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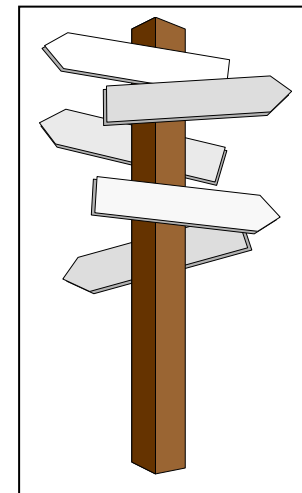


For more copies of this leaflet and
'Speaking Out!' contact:

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Children who can talk...
but don't

What now?



An advice leaflet for schools
compiled by East Kent Coastal Speech
and Language Therapy Department and
East Kent Educational Psychology
Service, as a follow-on from
Speaking Out!

Are you concerned about a child who is not talking at school despite talking at home?

Does the child talk to some people e.g. other children, but not others?

Does this seem more than normal shyness?

Is it more than a cultural issue? (e.g. traditional ways of Travellers and other ethnic minorities)

Is it more than a poor command of English?

It is possible the child has a condition known as selective mutism. The earlier the condition is acknowledged and managed, the easier it is to overcome.

Selective mutism starts for many different reasons and presents itself in a variety of ways. It can occur on its own, or alongside other conditions such as speech and language disorder, Autistic Spectrum Disorder, learning difficulties. On rare occasions, trauma, or other emotional disturbance may be present.

In school, you are most likely to see children with selective mutism presenting in one of two ways...

- The anxious child
- The non-anxious child

This leaflet summarises the different management approach indicated in each case.

The Non-Anxious child

- No social phobia or apparent anxiety, although tension and/or frustration will be present
- Child seems on the brink of talking to adults
- Child talks freely with peers in staff's earshot
- Child communicates in a variety of non-verbal ways with adults (e.g. eye contact, facial expression, pointing, gestures, drawing)
- Child initiates communication with others at a non-verbal level (e.g. makes needs known, social contact)

The Anxious Child

- Anxiety levels are particularly high in situations where there might be an expectation to talk
- Sharp contrast between situations where they are confident and those where they are anxious
- Child may talk to one or two familiar friends or adults, but becomes acutely aware if someone outside their talking circle can overhear them
- Child watches, delaying their own involvement until absolutely sure they will not make a mistake, or upset anybody.
- The intensity of the silence can be quite overwhelming
- It is normal for adults to feel inadequate, anxious, frustrated

If a child in your class seems to fit one of these categories, the next steps are:

For the non-anxious child:

- Follow your referral route to Cluster
- A non-verbal management approach may be deemed appropriate
- If not, a referral to SLT will be considered
- The non-verbal management approach is classroom based and takes 2 weeks
- It involves the adults changing their response to the mutism, and creates a higher need to communicate within the child
- A support/review/monitoring cycle will be in place

For the anxious child:

- Contact your SLT Service to arrange a meeting with you and parents to look at the factors which might be maintaining the child's mutism. Parental involvement will be an important part of management.
- For young children it may be possible to reduce anxiety by modifying environmental supports and interaction style
- For older children, an anxiety reduction programme may also be deemed appropriate
- This will involve regular 1:1 support from a classroom-based adult (a few minutes a day) for at least a term to elicit speech and begin to generalise to other children and staff.
- Sessions can then be less frequent to continue generalisation
- A training/support/review/monitoring cycle will be in place