. 226).

This subtheme also captured the importance of time to adjust and the role of safe exposure in this process. Several studies, for example, outlined that within therapy and over a period of time, children were able to eventually adapt and make a response. These included whispering and using "single word utterances" to the therapist after seven 1:1 therapy sessions (6, p. 305), using "warm-up" sounds and approximations before being able to produce a word (1, p. 101), or starting to use gestures by the end of the session, to communicate (12, p. 159). Studies also noted that when silence and non-engagement continued for a long time, it was very difficult for the child to shift into speaking or managing the emotions that come with it (e.g. when the class applauded after the child started speaking, the child withdrew and remained silent for a week; 8, p. 227). Another study also described how difficult it was to cope with the shift from non-speaking to speaking, in public, i.e. "you can't suddenly start to speak when you haven't spoken for ages" (19; Catherine (33), p. 227).

### **1.3.10 Theme Three: Intentionality of communication**

This final theme was evident in 12 studies (1, 2, 3, 5, 6, 7, 8, 14, 15, 16, 17, 21). It refers to the way that, in the absence of speech, the children use other signals to try to communicate. Seven studies (2, 3, 6, 7, 14, 15, 16) outlined the non-verbal behaviours such as "pointing, shaking head" (2, p. 490), "nodding and looking away" when the therapist asked if the child wanted to play a game (6, p. 301), pointing and tapping (14, p. 482). Within the context of individual therapy, therapists used toys, games and humour to engage with the children (1, 7, 8), for example, in one intervention session, the child spoke when the therapist used a puppet to connect with her (8, p. 225). Different tools of communication meet different purposes for example, 15-year-old Ava



was reported to only speak to her family to request for the things she needed but she only wrote notes to communicate her feelings and thoughts to her mother instead of saying them out loud (3, p. 477). In another study, 9-year-old Stine's father comments on her use of an intensive stare e.g. "I interpret it as a wish to get contact but not a word comes out" (21, p. 76).

Seven studies contained narratives about behaviours indicating children's communicative intent in some aspects of social situations (3, 4, 6, 7, 15, 17, 21). Behaviours included "throwing crayons and poking the therapist" to gain the therapist's attention (7, p. 174) peeking from behind an easel to look at the therapist, who was "motionless and silent" (15, p. 46), moving the board game towards the therapist to signal intention to play (6, p. 301), smiling (7, p. 177). Four studies contained narratives which suggested that the children enjoyed the non-verbal aspect of interaction with their peers, showing appropriate eye contact, attention, interest in what others were doing (4, p. 339), being interested in making friends (3, p. 447), joining in with other children, albeit silently (21, p.76) and twins engaging in friendly actions with other children such as "head-patting, hand-holding and hugging" (14, p. 482).

## 1.4 Discussion

The aim of this systematic qualitative synthesis was to characterise the social behaviours reported by the individuals who experienced selective mutism, and/or their parents, teachers and other significant adults. In addition, it aimed to understand, using narrative accounts from published studies, the social challenges that potentially contribute to the onset and maintenance of selective mutism and associated behaviour in childhood. It focused on two specific questions that looked at how we can characterise the social behaviours that are reported by the child, young person, young adult who experience selective mutism and/or their parents, teachers and other significant adults and to what extent other people's responses in the individual's social environment can contribute to the maintenance of SM. A thematic synthesis of 21 studies from 3 countries identified three themes that captured the processes of social interactions for children with SM: 1) managing social interactions (subthemes 'me versus the social world' and 'other people as enablers and disablers of communication'), 2) social interactions require taking a risk (subthemes 'managing emotions' and 'sensitivity in shifting between people and situations') and 3) intentionality of communication.

Consideration of 12 out of 21 studies (e.g., Jacob et al., 2013; Moldan, 2005 Skedgell et al., 2017, Barlow et al., 1986, Omdal & Galloway, 2008) indicated different efforts from children to communicate within social contexts, highlighting ways in which younger children use their non-verbal communication to respond to what is happening around them, e.g. by looking, peeking,

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establishing eye contact, waiting, joining in and smiling. It also included accounts of how younger children were using items in the environment to signal a message, or a goal e.g. 6-year-old Carter was throwing crayons (Skedgell et al., 2017), or 5-year-old Amy who was poking her head out from behind the easel to look at the therapist (Barlow et al., 1986). The results suggest how behaviours such as observing, peeking from behind a barrier, waiting on the sidelines might also be synonymous with the attentional skills of 'alerting' and 'orienting' to the social environment (Rueda et al., 2005), representing their adaptive function, i.e. they signal a purposeful action, intention towards a goal, while the individual tries to manage and respond within a given social interaction (Tomasello et al., 2005).

Four studies highlighted how the children were responding in group situations, for example being interested in other children and joining in when there was no expectation to interact verbally, e.g. 4-year-old Hannah (Jacob et al., 2013) and 45-year-old Hannah stated that she did not feel excluded (as a child), despite not speaking to her peers (Omdal & Galloway, 2008). The results suggest that some children were using non-verbal skills to communicate, such as body language, gestures, hand movements (Barlow et al., 1986), pointing and tapping (Segal, 2003). Collectively the results fit in with previous studies suggesting that children and young people with SM are able to use non-verbal social skills (Carbone et al., 2010) and might not be excluded by peers (Longobardi et al., 2019).

Joint interaction can be established through intentional dyadic interactions, where items in the environment are used as communicative symbols that allow to share new experiences and meanings (Tomasello et al., 2005). The account of 6-year-old Jenna who moved the board game towards her mother suggests how she signalled her intentionality to play (Skedgell et al., 2017) and is in line with the findings by Nowakowski et al., (2011) where children were able to initiate joint interaction with their parents during less structured play activities; however, lack of sufficient accounts of how individuals use joint attention in broader social contexts (e.g. how they join, respond, reciprocate social situations) suggests area for future research. The social cognitive lens on SM might be pertinent when considering the developmental pathways of social skills in SM during transition from adolescence and into adulthood that are marked by dramatic changes within the social- emotional and executive systems of the brain (Blakemore, 2008).

Results also show how individuals with SM might try to cope in a social situation by using a physical barrier, i.e. a ski mask or a hooded top (Berko, 2015) to obscure the head and face when meeting the therapist, signalling an obstacle, rather than an invitation. Behaviours such as hiding behind another person while walking (Sloan, 2007), placing hands over face in the presence of another adult (Wright et al., 1995), folding body and tilting head, while closing away from others

(Skedgell et al., 2017) suggest the ability to alert and orient themselves to what is happening in their social environment (i.e. the presence of another person) (Rueda et al., 2005), while limiting invitations for interactions by obstructing vision or using closed body language. Language and communication develop within the context of bidirectional interactions in the social environment, where words and gestures become symbols for connecting and communicating with others (Kurcz, 2001). The use of physical barriers suggest that responding to social cues and connecting might not be automatic, encouraging us to consider ways of connecting with individuals with SM through “shared intentionality” by developing joint attention skills within reciprocal interactions (Tomasello et al., 2005, p.676), in addition to speech.

The theme ‘social interaction requires taking a risk’ captured the cognitive-emotional processes experienced by individuals with SM when transitioning to new or less familiar situations, e.g. ceasing to speak after someone had entered the room (Hung et al., 2012), starting to speak after a long time of not speaking (Omdal, 2007) and needing a long time to start using gestures following therapy sessions (Reuther et al., 2011). Collectively the data fit with the profile of sensitive and fearful responses observed in children with higher behavioural inhibition (Coplan et al., 2009), suggesting less flexibility in responding when there is a change of demand, context, proximity or expectation, associated with the executive attentional network that is involved in regulating behaviours and emotions (Rueda et al., 2005). Therefore, future studies can consider the role of the attentional mechanisms in supporting individual’s adaptation to new settings and how the people within the environment can support in developing those skills.

The data within this review suggests that some adults accept all non-verbal communication as prominent signals for speech (Conn & Coyne, 2014; Jackson et al., 2005; Omdal & Galloway, 2008), or they speak for the individuals to protect them from discomfort (Jacob et al., 2013; Omdal & Galloway, 2008). The process of speaking for the children and rescuing from the perceived discomfort is akin to the notion of parental accommodation in childhood anxiety, where parents work to protect and control situations that their children are exposed to in order to manage negative affect (Arellano et al., 2018; Storch et al., 2015), where this accommodation reinforces a child’s sense of control and anxious affect (Chorpita & Barlow, 1998).

Whereas for some of the younger children the adults simplified questions and accepted all forms of non-verbal communication that in some ways allowed them to connect (Jacob et al., 2013), in other cases, the adults assumed that the child did not want to communicate (Hung et al., 2012), and in case of a 13-year-old boy, the teachers stopped asking questions completely (Rye & Ullman, 1999). Even the younger children were already starting to generate ideas around the children’s ability to speak, i.e. children in class informing the visitors that 4-year-old Hannah was

“shy and doesn’t speak” (Jacob et al., 2013; p. 340), or the 5-year-old twins, who said that they were not speaking in class because “our friends like us as we are” (Segal, 2003; p. 483). The data suggest the possible secondary pathways towards social difficulties through the process of a social “stigma” (Beauchamp & Anderson, 2010, p. 40) of lowered expectations for the individual to speak and interact. While early intervention might support speech development in very young children (Oerbeck et al., 2018), this data prompts us to consider developmental pathways around formation of self-identity in a social context, the adults’ constructs about the ‘silent’ behaviour and the bidirectional processes of communication.

### **1.4.5 Critique and methodological reflections**

This systematic review was based on 17 case studies and four qualitative studies, which provided rich insights into the reports of behaviours, case histories and experiences of individuals with SM aged 3-25, within different social contexts.

In line with the social constructionist paradigm, these qualitative accounts are based on the knowledge and understanding that have been co-constructed between the researcher and the participant and provide a snapshot of the situation within a given context of time and space (Lincoln & Guba, 1986). Although case studies do not contain children’s views, triangulation of information by using multiple sources of data provides a broader picture of the child’s behaviours. While the majority of case studies relied on observations, parent interviews and questionnaires/ rating scales (15, 13, and 8 case studies respectively), only two case studies utilised teacher interview and only one case study used child self-report. The three qualitative studies contained first-hand retrospective accounts from individuals with SM, creating the risk of recall bias. One of these studies (Walker & Tobbell, 2015) scored highest on the CASP checklist, demonstrating methodological rigour and consideration of epistemological and ethical issues. The second retrospective study (Omdal, 2007) did not consider the relationship between the researcher and the participants and lacked sufficiently rigorous analysis, focusing on key issues for consideration, rather than a thematic analysis of higher order themes.

Case studies provide a rich insight into a phenomenon of interest, where the design and methods used within a case study will be shaped by the choice of cases (Hyett et al., 2014). Only 10 case studies in this review justified the reasons and the method of participant recruitment. Some only contained information on how the child became known to them, e.g. referral for treatment by a psychiatrist (Reuther et al., 2011), others provided a richer context, e.g. while the teachers initially thought the child would start speaking, after 4 months they raised their concerns with the parents, resulting in a referral for treatment (Jackson et al., 2005).

Caution must be taken when considering the interpretations within the case studies, as they are based on the observations, perceptions and conceptualisations of the adults and the research paradigms and collective beliefs available at the time. Epistemological transparency and clear research aims and objectives can bolster the methodological quality of a case study (Hyett et al., 2014). However, within this systematic review, only 10 case studies (and all of the qualitative studies) stated their aims clearly and those that did not, tended to state the onset and progress of SM (Segal, 2003), or a description of the treatment approach (Skedgell et al., 2017), perhaps assuming that the case study should focus predominantly on the case/problem and the interventions, rather than capturing the context and the reasons for adopting this methodological approach. Only four case studies (Sloan, 2007; Jackson et al., 2005; Reuther et al., 2011; Barlow et al., 1986) considered the appropriateness of using case study or a particular method in their approach, while 3 out of 4 qualitative studies justified their qualitative design appropriately (Walker & Tobbell, 2015; Omdal, 2007; Omdal, 2008). This highlights the methodological gaps within case studies where the authors fail to actively reflect on their methodological stance and value, further limiting their validity.

This review has highlighted limited consideration of the researchers' own role within the research/ therapy process and failure to consider the ethical issues that are pertinent to working with families and young children. Only three case studies actively considered and captured ethical issues around consent or the emotional safety of the participants (Sloan, 2007; Conn & Coyne, 2014; Reuther et al., 2011). This limitation highlights the power imbalance within the research paradigm and the need for more careful, sensitive and ethical consideration of the child and family voice.

#### **1.4.6 Implications for practice**

While behavioural interventions can be effective in supporting speech in young children with SM (Zakszeski & DuPaul, 2017; Oerbeck et al., 2018), the results of this review have highlighted the importance of considering the socio-cognitive and emotional functioning skills of children with SM within their social context. While SM is classified in the DSM-5 as an anxiety disorder, the diagnostic criteria do not describe the social and emotional factors that might impact on their daily functioning (APA, 2015). Consequently, teachers and professionals working with children with SM might focus on eliciting speech rather than considering broader cognitive, social and emotional factors that might be associated with this phenomenon. This review suggests that the process of managing social situations for individuals with SM is complex and needs to be considered within the broader ecosystemic context (Bronfenbrenner & Morris, 2006) by, for

example, supporting children's social interpersonal skills and emotional regulation skills through peer interactions.

Teachers can become more attuned to the children's social and emotional needs by carefully observing what the children are attending to and how they are using the items, the space and the proximity of others to manage social spaces. Teachers can join in and use these situations as an opportunity to connect with the child by using objects as symbols of communication during everyday classroom interactions. By becoming more aware of children's non-verbal behaviours at key transition points during the day (e.g. when shifting between tasks, places, when meeting new people), teachers can support children during those times by explaining what is expected beforehand, for example by using visual tools of communication and giving the child the opportunity to ask questions in a way that is comfortable, while providing relational support throughout the transition.

### **1.4.7 Conclusions and future directions**

This qualitative thematic synthesis of accounts of social behaviours from 21 studies has highlighted the socio-cognitive and emotional mechanisms involved in managing behaviours in social situations for individuals with SM. While the conclusions have been synthesised from different studies of generally low methodological quality, the key themes suggest that joining and managing social situations places emotional and cognitive demands on individuals with SM and a consideration should be given to how individuals with SM use their social and cognitive skills to process social information and self-regulate within social contexts and how those opportunities can be encouraged through everyday social interactions. This review prompts us to consider the role of other people as a valuable resource for encouraging moments of shared communicative experiences to develop language and communication skills, affirming and celebrating the individual's unique contributions in the collective social world.

Despite the methodological limitations and low quality ratings of the included literature, the studies have provided rich and valuable accounts of the bidirectional process of communication between individuals with SM and the people around them within different contexts and points in time. This highlights the limitations of the available appraisal tools in extracting the value of the evidence that can add to our understanding of the social-emotional profile of selective mutism. Thematic synthesis of the available evidence also suggests that the SOCIAL model (Beauchamp & Anderson, 2010) might offer a good framework for considering the complexity of social and emotional skills in individuals with SM within the wider social context. An

empirical consideration of how children make sense of the social context of their school is needed.





## **Chapter 2    How do children with selective mutism experience and make sense of their school environment?**

### **2.1    Introduction**

Children diagnosed with selective mutism (SM) are able to speak in familiar places (e.g. at home with family), while not being able to verbalise in other contexts (e.g., school) (APA, 2013). Previously it was known as 'elective mutism', with the assumption that the children were choosing, or 'electing' not to speak (Manassis et al., 2003, p.154) . It is currently classified in the Diagnostic and Statistical Manual for Mental Disorders as an anxiety disorder (DSM-V; APA, 2013), and is recognised to be comorbid with or precede other anxiety disorders in development and particularly social anxiety disorder (Black & Uhde, 1992; Gensthaler et al., 2016).

