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

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Abstract

Selective mutism (SM) is typically identified in early childhood and is characterised by a lack of speech in specific social situations, usually at school. This study interviewed 11 teachers and used qualitative methods to develop an explanatory framework to represent the lived experience of teaching pupils with SM. Interviews were analysed using grounded theory methods. The final theoretical framework captured nine categories across five key processes (i.e. *categorisation* of teacher beliefs, the development and change in beliefs through a process of *scientific enquiry,* teacher efforts to *support* and *monitor* pupil progress, and management of teacher *emotional responses*), and four contextual factors (*pupil characteristics, peer relationships, teacher self-identity* and *staff relationships*). The findings highlighted a link between teacher categorisation of SM and pupil support. We discuss the implications of the framework for guiding research and educator practice to support pupils with SM.

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

Introduction

Selective mutism (SM) is an anxiety disorder where a child with no physical impediment to speech does not talk in specific social situations where a response is expected (often in school), but who does speak in other contexts (e.g., at home), and where the behaviour is present for at least a month (American Psychiatric Association (APA), 2013). This behaviour is typically evident before five years of age (Bergman et al., 2013). It is frequently first detected when a child starts school (Cohan, Chavira, & Stein, 2006), and where the teacher represents the figure children are least likely to talk to (Sharkey & McNicholas, 2008). Approximately fewer than 1% of the population are given a diagnosis of SM (Mayworm et al., 2015), and it is reported to be more common in girls with a female to male ratio of 2:1 (Dummit et al., 1997).

SM is associated with a developmental delay in phonic, literacy and language skills (Manassis et al., 2007). Speaking inhibition limits opportunities for children to develop and consolidate understanding through discussion in school (Nowakowski et al., 2009). In addition, parents and teachers often judge children with SM to be less confident in social interactions compared with their peers, and to have difficulties developing and maintaining friendships (Cunningham et al. 2004). Studies have shown that for some children SM behaviours can continue into adolescence and adulthood (Bunnell & Beidel, 2013; Christon et al., 2012; Lang et al., 2016). In addition, several studies have found associations between symptoms of SM and social anxiety disorder (SAD) (e.g., Muris et al., 2016; Steinhausen et al., 2006; Vecchio & Kearney 2005). Muris and Ollendick (2015) systematically reviewed 21 papers to explore the relationship between SM and anxiety and highlighted a specific link with social anxiety.

Research has highlighted a complex set factors that contribute to the onset of SM (Viana et al., 2009). SM has been associated with family systems where overcontrolling

parenting styles are argued to increase children's beliefs that they need parents to help manage social situations (Wong, 2010). Further research proposed that avoidance of speech is a learnt mechanism to manage anxiety associated with stressful social situations (Young et al., 2012.) Findings also suggest that parents transmit their own anxiety about social interactions vicariously to their child (Murray et al., 2008). In addition, research has highlighted associations between traumatic childhood experiences (e.g., hospitalisation, dog bites) with the onset of SM (Anyfantakis et al., 2009; Black & Uhde, 1995). Regardless of its initial cause, it is generally accepted that SM is a behaviour that is reinforced and maintained by the child's environment (Cohan et al., 2006). In school, for example, staff and pupils may respond to nonverbal cues in a child who has difficulty speaking, reducing the expectations for a verbal response (Krysanski, 2003).

Teachers are often first to notice symptoms of SM and they represent the people whom children are least likely to talk to (Bergman et al., 2002). Because the primary outcome for interventions for SM is typically for the child to speak in the context where speech is withheld (see Muris & Ollendick, 2015), around half of intervention studies for SM take place in school (Zakszeski & DuPaul, 2017). School staff can play a role consulting with the person delivering the intervention or assisting with the transfer of skills from the therapeutic context into the classroom. Recent randomised control trials (RCTs) with children and adolescents diagnosed with SM have found that levels of functional speaking in target situations is significantly increased following cognitive-behavioural interventions, compared to waitlist control groups (Bergman et al., 2013). Oerbeck et al., (2014) found that for 24 children diagnosed with SM, speech in school increased (compared with a wait-list control) and 70% of children no longer met the diagnostic criteria for SM after five years (Oerbeck et al., 2018) following a 21-session

intervention largely delivered in the school environment, and that included cognitive - behavioural and systems focused elements (e.g., psychoeducation for parents and school staff).

