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**"I'd say that sliding-in is a good technique, but…”: An Interpretative Phenomenological Analysis (IPA) Exploring the Parental Lived Experiences of Supporting the Facilitation of the Sliding-in Technique as a School-Based Intervention for their Child with Selective Mutism (SM).**

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# Abstract

*Background:*

Selective Mutism (SM) is an anxiety-related psychopathology that impacts an individual’s ability to verbally communicate in particular social circumstances, despite communicating in others. Although having a growing research basis, in comparison to other developmental neurodiverse disorders (e.g. ASD) it is still limited, constraining understanding and the ability to identify and appropriately support those with SM. Existing research exploring interventions focuses largely on clinical settings which adopt quantitative methodology and as such gaps exist regarding the use of qualitative methodology which explore lived experiences of interventions for those directly involved.

*Methods/ participants:*

This research adopts a critical realist stance and employs Interpretative Phenomenological Analysis to explore parents’ lived experiences in supporting the implementation of the Sliding-in Technique as a school-based intervention for their child with SM. A total of five participants, all mothers within the UK, were interviewed using semi-structured interviews.

*Analysis/findings:*

Individual Personal Experiential Themes were identified for each participant, before exploration of patterns across accounts, led to the development of four group experiential themes. These GETs – *the complex demands, perils of progression, the need for resilience and perseverance, and navigating the wider systemic obstacles –*captured the tumultuous experiences parents faced while supporting the facilitation of the SiT. Despite these challenges, parents also recognised the meaningful progress their child made, highlighting its potential benefits when appropriately supported.

These GETs were then examined in relation to the research questions and existing literature and theory, with particular focus upon the impact on parental identity and motivation with specific link to the stress and coping model. These findings reveal nuanced insights into the SiT and highlight the need for clear guidance, consistent school collaboration, and enhanced emotional support for parents involved in school-based interventions for SM. Strengths and criticisms as well as implications and suggestions for future research are also discussed.

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# List of Abbreviations

|  |  |
| --- | --- |
| **Abbreviation** | **Term in full** |
| ADHD | Attention Deficit Hyperactivity Disorder |
| ASD | Autism Spectrum Disorder |
| CYP | Child or Young Person |
| DSM-V | Diagnostic and Statistical Manual, 5th edition |
| EP | Educational Psychologist |
| GET | Group Experiential Theme |
| GLST | Group Level Subtheme |
| ICD-11 | International Classification of Diseases, 11th Revision |
| IPA | Interpretative Phenomenological Analysis |
| LA | Local Authority |
| SEMH | Social, Emotional, Mental Health |
| SEND | Special Educational Needs and Disabilities |
| SiT | Sliding-in Technique |
| SM | Selective Mutism |
| SSRIs | Selective Serotonin Reuptake Inhibitors |
| TEP | Trainee Educational Psychologist |
| UK | United Kingdom |
|  |  |
|  |  |
|  |  |

# Chapter 1 - Introduction

## 1.1 Overview

This thesis presents a study exploring the parental lived experiences of supporting the facilitation of the Sliding-in Technique (SiT) as a school-based intervention for their child with SM. The intent is to provide a deeper understanding of the challenges and nuances parents face in implementing this intervention, while also highlighting the potential benefits and implications for both practice and future research. This introductory chapter begins by outlining my personal interest and motivation for undertaking the research, establishing the foundation for the research focus. This is followed by a discussion of the research questions and research design before a brief note on language use is then provided. Finally, the overall structure of the thesis is presented.

## 1.2 Research Interest and Motivation

My research interest in selective mutism initially emerged during my career as a primary school teacher, where I supported children and families facing various educational, medical and psychological challenges. It was during this time that I encountered a child in class with undiagnosed SM. Initially, I too, lacked the awareness and understanding of SM, as it was something I had not personally encountered nor was it widely experienced within my particular setting. However, through working collaboratively with the child’s parents, I began to observe the significant challenges that both selectively mute children and their families face when trying to access appropriate support. These parents were passed between different professional services with little guidance or concrete support and recommendations. Watching their experiences fostered a desire and a strong sense of responsibility to take initiative and find resources that could provide some assistance, as I believed even the limited support I could offer was better than none. This led me to the Sliding-in Technique, which I suggested to the parents as a potential intervention. Unfortunately, implementation of the SiT was halted due to the COVID-19 pandemic.

When I started the doctoral course, my interest in selective mutism extended as I encountered a broader lack of understanding not just in schools, but also within local authority professional bodies. Instead, I was finding professionals often describing SM as ‘niche’, which only fuelled my desire to raise the profile of SM, especially given how limited awareness perpetuates barriers to effective support. This led me to wanting this thesis to contribute to the growing research basis for SM.

My role as a Trainee Educational Psychologist (TEP) further amplified my interest in exploring evidence-based interventions for CYP with SM. Although I had some knowledge of the Sliding-in Technique and knew other professionals were recommending it, I was uncomfortable with its limited research foundation and wanted to explore this gap in the existing literature. Given the uniqueness of SM, I decided to focus on understanding the lived experiences of parents who actively facilitate the sessions, as they are at the forefront of its application and thus, offer invaluable insight. This focus, I felt, reflected the practical structure of the intervention itself, where initial steps rely on the involvement of a familiar adult – typically a parent/carer. Furthermore, I wondered whether exploration of parental perspectives might inadvertently offer some initial secondary insights into the child or young person’s own experience of the process.

## 1.3 Research Questions

As my research aims to explore the parental lived experiences of supporting the facilitation of the SiT, the following research questions were generated:

1. *What are the lived experiences of parents supporting the facilitation of the Sliding-in Technique (SiT) as a school-based intervention to support their child with selective mutism (SM)?*
2. *What can Educational Psychologists (EPs) and other educational professionals learn from these parental experiences?*

## 1.4 Methodology

Interpretative Phenomenological Analysis was utilised within this research due to its emphasis on understanding the ways in which individuals interpret and derive meaning from their personal and lived experiences. This methodological approach was particularly well suited to the study’s aim of exploring the nuanced nature of parental experiences. By prioritising the participant’s subjective perspective while also acknowledging my interpretations as the researcher, IPA generated rich and detailed insights. This dual focus not only honoured the individuality of each parent’s narrative but allowed for a deeper exploration of the meanings embedded within their experience.

## 1.5 A Note on Terminology

Selective Mutism as outlined in Diagnostic and Statistical Manual, fifth edition (DSM-5, APA, 2013), is an anxiety-driven disorder which is known to restrict an individual’s ability to communicate in particular social contexts (e.g. at school, parties or other social situations, White, 2022). This formalised classification provides a necessary framework for identification and intervention in clinical and educational settings. However, from a critical realist positioning, such medicalised, diagnostic definitions help us make sense of the condition, but they don’t fully capture everything it is or how it is experienced and as such limits the representation of a more complex reality (Williams, 1999). In light of this, I grappled with appropriate language to use and as such an intentional decision to vary the language and terminology (e.g. ‘*notion’* or *‘phenomenon’)* when referring to SM was made. The researcher felt that this linguistic variation allowed for broader scope beyond the fixed, medicalised definitions found in diagnostic frameworks such as the DSM, ultimately acknowledging the complexities of SM. By avoiding overly pathologizing terminology, the research aims to remain sensitive to the challenges involved in the conceptualisation and positioning of SM, particularly in light of the lived, contextualised experiences of families navigating it. This approach aligns with critical realisms commitment to exploring the layered nature of reality, where diagnostic labels are recognised as limited representations rather than definitive truths.

It is important to note, that the reader may find medicalised terminology (e.g. *‘disorder’* or *‘condition’)* is used within this thesis, however it is a reflection of the existing scholarly discourse and not a conscious decision I have made.

## 1.6 Structure of the Thesis

Structured over five chapters, this thesis presents a sequential analysis, with each chapter building upon the last to provide a coherent exploration of parental experiences. Each chapter is outlined below:

**Chapter 1** introduces the research study by outlining my motivation, the context and significance of the topic, and the research questions that guide the investigation. It further outlines the research design and thesis structure.

**Chapter 2** presents a critical literature review, exploring key themes and discourses around SM, interventions, and the parental role of supporting SM. This chapter also highlights the conceptual challenges in defining and positioning SM, setting the scene for the research’s theoretical and methodological approach.

**Chapter 3** details the research methodology, with particular focus on the interpretative and qualitative nature of the study. The chapter outlines the rationale for adopting both a critical realist stance and IPA methodology and how this supports an in-depth exploration of lived experience. Key considerations including participant recruitment, ethical procedures and quality assurance are also discussed.

**Chapter 4** presents the analysis of the data, offering a detailed account of the four Group Experiential Themes (GETs) generated through the IPA process. These themes – grounded in the individual lived experiences of participants – are illustrated through direct quotations and accompanied by my interpretative commentary.

**Chapter 5** offers a critical discussion of the findings in relation to the study’s research questions, existing literature and scholarly discourses. Particular attention is given to how the findings relate to concepts of parental identity and motivation. This chapter also explores the broader implications of the research for practice and policy, acknowledges the study’s strengths and limitations and concludes with suggestions for future research in this field.

# Chapter 2 – Critical Literature Review

## 2.1 Overview

This chapter provides an overview of the conceptualisation of SM, discusses key discourses and challenges and examines its societal impact on perceptions, interventions and cross-disciplinary tensions. It then presents a more holistic conceptualisation of SM through a critical realist lens. Before moving to an exploration of SM within educational environments, focusing on the role of schools and, subsequently, the role of parents from a critical realist perspective. This chapter then focuses on behavioural interventions, particularly the Sliding-in Technique, before outlining the rationale and research questions for the current study.

## 2.2 How is SM Conceptualised?

### 2.2.1 What is the Medical Conceptualisation of SM?

Selective Mutism as outlined in Diagnostic and Statistical Manual, fifth edition (DSM-5, APA, 2013), is an anxiety-driven disorder which is known to restrict an individual’s ability to communicate in specific situations (e.g. at school, parties or other social situations, White, 2022). The DSM-5 stipulates that difficulties must persist for at least one month (not including the first month of school), interfere with educational or occupational achievement and these difficulties communicating cannot be better explained through other communication disorders, for example, ASD, or new arrivals to the language (APA, 2013). Typically emerging in early childhood, SM is not as rare as once historically considered with incidence rates being between 0.7 and 2% (Rodrigues Pereira et al, 2023). Statistics indicate that approximately 1 in 140 young people in the UK are affected by SM (NHS, 2023).

Akin to the DSM-5, The International Classification of Diseases, 11th revision (ICD-11) also recognises SM as a distinct anxiety-based clinical condition (World Health Organisation, 2022). However, it adopts a slightly broader, more flexible framework than the DSM-5, which First et al (2021) highlighted is not uncommon between the two frameworks. This less prescriptive framework places greater emphasis on the role of contextual and environmental influences which may impact the development of mutism behaviours (World Health Organisation, 2022). To acknowledge these social, cultural and linguistic factors, the ICD-11 provides clinicians with a more descriptive, narrative based framework to work off rather than a fixed list of criterion, which reflects the ICD’s desire to prioritise contextual relevance and global applicability.

For reference, the DSM-5 and ICD-11 diagnostic criteria are presented below in Table 1.

**Table 1**

*Current Diagnostic Criteria for SM as Outlined in the DSM-5 (APA, 2013) and ICD-11 (World Health Organisation, 2022, as seen in Rodrigues Pereira et al, 2023)*

|  |  |
| --- | --- |
| ***DSM-5 Diagnostic Criteria*** | |
| A | Demonstrate a consistent failure to speak in specific social environments (e.g. school), despite exhibiting adequate verbal communication in other settings. |
| B | The inability to communicate must impact academic and/or occupational functioning. |
| C | The persistent mutism behaviours must be exhibited for at least one month, excluding the initial month of school. |
| D | The mutism behaviours must not be attributed to a paucity in knowledge, or familiarity with the language. |
| E | No alternative explanations can account for the inability to communicate, for example communication difficulties, ASD, Schizophrenia or other psychiatric disorders. |
| ***ICD-11 Diagnostic Criteria*** | |
| **Description**  Selective mutism is characterised by a consistent pattern of speech selectivity, where a child is unable to speak in specific social contexts (e.g. school) despite exhibiting adequate language skills in other situations (e.g. at home). The condition persists for at least one month, and is not restricted to the first month of school. It is sufficiently severe enough to disrupt educational performance or hinder social interactions. The failure to speak is not due to a lack of knowledge or comfort with the language expected in the social situation (for instance, if a different language is spoken at school compared to home). | |
| **Exclusions**  Schizophrenia  Transient mutism as part of separation anxiety  Autism Spectrum Disorder | |

Although the DSM-5 and ICD-11 both provide frameworks for the diagnosis of selective mutism, offering clinicians clear criteria to support identification and intervention, criticism remains around the binary nature which exists (Forrester & Sutton, 2016). For instance, comorbidities such as autism spectrum disorder (ASD) may obscure identification, ultimately hindering an individual’s ability to receive a diagnosis and, as a result, limit their access to relevant professional support (Forrester & Sutton, 2016). Further caution is called for when conceptualising SM as anxiety-based due to the potential for it to be misidentified as other anxiety-based disorders (e.g. social anxiety), which can obscure the unique features of SM, leading to inappropriate intervention.

The existence of two separate classificatory systems, which too have developed over time, begins to highlight the conceptual challenges inherent in defining the condition. While these frameworks agree on many core features, their subtle differences – in emphasis, structure and contextual sensitivity – reflect deeper tensions around how SM is understood: as a discrete psychiatric disorder, a socially influenced behaviour, or something in between. The challenges around conceptualisation as well as implications are discussed in greater detail within the next section.