SM is typically identified at the time when children first start school (Imich, 1998). Teachers are usually the first to notice early signs of children's difficulties in initiating speech (Crundwell, 2006), therefore they might be key in helping children develop positive skills to overcome the initial difficulties with communication (Cline & Baldwin, 2004). However, parents, teachers, support staff and peers often speak for children with SM, negatively reinforcing the discomfort (Scott & Beidel, 2011; Omdal, 2008), which might lead to reduced adult expectations for the children to speak and an increasing sense of isolation from the school community (Omdal, 2007).

Considering the long-term social and emotional impact of SM, even if individuals overcome their difficulties with speaking, and despite remission of some symptoms across development, the majority of adults who were given a diagnosis of SM in childhood perceived it as a source of suffering and reported a number of adverse experiences in adulthood, such as a lower ability to cope with stress, while individuals younger than 18 who had been experiencing symptoms for nine years, reported difficulties with social functioning, reduced independence, confidence and school motivation, when compared with those without a diagnosis of SM and with emotional difficulties (e.g. unhappiness, difficulties with relationships) (Remschmidt et al., 2001).

Walker & Tobbell (2015) conducted semi-structured online interviews with four adults who had been diagnosed with SM in childhood or adolescence, while including autoethnographic accounts (i.e., the author's own diary entries) from one of the authors. All participants reported difficulties in social functioning as adults, (e.g. loss of jobs, living with parents, limited friendships)

and two participants reported experiences of depression. Using an Interpretative Phenomenological Analysis (IPA), the authors identified key themes highlighting the disconnection between their self-identity (i.e. not being quiet or shy) and being a victim of a condition that prevents them from speaking. This incongruity eventually increased their emotional distress, leading to withdrawal from social situations. Adults also reported a lack of control and a sense of disconnect and isolation from the social world, where over time, people have reduced their expectations and invitations for the individuals to speak, leading to feelings of entrapment and dissociation between the 'self' and the social persona, shaped by the responses from the environment (Walker & Tobbell, 2015).

While illuminating, retrospective adult accounts present a narrative of SM shaped by life experiences and hindsight, that are not yet available to children. However, collectively, these studies highlight that environmental factors can play a role in the development of SM and the social-emotional impact it can have on the individual. More specifically, since SM typically starts and develops within the context of school, it is important to consider the environmental perspective.

### **2.1.1 Social functioning and the school environment**

It is recognised that schools provide rich experiences for developing children's communication, social-emotional skills and wellbeing (Zins et al., 2007) through bidirectional interactions with teachers and peers (Bronfenbrenner & Morris, 2006). For young children, starting school involves adapting to new demands (Hamre & Pianta, 2001), new types of social interactions with peers and teachers and more formalised learning (Rimm-Kaufman & Pianta, 2000), as well as the expectations to follow instructions, comply with rules, participate in activities and manage social and evaluative contexts (Harrison & Murray, 2015). These transitions might be particularly challenging for children with SM, due to the combination of temperamental inhibition and difficulties with language (Viana et al., 2009).

In line with the current narrative of supporting children's social, emotional and mental health in schools (Green Paper, DfE, 2017), positive teacher-pupil relationships can help children feel safe, supported, valued and connected to their school community (Roffey, 2012). Environments within which the individual is able to make autonomous decisions, receive relational support from trusted people and can experience sense of competence in their skills, can bolster their intrinsic motivation to take action, to achieve a goal and feel fulfilled (Deci et al., 1991). However, positive relationships might be more challenging for children with SM who tend to speak less with their teachers than with peers (Kumpulainen et al., 1998; Roe, 2011). Without

understanding the underlying reasons for SM, teachers may perceive the child's behaviour as oppositional and stubborn (Cleave, 2009), they might feel frustrated and angry (Cline & Baldwin, 2004) or use coercive approaches to make the children speak, as reported by 40% of 10-18-year-old children with SM who participated in a survey asking them about their school experiences (Roe, 2011). Therefore, consideration of the role of the teachers and peers in buffering children's social and emotional wellbeing is key.

Recent evidence from a study with younger children suggests that elements of the child-teacher relationship are similar for children with and without SM, while other aspects differ. For example, when examining the quality of teacher-child relationships across 15 nurseries and primary schools in Northern Italy, using the Young Children's Appraisal of Teacher Support Questionnaire (Y-CATS), children with SM ( $n=15$ , mean age= 7.64) rated their teachers' level of support, autonomy and conflict similarly to children without SM ( $n=60$ , mean age= 7.68) (Longobardi, et al., 2019). However, teachers rated their relationships with children with SM as significantly lower in 'closeness' (e.g. warmth and engagement) than their relationship with children without SM, but not higher in 'conflict' (e.g. discord), suggesting concern with how to connect with the children, rather than with pressuring them to speak.

In addition to forming relationships with teachers in school, peer relationships play an important role in supporting children's social and emotional development and language skills (Hodges et al., 1999). Friendships are recognised to reflect a special type of interactions, where children enjoy spending time together and sharing interests (McDonald & Rubin, 2012), while a lack of friends and social rejection have been associated with social maladjustment, i.e. sense of isolation, internalising and externalising difficulties (Laursen et al., 2007). When using a sociometry measure, Longobardi et al., (2019) found that nursery and primary school children with SM (aged between 4 and 10) were not rated by their peer group as less popular and they were not rejected from classroom play time. While the results might suggest how children with SM are rated by other children, it does not tell us anything about how young children with SM perceive their peer relationships.

Additionally, different types of peer experiences have been reported in case studies of children with SM based on adult accounts, for example, one case described a 4 year-old Hanna who had friends who were more talkative than her (Jacob et al., 2013), another related details of 3 year old Max who preferred playing alongside and was removing himself when other children initiated contact (Conn & Coyne, 2014). One study described 5-year Zoe who had to have her parents present during playdates with her friend (Ale et al., 2013). Collectively, these studies suggest an uneven profile of children's functioning within their social milieu, depending who is

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reporting on it, potentially skewing the narrative towards the 'others' who are around the children rather than the children themselves.

### **2.1.2 Views of the children**

While a body of studies have started to build up a profile associated with the challenges linked to functioning at school for children diagnosed with SM, few studies have considered the child's own perspective. The United Nations Charter for Children's Rights (D'Sa, 1993) argued that children have the right to have a voice and be consulted in matters that affect them. However, research on selective mutism is predominantly representative of the views and perceptions of the adults, i.e. parents, teachers, therapists, clinicians, rather than those of the children, therefore limiting their opportunity for autonomy and competence in sharing their own voice.

To date, Omdal & Galloway (2007) has been the only study that attempted to interview three children with SM (aged 9, 11 and 13) by using the Raven's Controlled Projection for Children assessment (RCPC; Raven, 1959), a measure that asked the children to write an imaginary story, while the researcher asked questions about their likes, dislikes, wishes, dreams, thoughts, worries, relationships and their identification with the character of the story. The tool allowed the children to express emotions related to difficult issues, such as abuse, bullying, lying, substance abuse, in a less threatening way than direct communication. While the researchers verified the children's narratives through previous case histories and discussions with the adults who knew them well, two children said that elements of the story did not mirror their own experiences. There is therefore, scope for exploring children's views by using more participatory tools that focus on the children's current perceptions and experiences of their environment, while respecting their own voice and not verifying it with the adult's views. Therefore, an exploration of how children navigate and what they attend to in their school environment might provide valuable information on the things that they value and how they engage in their relationships within school.

### **2.1.3 Research aims and questions**

This study extends existing research by exploring the views and feelings of children with selective mutism, valuing their autonomy to share their voice through verbal and non-verbal communication. The aim of this study was to explore how children with SM experience and make sense of their school environment, by asking them to capture the places, things and activities at school that they like and how they feel in different areas of the school. The study also aimed to explore how children communicate their views and what approaches school staff can use to

encourage positive communication and participation. The findings can contribute to creating individual and systemic intervention approaches that help create inclusive learning environments to support children's sense of belonging.

A qualitative study design was used to explore children's views and perspectives through multiple sources of information, including interviews, drawings, photo elicitation, field notes and maps of schools, in order to capture the breadth of meanings within the authentic context of the school environment (Darbyshire et al., 2005). The study was embedded within the social constructionist epistemology, assuming that all children construct their own understanding of their reality, shaped by the cultural, language and social constructs available at the time (Gleeson, 2012).

The specific research questions were:

1. Which areas, objects and activities within the school environment do children with SM attend to and choose to capture during the participatory activities. The purpose of having this as a research question was to give a broad overview of the specific things, areas and activities that were of interest to this study.
2. What do children with SM communicate about the areas, things and activities around the school that they like and don't like?
3. What do children with SM communicate about their relationships with other children and the adults at school?

## **2.2 Method**

### **2.2.1 Participants and Recruitment**

Primary school children aged between five and ten-years old were recruited through purposive sampling (Ritchie & Lewis, 2003) and to capture the age range during which symptoms of SM typically occur (Ford et al., 1998). Participants were recruited by either (1) contacting the Educational Psychology services within five Local Authorities, or (2) sending study adverts to the Headteachers of schools, or (3) posting an advertisement on the website Selective Mutism Information & Research Association (SMIRA) for parents of children with SM who may be interested in the study.

Children were included if they met the behavioural profile for SM according to the DSM-5 (APA, 2013). Specifically, that children (1) did not speak in select places and with select people at school, while speaking comfortably at home, (2) presented with selective speaking behaviours at school for longer than a month and (3) were able to express themselves in English language.

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Children whose SM could not be better explained by language and communication difficulty, who had recently entered the country and were in the early stages of English language acquisition, who had a diagnosis of autism, developmental difficulties or trauma (e.g. sudden accident or death) were excluded from the study. This study adopted a pupil-centered and strengths-based approach, valuing children's own perceptions, choices and experiences, rather than drawing on the adults' narratives and interpretations of the children's behaviours, therefore case histories and developmental background around the children's selectively mute behaviours were not gathered as part of this study.

The researcher contacted the Principal and Senior Educational Psychologists within eight Educational Psychology Services (EPS) in five Local Authorities to identify schools that might be interested in the study. Headteachers (n=17) were contacted by the researcher, eight were interested and happy to share the invitation letters with the parents of the eligible children. Four parents showed interest, one child did not meet the inclusion criteria and one parent did not respond, 2 participants were recruited. The researcher also sent 70 study adverts directly to the Head teachers and Special Educational Needs Coordinators at the schools within three Local Authorities, four Headteachers were interested in the study and shared the information letters with parents (n= 3), resulting in the recruitment of one child. Finally, a study advert was also posted on the SMIRA website, 5 parents replied, only one child met the inclusion criteria and was recruited. Overall, four female children (aged 5, 6, 7 and 10) with behaviours characteristic of selective mutism (ascertained via email or a phone conversation with the parent) were recruited from four primary schools in the South of England.

### 2.2.2 Measures

Semi-structured child-friendly interviews were carried out via multiple methods to create opportunities for interaction and to help children feel more comfortable to share their views (Danby et al., 2011). Four methods were used across three face to face sessions with the child, including a "book about me", a visual exploration of area of the school, photography activity (based on the principles of the photo-narrative approach used by Bööck & Mykkänen (2014) and an exploration of a map of the school (Ripley, 2015).

The researcher created a "book about me" resource for the purpose of this study, which contained activities, prompts and questions about the child's name, age, likes and dislikes (e.g. favourite animal/ food), to build positive rapport with the children. A photography activity was used where each child was given a camera and was asked to take photos of the places, things and activities that they liked, while going on a tour around the school with the researcher (Clark,

2001). In order to capture the experiences of interactions within the classroom and playground, the study used a modified version of the 'Kinetic School Drawing' (Prout & Phillips, 1974), approach, where the child was asked to draw themselves in the classroom/ and the playground and to include other children and adults in the picture. Finally, the study used a modified version of the "Landscape of fear" activity (Ripley, 2015). Previous studies suggest that children as young as four are able to read visual aerial maps as representations of spaces (Blades et al., 1998), therefore children were presented with a floor map of their school and were asked to indicate how they feel in the different areas of school by using red and green stickers to mark the places they liked and did not like.

### **2.2.3 Procedure**

Educational Psychology Services within five Local Authorities were contacted to enquire whether they were aware of any schools that may have children with selective mutism and that may be interested in the study. Study adverts were also sent directly to schools and posted via the SMIRA website. The Head teachers and SENCOs of schools who were interested received invitation letters and those who were interested received information letters about the study with a consent form to sign if they were happy to support the study and to share the parent invitation letters with parents of the eligible children. Parents who were interested received the information letters and were asked to sign the consent form if they agreed for their child to participate in the study. Child-friendly Information Letters were also sent to the eligible children, explaining the purpose of the study and the children provided written assent if they wished to participate. The parents were asked to return the forms to the designated person at the school who returned them to the researcher (invitation and information letters are in Appendix E; child information letter is in Appendix F; consent and assent forms are in Appendix G).

The researcher contacted the parents who signed the consent forms to confirm that the children met the inclusion criteria. The Headteachers of the children's schools were contacted to arrange the interview sessions. Three interview sessions were conducted at the child's school, during regular school hours, each one lasting approximately 45-60 minutes, including time to play games and/or take breaks. Each child was given the option of inviting a member of staff to the session if they wished to, to ensure that they feel comfortable, who was then asked to sign a confidentiality statement. One child chose to have an adult member for half of the first session and a further child was accompanied by an adult during three sessions. The researcher followed the interview protocol, while staying open to any new topics that might emerge.

Picture cards were used to explain to the children at the beginning of the sessions who the researcher was, why the child was invited, the purpose of the study and the plan of the sessions. Specifically, the children were told that the researcher was doing a project to find out what children, who find it difficult to speak in school, like and do not like about their school and how they feel in different areas of school. Children were presented with a visual session schedule at the start of every session, so that they could cross out each activity and know what to expect (Appendix H). In every session the children were given a blue card to point to if they wanted to take a break and an orange card if they wanted to stop the activity. At the start of the session the researcher explained to the children that they can communicate by nodding, smiling, tapping (e.g. the researcher offering the left hand to indicate 'yes', and the right hand for 'no'), writing or speaking. At the beginning and end of every session the children were asked if they wanted to take part and continue with the activities.

The purpose of the first session was to build rapport, the children were asked to bring their favourite game to play with the researcher if they wished to and they were invited to complete the 'Book about me'. After that, children had the opportunity to draw themselves in the classroom and in the playground, one child chose not to engage in this activity. During the second session the children were given a camera and were told "here is a camera, we will now go for a walk around the school so that you can take pictures of the places, things and activities that you like". Children were choosing the spaces carefully, pausing and thinking about the area they wanted to capture, before taking the picture, while the researcher also offered gentle prompts to facilitate decision-making (e.g. by asking "I can see that you are looking there, would you like to take a picture of this area?"). During the 'walking tour' (Clark, 2001) of the school the researcher asked closed and open-ended questions about the places and things that the children chose to capture (e.g. 'is this your picture? I am wondering what is in this picture...is it a lion?'), using the prompts in the Interview Schedule (Appendix H). During the third session, the researcher brought the printed copies of the children's photographs and they had the opportunity to share more about why they had chosen to take those photographs. After that, the researcher presented the children with an A3 floor map of their school, the children were encouraged to place their photographs on the map and use green and red stickers to mark the places in school they liked and did not like, while the researcher continued to use prompts and questions to elicit children's views.