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

Related research has asked teachers about their experience of working with children who were characterised as shy. Shyness is associated with social anxiety and is defined as a wariness or self-consciousness in the face of novel or evaluative social situations (Coplan & Rubin, 2010.) Korem (2016) conducted semi-structured interviews with 15 educators (teachers, administrators and trainers) to ask about their experiences of supporting children and adolescents they perceived to be shy. Thematic analysis highlighted that educators viewed pupils positively (e.g., polite and helpful) or with concern (e.g., absent from social interactions). The authors further highlighted that staff who viewed shyness as a positive quality and part of a pupil's character concluded that additional support was not necessary. Conversely, staff who viewed pupil shyness as a concern suggested that they would benefit from support.

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

The present study used an inductive approach to explore the teacher experience of working with pupils with SM in a UK context. It aimed to develop a theoretical framework to identify key elements of the teacher experience and how they interrelate. It anticipated that this framework would inform future investigations into the relationship between teachers and children with SM to improve the experiences and outcomes of pupils in school.

Method

Design and epistemology

We used a grounded theory approach for this study involving data collection and simultaneous analysis. Data is coded with the aim of identifying categories that best capture the phenomena of interest and these are integrated together into a representational theory (Willig, 2013). In this study, grounded theory methods facilitated the systematic collection of the teacher experience in their own words and

guided the exploration of narratives to inform the development of a theoretical representation of this experience.

Different versions of grounded theory reflect different epistemological positions. Charmaz (2006) introduced the idea of a social constructionist approach which suggested that categories within the theory are constructed by the researcher rather than the researcher uncovering inherent meaning. This approach is consistent with the lead author's stance that her experiences as a primary school teacher and trainee educational psychologist may have some bearing on the analysis and interpretation of the data. This position was however considered weak; the author perspective would not affect the process to the extent that the data could not be generalised beyond the study (Sayer, 1997). The minimisation of potential researcher influence was further addressed by authors using their own diverse research expertise to discuss codes and emerging categories. The process of supervision ensured the theory reflected the data in a manner agreed by all authors.

Participants

Participants included 11 primary school teachers (3 male), aged between 23 and 61 years, and all identified as White British / European. The teachers worked in primary, infant or junior schools in four local education authorities in the South of England and included newly qualified teachers from to those who were nearing retirement. Teachers were included in the study if they reported working with a pupil in the past two years whose behaviour was consistent with the diagnostic description of SM (APA, 2013). Key behaviours included: 1) the pupil did not initiate speech, or respond when spoken to in specific social situations, but would speak in other circumstances; 2) the duration of SM was longer than one month and did not coincide with the onset of school; 3) the

absence of speech was not related to a lack of familiarity with the language; 4) the lack of speech was not better explained by other diagnosed circumstance.

Two teachers taught in the same school and their experiences related to the same pupil. Of the 11 participants, five were currently teaching a pupil with SM and 5 had previously taught a pupil with SM. Other school staff (e.g. teaching assistants) were excluded due to differences in their interactions with pupils (Rubie-Davies et al., 2010). This inclusion criteria led to the exclusion of one teaching assistant. Due to the low prevalence of SM, teachers were recruited through opportunity and snowball sampling (i.e., where one teacher identified further potential participants). Once a draft of the theory was formed thematic sampling was used, that involved working with new and existing participants to explore the suitability of the draft theoretical framework.

Data collection

We used a semi-structured interview to provide a basic framework for discussion and that allowed teachers to direct the conversation to issues that were most relevant to their own experiences (see Table 1). As the process moved to theoretical sampling, the discussion focused more on teachers' views of the emerging theoretical framework. Interviews took place in a private space, audio-recorded and transcribed, and were supplemented with researcher field notes that captured additional contextual information.