### 2.2.2 Critical Perspectives on the Conceptualisation of SM

The conceptualisation of selective mutism has been the subject of sustained debate, reflecting a complex history within psychological, psychiatric and educational discourses (Johnson & Witgens, 2016; Omdal & Galloway, 2008). As a result of shifting clinical paradigms, cultural narratives and power-laden diagnostic framework, selective mutism has undergone significant redefinition. Early classification as ‘*elective mutism’* was grounded in behaviourist frameworks and led to the condition being conceptualised as the result of oppositionality or moral deviance (Tramer, 1934; Viana et al, 2009). This perspective positioned the child as defiant and wilfully refusing to speak (Viana et al, 2009) subsequently reinforcing deficit-oriented and pathologising narratives and promoting a within-child paradigm. Even in the 1990’s when terminology shifted to *‘selective mutism’* (Sharp et al, 2007),and it was reclassified as an anxiety disorder within the DSM-4, the dominant explanatory models still maintained a within-child paradigm. Such deficit-orientated narratives, which position the mutism behaviour as a result of individual pathology, neglect many of the intrinsic (e.g. cognitive style and self-esteem) and extrinsic (e.g. cultural norms and social rules) factors which are known to mediate an individual’s communication behaviour (Hawa & Spanoudis, 2014).

Although the dominant conceptualisation of SM continues to frame it primarily as a anxiety-based disorder, it is not uncommon for it to also be viewed as a communication need due to the diminished spoken language. On the surface, this reframing appears to represent a move away from overtly pathologizing the child, offering a more supportive, needs-based approach. However, this shift is not without its own complexities and unintended consequences. Rooted in good intentions, this perspective may lead practitioners and educators to adopt accommodating strategies – such as reducing or avoiding activities requiring verbal demands and providing alternative communication methods (Williams, 2017). While these actions may initially reduce distress, Johnson and Witgens (2016) identify how they can also inadvertently reinforce the child’s mutism behaviours by consistently signalling that silence is accepted and expected.

It should also be highlighted that even the ‘communication need’ lens can produce deficit-based thinking by positioning the child’s silence as a *lack of* or *impairment* (Foucault, 1980; Harwood & Allan, 2014). Moreover this lens may lead to a narrow focus on verbal output as the primary goal of any intervention, similarly sidelining the broader emotional, relational and contextual dimensions of the child’s experience. Thus, whilst appearing progressive, the conceptual shift to ‘communication need’ still orbits around the normative ideal that ‘*speaking is inherently better than not speaking’.* This risks not only misinterpreting the communicative intentions behind silence, but also risks situating the child in a paradox – expected to progress towards speech, yet praised for staying silent. This raises further questions around how support systems can be both responsive and empowering without reinforcing the very barrier they aim to dismantle.

Whilst this literature review has focused on the dominant and emerging conceptualisation of SM as an-anxiety based disorder and, more recently, as a communication need, it must be noted that alternative frameworks also exist. These include psychodynamic, neurodiversity affirming, sociocultural and trauma-informed perspectives which each offer unique insights into the lived experience of children who do not speak in certain social situations. As the discourses around conceptualisation continue, questions around whether SM should be reclassified as a specific phobia rather than an anxiety-based disorder have also arisen (Omdal & Galloway, 2008). Although a comprehensive exploration of these conceptualisations falls beyond the scope of this review, recognition of these is essential for developing a more inclusive, critically reflective understanding of SM which allows for both the development of coherent guidance for education staff and evidence basis for intervention.

### 2.2.3 Why is Conceptualisation Relevant?

The conceptualisation on SM is profoundly consequential because it informs not only diagnostic criteria and intervention but also how educators, families and the wider social system interpret and respond to a child’s silence. Some of these implications are discussed in more detail below.

#### 2.2.3.1 Pathologising and Power?

Pathologisation could be seen as playing a dual role: it operates as a mechanism of control yet also as a gatekeeper to legitimacy, resources and support. On one hand, defining SM as a diagnosable anxiety disorder often grants children and families access to support services, formalised interventions and educational accommodations. As such, this diagnosis becomes a passport to inclusion – legitimising the child’s needs, validating parental concerns and compelling educational response. Ultimately suggesting that pathologisation holds a kind of ‘*productive power’* (Foucault, 1980), not just by labelling behaviours, but by creating the pathways to support, resources and services that otherwise might remain inaccessible.

However, such medicalisation of selective mutism can be critically examined through a power and Foucauldian lens. Foucault (1980) argued that medical discourses function as mechanisms of power and produce ‘*truth regimes.’*  These regimes determine what is considered normal, pathological or deviant, thereby constructing the boundaries of acceptability. In the case of SM, the medicalisation process does more than simply diagnose; it requires individuals to conform to narrow definitions of normalcy, where failure to meet this normality results in being categorised as *deviant*. Being labelled ‘*deviant’* generates a power dynamic which subjects individuals to scrutiny, medical observations and attempts to normalise behaviour. The evolution of SM calls for critical examination of power and whose voices are privileged in defining *‘normal’* communication and who renders certain forms of silence as problematic. This raises further critical questions about who ultimately benefits from a diagnostic label. While the label may open the door to formal support and interventions, it also locates power in the hands of those who define and control the diagnosis – educators, clinicals and wider systems. Ultimately, the label may not only grant access to resources but also position the child as someone who requires fixing.

#### 2.2.3.2 Positioning of the Child

As identified above the contextual framing of SM has direct implications for how the child is perceived and positioned and the associated moral implications (Isobel, 2024). When mutism behaviours and silence are viewed as problematic and through a within-child lens, the child becomes an individual who inherently warrants ‘*fixing’* (Rausch, 2012). This I feel brings about questions regarding the potential illusion of support, and one must ask: *‘Is the support being provided truly beneficial, or does it serve the function of normalising behaviour?’*  Interventions on the face may promise empowerment or inclusion, yet they can often be structured around making the individual conform to pre-existing norms (Rausch, 2012) – reinforcing the view that difference needs fixing.

To support the repositioning of the child, there is growing discourse around whether silence, particularly in the context of SM, should be seen as a legitimate form of communication (Winnicott et al, 2018). For example, silence as a form of non-verbal communication, can express a wide range of emotions, thoughts and responses (Hall, 1976). It is important to consider whether, in certain situations, silence may in fact represent an attempt to communicate heightened levels of anxiety or discomfort – particularly when words feel inaccessible or insufficient.

#### 2.2.3.3 Cross-sector Tensions: Responsibility and Ownership

The challenges surrounding the conceptualisation of SM is not merely an academic discourse, but it often has real and often contested implications for how responsibility and ownership are distributed across professional sectors (Douglas, 2021). In practice, SM often sits at the intersection of education, psychology, speech and language therapy and child mental health services. However, the lack of a unified conceptual framework creates ambiguity over who is best placed to identify and support it, often leading to disciplinary fragmentation - resulting in sectors deflecting responsibility, which exacerbates delays and generates lost opportunities to implement early intervention which is so pivotal for those exhibiting characteristics of SM (Cohan et al, 2006).

### 2.2.4 Conclusion

While these conceptualisations have provided a crucial foundation for understanding and addressing selective mutism, they also illuminate key issues which often remain siloed. Many of these conceptualisations overlook the complex, layered realities of SM that span biological, psychological, relational and structural domains (Cohan et al, 2006). To move beyond fragmented understandings, a shift from these reductionist models to a more integrative framework is required. A critical realist lens offers such a framework due its acknowledgement of the interplay between the observable phenomena (silence) and the deeper, often hidden mechanisms which influence a child’s capacity for speech across settings. As such, a critical realist perspective encourages a holistic exploration of SM that bridges individual experiences with broader contextual influences.

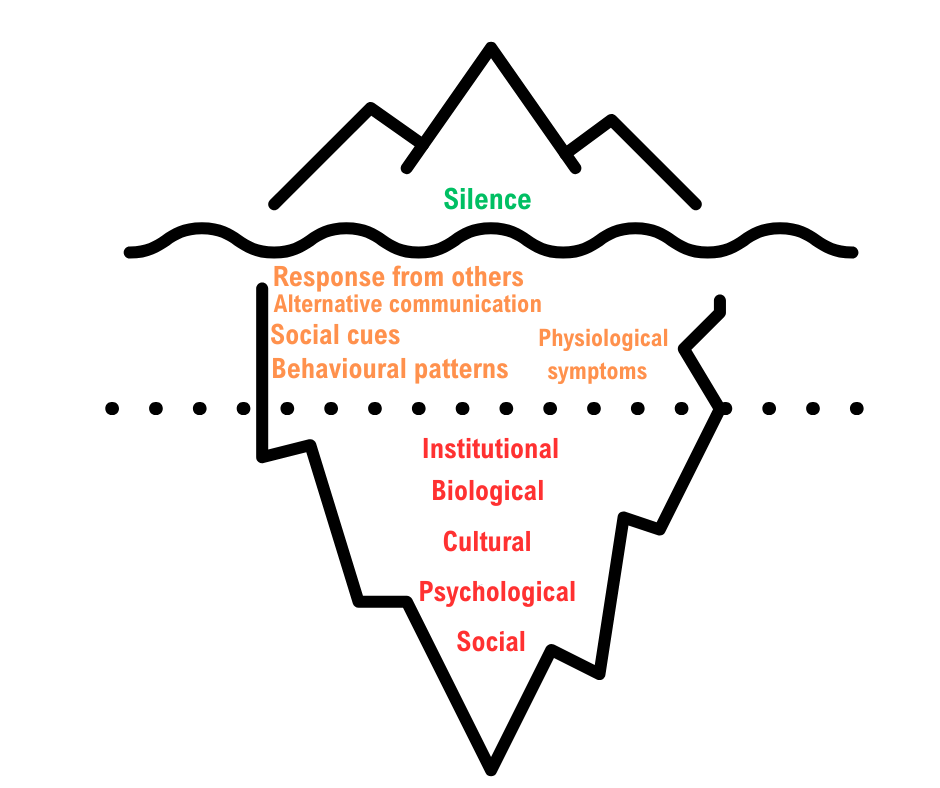
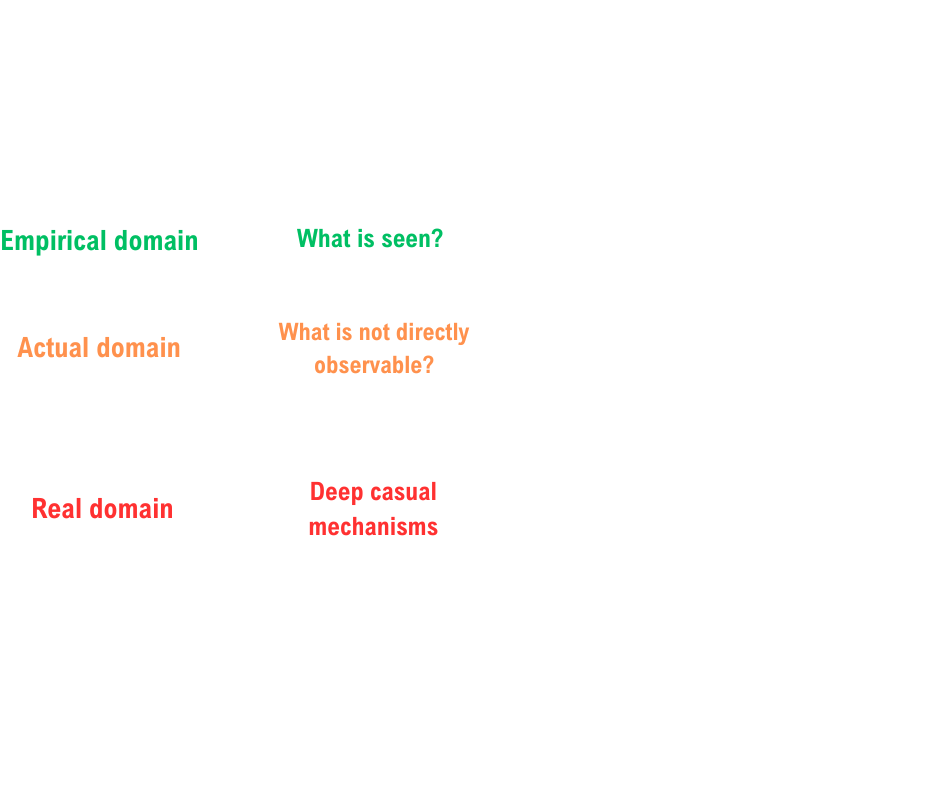
## 2.3 Towards a Holistic Understanding: A Critical Realist Perspective

Critical realism, as developed by Bhaskar (1978) , offers a compelling ontological and epistemological framework for moving beyond reductionist interpretations. It encourages individuals to look beyond what is immediately observable and to explore the deeper structures and mechanisms that shape human experience, permitting a richer, more context-sensitive understanding of complex phenomena. Central to Bhaskar’s view is the idea that reality is “*differentiated and stratified”*  (Bergin et al, 2008, p.170), meaning it is composed of multiple layers – from observable events to underlying causal mechanisms – each of which must be understood in relation to the others to fully grasp complex social and educational phenomena.

After conceptualising reality as multilayered, Bhaskar distinguished between three different domains of reality: *the empirical, the actual* and *the real* (Bhaskar, 1998). The *empirical* *domain* consists of what we directly observe and experience, such as behaviours or events that are visible. Not all behaviours/events are visible and so fall into the *actual domain*, which encompasses events that are not immediately observable but are produced as a result of the deep causal influences and mechanisms within the *real domain*. Figure 1 below presents the adapted version of Hall’s (1976) Iceberg model I generated to illustrate Bhaskar’s (1998) concept of multiple layers of reality but in relation to selective mutism. The Iceberg Model is a widely used metaphor to illustrate the layered nature of a phenomena (Hall, 1978), which demonstrates how the visible, surface-level events we often respond to are underpinned by less visible patterns, mechanisms and beliefs. In relation to SM, the iceberg model depicts how the silence and lack of verbal communication often observed is far more complex and results from a series of deeper, causal mechanisms.