At the end of the third session, copies of the photographs, the 'Book about me' and the drawings were given to the children to keep. All children received a 'thank you certificate' and a toy of their choice (up to a value of £15) for their time and participation.



#### **2.2.4 Ethical considerations**

This study received approval from the University of Southampton School of Psychology Ethics Committee and Research Governance Office. A child-friendly information letter was shared with the children to explain the purpose of the study, the types of activities, so that they could make an informed decision whether to participate (Bogolub & Thomas, 2005). Assent Forms were given to the children and they were able to contact the researcher if they had any questions before or during the study. Children were able to stop the interview or withdraw from the study at any point (Fargas-Malet et al., 2010), by pointing to the blue/ orange cards.

Debrief Forms were shared with the children, the parents and the SENCOs (Appendix I) at the end of the study, explaining the purpose of the study and whom to contact if they had questions. No identifiable information was stored and the children's responses were anonymised. All parents were informed that their children's data would be processed and stored in line with the General Data Protection Regulation Guidelines (2018). The parents were told that any information shared by the children that could potentially pose risk to the child's safety was shared with a designated safeguarding member of staff, in line with the Keeping Children Safe in Education statutory guidelines (DfE, 2018).

#### **2.2.5 Approach to data analysis**

Drawing on the methodological traditions of visual ethnography, visual data were analysed in combination with verbal data to explore multiple meanings and to identify common themes within and between different sources of information using polytextual thematic analysis (PTA) (Gleeson, 2012). As a social constructionist method, PTA offers epistemological and analytical flexibility for analysing different types of data (Gleeson, 2012).

The data, based on photographs, drawings and interviews, were viewed through the social constructionist lens as representations of the constructs of the child's own reality (Gleeson, 2012). In addition, a critical realist stance was adopted when analysing the floor maps of school and the field notes, since they represented a degree of 'shared' reality of the school environment and observable behaviours, while acknowledging that they may not be exhaustive of their true meanings (Willig, 2013). Data were analysed inductively to explore the meanings between and within different types of information, transparency and accountability were maintained by carefully recording the thinking, decisions and identification of themes during the analysis process (Gleeson, 2012).

All interviews were recorded and transcribed. Every effort was made to capture both, the children's verbal and non-verbal responses, such as nodding, shaking head, pointing to the answer or writing down their response. Children's gestures, facial expressions and body language offered rich sources of communication and they were captured in the field notes after the session and included in the analysis. Through reflexivity, the researcher critically appraised her own adult assumptions about the children's beliefs and motives for taking the photographs (Sartain et al., 2000), analysing words, gestures and body language in combination with the photographs, drawings and maps.

While the children differed in the amount of verbal and non-verbal communication they shared, all of them took photographs of their school environment. The analysis process across the sessions was informed by the 12 steps for PTA (Gleeson, 2012; 2019) (see Table 5). While in the original method the focus is on analysing visual information, the heterogeneity and breadth of data within this study required methodological and conceptual flexibility, where visual and verbal data were analysed simultaneously by going back and forth between different data sets, while following the steps of PTA (Gleeson, 2012; 2019).

Table 5

*12 Steps of Polytextual Thematic Analysis by Kate Gleeson (2012; 2019)\*\**

- 
1. Look at the images over and over again, singly, in groups, serially and in as many different orders as possible. Note any potential themes that emerge, taking care to describe the features of the image that evoke that theme. These initial things might be called proto-themes to signal the tentative and fluid nature of the themes as they are beginning to take shape.
- 
2. As with any qualitative approach it is important to make notes in the reflective log to capture reflections on experiences that connect with the image, ideas about why you might notice what you are noticing. Beginning with description about your assumptions about the data, what you are expecting to see, what you hope to discover, what you think may be absent, can all help to make the processing of the images a reflexive and self-conscious process \*
- 
3. Feel the effect that the images have on you and describe these as fully as you can in your notes. Go back to these notes and add additional comments as you continue to analyse other images to see if you are experiencing the pictures in different ways as you start to "get your eye in".
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4. Where a proto-theme appears to occur more than once, collect together all the material relevant to that theme. Pull the relevant pictures together and look once again to see whether the proto-theme is distinct

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  5. Write a brief description (or definition) of the proto-theme.

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  6. Once a proto-theme has been identified in a picture you will need to go back over all of the other images to see if it is recognisable anywhere else.

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  7. Once again pull together all the material relevant to that proto-theme. Revise the description of the proto-theme if necessary. Bring together description of the elements from different images that best illustrate that theme. It is at this point that the proto-themes (i.e. first attempts at themes, or primitive themes) may be elevated to the status of theme. However, such a shift signals that the theme has been checked and considered many times. It does not mean that it is fixed in its final form.

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  8. Continue to work on identifying themes in the pictures until no further distinctive themes (that are relevant to the question(s) that you have brought to the analysis) emerge.

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  9. Look at the descriptions of all themes in relation to each other and consider the extent to which they are distinct. If there is any lack of clarity, redefine the themes that you have changed. Write descriptions of themes that highlight the differences between themes. The object is to maximise differentiation in order to pull out distinctive features of the image.

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  10. Look at the themes to see if any cluster together in a way that suggests a higher order theme that connects them.

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  11. Define the higher order theme and consider all themes in relation to it. As other higher order themes emerge consider each in relation to all other themes that have emerged.

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  12. It is at this stage that it is necessary to make a judgement about which of the themes that have emerged best address the research question so that a limited number may be selected for writing up. It will be helpful to incorporate any supporting materials that contextualise the images being analysed.
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*Note: \*The method presented above consists of the 11 steps in the original publication of the method (Gleeson, 2012, p.320) and includes an additional step (number 3) that was added in the most recent updated version of the method that was included in the manuscript (2019), received through personal communication with the author.*

*\*\*The steps below are verbatim to capture the method fully)*

### 2.2.6 Polytextual Thematic Analysis

In order to capture the breadth and richness of the visual data, in line with the procedure for PTA by Gleeson (2012; 2019), the researcher first familiarised herself with all of the photographs, drawings and maps, by looking at them individually, in pairs, in groups and in different orders, by exploring data sets for each participant and then across the participants. The researcher recorded the key visual features that were noticeable within and between the data sets in a log. All visual data sets and the interview transcripts were then transferred into N-Vivo 12 (QSR International Pty Ltd, 2019). The researcher looked at the data individually, capturing own reflections, observations, thoughts, questions and feelings that were elicited by the images and words. These reflections were captured via ‘memos’ and ‘annotations’ that were linked to each data item (each photo, drawing, map or transcript). Example memos are presented in Table 6.

Table 6

*Examples of reflective logs during the process of analysing different types of data*

Item	Reflection
Photograph of a picture showing a sleeping dog (Isabella, age 5)	Looking at the photo I see a sleeping dog, his fur looks soft, he is lying down, eyes closed. He looks gentle, comforting, cute, nurturing and warm. It encourages proximity, almost prompting the viewer to come up and give the dog a hug. The dog is at the centre of the poster, brown colour of the dog’s fur appears soothing, comforting, warm. Pictures of butterflies add to the ‘gentleness’ of the image. The picture is on the wall, it is visually accessible and Isabella pointed to it quickly, communicating immediacy and motivation to capture this particular item. Isabella nodded when I asked her if she wanted to have a dog. Dogs protect from danger, they offer and elicit feelings of closeness and nurture, perhaps Isabella associated this picture with feelings of safety, nurture and protection, perhaps not. Isabella is very quiet, she needs longer time to respond, to engage, she did not engage in any vocal/ verbal communication during the session; instead she responded through gentle pointing and nodding. You don’t have to speak in order to connect with an animal, you can connect through body proximity, body language, presence, dogs don’t ask any questions, therefore might be easier to communicate with.

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	This is also a familiar room, where Isabella plays games, so she sees this poster often. Perhaps she associates it with positive and familiar feelings.
Drawing of the playground (Beatrice, 10)	Beatrice drew the whole playground, with lots of children in different areas, doing different activities: table tennis, football, sitting on the bench, walking around and chatting with friends, running, talking, sea sore, sitting on the bench and sleeping. Beatrice drew herself standing next to her friends, she said that they like to chat and plan sleepovers. The drawing visually looks very detailed, systematic, neat, organised, everything is spaced out evenly [...]. I noticed that none of the people have faces on them, they don't show any emotions. Does that suggest focus on actions rather than motives and emotions? The children are 'spread out' around the playground, they are all doing different things, seems like an inclusive space with children well versed into the activities that they can access, Beatrice assertively drew herself with her friends in the middle of the playground.

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While reflecting on the individual items, the researcher identified the key features of each item (photographs and drawings) by breaking down the content into the (a) perceptual features (e.g. colours, shapes, shades, positioning) and (b) conceptual features (e.g. what is it a symbol of, what is it used for, what does it represent, why does it represent that? is its use shaped by the society and culture?). The images were coded as possible 'proto-themes' (in line with PTA terminology), adding other images that represented similar and recurring proto-theme. 11 'proto-themes' were identified by analysing only the visual data (photos and drawings). Examples of the initial 'proto-themes' are presented in Table 7.

Table 7

*Examples of the initial proto-themes identified by analysing visual data*

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Proto- theme (visual data only)	Description
Familiar symbols and visuals	Items, visuals, symbols in the environment that are familiar, that might remind the child about the things that they are motivated towards, that

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	they like in general (in and out of school). The emphasis here is on the familiarity of the items, things that the children know from home, things that they typically use or like
Salient items in the environment	Items that children attend to, are motivated by or like to play with, items that are visual, 'immediate', concrete, touchable, explorable. These include toys, things, books. In Isabella's photo of crisp packets, they might represent visual and shiny items that are nice to look at. They might be predominantly items that the child likes, things that 'stand out' because they might represent perceptual or conceptual qualities that the child is drawn to
Places and items for playful exploration	Items that children use, explore, how they use them for enjoyment and places where they play with friends and on their own
Quiet spaces	Space where it is nice to go with friends or alone, space that is quieter than the classroom, that might allow for a bit of an unstructured time and being around friends?
Occupying a social space	Places where children come together with other children, they engage, they play, interact or don't interact in the presence of others, they occupy different types of spaces flexibly

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Next, the visual data were analysed in combination with the verbal data (transcripts and field notes) by going back and forth between the data items iteratively. The key features that were occurring across different data sets were recorded in N-Vivo as 'codes', the smallest units of meaning within each item and between different items. Seventy-five codes were identified, they were as specific as possible, in order to capture the smallest noticeable features that were shared between two or more items.

Table 8

*Examples of 'codes' identified during the analysis of the visual and verbal data*

Example 'code' capturing the units of meaning (within verbal and visual data)	Description
Adult as the helper, anticipator and facilitator of needs	Nell talks about different ways she can let the teachers know if she needs help, by raising her hand, by showing her workbook (transcript). Within the interview situation I, as an adult take an active role to suggest a glass of water or a break, rather than the child being able to initiate, to request for them (field notes).
Behavioural responses to new adults and less familiar situations	This code captures how the children respond and behave when meeting an unfamiliar person for the first time, this might include a particular behavioural response, eye contact, gesture, body language that might communicate to the new person a response that might be different from the socially expected behaviours within the 'give-and -take' of social interactions.
Selectivity and carefulness in formulating a response	Beatrice responds slowly and carefully, pays careful attention to the information in front of her, crosses out and corrects own errors, tries again
Special place related to something that the pupil likes	Beatrice chose the library because she likes to read books, she feels relaxed in the library; Nell chose the library, Esme chose the book corner, all of them like books. This code might become a part of a proto-theme around enjoyment of reading or quiet spaces or something that is related to reading

All 11 'proto-themes' (from the visual data) and 75 'codes' (from the visual and verbal data) were revisited again and again by reviewing all the coded excerpts, photos, drawings, to find distinctive themes that were captured across the different data sets. The descriptions were reviewed and checked for omissions and overlaps to make sure that they captured distinct features. Nine 'proto-themes' (from the visual data) and 59 codes (from the visual and verbal

data) were retained and reviewed collectively in order to look for any shared themes that were found across other images, transcripts, drawings. Eleven 'themes' were identified across the different data items, that contained 'sub-themes' (smaller items of meaning).

These themes were reviewed yet again, by looking at the distinctiveness of their descriptions, looking at the themes together to see if they formed any 'higher order' themes that might connect them. Four 'higher order' themes were identified and described, two themes remained distinct, but they mainly captured features that were related to the verbal and non-verbal communication and after further reiterations they were included in the higher themes.

### 2.3 Results

One child shared her views by talking, one child responded by writing and two children's responses were elicited through yes/no questions and scaling responses by providing choices.

Four higher-order themes were identified that were used to answer the three research questions: 1) autonomy in a social space (subthemes 'open spaces', 'work versus play'), 2) individuality and personal story, 3) connectedness (subthemes 'play' and 'special friendships') and 4) adult roles (subthemes 'secure base' and 'facilitators and rule makers').

The first research question includes a more generic description of what areas, things and activities the children captured using the visual methods. Given the richness of the data, examples and in-depth descriptions of the themes are included in the next sections.

#### 2.3.1 **Research Question One: Which areas, things and activities within the school environment do children attend to and choose to capture? Which areas of school do they like and do not like?**

In answering this question, the researcher captured the children's data across all of the visual methods. Children's photographs and drawings captured areas and activities that were related to (1) communal areas (2) play areas and (3) salient items within the environment. All of the participants chose to capture photos of outside spaces where they can play with or talk to other children and their friends, such as play equipment, trees, open green areas, climbing frames, play frames and trim trails. These areas represent spaces where children can engage with other children in active, physical, social and pretend play. Children also chose to capture photographs of salient items that were colourful and play-based, that the children could manipulate or play with, things that are familiar to them, toys and those that might communicate their preferences and individuality.



Looking at the maps of the schools, all children marked the outside/ playground areas and their classrooms as the places they liked. Other areas that the children liked included the big hall and small hall, IT room (Beatrice), dining area (Esme), library (Nell and Beatrice), outside playgrounds where the children played in previous year groups (Nell and Esme), classrooms (Beatrice, Isabella and Nell), small hall and individual/ nurture room (Isabella). Among the things that the children did not like were the entrance to school and the drop off area (“because I have to say goodbye to mummy” (Nell), classrooms for the other year groups (e.g. Years 1, 3, 4, 5, 6, Nell), the main hall and library (Isabella), the toilet next to the classroom (Beatrice). Nell expressed the duality of what she liked and did not like, e.g. she liked the school café because she could have fish and chips but she did not like it because she could not see her mummy there, she liked her classroom but she also did not like it because she had to do hard work and a section of the playground where she was not able to use the bridge.

### **2.3.2 Research Question Two: What do children communicate about the areas, things and activities in school that they like and don’t like?**

This section captures the key themes describing the possible meanings contained within the places, things and activities that the children liked and did not like. While the themes and subthemes are all inter-related, for the purposes of the analysis, they are going to be represented individually to show how they could support answering the key research questions.

#### **2.3.2.1 Theme One: Autonomy in a social space**

This theme captured the way that the children occupy and assert their presence, preferences and their voice in different social areas of the school environment. Indoor and outdoor areas place different demands on the children to act, conform, engage and make decisions within a complex social system of the school. It also portrays how children make choices about the things they like and don’t like and how they communicate this to others.