Ethical considerations

We followed the standards and guidelines from the British Psychological Society (2018). Ethics approval for the study was given by the School of Psychology ethics committee and University Research Governance. Teachers were told that participation was anonymous, and that no identifiable information would appear in the study. They were informed of their right to withdraw and for data related to them be made available

or destroyed on request. Teachers provided written consent to be interviewed, audio-recorded and contacted later to be re-interviewed. At the end of the interview teachers were given a debrief sheet that described the aims of the study, how their data would be used and what to do if they had concerns or if they had concerns about a pupil with SM.

Approach to data analysis

Interviews were transcribed and transcriptions analysed using grounded theory methods (Charmaz, 2006). Analysis began with initial coding of transcripts, where codes were used to summarise and label data. When trends emerged in this phase the analysis became more directed. Significant codes were given labels and transcripts were analysed by applying and adapting codes. Moving through the transcripts, new codes were introduced to ensure new data were accommodated. Recruitment and analysis continued until no new codes were emerging. The categories were finalised and the relationships between them identified to form the first draft of the theory. A coding manual was created to define codes, clarify coding decisions and provide illustrative quotes[1].

Feedback was sought from one new teacher and two who had taken part in the first round of interviews to check and refine the validity of the theoretical framework. Quotations were selected that represented typical examples or to illustrate specific teacher perceptions or constructs, and teacher names were replaced with pseudonyms.

Results

Overview

We constructed nine categories from the data made up of five areas or processes and four contexts to create a theoretical representation of the teacher experience of pupils

[1] Please contact the first author for a copy of the coding manual.

with SM. The five key processes included (1) a process of *categorisation*, where teachers sought to understand the nature of children's difficulties and challenges, (2) teachers as *scientific enquirers,* who gathered information and tested out hypotheses related to this categorisation, so they could (3) *support pupils* as effectively as possible, whilst also *(4) measuring and monitoring* the level and impact of support and the factors that made this process challenging. Teachers (5) *emotional responses* were also core to their experience and informed their ability to support pupils. The data indicated that the five processes influenced each other directly and reciprocally. In addition to the five core processes, teachers described four contexts that reflected the (6) *pupil profile*, (7) *pupil peer relationships,* (8) *staff self-identity and (9) staff relationships* (see Figure 2).

The five core processes

Categorisation. Teachers described different ways of making sense of SM, but all expressed views about what they *perceived* it to be and placed it in a category of their own understanding. A broad range of categories emerged including the view that SM was a condition that needed to be diagnosed and treated, that it was linked to anxiety, and that it was an aspect of a child's unique character. The process of categorisation enabled teachers to better understand the child, as well as guide their decisions and justify their teaching practice. For example, Olivia suggested that SM reflected the child's individual characteristics and expressed a view that there was no need for a specific intervention to target speech.

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

A common dichotomy in categorisation related to the child's intention associated with speech. The view that SM was not a choice was often connected to perceptions that it was a condition or disorder and the behaviour was outside of the child's control. The interpretation that the child chose not to speak was sometimes connected to a view that they were intentionally using controlling behaviour.

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

Teacher beliefs were not fixed - they described instances of their own categorisation changing due to new information being gathered. They also described holding multiple beliefs that placed child behaviour into more than one category.

Teacher as a scientific enquirer. This category relates to the teacher desire to develop a better understanding of the child. The teachers took part in a process of enquiry where they developed theories about the child and tested these out. These theories were accepted, rejected or redefined depending on the evidence they gathered. Teachers often described a perception that there was an underlying cause to SM and that gaining knowledge of this cause was key to achieving successful child outcomes.

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

Teachers generated hypotheses about the cause of the SM based on information they gathered from colleagues, external professionals, published materials (usually

websites) and their own observations. Teachers outlined several hypothetical reasons for SM, including a family propensity, early childhood trauma and a specific fear of self-expression. These hypotheses shaped teacher practice and guided their next steps in supporting the pupil. When a hypothesis did not lead to favourable outcome, new hypotheses were generated. The process of generating and exploring hypotheses captures the idea of a teacher as a *scientific enquirer*.