**Figure 1**

*My Adapted Iceberg Model Illustrating Bhaskar’s Concept of Multiple Layers of Reality in Relation to Selective Mutism.*



### 2.3.1 Bhaskar’s Actual Domain and SM

Bhaskar’s *actual domain* encompasses behaviours that occur consistently, whether or not they are observed or consciously recognised. In the context of SM, whilst silence is the most visible *pathologised* behaviour, it is merely the surface presentation of a broader pattern of responses that consistently occur in particular social contexts. These broader responses may include physiological reactions resulting from anxiety (e.g. increased heart rate, muscle tension), physical freezing (Diliberto, 2014), non-verbal communication (such as gestures or facial expressions, Sharp et al, 2007; Viana et al, 2009) and intentional evasion of social situations (Bögels et al, 2010; Diliberto, 2014). Failure to acknowledge these additional behaviours risks reducing SM to a narrow, binary phenomenon of ‘*just not talking’,* reinforcing a narrow behavioural interpretation. Such reductionism not only obscures the complex interplay of psychological, social and behavioural mechanisms involved, but also limits the scope of support offered to those with SM. Critical realists would argue that exploring these often ‘*hidden’* yet recurrent behaviours contained within the *actual domain* facilitates a deeper, more refined understanding of the condition, encouraging multi-dimensional interventions that address not only speech, but the child’s wider experience.

### 2.3.2 Bhaskar’s Real Domain and SM

Bhaskar’s *real domain* refers to the deep, often unobservable structures and mechanisms that generate the experiences and events within the *actual* and *empirical domains* (Bergin et al, 2008)*.* In the context of SM, this domain may include the underlying developmental (e.g. attachment disruptions, inhibited temperament, Diliberto, 2014), psychological (e.g. low self-esteem, perfectionistic tendencies, Johnson & Witgens, 2016), social (e.g. parental/familial mental health, Black & Uhde, 1995; Diliberto, 2014), cultural (e.g. stigma surrounding mental health, cultural dynamics, Vecchio & Kearney, 2007) and institutional (e.g. rigid classroom structures, professional misunderstanding) mechanisms that ultimately give rise to the silence associated with the condition. These causal factors may not be directly observable but are real in their influence, shaping the emergence and maintenance of SM across different contexts. While a detailed discussion of these mechanisms is beyond the scope of this literature review, an overview of some potential mechanisms is presented in figure 2 below for reference.

**Figure 2**

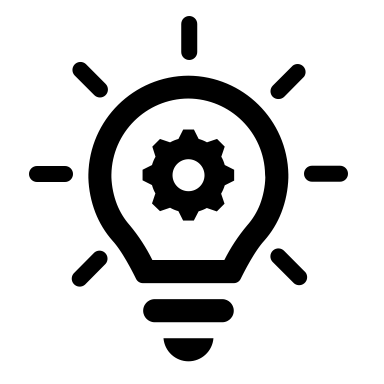
*A diagram of potential cause and development

AI-generated content may be incorrect.Selective Mutism and the Real Domain: A Categorised Model of Potential Causal Mechanisms*

Through application of Bhaskar’s critical realist lens, fully understanding SM requires an exploration of the deeper structures and mechanisms that give rise to behaviours associated with SM. Critically, overlooking these deeper mechanisms risks reinforcing surface-level assumptions and interventions that either fail to address the root causes or inadvertently sustain the behaviour. Adopting a layered understanding is essential when considering how SM impacts young people’s educational experiences and the roles that both schools and parents can play in supporting them.

Reflective Box – How do I, as the researcher, conceptualise SM?

By adopting a critical realist lens in my research, I understand SM as a complex, multifaceted notion which cannot be fully captured and understood through surface-level observations or through within-child frameworks. Critical realism and the work of Bhaskar (1998) encourage me to recognise that the observable behaviour associated with SM – silence – is the result of deeper, often hidden mechanisms which shape the response. I position myself within this framework by acknowledging that while I can observe the empirical manifestation of SM, the actual events (e.g. specific triggers or behavioural patterns) and, more importantly, the underlying causal mechanisms (such as anxiety, social pressures or family dynamics) are equally important. As such critical realism pushes me to be reflexive, aware of the influence of my own assumptions and biases and committed to a holistic understand that goes beyond observable symptoms.



## 2.4 Selective Mutism in Educational Environments

### 2.4.1 Educational Implications of SM

Selective mutism presents significant educational implications as it affects expressive language skills, which are fundamental components of the educational curriculum in the UK (Hoyne, 2014). This, in turn, can significantly impact a child’s social and academic development in school (Mitchell & Kratochwill, 2013). As expected when communication and interaction skills are affected, research shows that those with SM present with several difficulties with social functioning, including increasing generalised social anxiety (Bergman et al, 2002). As detailed in Ford et al (1998), the lack of verbal interaction alters communication and can lead to isolation. This communication absence also hinders a child’s social cognition, which typically develops through consistent feedback (Cialdini & Goldstein, 2004; Halle, 1985). Although demonstrating difficulties with social interaction in specific environments, indirect, anecdotal based-research suggests that those with SM display social motivation and desire for different social experiences (Murris & Ollendick, 2021). This is consistent with findings by Walker and Tobbell (2015) and Omdal and Galloway (2007), who found when interviewing adults diagnosed with SM as a child, they retrospectively reflected a sense of “loneliness” and “loss”, suggesting an air of dissatisfaction or negativity around their experience and a desire for a preferred experience. Fully understanding the social difficulties faced by individuals with SM is challenging, as existing literature touches on the issue but remains limited, making it an important area for further investigation.

Questions remain around the true effect of SM on the academic performance of children within school (Nowakowski et al, 2009), due to the inconsistent findings among existing literature. There is evidence which suggests that those with SM often experience diminished academic performance (Bergman et al, 2002), with specific decreased performance in key areas such as reading, writing and spelling, where receptive language, grammar and phonemic awareness are required (Camposano, 2011). Additionally difficulties in storytelling and organisation of thoughts in children with SM has been identified (McInnes et al, 2004). It is important to note that the SM population is not a homogenous group and caution should be taken not to generalise research findings discrediting the unique experience of those with SM.

Whilst academic performance is often a clearer focus for students with selective mutism, the challenges they face extend beyond the classroom (Viana et al, 2009). Their communication difficulties often impact their ability to navigate the ‘*hidden curriculum’*, which refers to the unwritten social lessons and expectations that are embedded within the educational experience (Alsubaie, 2015). Relationship building, punctuality, problem-solving as well as developing understanding social hierarchies, are just some of the skills the hidden curriculum teaches students (Nadaraj, 2014). These skills are not just essential for navigating school life but they are pivotal in an individual’s personal growth and moral development, as well as in their ability to succeed in professional environments and wider societal structures – highlighting how those with selective mutism may be at a significant disadvantage if these areas of learning remain inaccessible.

### 2.4.2 The Role of Schools in Supporting SM: A Critical Realist Perspective

Whilst the role of schools in supporting those with SM is often framed around three key areas: identifying the condition, planning next steps, and providing consistent support (White & Bond, 2022) – a critical realist lens invites deeper examination of the structures and mechanisms that shape how these responsibilities are enacted.

For many children, their first exposure to prolonged, structured social contexts occurs when they first enter educational environments such as nursery, childminder settings or primary school (Mulligan et al, 2015). Given this, SM often first becomes noticeable within these settings, aligning with the typical onset age being between three and five years old (Lawrence, 2017). With it likely to first present within a school environment, staff are often first to identify a child’s need for support (Crundwell, 2006) and respond proactively. However, this need is often mislabelled and misunderstood, with the child’s silence being attributed to mere shyness, oppositionality or other behavioural needs. Failure to accurately identify and promptly support SM, not only increases the risk of behaviours becoming entrenched and more resistant to intervention, but also negatively impacts teacher well-being, often leading to feelings of confusion, frustration and helplessness (Cleave, 2009). Critical realists would argue that these surface-level misunderstandings and misidentifications are underpinned by deeper systemic factors, such as a lack of training (Omdal & Galloway, 2008; White & Bond, 2022), prevailing educational norms and institutional limitations. Addressing these deeper systemic mechanisms is crucial in for fostering a more inclusive and informed approach to supporting those with SM in school environments.

White and Bond (2022) emphasised the crucial role schools play in planning the next steps following identification of SM, which encapsulates the need for schools to work collaboratively with professionals and parents to elicit positive change for the CYP. Research evidence suggests that selectively mute children are best supported through a multi-professional approach, encompassing parents, teachers, psychologists and therapists, where information can be shared and understanding developed (Mayworm et al, 2015; White & Bond, 2022). Collaboration with parents promotes the opportunity for parents to implement similar strategies at home supporting the notion of consistency (White & Bond, 2022). In addition to working collaboratively, adapting and supporting CYP with SM is an important responsibility for schools. White and Bond (2022) highlight how this offer of support may be an individual evidence-based behavioural intervention or necessary adaptations within the environment and CYP’s provision.

It is evident that schools play a pivotal role in the identification and ongoing support of selective mutism, yet their capacity to respond is often constrained by the complex interplay of structural, relational and contextual specific factors that operate beyond an individual practitioner. A critical challenge within schools is an educators role to balance the academic and social demands, with the individual needs of a child with SM, especially when school is an environment which can inadvertently exacerbate anxiety through performance pressures. Furthermore, the implementation of effective support strategies is reliant on whole-school commitment and staff consistency, which is not always feasible in educational settings. Consequently, while schools hold significant potential to foster progress, this potential is often limited by a lack of targeted training, multi-professional collaboration and a flexible approach to the individual child. In most cases, these gaps in school capacity lead to increased reliance on parents who often become advocates and facilitators.

## 2.5 A Critical Realist Perspective on the Role of Parents

From a critical realist perspective, the role of parents in supporting children with SM extends beyond observable actions and is shaped by deeper relational, environmental and emotional influences.

### 2.5.1 Understanding the Nature of SM

Parents are often surprised by the sudden onset of SM (O’Neil, 2021), particularly when it emerges as children enter educational environments, despite having previously communicated freely at home. This contrast can lead parents to attributing the problem to something within the school context – such as teacher relationship or classroom dynamics (Mulligan et al, 2015). Whilst understandable, this interpretation can misguide the solutions they seek, leading them to pursue interventions focused on resolving the perceived problem within the classroom. From a critical realist perspective, such interpretations are shaped not only by surface-level observations but by deeper causal structures (e.g. absence of professional guidance and societal discourses which pathologise silence). As a result, parents often find their role akin to walking a tightrope, in which parents are expected to balance *“what’s good, what’s bad, what will help, what won’t help, how to keep him engaged, how to keep attention off him”* (Kodama, 2023, p. 57) whilst fulfilling the advocacy role which appears to be a necessity (Douglas, 2021).

As alluded to above, the realisation that their child may have selective mutism often comes as a shock to parents, prompting a natural desire to better understand the condition and its implications. Misunderstanding SM as oppositional behaviour can evoke parental feelings of frustration, concern and blame (Edison et al, 2011), which may influence parental behaviour – for example, wanting to take control or avoid a situation where silence may occur – potentially leading parents to unknowingly either mitigate or entrench behaviours associated with selective mutism. Possessing a holistic understanding of selective mutism, guides parental attitudes and parenting practice, in a way which can alleviate their child’s anxiety ultimately impacting the likely outcome (Alyanak et al, 2013). Therefore, a fundamental aspect of the parental role revolves around understanding the true nature of SM, rather than interpreting their child’s silence as defiance or stubbornness or as mentioned above perceiving a problem within the classroom (Mulligan et al, 2015). Developing a clearer, more holistic understanding of SM enables parents to act with greater insight within a complex web of constraints and affordances, ultimately shaping parental actions, defining intervention effectiveness and promoting well-being.

### 2.5.2 Navigating the Diagnostic Journey

Whilst simultaneously developing their understanding and making sense of their child’s needs, parents are also expected to juggle referrals, professional support, diagnosis and the subsequent challenges (Keville et al, 2024). Often their personal lives, along with those of their children, are exposed as professionals try to understand their child’s mutism (O’Neil, 2021). Previous research has identified discrepancies in the type and quality of support parents have been able to access (Douglas, 2021), which seemingly falls down to a ‘lottery postcode’ in terms of what is available in their child’s educational setting or within the wider local authority. Parents of children with SM commonly identify a lack of awareness and knowledge of SM amongst educational settings and professionals as something they have had to overcome (Douglas, 2021), which has inevitably impeded their ability to access support and implement appropriate interventions for their child. Critically, this ambiguity that parents experience whilst navigating and advocating throughout the diagnostic journey is emotionally taxing, largely due to the disproportionate burden placed on families in the absence of clear professional guidance.

### 2.5.3 Facilitating Interventions

Facilitating interventions is a core but often under-recognised aspect of the parental role (Conn & Coyne, 2014), yet their ability to do so is shaped by far more than just knowledge and willingness. Parents are often a child’s secure base (Ainsworth, 1968; Schaffer & Emerson, 1964), offering emotional safety and predictability, essential factors for reducing anxiety and supporting engagement with techniques and interventions such as the Sliding-in Technique. However, parental involvement is not simply a behavioural input, but a relational process embedded in emotional, systemic and contextual conditions. O’Neil (2021) rightly argues that parents should be viewed as active partners in reducing anxiety, rather than passively implementing a predetermined plan. This reinforces the importance of schools and home working collaboratively (White & Bond 2022), recognising that effective intervention emerges not from prescribed techniques but from enabling conditions that support their implementation.