##### **2.3.2.1.1 Subtheme One: Open spaces**

All participants captured outside spaces, such as trees, fields, play areas, play frames and playground areas. On the floor map of the school they also marked the playground and outside spaces as places they liked. These spaces were large, open, exposed, they included large-size play equipment. However, these areas were empty and meaningless until they become used, occupied and transformed by children, their actions and imaginations.

Nell talked enthusiastically and with animated expression about the areas where she played with her friends: a tunnel (tree area) where she can “*run run run run*”, the archway made

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out of tree branches where she can go “*round and round and round and round*”, the large wooden play train that occupied a centre stage in the playground, or the forest area where her and her friends played laser tag. Nell’s initial quietness and reserved responses transformed into immediate, and almost urgent action to come up to the place, to point to it, to show me, tell me and take a picture of it.

Isabella’s demeanour was gentle and quiet, she made choices with timidity and she needed time to formulate her response. She also chose to capture a playframe, a large construction that is typically used by lots of children in different ways. Within this busy and somewhat exposed space that might be difficult to navigate, Isabella pointed to two specific things that she liked doing with her friend: *going on the monkey bars and sliding down the pole*. While Isabella’s gentleness and subtle communication might make it more difficult to assert her place within a fast-paced environment, perhaps the playframe offers a visual and physical space that can be approached and explored, encouraging more immediate decision-making, without the need to use words.

Despite her reserved manner, Esme assertively pointed to the outside areas in the playground that contained trees, benches, pathways and a playframe, nodding when I asked if she played there with friends. The openness of the outside space might have invited Esme’s assertiveness in pointing to the areas she liked; however, she hesitated and withdrew from taking a picture in a busy hall while children were there, after initially pointing to the board in the corner of the room. This sensitivity and adjustment to other people was also noticeable in Beatrice’s reaction when, as we walked through the corridors, she positioned herself behind me when another person walked past. Perhaps a sense of autonomy to navigate a social space is shaped by the interaction between the individual, the space and the people who occupied it.

Perhaps the familiarity and accessibility of the areas that are designated for the pupils might make them easier to occupy. During the drawing task, when drawing her playground, Beatrice represented an open space that was occupied by lots of children doing different activities, such as ping pong, football, sea-saw, hop-scotch, even having a nap on the bench. Arguably, this selection of activities offered choices and opportunities for bold decision-making in being able to select the preferred ones from the range on offer. When I asked Beatrice to draw herself in the playground, she appeared assured in drawing herself walking with her friends, writing down her explanation that she was talking and “*planning sleepovers*” (Beatrice).

### 2.3.2.1.2 Subtheme Two: Work and play

The children's sense of autonomy extended into areas and things that were related to play instead of work, as if work and play represented two different aspects of school. None of the children chose to capture work-related things, whereas the play areas were almost striking in their frame, visual prominence, availability and invitation to play.

Beatrice took a photo of the outside playground area, saying she felt happy there because

*“you don't have to work, and you can play”* (Beatrice, age 10).

Nell said that she did not like doing *“hard work”* in the classroom but she liked play time and lunch time because

*“we get to play”* (Nell, age 6)

Esme and Isabella's selective and measured decision-making communicated clear preferences to capture outside areas (Esme) and visual/ toy items (Isabella) over work-related classroom items. Isabella shared that in the classroom, colouring made her happy, but when asked if she liked reading, writing, math or role play with other children, she shook her head. Esme, who had the opportunity to take photos inside her classroom (while the pupils were out), captured the wall display and the 'VIP table', places that were not related to a particular subject, although the wall display of the water cycle contained a paper rain drop made by Esme, which she seemed pleased about. Esme's only spontaneous utterances in my presence occurred when she was counting or explaining the rules of the game we were playing. Perhaps the structured nature of the task made it easier to initiate words that were related to something 'concrete' and within the context of play, rather than taking the risk to engage in an unscripted communication with an adult.

Play and being around friends might be more engaging and achievable than work that invites a degree of social evaluation from the teacher and other peers. This was evident in Beatrice's drawing of her classroom, i.e. Beatrice drew herself in the classroom sitting at the table, watching other pupils presenting something to the whole class. Beatrice communicated through writing that the children who were performing were feeling *“nervous”* and those watching were *“relieved”* that they did not have to do it, perhaps communicating awareness of social evaluation that is associated with presenting and being assessed.

Nell took a picture of her favourite story book, explaining with excitement how she can act it out during guided reading, explaining,

*“when I was a princess, I will be sleeping and then I will say ‘if only I could marry the princess’” (Nell, age 6)*

Perhaps different types of tasks invite different degrees of autonomy, where acting out a story within an adult-led task offers more playfulness and sense of control for a younger child, whereas a task presented in front of the whole class brings the risk of personal exposure and jeopardised one’s autonomy to express this discomfort in ways that do not involve speaking.

When I asked Nell if adults were allowed to join in guided reading with the children, she replied

*“no, because it’s only for the kids” (Nell),*

Nell explained the reasons for that was because the princess dress is supposed to go down over the feet, perhaps alluding to the fact that on a grown-up it would be too short, therefore it would not be a real princess dress anymore. While the adults managed and delivered the guided reading sessions, children transformed it through play and collaboration into their own ‘arena’ and Nell used the length of the princess’ dress to ‘draw the line’ and limit the adults’ access to this task.

### **2.3.2.2 Theme Two: Individuality and Personal Story**

This theme is about expressing individuality through objects and symbols that are visual, that can be looked at, held or played with, that are related to the children’s interests, beliefs and unique experiences. It also captures ways in which the children can voice their preferences visually and conceptually in a world, where meanings might be communicated mainly verbally.

Sense of individuality was represented in Isabella’s photos of items, such as beads, soft toy unicorn and a slinky, that are colourful, fun, they can be held and played with, experienced, with other children, or on one’s own. Isabella nodded when I asked if she liked playing with them on her own. Soft fluffy toys can be looked at, held, cuddled or played with, conveying a sense of familiarity, playfulness, comfort, and proximity. Isabella’s selectivity towards these distinct and unique items in the environment mirrored the gentleness and sensitivity of her non-verbal communication and highlighted her tendency to discern between the ‘communal’ and the ‘individual’ items she decided to capture with the camera.

Isabella’s agency and excitement in capturing the pictures that were printed on her rucksack, i.e. pizza, unicorn, ice cream, rainbow, invited the viewer to zoom in on the smallest elements within her school environment that can bring immediate positive associations and enjoyment. Isabella’s uniqueness of experiences extended into an area that hinted at personal

beliefs. For example, a photo of the recycling spot in school might have represented Isabella's fondness of recycling. Indeed, when I asked if she liked recycling, Isabella nodded.

A thing, a toy, or an item can elicit positive thoughts and feelings as a result of previous or current experiences with this item. The elements of the environment that can make us feel positive, safe and engaged just by looking at them, can become symbolic representations of those feelings, bringing a sense of 'specialness' and relatedness into our everyday experiences.

Nell captured a picture of the poster of 'Winnie the witch' because "*I like Winnie the witch*" and the picture of a unicorn in the hall because "*I like unicorns*". The magic of a 'witch' and a 'unicorn' perhaps adds to the uniqueness of the experience, offering Nell the opportunity to engage with her imagination and transform these items through interaction and play. This transformation might look differently for each participant, for example, Isabella can transform the toy beads by making unicorns, flowers and cupcakes. For Nell, Beatrice and Esme, all of whom took a picture of places related to books, such as a library (Nell and Beatrice) and a reading corner (Esme), this transformation might take place through the experience of reading books, where words, symbols and imagery are used to invite the reader into an imagined world, to engage with and re-tell a story. Isabella did not like the library area and when I asked her which subjects she liked and did not like, she put a cross next to 'reading' perhaps making the experience of reading less enjoyable.

However, storytelling comes in different forms. Both, Esme and Isabella chose to capture photos of items that represented something about them. For example, Isabella captured the art display in the hall, that included her artwork. The display was large, vibrant, accessible and open to evaluation by other children and adults who are looking at it. Isabella's artwork was surrounded by other children's paintings. When I asked if her piece was on the display, Isabella nodded and immediately came up to the board, almost energised, trying to identify the one that belonged to her, looking carefully and purposely.

Artwork can offer the opportunity for a child to communicate their own voice and define space through visual skills, expression, a visual format that nobody else would be able to produce. This sense of individuality appeared in Esme's photo of a wall display in the classroom that contained a picture made by Esme, marking her unique contribution to the topic, the lesson and the classroom. This sense of meaning and specialness also applied to outside areas where Esme and Isabella used to play when they were in their previous year group, perhaps communicating a sense of familiarity and positive memories of the past experiences that were meaningful to them.

### **2.3.3 Research Question Three: What do the children communicate about their relationships within the school environment?**

#### **2.3.3.1 Theme Three: Connectedness**

This broader theme captures the importance of peer relationships in facilitating children's participation in activities and their sense of connectedness to the school community. It consists of two subthemes referring to the way that children use play to connect with peers and the role of special friendships.

##### **2.3.3.1.1 Subtheme One: Play**

This subtheme relates to engagement with areas that encourage active movement, shared exploration of space and those that involve interaction with the items or with another person. The spaces are green, open, outside, they are available and expansive, communicating a sense of freedom and flexibility.

Within the outside playgrounds, children join in active play such as running around with friends (Nell, age 6) and playing games such as *'hide and seek'* and *'it'* (Beatrice, age 10). The outside forest area served as a *'hideout'* for Nell and her four other friends.

The key pieces of playground equipment such as a play hut and trim trail invited other children to join in and the play train meant that Nell could play there with "lots of children", pretending to be travelling to Disneyland.

Beatrice took a photo of the lunch hall, saying that she was excited because they play PE games that are fun, such as *"dodge ball and bench ball"*, while in the outside field space she likes to participate in racing games with other children. Inside play was also important. For example, Nell took a picture of the hall, saying that she liked doing PE, playing the *'traffic light'* game and going to dancing lessons with a friend, while Isabella liked to play with things such as beads, soft toy unicorn and a slinky.

While the children might find verbal communication difficult, this theme suggested that play may offer the freedom to a child to experiment, express their voice and show flexibility within interactions and activities that involve cognitive, emotional and social skills. All children engaged in the playful *'Book about me'* activity, during which they could share their interests and draw, although they all needed some time to warm up, to process the question before initiating interactions and responding. The only words that Esme spoke were when playing a game, when she had to explain one of the rules of the game. Perhaps the context of being within a playful

situation made it possible to explain a familiar rule by using words, while the social interaction remained non-verbal.

### 2.3.3.1.2 Subtheme Two: Special Friendships

This subtheme emphasises the importance of friendships, the places they occupy, number of friends and the way in which the children choose and navigate those friendships. Friendships were communal, shared or exclusive.

For Beatrice, the exclusivity of friendships was portrayed by a picture of the bench area that was separated from the large playground by a fence, appearing somewhat tucked away, in the corner, with a tree growing over it, resembling the 'specialness' of the interactions that was shared only between Beatrice and her friends, away from the other children, from the rest of the playground. Beatrice liked the area in the outside playground where you can

*“sit and plan parties and sleepovers with friends”.*

Sleepovers were described as a special time, during which *“we watch movies, eat sweets and stay up all night”* (Beatrice).

This exclusivity was also visible in Isabella's photograph, where she had captured a section of the outside concrete area where she normally sat with her special friend. After looking around the playground for a long time, Isabella chose this spot carefully out of all the other areas of the playground, pointing to it decisively. The area was bare, open and available to all, but it marked a place where they sit, chat and eat ice cream. Isabella's selectivity towards one friend was also visible in her drawing, where she drew herself next to her friend, as the only two people in the classroom, sitting at the desk. Interestingly, Isabella drew her friend first.

While Isabella's preferences were towards one special friend, Nell talked about playing with lots of children, listing the names of all her friends from her class, excitedly putting the first letters together to form the name of her 'team', consisting of the first letters of all her friends' names. This friendship group was also evident during the playground drawing activity, where Nell drew herself among six other friends, sitting on the play train, all of them smiling, saying 'hi, how are you' to each other.

While the exclusivity of friendships can offer cohesion and security, it might also make it more difficult to access other interactions. When I asked Nell if she would join other children if her friends were not at school, she replied

*“no (...) because if [a friend’s name] was not there, I would have no one to play with because no one else is my friend, no one else wants to play with me” (Nell)*

While exclusivity of friendships might be associated with having someone to communicate with and share, it can also bring aloneness in situations when it was not possible to have access to that one special friend. When I asked Isabella to draw herself in the playground, she drew a lone figure on the playframe, occupying the left side of the page, on her own, without any other children around. While taking photographs, she also pointed to the ‘friendship bench’. She nodded when I asked if she ever sat there. When I asked if other children came up to play, she shook her head ‘no’.

### **2.3.3.2 Theme Four: Adult roles**

This theme relates to the potential power differential between the children and the adults, where the adults can oscillate between being authoritative rule-makers and attuned helpers who can anticipate and meet the children’s needs, offering emotional security. Adults have certain expectations about the children’s behaviours and standards of work in school, but they can also recognise a child’s efforts and are able to showcase these achievements to others.

#### **2.3.3.2.1 Secure base and facilitators**

This theme relates to how the adults can support children’s learning and their sense of inclusion, while offering a safe space, reassurance and an opportunity to be heard.

Beatrice took a photo of the outside field saying that she liked doing PE there because teachers

*“can teach us to run properly and help us train for the sports day” (Beatrice)*

Nell talked about using a system that allowed her to tell the adults in class if she needed help:

*“so if you say that was my book and I writ the wrong answer, say that was 2 times 2 and I said 10, that would be the wrong answer and the teacher would help you... so then she would do it again and the child... so say I did 4 now and the teacher ticked it better and that’s how you get better and better” (Nell, 6)*

Teachers can be the ones who are checking work, making sure that children are on the right track and helping them to master their skills. Children’s descriptions indicated that teachers also recognise and respond to the children’s needs. For example, when I asked Esme if she had brought her favourite game, she looked at her teacher, who smiled, confirming and encouraging Esme to go to her class to pick it up. This non-verbal communication was facilitated by the degree



of attunement and familiarity between Esme and her teacher, offering a secure base and a comfortable channel of communication.

This sense of security extended into other adult relationships in school and was best represented by Nell's responses during the 'floor map' activity, when she marked the 'drop off' area with a red sticker, saying that she did not like saying goodbye to her mum. Nell was using a 'babyish voice' when she was talking about her "mummy", perhaps communicating some level of discomfort and adjustment that was needed to be able to transition from a secure adult into a larger and less familiar school environment that places a range of complex demands.

This security might also be provided by the teacher's recognition of the child's skills by choosing and displaying the artwork to showcase their unique contributions to other members of the school and visitors. Isabella's photographs of the visual wall displays were vibrant, bold and representing Isabella's art that was featured in the display. Isabella's decision-making to take a photograph of the display and point to the handprint that belonged to her was distinct and immediate, perhaps highlighting how much she valued those displays.

#### **2.3.3.2.2 Rule makers**

Access and availability of the playground spaces and equipment requires children's acceptance of the rules that are created by the adults who are in charge of the school, the spaces, the design of the playground. This role also means that the adults are generally in charge of how the children were able to utilise those spaces.

