



## **CHILDREN WITH SELECTIVE MUTISM: USING COMPUTER SOFTWARE TO DEVELOP AND SUPPORT CONFIDENCE IN SPEAKING AT SCHOOL**

### **Report on a Pilot Study 2008-2009**

#### **Background**

Children with selective mutism (SM) are able to speak freely with only a small number of people with whom they feel comfortable. Typically children are able to speak at home, with family members, but experience extreme anxiety about speaking outside the home. SM may begin as extreme shyness in pre-school, and develop into extreme selective mutism during school years. The condition was originally known as 'elective mutism', as it was thought that the children were *choosing* to be silent in public. Some practitioners in the UK prefer to see the condition as 'selective mutism'. The children are regarded as having no control over their silence. It is an anxiety response brought on by particular situations; e.g. meeting unfamiliar people. Most of the children and their families report that the children do want to speak, but their anxiety, or phobia, prevents them from speaking in certain selected situations, and most typically at school.

Various approaches are used to help children with selective mutism. In the UK a successful approach is known as the 'sliding in technique'. Here the child is helped to gradually use her voice with a familiar adult; e.g. reading out loud with a Teaching Assistant in the school library. Gradually the child is encouraged to use her voice when other adults are present. Making a strong link between school and home is seen as a highly effective part of the programme. This might involve a member of staff visiting the home, reading with the child, and then transferring the reading sessions to school. However this type of approach can only succeed if all school staff are aware of the child's needs, and develop a common approach to support.

This action research focuses on using two pieces of 'educational' computer software (*Lexion* and *Choose and Tell*) as a means of linking home and school, as a focus for the 'sliding in technique' and to support children in the early stages of becoming confident speakers in school.

#### **Research Method**

The original method was to conduct a pilot study involving 10 girls between the ages of 5 and 11. The children should have no significant additional learning needs. After an initial interview, the parents were to be offered the use of the software packages on their home PC or laptop. A meeting would be arranged with the Head Teacher, class teacher and Special Needs Coordinator. Local professionals; e.g. Speech and Language Therapists, would be involved, wherever possible. A training session for all staff in the child's school would be arranged. The session would include an exploration of the nature of SM. The aim would be to develop a shared understanding that children with SM were suffering from a type of phobia, rather than being 'willful' or 'controlling'. When the time was judged to be right, the child would use the software in her school, as part of a planned approach to developing confident speaking.

The original intention was to choose a homogeneous group of children, e.g. girls with no additional learning needs, and with similar levels of communication. However SM can affect boys and girls, as well as those with additional learning needs, and including autism. It was not regarded as being ethical to exclude any children and families from the study.

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### **Outcomes from the Pilot Study**

Eight children are involved. Three children are at the stage where they using the software in school, as part of a structured programme to gradually encourage confident speaking. (See attached case study) The remaining children are enjoying using the programs at home. Two will shortly be transferring the software to school. Five parents have reported significant progress in their children speaking in school. All parents report feelings of optimism, and a reduction in their feelings of extreme concern that their children would never speak in school. All parents report an increased understanding of their children's condition. All schools involved reported being more aware of SM, and how to help.

### **Issues arising from the Pilot Study**

The greatest concern is the lack of support available to schools and families from local services, including Speech and Language Therapists' lack of knowledge or practical experience. In some cases Therapists are unwilling to be involved, and pass the responsibility to psychologists, who are also inexperienced. This adds to the parents' feelings of despair, and schools' feelings of inadequacy.

The whole-staff meeting has proved to be an essential part of the method. Schools that are willing to commit 90 minutes to a discussion of SM are likely to be schools that are willing to embrace new ideas. The change of atmosphere around the child, due to increased understanding of her difficulties, is a vital part of the process of enabling change.

The 'action' in this project is as important as the 'research'. Schools and families are embracing the process, and in fact most of them regard the project as being the only positive intervention they have been involved in to support the child with SM. Local professionals who become involved are able to continue supporting the process without the researcher's direct involvement. This hopefully will lead to sustainable improvements for the individual children involved, as well as increasing knowledge and practical experience.

Three of the children in the study have significant additional learning needs, including diagnoses of Autistic Spectrum Disorder (ASD). This could indicate that children with conditions that are associated with anxiety about communication may also show signs of SM (see case study).

### **The way forward**

It has been established that this research fulfils a practical need, and has the potential to influence professional practice. Using software appears to be a valid alternative to reading out loud in the crucial stage of developing early confident speaking in school. It will be this aspect of the process that will require closer scrutiny in the second phase of the research.

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## Case Study October 2009: Elliott

*Elliott is eight. He has a diagnosis of autism, with selective mutism. He attends his local primary school. He has a Statement of Special Educational Needs, and has regular individual support from Wendy Stanbridge, a Teaching Assistant. Wendy has kindly written this account of her work with Elliott in his home and at school, using Lexion and Choose and Tell.*

Lexion and Choose and Tell were set up at Elliott's house, on the family PC in June 2009. For about an hour each week with his mum present, he would show me how to play the different games on Lexion, 'Choose and Cook' and Choose and Tell Legends. Over the weeks that followed Elliott's confidence in showing me what to do grew and grew, as he learnt how to play all the games and had great fun correcting me every time I got it wrong. I could see that he was relaxing more and having a little giggle when it sometimes went wrong. I think he enjoyed the fact that he was in charge and knew what to do, where as I didn't have a clue. He played Choose and Cook so many times he actually cooked scrambled eggs on toast for me three weeks in a row: boosting his self-esteem and making him feel proud.

After about 8 weeks, and with Elliott's say so, Lexion was put on a few computers at school ready for Elliott to start using in September 2009. Using a familiar and quiet room in the school, Elliott uses Lexion and Choose and Tell 3-4 mornings a week for about 25 minutes, working with a small group of classmates of his choice.

For the first week he chose a girl who sits next to him in class and who he feels fairly comfortable with. First Elliott showed her some of the different games and how to play them. By the end of the first week they were sharing the computer and trying to work it out together with Elliott having the advantage of showing her what to do. In the next couple of weeks he chose a few more children that he felt fairly comfortable with from his class. Then he decided he wanted to show two children at the same time, and has kept it this way ever since. With some of the children he will choose them time and time again. With this I notice a difference in his body language and can see he is feeling more comfortable and relaxed. They are all sitting closer together, trying to work it out and interacting a bit more.

I feel that Lexion and Choose and Tell are having a positive effect on Elliott: Giving him the confidence to make a choice when choosing children to play on Lexion with him. He is realising with his friends that it doesn't matter if they get it wrong sometimes. I can see Elliott relaxing more with his closest friends and giggling along with them sometimes.

So far Elliott has introduced the software to about 10 children in his class. Some he feels quite comfortable with, and others not quite as comfortable. Hopefully in time he will feel more at ease and be able to verbally interact with them. Then maybe he will be brave enough to show the other children in his class. Elliott enjoys playing on Lexion Choose and Tell, and I'm sure it gives him the feeling of importance: especially when his friends ask him to choose them. I am sure Elliott is benefiting from Lexion and Choose and Tell, as are the children who play on it with him and hopefully his progress will continue.