Despite the crucial role parents play in facilitating interventions for children and young people with SM, limited research has explored the lived experiences of parents, particularly in understanding the deeper, relational, emotional and contextual factors that influence their involvement. From a critical realist perspective, parental involvement within interventions is not merely a matter of executing prescribed strategies, but is shaped by these complex, often hidden mechanisms.

## 2.6 Interventions for SM

Difficulties in establishing the true aetiology of SM combined with the growing list of possible maintenance factors, it is clear to see why SM has developed a narrative of being challenging to support (Østergaard, 2018) and “*nonresponsive to treatment”* (Sanetti & Luiselli, 2009, p.28). Attempts to support children with SM have used a mixture of medication-based and psychological-based options, however understanding their true efficacy is difficult due to low reported incidence rate (Zakszeski & DuPaul, 2017). The literature exploring treatment options is criticised due to the tendency for them to focus upon those implemented within clinical settings, which in some ways conflicts with the environments those with SM experience difficulties. As such, Sanetti and Luiselli (2009) emphasise the need for future research to focus upon exploring school-based intervention options, given that they are often the best places to support.

Despite these critiques, evidence-based intervention options can be separated into four categories: pharmacological, systems, psychodynamic and behavioural (Cohan et al, 2006; Zakszeski & Du Paul, 2017). Psychodynamic approaches – including psychodynamic play therapy and psychotherapy - aim to establish the origins of SM and therefore tend to employ techniques which explore the child’s unconscious mind. In contrast, pharmacological interventions often use anxiety-based medications, like SSRIs, which address the CYP’s underlying anxiety levels making it easier for them to engage socially (Zakszeski & DuPaul, 2017). Consistent with Bronfenbrenner’s (1979) systems theory, systemic-based approaches provide psychoeducation, training and opportunities for consultation with key individuals (e.g. family members, school staff and peers) who are a part of the young person’s life, with the aim of upskilling and empowering them (Auster et al, 2006; Zakszeski & DuPaul, 2017). Cognitive Behavioural Therapy (CBT) is also a popular intervention approach for a range of anxiety disorders, however, despite SM being classified as an anxiety-disorder, the need for language within CBT combined with the young onset age can often make it challenging for those with SM (Østergaard, 2018; Piacentini et al, 2002).

While an in-depth exploration of each of these approach options is beyond the scope and feasibility of this thesis project, each is briefly outlined for the purpose of clarity. Given that the focus of this study is the SiT, which is underpinned by the stimulus fading strategy within the behavioural approach, this is discussed in more detail below through a critical lens.

### 2.6.1 Behavioural Approaches to Support SM

Since its reclassification as an anxiety disorder, there has been increasing suggestion that behavioural-based approaches, namely gradual exposure and stimulus fading approaches, should be key to its support (Bergman et al, 2013; Cohan et al, 2006; Furr et al, 2020). Behavioural therapeutic approaches are underpinned by the principle that behaviours are learned (Cohan et al 2006), and therefore can be unlearned through logical application of a range of specific strategies (Zakszeski & DuPaul, 2017), including cognitive restructuring, contingency management and stimulus fading (Furr et al, 2020). These targeted behavioural approaches address the anxiety by providing practical skills for managing the sense of overwhelm, fostering long-term resilience and sustainable change (Bandelow et al, 2017). Unlike pharmacological approaches, which often result in relapse after discontinuation, behavioural approaches promote development of coping mechanisms which can be applied independently, hypothetically reducing the risk of recurrence (Bandelow et al, 2017). Within the pre-existing literature, a number of these behavioural strategies (modelling, systematic desensitisation, and stimulus fading) have been successful in supporting SM (Baylot Casey, 2012), although it is highlighted that within most of these studies, not one single behavioural strategy was effective in isolation and rather support packages were created.

### 2.6.1.1 Relational Tensions in Practice – Being With, Not Doing to

While behavioural approaches such as those highlighted above, are supported by empirical studies (Baylot Casey, 2012; Bandelow et al, 2017) and can be effective for some children, one should note that they are often applied within a framework that assumes predictability, generalisability and control – hallmarks of a more positivist orientation. As a result, these approaches may be conceptualised as discrete techniques which can be uniformly applied and even *‘mastered’*. However, in a real world context, it’s not uncommon for relational tensions to surface. For example, practitioners can often grapple with *how to be* with a child or young person with selective mutism, as uncertainty stems from balancing the need to support communication without exerting pressure, and how to offer relational attunement without inadvertently reinforcing silence (Williams et al, 2021). From a critical realist perspective it is crucial to move beyond *what works*, and instead consider *for whom, under what conditions,* and *through what underlying mechanisms* an intervention is effective.

### 2.6.1.2 Stimulus Fading and the Sliding-in Technique

The behavioural-based strategy *stimulus fading* sees an individual gradually exposed to anxiety or fear evoking stimulus (Shabani & Fisher, 2006; Zakszeski & DuPaul, 2017). The goal is to gradually remove support to foster independence in the desired behaviour – verbal communication, in the case of a selectively mute child (Shabani & Fisher, 2006). Stimulus fading techniques offer a nuanced contribution to supporting SM by placing greater emphasis on the contextual dimensions of an environment – carefully manipulating the ‘*who’, ‘what’, ‘where’ and ‘when’* of speaking situations to gradually reduce anxiety and support the generalisation of speech across settings.

Research has long identified the benefit of using stimulus fading approaches as a way of extending the environments in which selectively mute children feel comfortable and confident to verbally talk. Sari et al (2022) and Ridha (2019) found that implementation of a behavioural based approach incorporating stimulus fading techniques, elicited improvements in CYP’s verbal language skills within school. However, discrepancies were observed in the types of verbal language skills that showed improvement (Sari et al, 2022). For example, the most improvement was shown on the child’s ability to answer questions, with their ability to talk, comment and imitate instructions also increasing in frequency. However, the child’s capacity to greet and call others as well as ask questions did not show any improvement following intervention (Sari et al, 2022), suggesting that certain language functions requiring scripted language, may have been more easily targeted and improved than spontaneous, more flexible language skills within the school environment.

As noted by Johnson and Witgens (2016), the Sliding-in Technique (SiT) is underpinned by the behavioural strategy *stimulus fading* and as such is described as being “*a gradual, step by step process which encourages the child to speak gradually while also working towards reducing the child’s anxiety about speaking.”* (Johnson & Witgens, 2016, p.7). The process begins with the child working with a trusted adult -usually a parent or carer- in a safe, familiar space, using simple turn taking tasks that encourage verbal responses. As the child gains confidence, response length increases. Once consistent vocalisation is achieved, another person, such as a teacher or peer, is introduced while the trusted adult remains present. The goal is to gradually phase out the trusted adult once the child is comfortable speaking with others. The intervention can then expand to include more peers and adults, eventually transitioning to larger group settings like the main classroom.

Due to its structured process and its ties to behavioural approaches, the SiT may appear to focus solely on eliciting speech. However, I understand it as an approach that engages with the layered and context-dependent nature of selective mutism, recognising that meaningful changes emerge not simply from promoting speech, but through addressing the underlying relational, emotional and environmental mechanisms that enable communicative agency to develop.

## 2.7 Rationale

The motivation for this research stems from my professional experience, where I have observed the Sliding-in Technique frequently recommended to parents and school staff for children with SM, despite its limited research foundation. Compounding this, I have witnessed many parents, through social media platforms, actively seeking out knowledge and wisdom from other parents around their experiences with the SiT, indicating a growing desire for peer-based guidance and insight. This has highlighted a gap in the existing literature and practical guidance on the real-world application of the technique.

Although often presented as a structured, behavioural intervention, the SiT’s implementation is shaped by complex dynamics and mechanisms between practitioners, children, and families. Adopting a critical realism lens within this study moves beyond assessing the surface-level outcomes of ‘*does it work’* to explore the deeper mechanisms that govern how an intervention like the Sliding-in Technique works -or does not- in practice. These mechanisms – such as emotional dynamics, parental perceptions of their child’s needs, and the broader social and institutional contexts – cannot be fully captured through standardised approaches alone. From a critical realist perspective, understanding these deeper mechanisms requires a focus on the lived experiences of those involved with the facilitation.

This study, therefore seeks to address this gap by exploring parental experiences of the SiT using Interpretative Phenomenological Analysis. By focusing on parental experiences, this study moves beyond clinical settings and begins to offer insight into the context-specific factors that influence how the SiT is facilitated within a school environment. My use of IPA allows for an in-depth exploration of how parents make sense of and relate to the Sliding-in Technique, whilst offering vital insight into the often-hidden mechanisms and contextual conditions that influence outcomes. By unpacking these mechanisms through lived experiences, the study aims to contribute a deeper, more nuanced understanding of how interventions for selective mutism might be adapted and refined to address real-world complexities practitioners and families encounter in everyday practice.

## 2.8 Research Questions

As my research aims to explore the parental lived experiences of supporting the facilitation of the SiT, the following research questions were generated:

1. *What are the lived experiences of parents supporting the facilitation of the Sliding-in Technique (SiT) as a school-based intervention to support their child with selective mutism (SM)?*
2. *What can Educational Psychologists (EPs) and other educational professionals learn from these parental experiences?*

# Chapter 3 - Methodology

## 3.1 Introduction

This chapter discusses in more detail the methodological principles relating to this research study. It begins by outlining the aims and purpose of the research before highlighting the theoretical ontological and epistemological underpinnings and the research methodology. I will then move onto speaking in depth about my chosen methodology, before presenting the other qualitative methodology considered for the research. This chapter will also detail participants, the recruitment process and ethical considerations involved in the study, outlining how each aspect was carefully managed to ensure integrity and rigor. Detailed descriptions of data collection, including interview schedule and data analysis are also included within this chapter.

## 3.2 Research Aims

The aim of this research study was to explore parental experiences of the Sliding-in Technique (SiT) to support their child or young person with SM. The SiT is currently one of the only recommended school-based interventions (Johnson & Witgens, 2016) to support children and young people with selective mutism. Through collecting and analysing parental experience, this research intends to build upon the expanding body of research in selective mutism by providing a platform for parents to share their experiences regarding interventions and support. By amplifying the voice of parents, this study seeks to gather nuanced perspectives from those involved in the direct implementation of the SiT, whilst also exploring how these insights can inform and improve professional practice, ultimately enhancing the educational outcomes of children and young people.

## 3.3 Theoretical Underpinnings

A researcher’s positionality, influenced by both their individual view of the world and the stance they adopt within research, ultimately shapes the research design, methodology and interpretation of findings (Holmes, 2020). As such, identifying the ontological and epistemological position the researcher is adopting within a piece of research is pivotal in ensuring research clarity, consistency and transparency (Moon & Black, 2014).

### 3.3.1 Ontological Positionality

Ontology is concerned with the nature of reality (Crotty, 1998). It refers to whether objective realities exist outside an individual’s interpretation (Moon & Black, 2014). As such, Crotty (1998) explains ontology aims to understand what reality exists and what knowledge can be acquired about that reality. A researcher’s ontology reflects their own personal understanding of what reality is (Holmes, 2020) and as such different ontological perspectives exist. Moon and Black (2014) present ontology as being on a continuum, with realism at one end and relativism at the other. Realism assumes that only one true reality exists whereas relativism assumes that multiple realities exist as a result of the meaning individuals make (Moon & Black 2014).

### 3.3.2 Epistemological Positionality

Epistemology refers to the construction of knowledge (Cresswell, 2013; Moon & Black, 2014) and is interested in how knowledge is developed and acquired. Similarly to the concept of ontology, epistemology is best considered as being on a spectrum but this time with objectivism and subjectivism at opposite ends. An objectivist positioning assumes that reality and knowledge exist independently outside of an individual’s cognitions and are waiting to be discovered. As such research with an objectivist epistemology is concerned with reliability and validity within results and will often adopt scientific, means-tested, quantitative methodology. Subjectivist epistemology views knowledge as being imposed by individuals depending on their interpretation or experiences in the world and will often result in more qualitative methodology.

Constructionist is a third potential epistemological positioning that researchers may adopt and sits between objectivism and positivism on the continuum, given its incorporation of fundamentals from both (Moon & Black, 2014). Here, they reject the objective concept that truth and reality exist independently from the individual and instead, view reality and truth as being the production of our engagement with the world. The way in which an individual engages with their world can be influenced by a range of social, cultural and historical factors, which lead individuals to generating differing constructs about the same object (Moon & Black, 2014). Cuthbertson et al (2020) indicates that the value of constructionist research is its ability to generate “*contextual understandings of a defined topic of problem”* (p. 96).

### 3.3.3 Critical Realism

For this research study, a critical realist stance was adopted. Researchers adopting a critical realist position accept that one true reality exists, but this reality is complex and contains nuances which are the result of unobservable social experience (Moon and Black, 2014). Critical realists emphasise the influential capacity that subjective meaning can have on an individual’s perception of reality and conclude that reality can only be partially understood (Cuthbertson et al, 2020). This influential capacity also renders individual realities as dynamic, which are constantly changing and evolving based upon their social experiences, which further complicates the ability to fully comprehend an individual’s reality (Cuthbertson et al, 2020). As such, research adopting a critical realist stance, will aim to explore participants’ experiences and understandings of a defined phenomenon.