Nell took a picture of the playframe where there is "wood, bridge, rock climbing behind the tree". While seemingly an open space that can be used freely, Nell explained

*"you can't play on the whole thing", expressing that she felt angry because "the teachers don't let us go on the bridge" (Nell).*

Perhaps the fact that the children were allowed to use the whole construction during the after-school club, but not during playtime highlighted the imbalance that might result from occupying a space that is managed and supervised by adults. During the 'floor map' activity Nell marked the trim trail with green and red stickers saying that she was allowed to climb the rock, but (referring to the teacher-imposed rules around the use of the trim trail) she did not like it because:

*"I don't like the people not letting us to go on the bridge",*

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Within the classroom context, teachers can enforce certain expectations and standards, to ensure that learning takes place as it should, adhering to the expectations. For Nell that meant that

*“in Year 1 we did big handwriting, so it had to be neat...and my teacher ripped out one of my pages because it wasn't neat” (Nell)*

Teachers are also the ones who are in charge of how the classrooms are structured and what types of activities children can access within their collective space. For example, the VIP table in Esme's photograph can create a sense of adult recognition for the pupil's efforts, within a space that has been informed by the adult's beliefs, philosophies and attitudes to learning and relationship building. Esme's defined decision-making when approaching this area and taking a photograph, her smiling and nodding when I asked if she liked to sit at that table, communicated a sense of preference and enjoyment.

However, adult rules can also create a sense of structure and security, where the adults are responsible for keeping the children safe, guiding them and helping if needed. This sense of security can be threatened when other pupils violate these rules. For example, Beatrice did not like the toilet area next to the classroom because

*“there is a lot of people talking in there instead” (Beatrice)*

perhaps highlighting frustration that comes with crossing the barriers between the children's behaviours and the status quo.

## 2.4 Discussion

This study used a qualitative design and multiple methods to explore what areas, things and activities children with SM like and do not like within their school environment and what the children communicate about the relationships with peers and adults. It extends existing research to learn about the perspectives of young children with SM, to inform approaches and interventions that can support children's social and emotional wellbeing as well as their speech. The results were analysed using polytextual thematic analysis (PTA) (Gleeson, 2012; 2019), which identified four themes that captured the importance of children's sense of autonomy in the school, the way they marked their individuality in the school environment, how they connected with the people around them and how they perceived the role of the adults in school.

The results highlighted the importance of the outdoor spaces, play areas and different types of play to children with SM. This finding fits with a large body of research that has

highlighted how important play is to children's cognitive, social and emotional development (Burdette & Whitaker, 2005; Uren & Stagnitti, 2009) and is the first to capture their value to young children with SM. All children also marked their classrooms as the places in school that they liked. However, there were elements within their classroom that the children did not like, i.e. school work (Nell, Isabella). Collectively, the results are important in prompting us to consider how key adults in school can create social interactive opportunities to develop flexibility of communication with a range of peers in an out of the classroom to nurture children's sense of belonging.

Children's engagement in play, interaction and building friendships that were evident in the photographs contrast with the existing images of children with SM as withdrawn, frozen with fear (Hung et al., 2012), while highlighting the importance of positive peer relationships, close friendships and sense of belonging. The theme of 'adult roles' highlights how on the one hand adults are the ones 'in charge' of the rules and the learning that is expected within the school context (e.g. deciding the appropriateness of work), while on the other, they are a channel for sharing the child's uniqueness with the outside world (e.g. through recognition and visual displays). This theme extends our understanding of teacher-pupil relationships reported in Longobardi et al., (2019), by highlighting the duality of the adult role and the children's perceptions of adults' actions that might support or hinder their ability to connect.

In an environment where children with SM might find it difficult to initiate verbal responses to tell the adults what they think and how they feel, the results of this study show that each child held clear preferences about the areas, things and activities that they liked and did not like. The theme of 'autonomy in a social space' highlighted the agency with which the children described exploring and interacting with the open outdoor spaces where they can be creative and explore the spaces in ways that are not imposed by others' interpretations. Although play equipment is designed by adults, children are the ones who 'own' the space, who know what to do with it and who 'breathe' life into it, using their imagination. However, these processes require a sense of agency in order to approach the area, alone or with a friend and to modify it into areas where items are used, stories are created, where interactions are negotiated, where friendships are strengthened or weakened. This data resembles what Green (2019) called "spatial autonomy" (p.65), where children actively seek and claim open and exploratory spaces and through play they can negotiate their independence and develop their self-identity.

The children's autonomous decisions to approach, interact and transform the outside play areas in the current data contrasts with reflections of helplessness, low motivation and dependence reported by the adults with SM as Ben reflected on a "wasted life" (Walker &

Tobbell, 2015, p. 466), while contributing to increasing awareness of possible long-term challenges of SM. However, it is important to acknowledge the unique context within which the participants were able to share their views in this study, i.e. an active tour of the school allows the child to notice and pinpoint the things that they like.

Nell's animated expression and Beatrice's prompt responsiveness to write down her answers contrasted with Esme and Isabella's gentleness in communicating with the researcher, highlighting the temperamental inhibition characteristic of some children with SM (Gensthler et al., 2016) and prompting the researcher to use specific communication approaches, such as slower speech, longer pauses, more active non-verbal signals to elicit a movement, a nod, a tap or a smile. This methodological reflexivity and communicative flexibility were an intrinsic part of the research process, within which all of children's behaviours were purposeful and meaningful, highlighting the role of the adult as the recipient and facilitator of the interaction with children who might find speech difficult. According to polyvagal theory, attunement between two people can enhance the activation of the social engagement system (SES), part of the nervous system that allows the individual to process and respond to social information in order to feel safe and connected (Porges, 2003). The results of this study prompt a consideration of how the process of emotional attunement can be applied within the everyday classroom interactions to help children feel relaxed and ready to receive invitations for shared communication.

Considering the complexity of the developmental pathways for children with SM, in the current study the theme of 'individuality and personal story' suggests how we can nurture connection and positive communication by harnessing the children's unique strengths and interests, which might serve as protective factors against developing maladaptive behaviours. For example, Isabella's selectivity towards the smallest items on the rucksack reminds us of the simplicity of zooming in on the things that we like that bring positive associations and might re-enact feelings of enjoyment and familiarity. Whilst there are no prior studies exploring the identity or play skills of children with SM, play is key in development of symbolic thinking and theory of mind skills, all of which can enhance social skills and interaction with peers (Weisberg, 2015). The findings here are key in demonstrating how children's photographs of unicorns, toys, soft bears might home in on the symbolic thinking that is required to transform them into items and characters that can tell a unique story for each child and the scope for including them in classroom activities and interactions with peers and teachers.

Consideration of the areas that the children did not like, such as the entrance to school and the 'drop off' area where Nell has to say goodbye to her mum, highlight the importance of teacher awareness and sensitivity to the emotional impact of transitions that involve separation

from the primary caregiver. Other disliked areas included indoor communal spaces, such as the main hall and library (Isabella) and the toilet next to the classroom (Beatrice), prompting us to consider the environmental factors that might be leading to discomfort. Esme did not mark any areas that she did not like, suggesting that she might feel comfortable in all areas but might also point to the limitation of this particular approach, therefore future studies can consider using more exploratory and play-based tools.

The theme of 'connectedness' captured the bidirectionality of the inter-actions between the children and the places, things and people within their school environment, while the subtheme of 'friendships' represents the uniqueness, exclusivity and specialness of close peer relationships and the children's need for emotional connectedness and belonging (Roffey, 2013). This fits with previous findings that children with SM do not report feeling socially excluded from their peers (Longobardi et al., 2019; Cunningham et al., 2004), while extending those findings by capturing children's own view. This contrasts with the images of loneliness and isolation reported by other retrospective studies (Walker & Tobbell, 2015); however, it is important to consider how friendships change during development. While the results suggest that the children value opportunities to engage actively through play, a consideration of how children negotiate friendships in adolescence is warranted, as they might involve more direct speech, which might be difficult to initiate after years of reinforced silence (Scott & Beidel, 2011).

The data also alluded to how the specialness of friendships can be problematic in situations when those friends are not temporarily available. Even a well-intentioned 'friendship bench' can expose and exclude, if the other children do not respond to the child's signals, because they too have the choice to accept or refuse the child's invitation for play. While the closely-knit team can offer 'fellowship' and togetherness, when not available, it might lead to feelings of disconnect from others, who are not familiar with the same 'code'. This is exemplified by Nell and Beatrice who shared that if none of their friends were at school, they would not play with other children. Nell's justification that "no one else would want to play with me" suggests an external locus of control, where the decision to engage with children outside of her circle might be attributed to the other children's motives, rather than to Nell's own ability to seek them out (Weiner, 2010). The results highlight the potential risk factors associated with social exclusion, which, over time might contribute to developing anxiety and feelings of loneliness in individuals with SM, therefore highlighting the importance of early intervention to support speech within the context of social emotional wellbeing.

### **2.4.1 Strengths and limitations of the study**

This study was the first to explore what children with SM value about their school, by viewing children as developing within the context of the interactions and their social environment, while highlighting the processes that might facilitate social inclusion through opportunities for autonomy, developing relationships, exploratory and symbolic play. It utilised a novel approach to capture children's views through choices, drawings, photographs, words and actions, respecting children's competence to take their own pictures, rather than responding to pictures prepared by adults (Böök & Mykkänen, 2014).

The ethical principles were carefully considered by respecting the children's right to be informed about the purpose and process of the study and their ability to make own autonomous decisions, rather than relying only on the adults' permission (Munford & Sanders, 2004). The researcher carefully considered children's emotional wellbeing, by sharing information beforehand, by including three sessions to ensure familiarity, while providing visual prompts to take breaks and the opportunity to invite a safe person to make them feel comfortable.

Although the researcher tried to interview eight children, challenges with recruitment meant that the final sample was smaller than anticipated. Although the inclusion and exclusion criteria were captured in the parent letter and the researcher checked with the parents the children's eligibility before the study, official diagnosis was not required and without assessment and a case history, we cannot rule out comorbidities.

Children were not able to take pictures of their peers and teachers, in order to protect the anonymity and the researcher relied only on the drawings and discussions about those relationships, limiting the richness of information within their social milieu. Given the multiple meanings available within the visual and verbal data, different interpretations of the data could be considered. However, the researcher reflected on that carefully and through reflexivity tried to capture all types of contributions, while recognising own role in co-constructing the meanings within the process.

### **2.4.2 Implications for professionals working with children with SM**

Staff can encourage children's sense of autonomy to share their own views and ideas by increasing opportunities for making choices and decisions in all daily activities. This can include different types of communication, i.e. non-verbal, visual, expressive in individual and cooperative learning tasks to explore children's views and perceptions. Frequent opportunities for children to engage in and interact through play can support development of language, cognitive skills and positive relationships with teachers and peers.

By learning about and including children's interests, skills and strengths in the classroom activities and interventions, teachers can create a sense of connection and inclusion, valuing children's unique contributions. Teachers can support children's sense of belonging by encouraging friendships and including friends in interventions, while also being alert to situations that might lead to social exclusion. Adults can also become more reflexive and attuned in their daily interactions to gain a better understanding how they can use their own body language, tone of voice, pace of speech to support communication.

Educational Psychologists work within the bio-ecological framework of child development (Bronfenbrenner & Morris, 2006) and can contribute to the school staff and parents' understanding of the interactions between SM and the environment. EPs can facilitate discussions with the senior leaders on how to design and utilise spaces to encourage peer interactions and a sense of autonomy for children with SM. Through consultation, Educational Psychologists can encourage open and collaborative discussions with the teachers and parents to explore how they conceptualise and feel about the children's behaviours (Wagner, 2000), while using problem-solving frameworks (e.g. Mosen Problem Solving Framework; Kelly et al., 2008) to gather a broad picture of the child's history and behaviours in a range of settings and the interactive factors contributing to its presentation. Within the context of multi-professional work, EPs can make a unique contribution by highlighting the social-emotional aspects of SM and the children's voice and help design individualised whole-school interventions that, in addition speech, encourage communication, development of independence, friendships and sense of belonging.









## Appendix A Screening of the whole articles

Table 9 Screening of titles and abstracts with decisions for exclusion

1.	Albrigsten (2016) Family lived experiences of SM	Qualitative study consisting of interviews with family and children with SM- includes narratives about the condition Children's experiences of SM	
2.	Ale (2013) Two cases of early childhood selective mutism	Refers to SM Contains two case studies of children with SM; Contains references to social development/ skills	
3.	Allen (2017) Health facility management ... in Uganda		Not about SM Qualitative focus groups about caregivers seeking healthcare for children in Uganda
4.	Alpert (2001) No escape when the past is endless		Study not about SM Study about traumatic childhood experiences
5.	Alyanak (2013) Parental adjustment, parenting attitudes and emotional and behavioural problems		Quantitative comparative study assessing behavioural and emotional problems in children with SM
6.	Amirjamshidi (2009) Attempting homicide by inserting needles		Not about SM but about needles in the brain and surgery Contains reference to akinetic mutism, following a brain surgery

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7.	Anderson (2003) Akinetic mutism following following unilateral..		Not about SM but about brain injury/ surgery (akinetic mutism)
8.	Armfield (1985) Comparison of high/ low ability ... in China deaf mute		Not related to SM/ Deaf mute population Using psychometric tools- quantitative
9.	Auerbach (2002) Why do they give the good classes xx		Not about SM- qual exploration of parents views on schooling
10.	Auleer (2012) Juggling languages		Not about SM but about teachers experiences of using different languages in Mauritius
11.	Avula (2016) Post operative perdiatric cerebellar mutism		Not about SM but about brain injury
12.	Baker (2005) Catatonia causing permanent		Not about SM but about a brain impairment; word mutism mentioned as a symptom
13.	Barlow (1986) Sibling group therapy	Case study Child with EM	
14.	Baron (1988) Amobarbital interview		Not SM, but an interviewing method for adults with mutism
15.	Barrett (1991) Treating organic abulia with bromocriptine and lisurid		Not about SM- case study of a brain study patient
16.	Barterian (2018) Examination of fluoxetine		Quantitative RCT study examining the effectiveness of medication treatment
17.	Baskind (2007) Behavioural intervention of a 8yo boy	Child case study Might include narrative accounts	

## Appendix B Decisions for inclusion and exclusion of articles

During the stage of screening titles and abstracts, articles were removed for the following reasons:

- Studies not related to SM (e.g. hearing impairment, catatonia, schizophrenia or brain injuries): 204
- Comorbidity with speech and language difficulties, EAL, autism and other conditions e.g. Down's Syndrome, developmental delay): 16
- Studies containing review of literature on SM (e.g. assessment, phenomenology) and explaining development of assessment tools (e.g. questionnaires): 15
- Commentaries, interviews, conference papers, grey literature and book chapters: 15
- Studies focusing on assessment of symptoms, prevalence, follow-up and comparative studies (e.g. using scales and questionnaires): 27
- Studies involving treatment, intervention and RCT studies: 14
- Intervention involving medication: 3

At the stage of screening whole articles, articles were removed for the following reasons:

- Minimal or lack of accounts of behaviours in social situations: 32
- Excluded due to language difficulties (e.g. articulation difficulties) and/or EAL status: 13
- Other comorbidities (e.g. schizoid personality disorder): 2
- Complex family circumstances and early childhood trauma (e.g. drowning accident, abuse): 5
- Unrelated to SM (e.g. paraverbal therapy): 2

## Appendix C Example of Quality Assessment using the CASP Screening Tool (2017)

Article: Berko (2015)