Teacher as a scientific enquirer was related reciprocally to 'categorisation'. The SM categories teachers used influenced the degree to which they engaged in the process of enquiry. The desire to identify an underlying cause was less evident for teachers who viewed SM as an individual characteristic that should be accommodated, rather than changed. The process of enquiry could also alter teacher beliefs about the categorisation of SM. Information gathered through this process led to new interpretations of child behaviour. Based on discussions Ella had with a speech and language therapist, she described a shift from her perception of a child as manipulative, to seeing her as anxious and too scared to speak.

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

Supporting pupils. This process linked to the process of scientific enquiry and was driven by teacher beliefs that it would inform them how to best support the pupil. Teachers spoke about different strategies they used and that varied depending on perceived need. Often it involved making changes to the environment, such as sitting a child near peers they would communicate with. Teachers reflected on the reasons why strategies had been more or less successful. Some teachers found the classroom

environment presented a challenge due to space constraints and conflicting demands of other pupils. Harriet suggested that the child age and the flexibility of her classroom positively affected her ability to provide support.

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

A common perception was that external agency support (e.g. speech and language therapists, educational psychologists) was difficult to obtain and that pupils with SM were not a priority. Teachers indicated that budget limitations also meant that resources went to pupils with more demanding behavioural or learning needs.

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

Teachers communicated that they thought carefully about the type of support to offer pupils. This was closely linked to their categorisation of SM. Ella's categorisation of SM being linked to anxiety led to support focusing on helping the child feel comfortable at school.

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

Three teachers (Ella, Lisa and Sophie) talked about providing a specific manualised intervention for SM that focused on reducing the pupil anxiety. Lisa spoke about the need to do something because of concern for the child's future.

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

Teachers who categorised SM as the child's individual characteristic tended to provide support which focused on specific outcomes. In this case, teachers were less likely to express a need for an individualised intervention, or to adopt strategies that focused on the child's emotional state. Nathan reasoned that the child's speech would spontaneously increase over time, unless this was associated with a past trauma.

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

Measuring and monitoring. Measuring a child's progress and monitoring the impact of support was a significant aspect of the teacher experience. Teacher perceptions of what constituted progress or successful outcomes varied and these were linked to the categorisation of SM. Examples of positive outcomes included an increase in non-verbal communication, the child feeling relaxed and achieving in class. A desire to hear the child speak was reported by all teachers, but the reasons differed. Some teachers described the child speaking as an indicator that they were comfortable, and for others it was seen an important step towards reaching their full potential.

"You think 'what you've got is fine but I know if you were to talk with me and I could ask you some questions we could take it further verbally" (Nathan)

A significant component of the teacher narrative associated with measuring and monitoring was the impact of having to work within policies introduced by external

local or national sources. Cathy described the difficulty of applying school policy when a pupil with SM unexpectedly shouted out in anger.

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

Teachers also expressed strong views on the difficulty of adhering to the national curriculum. All teachers described difficultly making accurate assessments of a child with SM because many curriculum standards required pupils to demonstrate a verbal understanding. Consequently, they indicated that academic assessments did not capture the child's true ability.

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

The categories of *measuring and monitoring* and *supporting pupils* were closely linked. The outcomes that teachers monitored related to the support strategies they put in place and were used to judge if the support had been successful, and whether to carry on, alter their strategy, or seek additional support. Cathy spoke about a pupil experiencing separation anxiety and taking steps to support him with these feelings, whilst also wanting him to develop his independence.

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

Perceptions as to what successful outcomes would look like were also influenced by teacher categorisation of SM. For example, where Ella put in place a teaching

assistant support to help the pupil feel relaxed and valued, she judged the success of the approach by her perceptions of the child's mood.

"this did seem to make her happier in the long run" (Ella)

Responding emotionally. Teachers described a range of emotional responses linked to their experience of working with a pupil with SM. Frustration was frequently reported, but it took different forms. The most predominant form was a helpless frustration, where the teacher indicated that they were not getting the best out of the child and they were not sure what else they could do. Linked closely to experiences of frustration was the feeling that they were letting the child down.

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

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

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

Many teachers described strong emotions that resulted from wanting to do more to understand and help the child, while recognising that they did not know how best to achieve a positive outcome. Sophie worried about a child's future, indicating that she did not have the resources and skills to support him.