I position SM as being a real, observable phenomenon, which due to intense feelings of anxiety impedes the ability for individuals to speak. Within this statement, I am accepting that there is somewhat of an observable truth or reality around SM. However, simultaneously I acknowledge how the label and conceptualisation of SM has developed over time due to societal understandings and perceptions. I also identify that the experience of SM, for example, the way in which it may manifest and present, varies between individuals and these variations ultimately alter an individual’s sense-making, creating a highly nuanced and subjective experience of SM.

## 3.4 Research Methodology

Qualitative and quantitative research methodologies employed within psychological research offer different goals (Trafimow, 2014) and as such are underpinned by different epistemological positions (Denzin & Lincoln, 2005). Quantitative methodologies aim to test hypotheses, demonstrate statistical significance and highlight causal relationships (Trafimow, 2014), whereas qualitative methodologies seek to explore and understand lived experiences through an individual’s sense-making process. Qualitative methodologies offer the potential to explore novel, niche and nuanced experiences in a depth which may not be achieved through quantitative methodologies (Willig, 2012; Willig & Stainton-Rogers, 2008).

The aim of this research is to better understand the parental experiences of the Sliding-in Technique as an intervention to support their child/young person identified as being selectively mute. In order to meet this aim, the research study was an exploratory piece of research, which explored parents’ perceptions, thoughts and feelings around their experience and as such a qualitative method of investigation was selected (Braun & Clarke, 2013).

Qualitative approaches can be further categorised into either experiential or discursive (Reicher, 2000; Smith & Nizza, 2022) methods. Experiential methods are used for the studies where those being recruited have first-hand experience of the phenomena being explored. In this instance, the participants are considered *experiential experts* (Smith & Nizza, 2022) as researchers want to obtain insight into what happened in their experience or how they felt or what they thought in relation to the phenomena. In contrast, discursive methods focus heavily on language and the way in which we talk about ourselves, our experiences and the world around us (Smith & Nizza, 2022). Considering the aim of this research study, I choose to adopt an experiential, qualitative methodology.

## 3.5 Choosing IPA

Interpretative Phenomenological Analysis (IPA) is a research methodology and analytical tool which focuses on the lived experiences of a person and their sense-making process (Smith et al, 2009). It adopts a level of flexibility, allowing for a participant-led, detailed exploration of a particular phenomenon, without a need to attest particular predetermined hypotheses. IPA can be classified as an experiential method as its objective is to get as close to each participant’s first-hand experience to elicit rich description and insight regarding a specific experience (Smith & Nizza, 2022). Such closeness not only provides information around what an experience was like, but it also has the potential to highlight ambiguity and tension within an experience. Walker et al (2015) highlights the importance of utilising phenomenological approaches within SM research, as without experiential based research there is an increased risk of misrepresentations or limited depictions of SM.

IPA is grounded in three key philosophical traditions: phenomenology, hermeneutics and idiography (Smith & Nizza, 2022), which have been combined to develop the techniques and steps required in order to examine and analyse personal experiences.

### 3.5.1 Phenomenology

Phenomenology refers to the philosophical approach in the exploration of human experience (Smith & Nizza, 2022). IPA adopts a phenomenological approach as it seeks to adopt an insider perspective on a lived experience of a specific phenomenon (Willig, 2012). Phenomenology has evolved over time with multiple contributions from key individuals including Husserl and Heidegger (Smith and Nizza, 2022). Despite differing viewpoints over the years, an air of consistency remains regarding the emphasis on lived experience.

Husserl (1913/1962) was the first to offer a pragmatic explanation around phenomenology and argued that when conducting phenomenological research, one should put aside existing scientific constructs or views as these can act as a barrier to truly understanding a lived experience. According to Husserl, we can adopt the ‘natural attitude’ lens when experiencing the world. By this, he wanted to highlight how human beings have the tendency to apply pre-existing expectations or not be fully aware of our everyday experiences (Smith et al, 2009), which have the capacity to impede our ability to develop a deeper understanding. Therefore, Husserl suggested that as humans, we must bracket our preconceptions (Emery & Anderman, 2020) to ensure that we focus on our own perception of the world (Smith & Nizza, 2022). Within IPA research, Chan et al (2013) suggests that the notion of bracketing applies more to the researcher and the approach they adopt and as such they need to ensure a curious, open-minded, investigative approach which is free from predetermined assumptions and preconceptions. Whilst bracketing is a fundamental aspect of phenomenological research, it can be challenging to achieve fully as complete detachment from personal experiences and assumptions may be difficult and as such the researcher’s background and worldview inevitably influence the interpretative process.

Heidegger, another key contributor within phenomenology, marked the movement towards a focus upon existential underpinnings within phenomenological philosophy. Heidegger viewed people as *“Worldly ‘person-in-context’”* (Smith et al, 2009, p.17), depicting them as actively intertwined with the world around them and as such questioned the capacity that human beings have to detach themselves from the world and their experiences. Heidegger’s view of ‘*being-in-the world’* is embraced within IPA methodology as researchers are encouraged to attend to and acknowledge the context in which the participants’ experiences occur and how these contexts influence individual meaning-making.

### 3.5.2 Hermeneutics

Heidegger, mentioned above, was also largely influenced by hermeneutics. Hermeneutics refers to the theory of interpretation (Smith & Nizza, 2022) and is a pivotal concept underpinning IPA methodology. Heidegger highlighted how the meaning of an experience is not always visible and that a deeper delve beyond the superficial account of an experience may be required to identify the meaning. Hence, why he emphasised that phenomenology needed to be an interpretative venture.

The notion of double hermeneutics is an important concept within IPA. Double hermeneutics describes the process in which “*the participant is trying to make sense of what is happening to them while the researcher is trying to make sense of the participant’s sense making”* (Smith & Nizza, 2022, p.8). For example, within this particular research, through their sharing of their experience, parents are not only making sense of their own experiences but also interpreting the researcher’s questions, while the researcher is simultaneously interpreting what those experiences mean for the parents. This highlights the reciprocal nature of the process, where both are engaged in layers of interpretation, which is the essence of double hermeneutics. Analysis through this dual lens demonstrates the complex nature of understanding human experience and can lead to some potential challenges, including the risk of biases, or for distortion/misinterpretation of experiences and loss of authenticity.

### 3.5.3 Idiography

IPA also adopts an idiographic lens which focuses on a particular individual (Smith & Nizza, 2022). Rather than attempting to find generalisations true for a group or population of people (nomothetic lens), the idiographic lens and therefore IPA preferences a deep and detailed analysis of each individual experience (Smith et al, 2009). Adopting such an individualistic focus, allows a researcher to identify and highlight factors which could have potentially been neglected in a nomothetic approach.

Although IPA is interested in understanding each participant’s individual experience and requires researchers to focus on each case study, it does offer researchers a tentative opportunity to identify comparisons between each case study. Identification of such generalised statements often occurs in the later stages of the analysis phase and good IPA studies will describe the commonality patterns supported by quotes and statements from within the data. The researcher is also accountable to ensure that these commonalities are presented whilst simultaneously portraying the divergences in the ways participants have expressed these commonalities (Smith & Nizza, 2022).

## 3.6 Other Qualitative Methods Considered for Study

When deciding upon the research methodology for a study, it is important to consider a range of research approaches to ensure that the most appropriate method is selected. Braun and Clarke (2021) highlight that rarely is there one ideal methodology for a research project and as such they suggest that decisions around analytic approaches can be based on pragmatic, conceptual reasons or due to researcher familiarity and confidence. Yet there is emphasis on the importance for a researcher to ensure that their chosen analytical method *fits* the research project and aligns with the project’s purpose, aims, theoretical positioning and design (Willig, 2013).

The alternative methodological approach considered for this study was Thematic Analysis, which is described briefly below alongside a rationale of why it was not selected.

### 3.6.1 Thematic Analysis

Thematic analysis (TA) is deemed another phenomenological and existential qualitative research methodology (Braun & Clarke, 2021). It is a diverse analytical method, which offers researchers a vast amount of flexibility within their research. In TA, results and knowledge are produced through the identification of convergence across all participants. These areas of convergence are then linked to create wider themes, and these themes aid the researcher to create some general conclusions relating to the topic being researched.

Although being another phenomenological research methodology, critiques exist around its true potential to be interpretative (Braun & Clarke, 2006), and rather its suggested that it merely provides a surface level, descriptive account of individual experiences. Thematic analysis can be criticised for its over generalisation of data to create patterns and themes across data sets (Willig, 2013). Taking such a wide analytical approach inhibits the depth of analysis which can be achieved and nuances or complexities within individual cases can be ignored.

I felt that as the current study aimed to explore parental experiences, choosing TA would reduce the analysis and findings to mere descriptions and general overviews and would miss the more nuanced understanding of experience which IPA could offer. I also felt that selecting TA, to some extent, would undermine my critical realism philosophical stance, which posits that reality exists, but our understanding of this reality is mediated by individual experiences and interpretations. Selecting TA would guide me to focusing on identifying patterns across data, rather than honouring the individual experience and interpretation. I felt it would be naïve to assume that all parents had had similar experiences and that these nuances would not exist. This led me to rejecting TA as the analytical method as I felt that focusing on commonalities across all participants, rather than exploring in detail individual experiences would to some extent reduce each parent’s individual experience.

## 3.7 Participants

### 3.7.1 Sample Size

The aim of IPA is to illuminate the individual lived experience (Smith & Nizza, 2022) and as such seeks to accomplish depth rather than breadth within its research (Smith et al, 2009). No ideal number of participants for an IPA study is stipulated as Smith et al (2009) explains how the need for homogeneity within an IPA sample subsequently reduces the pool of potential participants. Instead, researchers are asked to consider several variables when thinking about recruitment. These variables may include time or organisational constraints that the researcher is experiencing; richness of data gathered from each unique account and the depth of reporting the researcher provides in respect of each case study analysis (Smith et al, 2009). Although no ideal sample size is suggested, a guideline of 3 to 6 participants is suggested within most IPA studies.

Homogeneity within a sample is important within an IPA study, often looking for a group of participants who do not differ significantly in terms of their demographic characteristics (e.g. age, sex or geographical location), however the niche population being recruited for this study has further reduced the potential sample population. In such instances, homogeneity can be viewed as a sample who shares a particular experience (Smith et al, 2009; Langdridge, 2007). Taking the constraints of interviewing a niche population into consideration, my homogenous group will be parents who share the experience of supporting the implementation of the Sliding-in Technique to support their child with SM.

### 3.7.2 Inclusion Criteria

As the aim of this study was to understand parental experiences of the Sliding-in Technique to support their child, careful consideration was given to the participation criteria. I felt a participant criterion was required in order to ensure that my final participant group was as homogenous as possible. As such, an inclusion criterion was generated which can be found below in Table 2, together with a rationale for each criterion.

**Table 2**

*Participant Inclusion Criteria and Rationale*

|  |  |
| --- | --- |
| Inclusion Criteria | Rationale |
| 1. Parent or Legal Guardian of a CYP identified as having selective mutism – no formal diagnosis required. | *I decided that no-formal diagnosis was required due to challenges accessing diagnosis across the UK, with some LA appearing to not have a diagnosis pathway. I felt imposing a need for diagnosis risked reducing the pool of participants.*  *Parents/Legal guardians were chosen as these are often a child’s secure base and as such are most likely to initially facilitate the sessions.* |
| 1. Parent (and their child) must reside within the United Kingdom. | *To inform educational professionals within the UK, it was important that the parents/legal guardians interviewed were also based within the UK. This was because I recognise the potential cultural and educational differences from other countries which would naturally lead to different experiences. Given the low incidence rate of SM and the likely lower rate of parents who may have supported the delivery of the SiT, I chose not to impose additional restrictions on parents’ locations within the UK.* |
| 1. Parent/Legal Guardian must have proficient English Language skills to engage in an interview. | *Proficiency in English language was made a requirement due to the demands of completing a lengthy semi-structured interview. Ensuring proficiency would allow for effective communication between myself and each participant as well as accuracy within the data collection. I felt this was also important, to help my interpretations of their experiences and would minimise any potential misinterpretations due to language barriers.* |
| 1. Either currently using or have previously used the Sliding-in Technique. | *Given the aim of the study, participants needed to have current or historical experience of the SiT to allow them to share their experience.* |
| 1. Child was attending a nursery, pre-school, primary or secondary school (mainstream or specialist) at the time of the intervention. | *As the research wanted to explore the lived experiences of the SiT as a school-based intervention, it was pivotal that parents had supported the facilitation within a school setting. I chose to broaden out the school setting, as to acknowledge the disparity between identification and implementation of support that many with SM face. This requirement also ensured that children/young people involved, would have been 16 or under, as they would have needed to be enrolled in nursery, pre-school, primary or secondary education at the time of implementation.* |

### 3.7.3 Recruitment Process

Purposive sampling was chosen as my recruitment method as this would allow me to ensure that the participants met the specific criterion discussed above (Robinson, 2014) and would subsequently provide insight into the phenomenon being investigated.

Two channels of recruitment were adopted. The first involved the LA where I currently work as a Trainee Educational Psychologist (TEP). Here, both colleagues and I disseminated the participant recruitment flyer (see Appendix A) to SENCos and ELSAs asking them to share with parents, who they felt met the inclusion criteria. Whilst using my LA to recruit participants, I knew that I would need to widen my potential sample pool, so I also shared the same participant recruitment poster on the Selective Mutism Information and Research Association’s (SMIRA’s) parents/carers support group on Facebook, which became my second recruitment channel. This is a closed Facebook group and admission to the group is controlled by the SMIRA charity committee. Participants that expressed interest in participating were encouraged to email using details on the participant flyer. Following an expression of interest, the following documents were sent via email:

* A link to a Google Form which contained the participant information sheet and consent form (see Appendix B).
* A PDF copy of the participant information sheet (see Appendix C).