Rating: 6/10

SECTION A: Are the results Valid?			
1. Was there a clear statement of the aims of the research?	<b>Yes</b> Cant tell <b>No</b>	What was the goal of the research	To provide an in-depth presentation and analysis of parental involvement in therapy/ treatment
		Why was it thought important?	Previous studies did not describe parental involvement in therapy, treatment of adolescents with onset in childhood  It is explained that therapy was considered because of the ongoing difficulties in separating from mother
		Its relevance	There is limited literature on treatment of SM in adolescents
2. Is a qualitative methodology appropriate?	<b>Yes</b> Cant tell <b>No</b>	If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants	
		Is qualitative research the right methodology for addressing the research goal	
Is it worth continuing?			
3. Was the research design appropriate to address the aims of the research?	<b>Yes</b> Cant tell <b>No</b>	Consider if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)	No explanation of why case study was chosen
4. Was the recruitment strategy appropriate to the aims of the research?	<b>Yes</b> Cant tell <b>No</b>	Consider If the researcher has explained how the participants were selected	Transfer case assigned family treatment as part of the intervention- Impending threat of social services due to ongoing school refusal, but no explanation of why and how
	<b>Yes</b>	If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study	Yes, because there is limited research with adolescents with SM; this particular case was displaying overdependent relationship with the parent, but they do not compare it against other possible ppts

	No	If there are any discussions around recruitment (e.g. why some people chose not to take part)	n/a
5. Was the data collected in a way that addressed the research issue?	Yes Cant tell No	If the setting for the data collection was justified	Therapeutic setting was justified and explained; consideration of a broad range of theories and approaches that would explain the changing nature of the therapeutic process/ relationship/ reflection
		If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)	Through observation, reflection, interview, photographs
	Yes	If the researcher has justified the methods chosen	The researcher explains why she decided to take on the symbiotic approach, so as not to disturb the dependent mother-child relationship; justifies different approaches to therapy
	Yes	If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)	Therapeutic interview exploring different aspects of the mother-child relationship No details on the questions
	Yes	If methods were modified during the study. If so, has the researcher explained how and why	The researcher adapts approaches and thinking based on what she sees and drawing on literature base
		If the form of data is clear (e.g. tape recordings, video material, notes etc.)	
		If the researcher has discussed saturation of data	
6. Has the relationship between researcher and participants been adequately considered?	Yes	If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location	Yes, the researcher reflected in depth on previous experiences and thinking that shaped the approach and her role in the process  The researcher considers her place, role and impact on the relationship between the mother and the child and how her actions are key to the research/ interaction process
		How the researcher responded to events during the study and whether they considered the implications of any changes in the research design	Yes, she is continuously reflecting on her own role in the therapeutic process and how to shift thinking to understand the symbiotic relationship
<b>SECTION B: What are the results?</b>			
7. Have ethical issues been taken	No	If there are sufficient details of how the research was explained	No, but the researcher wonders if the photo activity was too intrusive

Appendix C

into consideration?		to participants for the reader to assess whether ethical standard	
	No	If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)	
		If approval has been sought from the ethics committee	
8. Was the data analysis sufficiently rigorous?	Yes	If there is an in-depth description of the analysis process	There is a narrative account of J's behaviours, actions, responses during the activities; pulling of different observations, reflections from the interaction and therapy sessions, the familial context
	n.a	If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data	
	n.a	Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process	No, this is purely a descriptive/ narrative analysis
	Y	If sufficient data are presented to support the findings	Yes, observational, interview, therapeutic, drawings
	N	To what extent contradictory data are taken into account	
	Y	Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation	Yes, critically reflecting on her role in the process, perhaps not so much in the analysis but throughout the case, conceptualisation and description of the case
9. Is there a clear statement of findings?	Yes	Are the findings explicit?	Yes
	No	If there is adequate discussion of the evidence both for and against the researcher's arguments?	This is a personal account from the researcher's perspective. There is no consideration of alternative arguments, although she draws on suggestions from her supervisors; the analysis process is not described, the questions are not reported
	No	If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)	



	y	If the findings are discussed in relation to the original research question	
SECTION C: Will the results help locally?			
10. How valuable is this research?	No	Consider If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature	Yes, researcher reflects on the value of mother-child therapy
	no	If they identify new areas where research is necessary	No
	no	If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used	no

## Appendix D      Quality Assessment

Table 10      Summary of scores for each item of the CASP checklist (2017) presented according to the type of the study, i.e. case studies 1-17; qualitative studies 18-21

	Checklist item	1	2	3	4	5	6	7	8	9	10	Total
1.	Sloan (2007)	1	1	1	1	1	1	1	1	1	1	1
2.	Conn & Coyne (2014)	1		0	1	1	1	1	1	1	1	.89
3.	Christon & Robinson (2002)	1		0	1	1	1	0	1	1	1	.78
4.	Jacob (2013)	1	1	0	1	1	1	0	0	1	0	.60
5.	Berko (2003)	1	1	0	0	1	1	0	1	1	0	.60
6.	Moldan (2005)	1	1	0	1	1	1	0	0	0	0	.50
7.	Skedgell, Fornander & Kearney (2017)	0	1	0	1	1	0	0	0	1	1	.50
8.	Shu-Lan Hung, Spencer & Dronamraju (2012)	1	1	0	1	1	1	0	0	0	0	.50
9.	Ale and Mann (2003)	1		0	0	1	1	0	0	1	1	.45
10.	Fisak & Oliveros (2006)	1		0	0	1	0	0	1	1	1	.45
11.	Jackson (2002)	1		1	1	1	0	0	0	0	1	.43
12.	Reuther et al (2011)	0		1	1	1	0	1	0	1	0	.45

13.	Rye & Ullman (1999)	0		0	0	1	1	0	0	1	0	.33
14.	Segal (2003)	0		0	0	1	0	0	0	1	1	.33
15.	Barlow, Strother and Landreth (1986)	0	1	1	1	0	0	0	0	0	0	.30
16.	Wright (1994)	0		0	0	0	0	0	0	1	1	.22
17.	Kehle and Owen (1990)	0		0	0	1	0	0	0	0	0	.10
18.	Walker and Tobell (2015)	1	1	1	1	1	1	1	1	1	1	1
19.	Omdal (2007)	1	1	1	1	1	0	1	0	1	0	.70
20.	Omdal (2008)	1	1	1	0	0	1	1	0	0	0	.50
21.	Omdal & Galloway (2008)	1	1	0	0	0	0	0	0	1	0	.30

Note: \*shaded areas show items not applicable to the paper



## Appendix E      Invitation letters, Study Advert and Information letters for parents and schools

### E.1      Invitation Letter to schools

Letter requesting for permission  
to work with the pupils for the purposes of a doctoral study

Headteacher/SENCo of [name of the school]

Dear,

My name is Milena Cichoń, I am a Year 2 Trainee Educational Psychologist training at the University of Southampton. As part of my doctoral thesis, I am conducting a study exploring how children with selective mutism experience and make sense of the different places, relationships and activities at their school. The purpose of the study is to give young children the voice to express their perceptions, experiences and feelings about their school environment in fun and creative ways. I would like to conduct interviews with children who are between five and ten years-old and who are currently experiencing difficulties with speaking in school while being able to speak in other social situations, for example at home.

Your school has been identified by the Educational Psychology Service as a setting that may have children with selective mutism. I would like to ask if you would be interested in getting involved in this study by identifying eligible children and if you would agree to share Invitation Letters on my behalf, to invite the parents and the children to participate in this study. The study will consist of three interview sessions with the children, each one will last approximately 45-60 minutes and will be conducted in a quiet room at the school. Each child will be given the opportunity to invite a trusted member of staff to join the sessions, if they wish to, to make them feel more comfortable.

The study will be taking place between March 2019 and May 2020 and it will be supervised by Dr Julie Hadwin (J.A.Hadwin@soton.ac.uk), Dr Sarah Kirby (Sarah.Kirby@soton.ac.uk) at the University of Southampton. This research has been approved by the Southampton University Ethics Committee.

If you are interested in your school getting involved and you would like to receive more information about the study, please email me on  
m.m.cichon@soton.ac.uk

With Kind Regards,

Milena Cichoń

Trainee Educational Psychologist, University of Southampton

## E.2 Study advert sent to the parents via the SMIRA website



Would you like your child to take part in a fun research study?

Study title:

Understanding how children with selective mutism experience and make sense of their school environment.

My name is Mila, I am a Trainee Educational Psychologist training at the University of Southampton.

As part of my doctoral thesis, I am conducting a study exploring how children with selective mutism experience and make sense of the different places, relationships and activities at their school.

I would like to recruit children who are between five and ten years-old and who are currently experiencing difficulties with speaking in school, while being able to speak in other social situations, for example at home.

The study will consist of three sessions lasting 45-60 minutes (with breaks). I will use games and fun activities to gather children's views through drawing, taking photos and looking at a map of their school.

If you are interested and would like to receive more information about the study, please email me on [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk).

The study will be taking place between March 2019 and May 2020 and it will be supervised by Dr Julie Hadwin ([J.A.Hadwin@soton.ac.uk](mailto:J.A.Hadwin@soton.ac.uk)) and Dr Sarah Kirby ([Sarah.Kirby@soton.ac.uk](mailto:Sarah.Kirby@soton.ac.uk)) at the University of Southampton. This research has been approved by the Southampton University Ethics Committee.

## E.3 School Information Letter

### School Information Sheet

**Study Title:** Understanding how children with selective mutism experience and make sense of their school environment.

**Researchers:** Milena Marta Cichoń, Julie Hadwin, Sarah Kirby and Claire Williams

**ERGO number:** 47541

I am a Trainee Educational Psychologist at the University of Southampton. Your school has been identified as a setting that may have children eligible to take part in this study. I would like to ask your permission to invite pupils in your school to take part who are recognised to experience difficulties with speaking in school. This research will be conducted as part of my thesis for a doctoral qualification in Educational Psychology.

#### **Project summary:**

Children with selective mutism find it more difficult to speak in certain social situations (e.g. at school) despite being able to speak comfortably in others (e.g. at home), and despite having a good language ability to communicate. I would like to explore how primary school children with selective mutism experience and make sense of their school environment. I would ask them to work with me to capture the places, things and activities in school that they like and don't like and to share their perceptions, ideas and feelings through fun and child-friendly activities.

#### **What will happen if the school decide to take part?**

I will ask you to complete and send to me the Consent Form enclosed, to indicate if you agree for your school to take part in this project. I will ask you to identify the children from your school who may be eligible to participate in the study. I will ask you to share Invitation Letters with parents of the eligible children, asking them if they would like to participate in the study. I will have no access to any information about the parents or their child before they respond and express their interest in participating in this study. I will ask you to collect, scan and email me the consent forms from the parents who wish to participate in the study and safely store them, so that I can then collect them personally.

I will ask you to provide a quiet and comfortable room in school for three individual sessions which will take place during regular school hours, each session will last between 45-60 minutes, including breaks. If the child wishes to invite a trusted member of staff to the sessions, I will ask that the staff member is released for the duration of the session(s). During each session I will explain to the child who I am and the purpose of the study, using visual resources and child-friendly language. I will also use a range of resources to elicit children's views in a way that is comfortable and personally-meaningful to them, for example through drawing, pointing, nodding, writing down the responses and speaking, when they feel ready to do so; see Appendix.

#### **Are there any benefits in my school taking part?**

This study aims to understand more about how children with selective mutism experience and make sense of their school environment and what schools can do to promote good practice and participation in the school community. The study will also allow us to bring out the voice of children who present with selective speaking at school so that they can share their own perspective about things at school that are important to them.

#### **Are there any risks involved?**

There may be a small risk of the child experiencing discomfort when joining the study and meeting me for the first time. However, through the Information Letter that will be sent to the child before the study I will explain who I am and why I am doing this project.

## **What data will be collected?**

No identifying information about the school will be collected. Only data from the interviews and the visual data from the drawings, photographs and the maps will be collected. I will audio-record and transcribe the child interviews, I will store the transcripts electronically and the audio-recording will be deleted. I will store the visual data electronically and the original drawings and photographs will be given to the children at the end of the study. Both, the transcript and the visual data will be stored securely on a password-protected University computer system during the transcription and data analysis.

Consent forms from you and the participating parents and the assent forms from the children will be scanned and stored electronically on a password-protected university computer system, the hard copies will be securely destroyed.

Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential. We will share information with the school if we are worried about any of the information the child shares.

## **What will happen to the results of the research?**

The results of this study will be written up as a doctoral thesis as part of the Doctorate in Educational Psychology programme at Southampton University, with the view of publishing the study after that. You can request a summary of the findings which will be available from September 2020, by emailing me on [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk).

## **Where can I get more information?**

If you have any queries after reading this information sheet, please feel free to contact me or my primary supervisor (Julie Hadwin) via email: [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk) / [jah7@soton.ac.uk](mailto:jah7@soton.ac.uk).

## **What happens if there is a problem?**

If you have a concern about any aspect of this study, then please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, [rgoinfo@soton.ac.uk](mailto:rgoinfo@soton.ac.uk)).

## **Data Protection Privacy Notice**

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal data by the University can be found on its website (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at <http://www.southampton.ac.uk/assets/sharepoint/intranet/Is/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf>

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not



be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for 10 years after the study has finished after which time any link between you and your information will be removed.

To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

If you have any questions about how your personal data is used, or wish to exercise any of your rights, please consult the University's data protection webpage (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>) where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer ([data.protection@soton.ac.uk](mailto:data.protection@soton.ac.uk)).

**Thank you for taking your time to read this letter and for considering your school's participation in this study. I will call the school in a week to see if you are interested in taking part.**

Yours faithfully,

Milena Cichoń

Trainee Educational Psychologist

University of Southampton

## Appendix

### Summary of activities

#### SESSION 1

- We will play games to build positive rapport. One of the games will involve using cards with questions about the child's favourite things and completing questions in a child-friendly booklet called 'A book about me'.
- I will ask the child to draw a picture of the people in their classroom/ playground doing something and include him/herself in the picture.

#### SESSION 2:

- We will play a game to continue building rapport.
- I will give the child a camera and together we will walk around the school, so that the child can take photos of the places, things and activities at school that they like.

#### SESSION 3:

- We will look at and talk about the photos taken by the child in the previous session, so that the child can share what they like about the areas and activities they had chosen to capture. Together we will do an activity that will involve sticking the photos on a big floor map of the school. I will ask the child to show how he/she feels in the different areas of the school by using colour stickers to identify the areas they like and don't like.

## E.4 Parent Information Letter

### Parent Information Sheet

**Study Title:** Understanding how children with selective mutism experience and make sense of their school environment.

**Researchers:** Milena Marta Cichon, Julie Hadwin, Sarah Kirby and Claire Williams

**ERGO number:** 47541

Dear Parent,

My name is Milena Cichoń, I am a Trainee Educational Psychologist at the University of Southampton and I would like to invite your child to take part in a project looking at children's experience of selective mutism in school. This research will be conducted as part of my thesis for a doctoral qualification in Educational Psychology. We are asking for your permission to work with your child. To help you decide whether you are happy for your child to take part or not, it is important that you understand why the project is being carried out and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. If you are happy for your child to participate, we ask you to sign the consent form attached, within two weeks of receiving this letter.

#### **What is the research about?**

Children with selective mutism find it more difficult to speak in certain social situations (e.g. at school) despite being able to speak comfortably in others (e.g. at home), and despite having a good language ability to communicate. I would like to explore how primary school children with selective mutism experience and make sense of their school environment. I would ask them to work with me to capture the places, things and activities in school that they like and don't like and to share their perceptions, ideas and feelings through fun and child-friendly activities.

#### **Why have I been asked to participate?**

You have expressed interest in your child participating and your child meets the inclusion criteria for the study. I would like to explore your child's views and experiences of her school environment. I would like to interview approximately 8 children across different primary schools within the local area.