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

Negative emotions were rarely directed towards the pupil. Teachers predominantly talked about pupils with empathy and understanding.

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

The categorisation of SM indirectly influenced the teachers' emotional responses. Beliefs about SM led the teachers to put certain support in place, with the hope that this strategy would lead to outcomes related to the initial categorisation. Lisa and Ella, for example, described perceptions of a child too anxious to speak and hoped that an anxiety intervention would lead the child to feel more relaxed and able to talk. When the speech outcome was not achieved the teachers expressed feelings of failure and disappointment.

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

Conversely, other teachers accepted SM as a part of the child's character and were less focused on achieving speech-related outcomes and did not express as many internalised feelings.

Four contextual factors

The teachers spoke about contextual factors that influenced their experience of core processes, including individual features that made up the *pupil profile,* the impact of other pupils and *peer relationships,* as well as the teacher *staff self-identity* and the *staff relationships* with colleagues.

Pupil profile. Teachers spoke at length about the child's individual profile. The child's level of non-verbal communication had a significant impact on the teacher experience. When the pupil used gesture and facial expressions, the teacher indicated that they were able to use these to help judge the child level of understanding and to meet their needs. Greater levels of non-verbal communication were associated with teachers expressing more positive feelings about their experience. The level of non-verbal communication differed across children, with some teachers indicating that they had few cues to work with and others feeling that they were highly attuned to the child's body language.

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

Peer relationships. The relationship between pupils with SM and their peers influenced the teacher experience. Most teachers indicated that a child with SM had a peer they would verbally communicate with. This relationship was valued as it provided a channel of communication that made it easier for the teacher to understand the child and to meet their needs. There was no suggestion that elements of the peer relationship might reinforce the SM behaviour.

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

Staff-self-identity. The previous experiences and personalities of the teachers had an influence over the core categories. For example, some teachers considered that the teaching experience, or lack thereof, had a bearing on their perceptions of the child's

SM. Four teachers had taught more than one pupil with SM, and this previous experience provided them with confidence when they encountered the behaviour again.

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

Staff relationships. It was also evident from the data that felt support from colleagues impacted teacher experience. Lisa, Sophie and Ella indicated that they had good support from the school special educational needs coordinator (SENCo) and that they were able to approach them to access a range of internal and external resources.

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

However, not all staff relationships were viewed as supportive. Some teachers described competition from colleagues as to who the child would talk to. This perceived tension contributed to teachers' emotional responses. It was a key factor that led Emma to feel frustrated and angry during her experience.

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

Discussion

This research used teacher narratives to build an explanatory theoretical framework that represents core elements of the teacher experience of pupils with SM. The framework highlights five key processes and their interrelationships (i.e., *categorisation, teacher as a scientific enquirer, supporting pupils, measuring and monitoring,* and *responding*

emotionally), and four contextual categories (*pupil profile, peer relationships, staff self-identity* and *staff relationships).*

The development of this theoretical framework brings new insight into the experience of teachers who work with pupils with SM, where extant literature is limited. It provides a framework that teachers, education practitioners and external agency support staff can use to reflect on the teacher experience to think though strategies for improving outcomes for pupils with SM in school. The framework informs future exploration and research into the relationship and potential influence of the teacher on pupils with SM. In an early paper, Glaser and Strauss (1967) proposed that substantive theories (theories based on a specific conceptual area) can form the basis of formal theories (broader theories that capture a wider phenomenon.) The present research is grounded in primary teachers experiences of working with pupils with SM and therefore represents a substantive theory. However, the developed framework may also be relevant to the wider experience of teaching pupils who have additional needs.

These results also indicated that teacher beliefs about SM led to the placing of the pupil behaviour into specific categories of understanding, that then influenced teacher practice. Teachers described engaging in a process of scientific enquiry, collecting evidence, generating hypotheses and testing them out in order to better understand the pupil. These processes impacted on the support and goals teachers put in place for the pupil. Previous studies have found that teachers can be reluctant to categorise children based on behaviour and to use diagnostic labels because of associations with stigmatising (Moore et al., 2017). The process of categorisation in our proposed framework did not refer to the application of diagnostic labels, but rather a process where teachers integrated beliefs into a representation of SM in order to make sense of the phenomenon and formulate ideas for practice.