Upon receiving these documents, potential participants were encouraged to get in contact if they had any further questions. Once consent forms were returned electronically via Google forms, I checked to ensure that each individual met the inclusion criteria stipulated above before arranging a time and date for the virtual interview. Given the potential vast geographical locations of the participants, I decided that virtual interviews would be more appropriate. Once having agreed the time for an interview, participants were sent a link to join the virtual meeting and a suggested interview schedule. This was shared with participants as a way of reducing anxiety by allowing them to consider what they may like to share about their experience. The interview schedule was caveated to participants as being only a suggestion as I wanted to hear their experience so ultimately our interview would be guided by what they shared.

Following completion of the interview, participants were sent a copy of the Participant debrief sheet (See Appendix F).

### 3.7.4 Participant Overview

A total of five parents, all mothers to daughters were interviewed. Information relating to the five participants can be found in the table below.

**Table 3:**

*Participant Information Table*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent’s pseudonym | CYP’s pseudonym | Official diagnosis of SM  Y/N | Type of school(s) attending at time of SiT | Year group SiT was used | Other SEN diagnoses |
| Kim | Charlotte | N | Primary School (LA maintained) | Reception | Potential ASD/other neurodiversity |
| Jane | Laura | N | Primary School (LA maintained) | Reception | Potential ASD |
| Mary | Rachel | Y | Primary School (LA maintained) | Reception, Year 1 | Speech delay |
| Elizabeth | Maddie | Y | Infant School (LA maintained)  Junior School (LA maintained)  Secondary | Throughout years | None |
| Susan | Emma | Y | Secondary | Year 11 | ASD |

## 3.8 Method of Data Collection

As aforementioned IPA methodology is interested in exploring an individuals’ experience of a particular phenomenon and as such researchers will opt to use a data collection method which will provide them with detailed first-hand accounts. In this research study, semi-structured individual interviews were carried out. Opting for semi-structured individual interviews, I felt would ensure that I could focus on each individual participants’ experience, thoughts and feelings whilst simultaneously providing a loose structure to support me in facilitating each interview.

A broad, flexible interview schedule was created (See Appendix E) and was shared with participants prior to our interview date. The interview schedule asked participants two broad questions, which allowed the participants to take ownership and guide the conversation. To support flow of conversation and encourage participants to provide additional information, a range of prompts and probes were also included (Whiting, 2008). The first question I asked was, ‘*Can you tell me about your child?”* which was followed by “*Can you tell me about your experience of the Sliding-in Technique?”*

Upon sharing the interview schedule with participants, its flexible nature and my curiosity around their own experience was emphasised. This meant that I acknowledged to them that there was no expectation to follow the schedule, and some questions and prompts may not be relevant, or I may be missing something they would like to talk about.

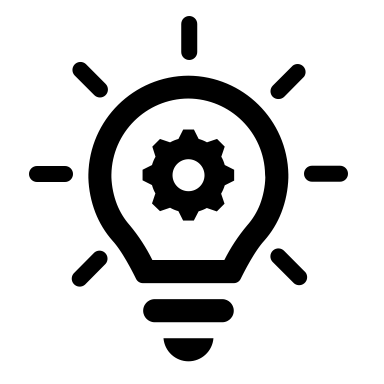
On the interview day, each interview started with an introduction from me, the purpose of the research and a reminder of the ethical rights they had. Despite receiving completed consent forms, participants were asked to provide verbal consent to begin the interview. I explicitly reminded the participants about my role within the interview and that I was curious about their experience as I wanted this to encourage them to lead the on-going discussions within the interview. To ensure participants felt empowered to share their experience, I was conscious of interrupting their flow and took natural pauses to ask clarifying or curious questions. At the end of each interview, I took the opportunity to personally reflect on the interview - here I made a note of any key themes which had initially emerged; the relationship between the participant and I; and how I felt the interview went (see Appendix G). Keeping this research diary helped facilitate bracketing, encouraging me to acknowledge and take accountability for my own personal biases, assumptions and preconceptions, ensuring they are consciously noted and managed throughout the research process. Capturing reflections on how the interview went along with the feedback from participants, allowed me to continuously refine my interview practice ensuring that I continued to establish a comfortable and open environment. This process also allowed me to refine my questioning style, ultimately fostering a more authentic and meaningful process.

In total, five virtual interviews were carried out, with the length of interviews varying from 60 to 95 minutes. Each interview was recorded via Google Meet and transcribed to aid with the subsequent analysis phase (an extract of transcription can be found in Appendix H). Initial transcription of each interview was completed by the in-built transcription service in Google Meet; however, each transcription was manually checked for accuracy and to support immersion in the data – a process that typically took an entire day per transcript. IPA focuses on the content of the conversation and therefore does not require a ‘*thick transcript’*  which captures every non-verbal cue or the nuances of conversation. Smith and Nizza (2022) highlight how prosodic components of speech are not always necessary with IPA transcripts; however, the researcher may choose to include some non-verbal cues, as these can be interesting as indicators of the flow of conversation or participant’s emotional state.

## 3.9 Pilot Study

Careful consideration was given to conducting a pilot study. Thabane et al (2010) outlines that pilot studies provide the ability to assess recruitment potential and study feasibility, while also testing the time required to complete each step within the study. Although beneficial to researchers, conducting pilot studies is time consuming and can also impact the number of participants available to complete the main research study. Given the niche population I was requiring within this research study, I felt that completing a pilot study would further limit the number of participants I could recruit. The data collected through a pilot study is not often reported (Ismail et al, 2018) and I felt that asking parents to be vulnerable and open and share their experience for it not to be reported had the potential to feel disempowering.

Pilot studies are often more common in quantitative rather than qualitative studies (Crossman, 2007; Ismail et al, 2018) as qualitative data collection methods such as interviews, are often naturally adapting and progressive as and when the researcher gathers insight. As such, I opted to incorporate a participant reflective section at the end of each interview as this would allow me to hear the participants feedback around the interview process and see if and what needed adapting before conducting the next interview.



Reflective Box - Pilot Study and Parental Narratives

An informed decision was made not to conduct a pilot study, primarily to avoid any potential disempowerment of participants and to preserve the authenticity of first encounters. In hindsight, however, undertaking a pilot study could have offered valuable preparatory insight, particularly in light of how those interviewed naturally connected their experiences of facilitating the SiT with their broader efforts of seeking support. Facilitation of a pilot study would have increased my anticipation and awareness of this interconnectedness early on, opening up important dialogue and reflection opportunities with participants and within supervision about the inherent and meaningful nature of these intertwined experiences. This earlier insight could have supported deeper reflexivity, while also preparing me to sit with and embrace the *messiness* of lived experience and accept this complexity as not only unavoidable, but a valuable strength within my data. Ultimately, this heightened awareness may have reduced my hesitation and cautiousness around whether, or how, to represent this interconnectedness within my analysis.

## 3.10 Ethical Considerations.

Upholding ethical principles whilst completing research is paramount, and focused attention is required when human participants are involved. Ethical considerations, as stipulated by the British Psychological Society’s Code of Human Research Ethics (BPS, 2021) and the University of Sheffield’s Ethics Policy (University of Sheffield, 2024) were followed during this research to ensure the safety of both participants and the researcher. As such ethical approval was obtained from the University of Sheffield’s School of Education Ethics Review Panel (see Appendix D).

### 3.10.1 Informed Consent

Informed consent procedures are there to safeguard participants and should be followed, prior to, during and after an interview (Smith & Nizza, 2022). To ensure potential participants understood the purpose of the study and what would be required from them, along with any potential risks and benefits, individuals who expressed an interest in participating received a participant information sheet (see Appendix C). Via the information sheet, participants were also informed that the virtual interviews would be both audio and visually recorded to allow for the process of transcription as well as how these recordings would be stored in line with ethical guidelines. Participants were asked to select ‘yes’ or ‘no’ to a range of statements on the consent form to demonstrate their understanding. These statements included acknowledgement of receipt of the information sheet, consent for the interviews to be recorded as well as understanding how the data generated would be used (see Appendix B for the full consent form).

Prior to beginning the interview, I took the opportunity to remind participants that their participation was voluntary, what the purpose of the research was, their right to anonymity and to stop the interview at any time. Participants were given the opportunity to ask questions or clarify any information before being asked to consent to the interview continuing.

### 3.10.2 Right to Withdraw

As the nature of IPA studies is to capture and analyse personal experience in detail, which can elicit emotional and potentially distressing discussions, diligence is required to ensure the safety of participants. As a way of avoiding harm to participants, it was essential for me to promote to participants – in both the information sheet and at the beginning of the interview - that they had the right to withdraw at any time or request a break, without needing to provide a reason. Participants were made clear that ‘at any time’ was defined as being up to two weeks following an interview and reasoning for this was provided. Throughout the interview process, it was also important for me to remain actively engaged and attuned to both verbal and non-verbal signs of discomfort, helping to ensure that participants felt safe and empowered to pause, redirect or withdraw at any time.

### 3.10.3 Anonymity

Any personal information that could be used to identify participants remained confidential and I, as the researcher, was the only person that had access to this information. To aid confidentiality, pseudonym names were generated for both parents interviewed and their child. Any other identifiable features – for example, school names, wider family names or teacher names- were removed and replaced with ‘Mr. XXX (class teacher)’ or ‘school’, for example. These steps which ensured anonymity and protected participant’s personal details were again outlined in the participant information sheet and were reviewed at the beginning of each interview.

## 3.11 Analysis

The six-step approach to IPA proposed by Smith et al (2009) was followed in a cyclical approach throughout the analysis phase. The six steps are presented below in Figure 3.

**Figure 3**

*The Six Steps of IPA as Outlined by Smith et al (2009).*

1. Reading and Re-reading to support familiarisation

2. Initial Coding

3. Emergent Themes

4. Connections Across Emergent Themes

5. Move on to next case

6. Explore patterns across cases

Repeat steps 1-5 with each new case.

In line with Smith et al (2009), the analysis process started with familiarisation of the transcript. This involved reading and re-reading each individual transcript several times to ensure deep immersion in the data, fostering familiarity so that I could engage meaningfully with each participant’s account. Whilst reading the transcripts, it was important to listen to the recording of the interview to ensure that I remained truly attuned to the experiences being shared. The second stage involved creating exploratory notes on the transcripts, focusing on three areas: descriptive, linguistic and conceptual. Descriptive comments captured the participant’s narrative or the ‘*what’* of their experience. Linguistic notes highlighted the language used – such as words, phrases, tone and pauses – which can reveal underlying emotions or personal significance, whilst conceptual commentary explored any deeper meaning and interpretations, encouraging critical reflection around what was ‘*unsaid’,* offering a richer understanding of the lived experiences.

Once initial, detailed notes were made in step two, I moved onto step three, where through synthesis of the initial notes, I began recognising the core elements of each participant’s experience. Through a dynamic and iterative movement between the data and my interpretative lens, these core elements became emergent themes. Development of these individual emergent themes led me into step four, whereby I explored how these emergent themes could be organised into clusters to form subordinate themes or Personal Experiential Themes (PETs). An extract of the analysis process can be found in Appendix I.

The same four step process was repeated for each of the remaining interviews (step five). Each interview was analysed on separate days to ensure that I treated each as individual and separate from each other. After completing steps one through four on each of my individual interviews, the final step involved searching for convergences and divergences across cases. Here connections between PETs were explored to create master themes or Group Experiential Themes (GETs).

## 3.12 Quality Assurance

Quality assurance is essential to ensure the credibility, accuracy and consistency of the research process, helping to uphold the reliability and validity of the study’s findings. Concepts like reliability and validity are often linked to quantitative research which is often rooted in the philosophical notions of realism, in which there is a belief that there is one truth, needing to be discovered. For this reason, qualitative researchers, who tend to adopt a more relativist, interpretivist philosophical stance, have produced guides for quality assurance (Smith, 2011; Yardley, 2000). Questions remain around who is able to assess the quality of a qualitative researcher? Whether it requires an external expert and when is it most appropriate to begin assessing and evaluating a piece of qualitative research? (Smith, 2011). With so many questions unanswered, Smith (2011) argued that a blanket, one-fit criteria for assessing quality across qualitative research methodology may not exist - instead, multiple checklists and criterion will be required.

In an attempt to support researchers using IPA methodology to conduct research, Smith (2011) generated the first guidelines, consisting of seven descriptors for assessing quality within IPA studies; these were then refined to four quality indicators by Nizza et al (2021). These were categorised as: *“Constructing a compelling, unfolding narrative”, “Developing vigorous experiential account”, “Close analytic reading of participants’ words” and “attending to convergence and divergence”* (Nizza et al, 2021, p.371). I chose to adopt the quality assurance criterion by Nizza et al (2021), due to its refined and streamlined design, which I felt provided me with a more targeted approach to assessing the quality of my own research. Each of the criterions are discussed below, with specific reference to how I have illustrated these within this research.

The first merit of evaluating IPA research refers to how a researcher builds the story, conveying progress within their analysis (Nizza et al, 2021). This often relates to the researcher’s choice of illustrative quotes, the order they are placed and any analytical commentary which accompanies them (Nizza et al, 2021; Smith, 2011). This is something I made a conscious effort to show throughout my analysis chapter, each quote has been meticulously chosen and interwoven to create a cohesive narrative, which is then further explored through accompanying analytical commentary which aligns to the double hermeneutics emphasised by IPA.