#### **What will happen with my child if we decide to take part?**

I will invite your child to take part in three sessions, at their school during regular school hours. Each session will last between 45 and 60 minutes and will be audio recorded. Audio-recordings will be stored on a password protected computer, transcribed and then deleted. Please note that no identifiable personal information will be stored. The sessions will be scheduled at a time that is most convenient to your child and their teacher. I will communicate with your child's teacher to ensure that your child can catch up on any missed work during school time. Your child will be asked if they would like a trusted member of staff to join them in the sessions and to let the teacher know a week before the session, so that arrangements can be made for that person to be present. If your child prefers to tell you, I will ask that you share that information with your child's teacher. In case of staff absences, the session will be rescheduled for another time.

In order to make your child feel safe and comfortable at all times, at the start of every session I will introduce myself and use visual cards to explain the purpose of the study, providing your child with the space and time to communicate and ask any questions they may have. I will ask your child to bring a game that they like, so that we can play it together to build rapport. I will give your child a visual schedule explaining what we will be doing in each session, so that she can cross out each activity and know how many more activities to expect, therefore reducing any potential uncertainty. I will explain to your child how the audio recorder and the camera

work and they will be given the opportunity to try out these devices beforehand, to familiarise themselves with them.

In every session your child will be provided with a blue card to tell me if they want to take a break during the interview and an orange card to tell me if they would like to stop the interview. Your child will be provided with frequent opportunities to ask questions and before starting the next activity I will ask your child if they are happy to continue.

I will use games and activities in order to create opportunities for your child to participate and share their voice in fun and creative ways. We will use a camera to take pictures of the school of places that your child likes. Your child will be able to communicate by pointing, nodding, smiling, choosing, drawing, or writing, therefore reducing the pressure for them to speak until they feel ready and comfortable to do so; please see the Appendix.

### **Are there any benefits in my child taking part?**

Your child's participation in this study will enable them to share their own views on how they experience different places, situations and relationships at their school. This study will help to understand more about how children with selective mutism experience and make sense of their school environment and what schools can do to make the school environment positive. Your child will be rewarded for their participation with a 'thank you' certificate and they will be able to choose a toy gift.

### **Are there any risks involved?**

There may be a small risk of your child experiencing discomfort when joining the study and meeting me for the first time. However, through the Information Letter that will be sent to your child before the study I will explain who I am and why I am doing this project. You and your child will also be able to email me if you have any questions before or during the study. In order to make sure that your child feels safe and comfortable at all times, at the start of every session I will use visual cards to explain the project and provide your child with opportunities to ask questions.

### **What data will be collected?**

I will collect data from the interview, your child's drawings, photographs etc. I will only record your child's age for the purposes of the analysis. Your child's name or other personal information will not be included in the study. Your consent form and your child's assent form will be scanned and stored digitally on a password-protected computer and the hard copies will be destroyed.

### **Will my child's participation be confidential?**

Your child's participation and the information we collect about your child during the course of the research will be kept strictly confidential. If your child wishes to invite a member of staff to the session, that member of staff will be asked to sign a 'Confidentiality Statement' to ensure that they will not share any information that was shared in the session with anyone else to ensure your child's absolute confidentiality.

Only members of the research team and responsible members of the University of Southampton may be given access to the data about your child for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to this data. All of these people have a duty to keep your information, as a research participant, strictly confidential. We only share information with the school if we are worried about any of the information your child shares.

### **Does my child have to take part?**

No, it is entirely up to you and your child to decide whether or not your child wishes to take part. If you decide that you want your child to take part, you will need to sign a consent form to show you have agreed for your child to take part and email it to me on [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk) or return it to the designated person at the school. I have also enclosed the Child Participant Information Sheet for your child and your child will also need to sign the assent form to show that they agree to take part. The Assent Form will need to be emailed to me before the first session or returned to the designated person at the school.

## **What happens if me or my child change our mind?**

You and your child have the right to change your mind and withdraw **at any time** (before, during or after the study), without giving a reason and without your participant rights being affected. You can decide that you would like to withdraw your child's data from the study. You would need to make this request within two months of the project finishing (and before January 31, 2020) by emailing me at [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk).

## **What will happen to the results of the research?**

The results of this study will be written up as a doctoral thesis as part of the Doctorate in Educational Psychology programme at Southampton University, with the view of publishing the study after that. You will be able to request a summary of the findings from September 2020, by emailing me on [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk). Your child will be able to indicate on their Assent Form if they wish to receive a child-friendly summary of the study after it is finished.

## **Where can I get more information?**

If you have any queries after reading this information sheet, please feel free to contact me via email: [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk)

## **What happens if there is a problem?**

If you have are unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, [rgoinfo@soton.ac.uk](mailto:rgoinfo@soton.ac.uk)).

## **Data Protection Privacy Notice**

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal data by the University can be found on its website (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at <http://www.southampton.ac.uk/assets/sharepoint/intranet/ls/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf>

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for 10 years after the study has finished after which time any link between you and your information will be removed.

To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

If you have any questions about how your personal data is used, or wish to exercise any of your rights, please consult the University's data protection webpage (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>) where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer ([data.protection@soton.ac.uk](mailto:data.protection@soton.ac.uk)).

**Thank you for taking your time to read this letter and for considering your child's participation in this study.**

Yours faithfully,

Milena Cichoń

Trainee Educational Psychologist

University of Southampton

## Appendix

### Summary of activities

#### SESSION 1

- I will explain who I am and the purpose of the study, using visual cards.
- We will play games to build positive rapport. One of the games will involve using cards with questions about your child's favourite things and completing questions in a child-friendly booklet called 'A book about me'.
- I will ask your child to draw a picture of him/herself and other people in their classroom and in their playground.

#### SESSION 2:

- We will play a game to continue building rapport.
- I will give your child a camera and together we will walk around the school, so that your child can take photos of the places, things and activities at school that he/she likes.

#### SESSION 3:

- Together we will look at the photos taken by your child in the previous session, so that your child can share what he/she likes about the areas and activities he/she had chosen to capture
- Together we will do an activity that will involve sticking the photos on a big floor map of the school. I will ask your child to show how he/she feels in the different areas of the school by using colour stickers to identify the areas he/she likes and doesn't like.

## Appendix F      **Child Information Letter**

### **Participant Information Sheet**

**Study title:** Understanding how children with selective mutism experience and make sense of their school environment.

**Researchers:** Milena Marta Cichoń, Julie Hadwin, Sarah Kirby, Claire Williams

**ERGO number:** 47541



Hi! My name is Mila.

I am a Trainee  
Educational Psychologist.

I work with pupils,  
teachers and parents to  
help make learning fun.

I study at Southampton  
University. Before  
university I worked  
in many schools helping  
children to learn  
and feel well.



**Would you like to take part in my project?**

Some children find it easier to speak at home than at school. They may find it tricky to tell adults at school what they think or how they feel. They also may find it tricky to take part in some school activities.

I am doing a project to find out:

- What children like and don't like about their school
- How we can help children share their ideas
- What teachers can do to make school better





**Why have I been invited?**

Your teachers said that sometimes you find it tricky to tell adults what you think. I have asked your [mum/dad] if they would like you to take part in this project so that you can share your ideas about your school. Your parents agreed. Now I would like to ask you if you would like to take part.

Your ideas are very important. I would like to find out:

- Which **places**, **things** and **activities** at your school **you** like, don't like and why.
- How **you** feel in different places at your school



**What will happen if  
I take part?**

- We will meet 3 times at your school, in a quiet room.  
You can invite an adult from your school to join us.



- I will ask you to bring your favourite game from home.
- You will be able to share your ideas through drawing, taking pictures, smiling, tapping, writing or speaking. This is what we will do in each session:

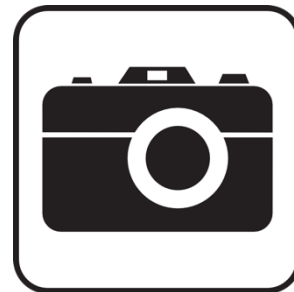
## Session 1

- We will play a game that you like.
- I will give you a special book called a 'Book about me' so that I can learn about your favourite things.
- I will ask you to draw yourself in your classroom and in your playground



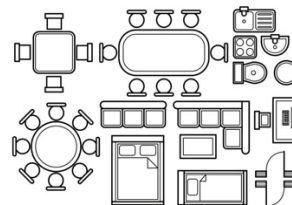
## Session 2

- We will play a game that you like.
- I will give you a camera.  
I thought it would be nice if we took a walk around your school so that you can take photos of the **places, things** and **activities** in school that you like.



## Session 3

- Together we will look at your photos and the things that you like in school.
- We will look at a map of your school. You can use stickers to show me how you feel in different places at your school.



**Do I have to take part  
in this project?**

- No, you do not have to take part if you do not want to.

- Before you decide, you can ask me any questions you have. Here is my email address:  
[m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk)



- You can say 'yes' now and change your mind at any time during the project.



What if I feel unsure  
or upset?

I want you to feel **happy**  
and **comfortable** at all  
times.



You can use this **blue card**  
**to** tell me if you want to  
have a **break**.



You can use this **orange**  
**card** if you want to **stop**  
the activity.



You can always ask me  
any questions you have ☺

**Will anyone else know  
what we talk about?**

Only I will know what you said.

I will record our sessions to help me remember what we talk about. I will then write it down and delete the recording.



I will write down your age but I will not write down your name or the name of your school.

**What will happen after  
the project?**

I will write about what children like  
and don't like about their schools.

I will write about some of your and  
other children's ideas so that we can  
help teachers make school better.



At the end of the project you will  
receive a 'Thank you' Certificate.

You will be able to choose a gift  
as a thank you for your time and help.



**Do you have any  
more questions?**

You can email me on [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk)



Thank you for reading my letter

Best wishes,

Mila.

## Appendix G Consent Forms and Assent Forms

### G.1 School Consent Form

Study title: Understanding how children with selective mutism experience and make sense of their school environment.

Researchers: Milena Marta Cichoń, Julie Hadwin, Sarah Kirby and Claire Williams  
 ERGO number: 47541

Please initial the box(es) if you agree with the statement(s): .....

I have read and understood the School Information Sheet (23.7.2019 /Version 3) and have had the opportunity to ask questions about the study.	
I agree to share the Invitation Letters with parents of the eligible children so that they can consider whether they wish to participate in the study	
I understand that the study will consist of three interview sessions that will take place on the school premises during normal school hours and I agree to provide an appropriate space for the duration of these interviews.	
I understand that, if needed, the school will aim to ask a member of staff to join the interviews until the child is happy to complete task on their own.	
I understand any information that the child shares during the sessions will remain confidential unless the child shares information that raises some concern.	
I am happy for the child to take photographs of different areas and activities around the school and can make staff aware of this activity.	
I am happy to provide a floor plan of the school to support the research.	

Name of participating school (print name).....

Name of Headteacher (print name).....

Signature of Headteacher .....

Date.....



**G.2 Parent Consent Form**

Study Title: Understanding how children with selective speaking experience and make sense of their school environment.

Researchers: Milena Marta Cichon, Julie Hadwin, Sarah Kirby and Claire Williams

ERGO number: 47541

Please initial the box(es) if you agree with the statement(s):.....

I have read and understood the Participant Information Sheet (09.04.2019 /Version 2) and have had the opportunity to ask questions about the study.	
I agree for my child to take part in this research project and agree for my child's data to be used for the purpose of this study.	
I understand that my child's participation is voluntary and I may withdraw my child at any time for any reason without my rights or my child's rights being affected.  I understand that I can contact the researcher before December 31, 2019 to request that my child's data is not used.	
I understand that my child will be given information about the study in a child-friendly and accessible format and they will be asked to sign an assent form.	
I understand that my child will be invited to take part in three sessions during school time, each session will take between 45-60 minutes and that my child will be given the opportunity to ask questions, take a break or stop the activity at any time.	
I understand that my child may be quoted directly in reports of the research but that he/she will not be directly identified and that their name will not be used.	
I understand that taking part in the study involves audio recording which will be transcribed and then destroyed and the information will be used for the purposes set out in the Participation Information Sheet.	

Name of participating child (print name).....

Name of parent (print name).....

Email address of the parent.....

Signature of parent.....

Date.....

Name of researcher (print name).....



Signature of researcher .....

Date.....



### G.3 Child Assent Form



Would you like to take part in my project?  
(colour in the face you choose):

Are you happy for me to  
record what we talk  
about?

YES	NO
	

Would you like me to send you  
a summary of my project when  
it's finished?

YES	NO
	

YES	NO
	

Your name:	
Your signature:	
Date:	

# Appendix H Child Interview


## H.1 Interview schedule



### Child Interview Protocol

#### SESSION 1


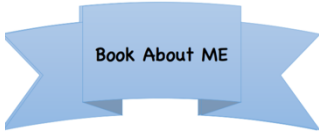


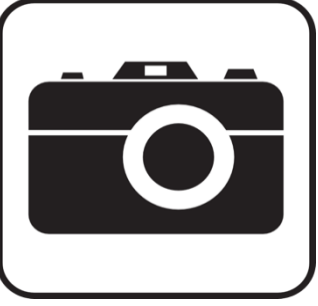

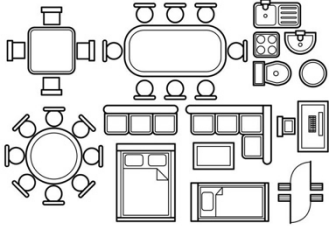
#### I. Introductions/play a game

Hello, It is lovely to meet you. What is your name? (the child will be able to respond verbally or through writing). Lovely, welcome. Now let me tell you about me and why I am here. Here the researcher will explain the research project again, using the Visual Cards with pictures (script will be spoken but only pictures will be shown)

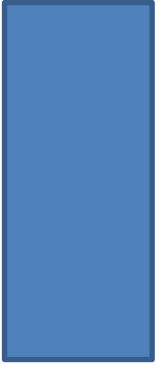
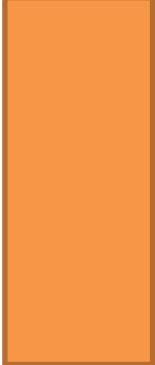

	
<p>Hi. My name is Mila I am a Trainee Educational Psychologist. That means I work with children and teachers and parents to help make learning more fun</p>	<p>I go to Southampton University</p>

	
<p>Some children find it tricky to tell adults what they think and how they feel at school. They also find it tricky to join in different activities. I am doing a project to find out what children like and don't like about their school and what adults can do to make school better.</p>	<p>I am here because your mummy and/or daddy and you said that you want to help me with my project. Do you still want to take part in this project?</p>

We will meet three times. (The researcher will present the Visual Schedule of the sessions and explain:

1.	2.	3.
   <p><i>In the first session we will play games so that I can learn more about you. I have also prepared 'A book about me' to give to you, so that I can learn more about the things that you like. I will also ask you to draw two pictures Is that ok?</i></p>	  <p><i>In the second session I will give you a camera We will walk around the school so that you can take pictures of the places and activities that you like in school. Is that ok?</i></p>	  <p><i>In the third session We will look at the map of your school and the photos you took so that you can share how you feel in different places at school</i></p>

I will record our sessions using this recorder to help me remember what we talk about (I will show the recorder and the let the child play with it, record me)

<p style="text-align: center;"><b>Break</b></p>  <p>You can use this blue card to tell me that you want to take a break. Let's try it. What will you do if you feel like you would like to take a break? That's right, point to this card.</p>	<p style="text-align: center;"><b>Stop</b></p>  <p>You can use this orange card if you want to stop the activity. Let's try it</p>	 <p>Do you want to ask me anything? *Are you ready to start?</p>
---	--	---

*\*[The child will be given the opportunity to ask any questions before starting the interview and the researcher will frequently check in with the child, after each section of the interview, whether they are happy to continue and if they have any questions, paying close attention to the child's body language that might communicate potential tiredness or discomfort]*

Researcher: "This is the plan of our sessions [VISUAL SESSION PLAN enclosed]. This is so that you can tick or cross out every activity and see how many we have left. Is that ok? Shall we have a look at the first activity?"