The results indicated that the categorisation of SM influenced the type of support teachers put in place for the child. Teachers who categorised SM as anxiety explored targeted interventions to help children manage this feeling, with the aim of increasing speech. Perceptions of SM as a characteristic of the child was linked to views that targeted intervention was not needed to help with SM. This finding fits with previous research which has found that educators who considered shy behaviour as an aspect of the pupil's character considered targeted support unnecessary (Korem, 2016). This perception suggests that teachers may inadvertently act as gatekeepers to targeted interventions that have been found to improve speech, reduce anxiety and increase positive outcomes for young children (Bergman et al., 2013; Oerbeck et al., 2018; Zakszeski & DuPaul, 2017). The results did indicate, however, that teachers altered their categorisations of SM through the process of scientific enquiry. This process suggests that teacher categorisation is fluid and sufficiently adaptive to incorporate an understanding of the benefits of targeted intervention. Collectively, these findings indicate that increasing teacher awareness of the signs and potential long-term negative impact of SM would benefit the child (Schwartz et al., 2005).

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

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

Practical implications

The results from this study highlight the importance of encouraging teachers to reflect on their beliefs and categorisations of SM, to be open to new perspectives and interpretations, and to encourage appropriate intervention. Access to reliable information about SM during this process would help teachers to develop their categorisations and support strategies. Educational psychologists (EPs) are in a good position to promote their role as an agency of support and source of reliable information to help parents, teachers and schools to better understand core symptoms and developmental pathways associated with SM, and to promote evidence based practice for change. EPs can also work to develop a whole school understanding of SM, particularly with staff in the Early Years Foundation Stage given its association with young children entering school (Muris & Ollendick, 2015). The current study informs the education of EPs who should be mindful of

the emotional impact of teaching a child with SM on the teacher-pupil relationship and who are best placed to support staff via reflective practice and supervision.

Summary, limitations and directions for future research

This research provides a systematic exploration and theoretical representation of the teacher experiences of working with a pupil with SM in UK primary schools. It used grounded theory methods to develop a framework that reflected how teacher beliefs form categorical representations that guide thinking and practice, as well as support for pupils with SM. The theoretical framework will promote a greater awareness of the influence of the teacher on outcomes for children with SM and represents an important foundation for future research.

Future research would benefit from the inclusion of a more diverse range of teachers and experiences, working across multiple primary and secondary school settings. Moreover, given the gender differences (APA, 2013), it could usefully consider any potential differential perception of teacher experience working with girls and boys with SM. The use of opportunity sampling resulted in a group of participants who were motivated to take part in this research and who may represent a distinct group of professionals who share similar values, but who are not representative of the whole population of teachers of pupils with SM. Recruitment from a wider and more diverse population is therefore recommended to improve the generalisability of findings. While a strength of the study was its focus on understanding the teacher experience of SM, future research could explore whether the proposed theoretical framework can be expanded to reflect the teacher experience of working with pupils with a range of emotional needs.

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Table 1. Key components of the semi-structured interview used to facilitate discussions with teachers.

Questions / statements to generate discussion - to guide the conversation, and to allow the teacher to lead the discussion.
1. Tell me all about your experiences of working with a child with selective mutism. 2. Tell me about a typical day teaching a child with SM. 3. Tell me about a specific time that stands out in your memory. 4. How do / did you support the child? 5. Did you have any thoughts as to why the child(ren) did not talk in some situations? 6. Tell me your thoughts on the term 'selective mutism'
Prompts - to encourage the teacher to elaborate on their response.
1. Tell me a bit more about that? 2. Tell me about a particular time /example of that 3. What does / did that look like? 4. How did you feel about that? 5. Can you tell me about any other experiences you've had that were like that? 6. Can you tell me about any other experiences you've had that were very different from that? 7. Use small verbal prompts such as 'mmm' and non-verbal prompts such as nodding 8. Summarise what a participant has said using their own words

Figure 2. Theoretical representation of primary school teachers' experiences of teaching a pupil with SM