This analytical commentary, generated by my interpretations of the participant’s experiences, is where I have presented the experiential essence of what the participants shared. This, as Nizza et al (2021) identifies, requires the researcher to go beyond the descriptive elements of the participant’s experience and explore at differing levels the individual’s sense-making and the subsequent impact for an individual’s existential identity. For example, the identification of guilt within this study leads to further questions around the impact on identity as a parent and self-efficacy. This reflection on what is important for people and the existential impact is necessary for any good IPA research study (Nizza et al, 2021; Smith, 2011) and supports a researcher in developing a vigorous experiential account of participants’ experiences.

Within IPA analysis, researchers need to ensure that they demonstrate prevalence in their themes as a way of ensuring rigor within their data. Smith (2011) highlights how themes should be based upon their participant data and therefore should be well represented by direct quotes and extracts from participants. Yardley (2000) explained how presenting extracts from participants to support themes also demonstrates that a researcher is showing sensitivity to the context of the participant. The inclusion of quotes is not sufficient to make a good IPA study, instead Nizza et al (2021) emphasises how researchers need to ensure that they are engaging with close reading of the quote. Similar to above, this close analytic work is demonstrated through further analysis stemming from the researcher and can be seen throughout my analysis chapter via the analytic commentary.

Finally, Smith (2011) highlights that any good IPA, where multiple participants are involved, should present the convergence and divergence between participants. This exploration is vital in showing the uniqueness within each participant’s experience, whilst also highlighting any similarities and connection (Nizza et al, 2021). Throughout my analysis chapter, tables are used to convey the convergence and divergence within GETs and GLSTs. I also refer, where appropriate, to how the participants may share a subtheme but have had different experiences leading to this.

# Chapter 4 – Analysis

## 4.1 Introduction

This chapter aims to present and explore the interpretations of parental experiences of the Sliding-in Technique (SiT). I begin with individual pen portraits, which introduce each of the participants, to help contextualise the data. Following these, I move onto sharing the 4 overarching Group Experiential Themes (GETs) and their respective Group Level Sub Themes (GLSTs). The convergence and divergence across the participants for these GLST will be highlighted in turn before discussing them in more detail.

## 4.2 Pen Portraits

Below are individual pen portraits for each of the participants. I felt the inclusion of pen portraits at the beginning of the analysis chapter would help add richness, depth and human contexts to the findings discussed throughout this chapter.

### 4.2.1 Kim

Kim was the first participant I interviewed, and it was the longest interview lasting for 98 minutes. Kim spoke about her experience of implementing the Sliding-in Technique with her daughter, Charlotte, during her time in primary school. There was some confusion over whether Charlotte had a formal diagnosis of SM as although having confirmation from an EP, Kim felt there had been no formal conversation nor a formal letter stipulating a formal diagnosis. Kim also expressed that she wondered whether her daughter had other undiagnosed neurodiversities, namely ASD. Kim appeared to talk with confidence and presented a reflective account of her experience of the SiT.

### 4.2.2 Jane

My second participant was Jane, who shared her experience of the Sliding-in Technique with her daughter, Laura, during her time in primary school. Jane identified that her daughter had no formal diagnosis of SM as she had not felt this necessary in order to access relevant support, although Jane did express that there were on-going discussions as to whether Laura also had ASD.

In comparison to my other interviews, the experience Jane shared was overwhelmingly more positive and as such the interview was the shortest lasting 64 minutes. Jane’s positivity encompassed her experience of the SiT, the progress she’d witnessed and also the support she received and subsequently the agency she felt empowered to adopt.

### 4.2.3 Mary

Mary shared her experience of facilitating the Sliding-in Technique with her daughter, Rachel. Mary experienced implementing the sessions during her daughter’s time in primary school and attempted several blocks spanning Reception and Year 1. Rachel had a formal diagnosis of SM and also had other identified speech and language needs, namely speech delay. She was my third interviewee, with her interview lasting 67 minutes. Although being one of the shorter interviews, Mary presented as confident and provided rich and reflective responses regarding her experience, with limited reliance on prompts from myself.

### 4.2.4 Elizabeth

Elizabeth was my fourth interviewee, which lasted 80 minutes. She shared her experience of the Sliding-in Technique with her daughter, Maddie. Elizabeth acknowledged that Maddie had a formal diagnosis of SM. Elizabeth presented as more cautious and potentially nervous during the interview, and at times gave shorter answers which required subsequent prompting from myself. At the time of Elizabeth’s interview, she offered a distinctive perspective due to her daughter being older and attending secondary school. This allowed Elizabeth to reflect on her three separate experiences of the SiT across infant, junior and secondary school.

### 4.2.5 Susan

Susan was my final participant and her interview lasted 92 minutes. Susan’s daughter, Emma, was the oldest of all the young people and had a formal diagnosis of both SM and ASD. Given her daughter’s age, Susan retrospectively shared her experience of implementing the SiT towards the end of secondary school. Given the gap between implementing the intervention and now, Susan’s interview also provided a nuanced perspective of how she has adopted elements of the Sliding-in Technique to support her daughter during post-16 and now into adulthood.

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| Lightbulb and gear with solid fillReflective Box:  An important process within IPA analysis is double hermeneutics, which refers to the practice of the researcher making sense of the participant’s sense-making. Although this meant that as the researcher, I played a central role in the analysis and interpretation stages, I was also conscious of my need to maintain a clear focus on my participant’s individual experience and subsequent sense-making. As such I chose to complete a personal reflective log (see Appendix G) following each interview, this allowed me to engage in reflexivity by critically exploring my own biases, preconceptions and emotional responses to each interview. Establishing this self-awareness and bracketing my own perceptions and responses from those of the participants, allowed me to distinguish between the voice of the participants and that of my own. I have made a concerted effort to highlight these distinctions throughout this analysis chapter and have opted to use more tentative language within my own interpretations of the participants’ experiences. |

## 4.3 Group Experiential Themes

By checking the transcripts by hand and engaging closely with six stages of IPA proposed by Smith et al (2009), I was able to immerse myself deeply within the data, initially focusing on the unique experiences of each participant. This led to the generation of Individual Personal Experiential Themes (PETs) for each of my participants (*see Appendix J).* However, as I came to the final stage of the analysis process, which saw me look for patterns across data, I explored the similarities and differences among these PETs. This process revealed recurring themes that spanned multiple participants’ experiences, which, within the framework of IPA, felt more congruent to report as Group Experiential Themes (GETs) and subsequently 4 overarching GETs were generated. This approach, I felt, helped avoid repetition and allowed for a more holistic representation of the shared aspects of the participants’ experiences, while still acknowledging their individual nuances. Although these are presented as GETs, each individual experience is still discussed where appropriate, utilising direct quotes to ensure that the uniqueness of each participant’s experience is preserved. These quotes are presented in italics and set apart from the main body of the text, to enhance the readability and ensure clarity in the presentation of participant’ voices.

The four GETs generated and the corresponding GLSTs are presented below in figure 4.

**Figure 4**

Group Experiential Themes (GETs).

## 4.4 Stepping into a Multifaceted Role: The Complex Demands of Parents in the Facilitation Process.

This GET delves into the idea that the participants felt that their role as parents was multifaceted and complex and went beyond ‘*just’* being the CYP’s secure base and supporting the initial implementation. Rather their role demanded more, requiring them to advocate, teach, mediate and problem solve. Naturally, as the complex nature of their role developed so did the sense of the demands and expectations they experienced. This overarching theme comprises three GLSTs: *carrying the weight of responsibility, unseen labour* and *the rollercoaster of emotions.* The first subtheme explores the expansive level of responsibility that the participants seemed to juggle whilst supporting the facilitation of the sliding-in sessions. The second subtheme emphasises, that for all, supporting the facilitation of the technique came with an unexpected, often hidden amount of work and commitment, whilst the final subtheme delves into the array of emotions parents experienced through the implementation of the technique. Each subtheme is discussed individually below but the convergence and divergence across participants within each subtheme is presented in table 4 below.

**Table 4**

*Convergence and Divergence Across Participants for the GET - ‘Stepping into a Multifaceted Role: The Complex Demands of Parents in the Facilitation Process.’*

|  |  |  |  |
| --- | --- | --- | --- |
| **GET**  **4.4 Stepping into a Multifaceted Role: The Complex Demands of Parents in the Facilitation Process.** | | | |
| Group-level subtheme | *4.4.1 Carrying the Weight of Responsibility* | *4.4.2 Unseen Labour* | *4.4.3 The Rollercoaster of Emotions* |
| Kim | ✓ | ✓ | ✓ |
| Jane | ✓ | ✓ | ✓ |
| Mary | ✓ | ✓ | ✓ |
| Elizabeth | ✓ | ✓ | ✓ |
| Susan | ✓ | ✓ | ✓ |

### 4.4.1 Carrying the Weight of Responsibility

This GLST portrays that throughout all the interviews, the participants conveyed that they felt immense pressure and individual responsibility whilst facilitating the Sliding-in Technique. Despite the weight of responsibility being a shared experience, the reasons behind it appeared to vary. For some this stemmed from their experience of being amongst professionals who did not know, resulting in a need to take control and become leaders, whilst for others it emerged from what I perceived as uncomfortability around the various nuanced roles they inevitably appeared to adopt.

For both Jane and Elizabeth, the experience of profound responsibility grew from the reduced awareness and understanding of SM amongst schools and professionals which subsequently forced them into becoming the *experts.*

*"...you have to become the expert." (Jane, 297)*

*"I think for parents they just need to research as much as they can." (Elizabeth, 643-644).*

Becoming the expert seemed to involve them both becoming knowledgeable about the SiT so they could take ownership. At first glance, this pressure seemed to be something they were self-imposing, however a deeper interpretation of Jane’s direct, obligatory language of ‘*you have to…’*  potentially meant she felt unable to rely on the expertise of others. As a result, I wondered whether she felt the responsibility fell to her to do best by her daughter and as such sought to adopt a position of authority and competence. What became apparent was to become an *expert*, there was a significant pressure to upskill their own knowledge which resulted in hours and hours of research and reading.

*"I’d been reading Maggie's books back-to-back and making notes and videos and just trying to untangle everything." … "Like very late nights for many, many weeks." (Jane, 291-292, 294)*

Jane’s use of the phrase ‘*trying to untangle everything’* highlights how she was grappling with the complexities around the SiT, which I thought was indicative of her experiencing confusion and uncertainty. This trepidation seemed to magnify her feelings of pressure as I wondered whether her reference to untangling something was suggestive of her not knowing which way to turn or what to do first which was at odds with her desire to do right for her daughter.

Similarly for Elizabeth, she also identified with the need to become the *expert* and the sense of ownership and leadership. This *expert* stance appeared to equate to a sense of empowerment which felt like it equipped her with the confidence to be able to advocate for her daughter. Through taking on the responsibility of sharing her previous experiences and knowledge she focused on eliciting positive change for her daughter.

*"I think I brought the Sliding-in technique to that school then because I was more confident in what works for Emma." (Elizabeth, 375-376).*

Here I noted Elizabeth's use of *‘I’* to distinguish her contribution and signify a separation between herself and others involved, signifying her leadership role but also suggesting the individual pressure and ownership over the SiT she held.

As both Mary and Jane’s interviews went on, their identification with the *‘expert’* positioning also depicted the weight of responsibility in a different light. A responsibility which went far beyond those contained within the isolation of the sessions they were facilitating. They expressed a perceived responsibility to find additional opportunities to compliment the work they were doing within the sessions in school, and they suggested these additional experiences were vital in ensuring progression.

*"You've got to make sure that she is getting those experiences otherwise, she's not going to make the progress." (Mary, 536-537).*

*“…become the expert because you can do so much. Because you don't do it just at school, you do it in their lives throughout.” (Jane, 317-318).*

The perceived complexities around SM and the intensity of the SiT were similarly echoed by Mary, who shared:

*“I actually did an awful lot of research on Selective Mutism and read loads of books. I bought the manual, I did an awful lot of, I went and watched some kind of webinar things. So, I did do an awful lot of research on it myself and so I completely understood what the process was regarding the steps and things because it's quite complex, but when you get it, it makes sense.” (Mary, 193-197).*

During analysis, I noted Mary’s repetitive use of the phrase ‘*an awful lot’* which initially I felt was her attempt to emphasise the significant amount of work she engaged with. However, further reflections left me questioning whether in her attempts to emphasise her level of commitment, Mary was also alluding to sharing a common ground with Jane in that she felt unable to rely on the expertise of others. This then left me further reflecting upon whether the sense of responsibility and the need to become the expert was out of choice or did some of the participants feel forced into it, subsequently leading them to adopting a reluctant leader position.

It was encouraging to note from Mary’s quote above that despite its complex nature, developing an understanding of the SiT and meeting a self-identified point of mastery provided her with the opportunity to experience a sense of achievement and pride in herself and her own capabilities.

Further exploration and analysis of Mary’s interview led me to inferring that she was balancing a plethora of roles whilst facilitating the SiT. As discussed above, although resonating with the need to become the *expert* and understand what was going on, her sense of responsibility and pressure went far beyond that as she depicted herself as – Mary the expert, Mary the leader, Mary the advocate, Mary the Mediator and Mary the diplomat. Mary also found herself positioned as the problem solver whilst facilitating the sessions with her daughter.

*"...so in the end in year one when we were doing these sliding in sessions, the teaching assistant wasn't always available, and it wasn't really working.”(Mary, 333-334).*

I got the sense from Mary that identification of things not working fell to her. Without her identifying these, it felt that things would have just continued in a less-than-ideal way, which seemed to suggest a separation between school and home, ultimately creating a sense of isolation and loneliness whilst also adding an additional dimension to her role. With identifying problems appearing to fall to parents, naturally solving these also became her responsibility. Mary sought adaptability, wanting to elicit change and looked for solution focused options. Here is where she chose to use her daughter’s friends to support the facilitation of these sessions when school staff were unavailable.