*If the child is happy to continue the researcher will say:*

"Look, on our plan it says that we are going to play a game. Would you like to do that? *If the child says 'yes':* "Excellent, did you bring your favourite game from home that you would like to play? Great. Let's see."

*[In order to establish positive rapport, make the child feel comfortable, the researcher and the child will play a game together. The child will be allowed to bring their favourite game from home. If the child does not bring a game, the researcher will offer a game from a choice of two, by playing a game of 'hide and seek- the researcher will close her eyes and the child has to point to the game that they want. The child will be able to decide if they would like the researcher to choose the first game. The child will be given the opportunity to respond verbally, or through pointing, tapping the table, drawing or writing down their responses]*

*[Once the child chooses a game]:* Great choice, let's play the game! So, what do we have to do here? (waiting for the child to explain the rules of the game, if they wish to, providing enough time and space for the child to join in interaction when they are ready to do so)

After playing the game:

Thank you, did you enjoy playing the game? I enjoyed it very much. I really liked it when .... (the researcher will say a specific aspect of the game they enjoyed).

Are you happy to continue? Is it ok if we do the next activity together?

*If at any point during the interview the child says that they wish to have a break, the researcher will say:*

Thank you for telling me that you want to have a break. Would you like to do some colouring? *[the child will be able to choose/write down what they would like to do]. After 3 minutes, the researcher will say 'Shall we go back to our game?'*

*If at any point during the interview the child says/ signals that they wish to stop the interview, the researcher will say:*

Thank you very much for telling me how you feel and that you would like to stop the activity. That is absolutely fine. Here is a certificate for you to say 'thank you' for your time and for playing a game with me. I really enjoyed meeting you and thank you for your time. Here, let's put the toys away and let's go back to your class together. Thank you so much for your time.

## **II. "Book about Me" Activity.**

*If the child says 'YES' and wants to continue with the activity*

Thank you. Now I would like to learn a bit more about you. Here I have some cards and a book with activities. Shall we have a look inside the book? / Shall we have a look at the cards? *(cards will be spread out on the table, the child will be encouraged to pick up a card and either respond verbally if they feel comfortable to do so, or write on it or draw the answer booklet; the child will be free to complete as much or as little of the booklet as they like, they can skip some of the questions if they do not want to answer them. The researcher will be taking part in this activity, so that both, the researcher and the child have a chance to answer the questions. Blank cards will be available so that the child can draw any other things they like. During this activity, the researcher will ask questions about the things that the child likes and doesn't like, by exploring what they like/ don't like about them, when and who they like doing these activities with etc.*

When the activity is finished the researcher will say "thank you very much, I really enjoyed learning about the things that you like. Did you enjoy completing your booklet?"

## **III. Drawing**

*(The child will be able to do as much or as little of the drawing as they wish to make sure that they are comfortable; the researcher will have a selection of crayons, pencils and colouring pens available so that the child can choose which one they would like to use)*

Shall we have a look at our next activity? (using the Visual Session Schedule). Look, it says here that we will do some drawing. Is that ok? Great. We need two cards to tell us what to draw". The researcher will place two colour cards on the table, each one will contain a prompt to draw either (1) classroom or (2) playground. The researcher will say:

Which card would you like to choose first? The researcher waits for the child to make a choice.

The researcher will provide the child with a blank piece of A4 paper and say (depending on the card chosen by the child):

- **"Here is some paper. I would like you to draw people (children and adults) in your classroom doing something and include yourself in the picture"**

- **“Here is another piece of paper. I would like you to draw people (children and adults) in your playground doing something and include yourself in the picture”**

During this activity the researcher will ask Who/ what/where/ when/how/ why? questions to find out more about the people and the situations drawn in the pictures.

Example prompt questions:

Who is that?

What is he/she/your teacher /the adult doing?

Who is he/she standing next to?

Where are they sitting/ standing?

What is he/she wearing?

What are they saying?

How are they feeling?

Why are they (e.g. standing next to the teacher?)

Tell me more about....

What do you normally do here? Who do play with? What if you want to ....

*At the end of the session the researcher will thank the child for their time and help and will take the child back to their classroom.*

## SESSION 2

### I. Introductions/ Game

Hello again (name of the child). It is lovely to see you again, how are you today? Do you remember why I am here? (I will use the visual prompt cards to explain the study again, reminding the child that they can use the blue and the orange cards). Do you want to tell me about a nice thing that happened today? Can I tell you about a nice thing that happened to me? (rapport building). Excellent, thank you. Do you want to help me turn on my recorder? Lovely, thank you. Are you happy to do some more activities today?

I will check if the child is happy to continue. If they say ‘Yes’, the researcher will say: “Excellent, let’s have a look at our Session Plan and see our first activity. What does it say? That’s right, we will play a game.

Did you bring another one of your favourite games today? If the child doesn’t have a game with them: Shall we have a look what is in my bag today? The child will be encouraged to have a look inside the bag and take out a game. The researcher and the child will spend 10-15 minutes playing a game to make the child feel comfortable and to have fun.

## II. Photo Elicitation

“Now, do you remember what we did last time? That’s right, we looked at some cards and we did some drawing. It was so much fun to learn about your favourite things, thank you for sharing them with me”.

“Today we are going to do something slightly different. Shall we have a look at our plan? Look, today we will be using a camera and we will go for a walk around your school to take photos of the places, things and activities that you like. Does that sound ok?”

“Look, this is a camera for you so that you can take some photos. (the researcher will show the camera). Shall we have a look at the camera first and see how it works? *The child will be given the opportunity to explore the camera, by taking the picture of an object in the room*

“We will walk around the school together. As we are walking, I would like you to take photos of all the **places, things and activities in school that you really like**”

“I will take the recorder with me to help me remember what we are saying. I will keep it in my pocket, right here (jumper pocket).

“We will take photos, then we will come back to this room. You will then go back to class. I will go home. I will print out those photos and bring them next time so that we can have a look at them, does that sound ok? Excellent, let’s go”

*The exact types of questions will depend on the areas we visit, the things that the child will attend to or point to, and the visual prompts around, for example the wall displays, the equipment that we will come across, the areas that are unique to each school.*

*Prompt questions will be used to elicit the children’s views about these different elements of their school, while we are walking around the school and the child is taking pictures. The child will be free to initiate conversations and to say as much or as little as they wish.*

### Example questions:

- Which way shall we go? Which way shall we go next? Which direction?
- Let’s have a look here, what is this place called?
- This looks interesting, what is it?
- What do you do in this room? What happens in this area?
- Tell me about this area/ activity... what do you like doing here? why do you like it? do you do it/ play here with anyone else?
- What do you think of these colours/ pictures/activities/ areas?
- What do you like/ don’t like about them?
- What types of games do you play here?
- Who do you play with? What if they are not in school?
- Where do you have your lunch? How many children do you sit with?
- How do you feel when you are in this area (eg. playground, lunch hall)
- How do you feel when you are ... (eg. working with the other children here? Answering the register)



### I. Introductions

Good morning/ afternoon [child's name]. How are you today? Do you remember why we are meeting again today? That's right, because I am doing a project to find out what children like and don't like about their schools. Today is our 3<sup>rd</sup> session. Do you want to tell me something good/happy that happened today? Can I tell you something positive that happened to me today?

Remember, you can tell me at any time if you want to stop or you want to have a break, using these two cards. You can use the blue card to... (*waiting for the child to respond*) have a break and the orange card to...(*waiting for the child to respond*) stop the activity and go back to class. Is that ok? Are you happy to begin our next activity? Excellent, thank you.

### II. Photo Elicitation Activity

Researcher: "Do you remember what we did in order session last time? That's right, we were taking photos of the places and activities at your school that you really like. Shall we have a look at our Session Plan to see what we are going to do today? Look, today we are going to have a look at your photos and the map of your school and use stickers to show which places you like and don't like".

Researcher: "Do you want to have a look what I have inside my box? What could it be? That's right, those are the photos you took last time! Look at them all, how beautiful they all are! Shall we spread them on the table and have a good look? Great"

Researcher: "Ok, so which one shall we have a look at first? *\*This section of the interview will be open and flexible and led by the child's responses and things that they attend to. However, the discussions will be planned around some key themes, using prompt questions:*

- OK, tell me more about this photo.
- What/who is in this picture? / Where was this photo taken?
- What are they doing? / what is happening here?
- Why did you take a picture of this place/ thing/ activity?
- What do you like about this place/activity? (if the child mentions that they like playing with friends: What do you do together?/ what would you like to do together?)
- What do you normally do here, in this place?/ what do you like doing here?
- How do you feel when you are here/ with this person/ doing this activity?
- Tell me more...
- Do you remember when we were in this place you said.... Can you tell me more about that?

### III. Floor Plan/ Map Activity

The researcher will take out the floor plan of the school and say: "Now, look what I have here, what do you think this is? Look, there are different paths and rooms, what could it be? This is a map of your school. Shall we try to name these places? Here is the... front gate and here is the (eg reception area) and here is the... (Y3 class) etc, naming all of the areas. Excellent"

"Now, let's have a look at your photos and let's try to stick them on this map, where will they all go? Let's look at this picture of xxx (eg. the playground), can you see the playground on this map? Shall we use some blu-tack to stick it here? Lovely! Let's have a look at the next one, where should this one go?,etc)".

While the researcher and the child stick the photos on the map, the researcher will continue exploring the child's views and naming the other areas around their school, using the following prompt questions:

- Look, where is this place? What is next to this place?
- I am wondering what you think of this area? (*pointing to the blank areas, without the photos*)
- Could you tell me more about these places?
- Do you know these places? do you go there to play?

When finished the researcher and the child will look at the map together the researcher will say:

*"We have all these lovely photos of the places and activities that you like. I am wondering if there are any places on this map that you don't like that much. Here I have some red and green stickers for you. Could you stick the green stickers in places that you like and red stickers in places that you don't like that much?"*


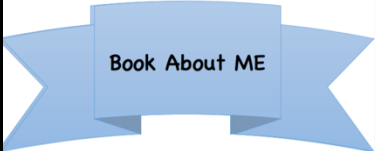



*Prompt questions (the child will be given the opportunity to share their views through writing, drawing or speaking when they feel comfortable to do so):*

- Could you tell me more about this place? Where is it? What is it called?
- What/who is in those areas?
- Why don't you like it?
- How do you feel when you are there? Do you know why you might feel that way?
- Who can support you when you feel that way?
- Are there any children who go/play in that area?
- Which activities do you not like in there?
- Are there any things that you do like when you are there? Why?
- If this area was .... (depending on the child's response, eg. empty, quiet, loud)- what would you do there?
- How do you feel when you are ....? What makes you feel that way? Tell me more.

At the end the researcher and the child will look at the whole map together.

The researcher will thank you the child for their time and help, praise the child for all their effort and being brave in sharing their ideas. The child will receive their Thank you certificate and they gift.

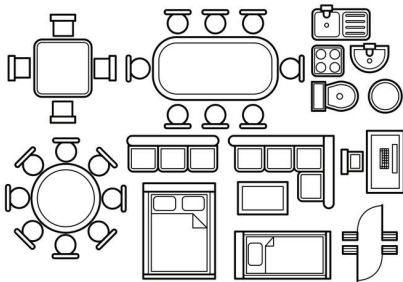
H.2 Session Schedule

SESSION 1	
	Play a Game
	Your favourite things
	Drawing
SESSION 2	
	Play a game
	Take photos of places, things and activities you like

## SESSION 3



Look at the photos



Map of your  
school






Stickers to show me the places you like and  
don't like:

*(green and red stickers will be stuck here)*

THANK YOU SO MUCH FOR  
TAKING PART IN MY STUDY.



PLEASE CHOOSE WHICH TOY YOU WOULD LIKE

STICKER BOOK	A TOY CAR	A SOFT TOY	STATIONERY SET	SQUISHY
				

H.3 'Thank you' Certificate

Thank you!

[name of the child]

for helping me with my project.  
I really enjoyed learning about you and your school.  
I wish you all the best 😊

Miss Mila  
Signature

\_\_\_\_\_  
Date



## Appendix I Debrief Forms

### I.1 Child Debrief Form

**Title of project:** Understanding how children with selective mutism experience and make sense of their school environment.

**Child Debriefing Statement** (*written*) [01.03.2019, Version 1]

**ERGO ID:** 47541

Dear (name of the child),



**Thank you so much for taking part in my project.**

**What was this  
project about?**

- Some children find it tricky to tell adults at school what they think and how they feel.
- I wanted to find out from children what things they like and don't like and how they feel in school.
- I wanted to find out what adults can do to help make school better.

**Why did I invite  
you to take  
part?**

I invited you because your mum/dad thought it would be nice for you to share your ideas about your school.


Your ideas are very important. I wanted to find out:

- Which places, things and activities at your school **you** like, don't like and why.
- How **you** feel in different places at your school.



**What did we do?**

- We met 3 times, we played games and did some activities together
- I learnt about your favourite things
- I asked you to draw pictures
- We walked around your school and you took photos of the places, things and activities in school that you like
- We looked at your lovely photos, map of your school and we talked about how you feel in school.



**What will happen next?**

- Your answers will help me understand what things in school are important for children.
- I will write about some of your ideas so that we can help teachers make school a better place for children to learn.
- You can read a summary of my project when it is finished





**What do I do if I  
have more  
questions?**

You can email me on [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk)

Thank you so much again for taking part in this project and for sharing your ideas. I really enjoyed learning about the things that you like in school. I wish you all the best! 😊

**Mila.**

Signature \_\_\_\_\_

Date

\_\_\_\_\_

## I.2 School Debrief Form

Title of project: Understanding how children with selective mutism experience and make sense of their school environment.

Parent Debriefing Statement (*written*) (01.03.2019, Version 1)

ERGO ID: 47541

The aim of this research was to explore how children with selective mutism experience and make sense of their school environment. Your child's data will help our understanding of how children who might find speaking difficult at school feel about the different areas, things, activities and relationships at school, what they like, don't like and why. It is expected that the results will help the Educational Psychology service and the school staff understand what children attend to and value about their school in order to promote participation and good practice. Once again, results of this study will not include your child's name or any other identifying characteristics. The research did not use deception, however, your child was offered a 'thank you certificate' and a toy as a token of appreciation for their participation. If you would like to receive a summary of the findings (available from September 2020), or if you have any further questions please contact me, Milena Cichoń directly on [m.m.cichon@soton.ac.uk](mailto:m.m.cichon@soton.ac.uk). This project was supervised by Dr Julie Hadwin [J.A.Hadwin@soton.ac.uk], Dr Sarah Kirby (Sarah.Kirby@soton.ac.uk) and Dr Claire Williams (Educational Psychologist, [claire.williams@portsmouthcc.gov.uk](mailto:claire.williams@portsmouthcc.gov.uk) )

Thank you for your participation in this research.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the Chair of the Ethics Committee, Psychology, University of Southampton, Southampton, SO17 1BJ. Phone: +44 (0)23 8059 3856, email [fshs-rso@soton.ac.uk](mailto:fshs-rso@soton.ac.uk)

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