*“I just got a couple of her friends to come in and play" (Mary, 337).*

Kim also spoke about having to solve problems within her experience of the SiT but interestingly, I inferred for Kim that this centred less on pragmatic issues and instead saw her adopting the role of mediator between her daughter and member of staff at school.

*“There was also a time where she didn't like Mrs. Jones [wellbeing TA]”… “And for a good while she really disliked her. Didn't want to go to the sessions with her. Just didn't really want to engage at all with it. Whenever I talk about it. She’d be like I don’t like Mrs. Jones, and it took a long time I think for Mrs. Jones to then build that trust back up with her.” (Kim, 392, 398-401).*

Kim spoke about feeling pressure in needing to be diplomatic within this situation, suggesting that she had potentially identified a contentious situation where she needed to balance conflicting perspectives, emotions and interests.

*“It was really tricky because obviously you've got Mrs. Jones and I was aware of her feelings as well because obviously she does a lot of work with Maddie. She was seeing her three times a week every week all through reception. She's done a lot of work with her, so it was like trying to be diplomatic with Mrs. Jones about it. I didn't really want to say Maddie doesn't like you anymore. It was trying to be like, what are we gonna do to try improve the situation…” (Kim, 416-421).*

I felt that Kim further alluded to an internal conflict between honesty and sensitivity as to avoid creating discomfort or further damage to a relationship in which she clearly valued.

For Susan, I felt her weight of responsibility lay in the need to advocate for her daughter which emerged as a golden thread throughout her interview. Susan’s need to advocate revolved around ensuring her daughter’s needs were understood and the best support was sought and implemented. Susan demonstrated a level of professional knowledge and awareness which I felt empowered her to feel able to challenge the wider systems and protect her daughter. This sense of protection I inferred for Susan was strong to see when she said:

*“No, you're not quite getting it. You’re not understanding my daughter here.” (Susan, 860-861).*

I felt that this statement from Susan was an explicit act of advocacy to ensure that her daughter’s needs, feelings and experiences were recognised and understood. The proactive nature of Susan’s involvement I felt highlighted the deep sense of responsibility that Susan was experiencing throughout her attempts to facilitate the SiT and seek wider support.

### 4.4.2 Unseen Labour

This GLST acknowledges that for all participants interviewed, facilitating the implementation of the Sliding-in Technique for their child encompassed a level of nuanced and on-going commitment. The way in which this commitment was portrayed varied, yet they seemed to share a collaborative sense that this often blended into the background, went unnoticed and for them was unexpected.

For many, a sense of significant commitment came through their reflections of the time demands of facilitating the sessions. Parents reflected on how it was not just the session itself, but the travel to and from school for each session, which added to the pressure.

*"We sort of did these sessions every week…" (Kim, 273).*

*"It is a lot… a lot of commitment. You know it’s a lot of commitment on me when I'm working and got everything going on, but you've got to drop everything to do it and it is hard..." (Kim, 766-767).*

I thought that Kim’s choice of words, including ‘*hard’* and ‘ you’ve got to *drop everything to do it’* , painted a conflict between necessity to support her daughter and the intense level of commitment required, which I felt signified the metaphorical juggle between adulting and motherhood and the accompanying stress. The hardship and pressure conveyed made me wonder about the emotional strain that this may have had on Kim and who she had to support her and how this may have impacted her own intrinsic motivation. The time demand that facilitating the sessions had on parents was also echoed by many of the other participants, with Jane describing it as having another part-time job.

*“Yeah. It's another part time job and I work part-time.” (Jane, 580)*

*“…and she spoke to me about coming in three times a week to do some activities Emma in a quiet little room.” (Elizabeth, 304-306).*

*“So, you know, on a weekly basis and it was only weekly… I think… no it wasn't, it was three times a week to start with.” (Susan, 248-289)*

Comparing the facilitation of the sessions to another part time job signifies the significant time and commitment it required. This comparison also alluded to a potential misalignment in the theoretical expectation of parents and how this was being experienced, and I felt that for the participants the SiT was far more consuming than *just* 3 sessions a week lasting 10-15 minutes. This led me to questioning the secondary effects of such a commitment. Although for Jane, it felt that she was potentially in the more privileged position to be able to facilitate them, I inferred these potentially came at the cost of other roles and responsibilities. This was something that Jane reflected upon herself:

*“But if I hadn't been working part-time, I wouldn’t have been able to do the research and do the plans, because other families, would not have the resources to buy the book or to understand everything you're reading, we could and we're lucky that both my husband and I can work from home and we just live very close to school.” (Jane, 581-584).*

Jane’s reflection and the way she conceptualised themselves as ‘*lucky’* left me wondering whether having the flexibility to facilitate the SiT in its true nature to seek optimal impact requires a certain level of financial, professional or social affluence and privilege. Recognising the potential impact of diminished affluence or privilege may have further left me questioning whether the SiT was truly universally accessible.

Elizabeth explained how she had actually supported the facilitation of these sessions on three separate occasions:

*"I've actually done it three times…" (Elizabeth, 300)*

Not only did the physical time constraints emerge across participants but I felt that there seemed to be a sense of unexpectedness around this and as though there was a discrepancy between the manualised instructions for the Sliding-in Technique and the reality of the actual sessions. This was captured by Mary, who said:

*"it's also difficult as well for me because it says three times a week for 15 minutes…” (Mary, 358).*

*“I wasn't doing it three times a week because we just couldn't.” (Mary, 361-362).*

Mary voiced an inability to meet the ‘*idealised’* number of sessions per week demonstrating just how much sacrifice she was being asked to do. Similarly to Jane, I found myself curious about some of the likely secondary implications and I could foresee how financial, professional and familial stressors could stem from trying to achieve the ‘*idealised’* number of sessions per week. The phrasing ‘*we just couldn’t’* left me wondering whether there was an internal conflict between a sense of wanting to do it but it being impractical. I inferred further how this suggested that there may be some elements of guilt around how this may have impacted the overall development of her daughter’s progression, which were later potentially confirmed as Mary said:

*" But all I did was I made sure that I did everything I could do from doing the play dates, exposures, little steps, just doing everything I could and it paid off but it's a lot of work and you've got to be in the right frame of mind…” (Mary, 533-535).*

Upon hearing Mary share this, I wondered whether in an attempt to recover any perceived lost opportunities through the SiT at school, she felt a compulsion to find alternative opportunities. Through explicitly naming these alternative opportunities, I felt a sense of self-reassurance as a way of maintaining her own morale for the sake of her daughter.

Kim did not just recognise the level of commitment required from parents but also insightfully acknowledged the commitment placed on a school system and teaching/school staff.

*“…but again commitment from the teachers is hard because they've had a full school day. They've got 34 children. They've got lives outside of work. It does take a lot of commitment, and it is intense.’ (Kim, 767-769).*

Which was similarly acknowledged by Elizabeth when reflected on her daughter’s experience of the SiT at secondary school.

*"If it's been just normal school, there’d been no chance of taking her out of whatever the last lesson was and trying to find a room for her." (Elizabeth, 502-504)*

It felt from Elizabeth’s reflections, that there was a sense of gratitude that her daughter was accessing a more flexible, nurture type provision as a part of her transition to secondary school. This sense of gratitude seemed to be coupled with a ‘*it was just luck’* mindset as though she knew this was not the case for many CYP with SM in secondary settings.

### 4.4.3 The Rollercoaster of Emotions

This GLST was named ‘*the rollercoaster of emotions’* as I felt it captured the fluctuations in emotions that the participants seemed to experience during the SiT. Facilitating the SiT seemed to be fraught with moments of isolation, uncertainty and shock yet scattered amongst these were moments of pure elation and hope.

The initial implementation of the SiT sessions seemed challenging for many of the parents I interviewed. Mary hinted at how she initially found the SiT complex and challenging to unpick and emphasised that she needed to understand it.

*“…I completely understood what the process was regarding the steps and things because it's quite complex, but when you get it, it makes sense.”… “At first, it's a bit daunting.” (Mary, 195-197, 199).*

Mary’s use of the word ‘*daunting’* struck me and although conveying the degree of her emotional overwhelm, I reflected on how this singular word could in fact have multiple layers. I wondered whether ‘*daunting’* might also convey her uncertainty and the sense of pressure and expectation she was beginning to recognise whilst also inadvertently exhibiting insecurities about her own capabilities and competence. I wondered how Mary’s sense of feeling daunted impacted her sense of self and subsequently how this impacted her sense-making and experience of the SiT.

Analysis of Kim’s interview highlighted moments where she too experienced emotional overwhelm which seemingly led to a sense of frustration. Kim alluded to how gaps in her own knowledge and that of staff within school lead to feelings of uncertainty which naturally impacted the level of support which was offered for her daughter.

*“And I find this is my biggest frustration”…”especially when Charlotte needs support and I don't know what I'm doing, school don't know what they're doing” (Kim, 340, 341-342).*

I also identified a sense of isolation and loneliness within Kim’s experience.

*“I've only learned recently during a review that we had about two months ago that apparently, I don't know who said it, but apparently some of the teachers said, we tried sliding in it didn't work so we won't try that again. Told the educational psychologist. Whereas if they'd asked me, I would have said a very different answer to that. I would say, it was working very well actually, but we've now just sort of fallen off and stopped it because of other reasons and actually I feel like we need to try it again.” (Kim, 618-624).*

Kim’s most recent experience pointed towards a segregation between herself and the staff within school and I sensed that although she attended the review meeting, there were conversations held without her, and I felt that Kim herself was questioning the genuineness of the collaborative approach. For me, this brought about feelings of uncomfortability regarding the transparency in communication and sense of exclusion generated and I wondered for Kim how she made sense of these almost privatised conversations. I hypothesised how these unilateral decisions appeared to lead to a sense of being blindsided, which seemed to culminate in Kim being shocked and disappointed when she found out at a later date. I also reflected upon the power within this situation and the impact on the parent-child-school relationship and the outcomes generated.

Both Mary and Susan shared how their daughters did not offer verbal communication when initiating the SiT sessions, which suggested that initially their experiences of the SiT were underpinned by an overwhelming sense of shock due to seeing a different presentation of their daughters in a different setting.

*"Yeah, you got to be prepared for that. And I think that was quite a shock the first time when yeah, even though it was just the two of us. She didn't speak to me." (Mary, 736-737).*

*“…but my daughter didn't freely talk in that environment at all. Even just with me and with the door closed” (Susan, 247-248).*

This seemed to be the first time that both Mary and Susan had experienced their daughter’s mutism behaviours directly and I wondered about the emotional impact of witnessing this and how this affected their motivation and engagement with the process. I inferred that for them both, this was a challenge that was unexpected as there seemed to be a natural expectation and assumption that their daughters would verbally communicate. This I felt brought about questions relating to the realistic nature of implementing the technique and that it is not as linear as the manual suggests.

Jane was by far the most positive when speaking about her experience and she shared moments of pure elation within her and her daughter’s experience of the SiT.

*I was in tears; she was talking to another child.” (Jane, 286-287).*

This quote from Jane built a strong picture in my head that she’d witnessed something she had hoped and longed for. It felt that in this moment, the practical demands of the intervention had seemed worth it, and this became the springboard for future progress.

This sense of elation and achievement was echoed by Elizabeth who shared:

*“By the end of year two, she was stood up in assembly saying her part for the leavers’ assembly. People were crying. They couldn't believe that she'd gone from this child who couldn't even speak to standing up and doing this in assembly. It was the Sliding-in technique for infant school was absolutely brilliant for her.” (Elizabeth, 319-322).*

For both Jane and Elizabeth, I felt their moments of elation and joy depicted the transformative journey they had been through whilst facilitating the SiT and how these memorable moments become milestones along their way offering them a sense of accomplishment and relief. What was touching from Elizabeth was that it appeared that this sense of elation and achievement was shared amongst the wider school community, which I imagine reinforced the progression obtained through implementing the technique reaffirming a sense of purpose and sustaining motivation not just for Elizabeth but for others also supporting the process. The end of Elizabeth’s quote above I found particularly interesting as she went to the effort of distinguishing her experience in Infant school, which I wondered whether it suggested a discrepancy in her subsequent experiences.

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| Reflective Box: Lightbulb and gear with solid fill  Throughout all of my interviews, I felt that Elizabeth’s emotional journey fluctuated more  than the others. I found myself reflecting upon this for a while after our interview finished as I wondered about what was so different for her and what I could infer. I found myself reflecting on the following:   * Elizabeth was the only parent I spoke to whose daughter had used the SiT through Infant and Junior School and into Senior School. * Her first time using the SiT in Infant school seemed to be overwhelmingly positive, which potentially set a precedent for all her subsequent attempts. I wondered how having this precedent may have acted as a double-edged sword, providing guidance and clarity yet magnifying the subsequent pressures and challenges. * Elizabeth was the only participant to flag her daughter developing an awareness of the SiT and I wondered around the impact this could have had. |

## 4.5 The Perils of Progression: Embracing Growth whilst Encountering Setbacks

This GET delves into the participants’ experiences of progression as a result of implementing the SiT. It highlights that for many progression was not clear-cut or linear and many of them alluded to the possibility of failure, regression or unanticipated hurdles which they felt restricted the overall progression. I felt that the wording ‘*perils’* captured the tension between growth and the vulnerability that comes with it. This GET is composed of two subthemes: *embracing progression and fragility of progression.* The first GLST reflects how participants saw progression as slow and that it went beyond an increase in verbal communication. Whilst the second GLST, highlights the sense of fragility within progression which participants spoke about, including frustrations with experiencing regression and delays within progress and the perceived transferability, or lack of, outside of the sessions. The convergence and divergence for each of these GLST is presented in table 5 below before being discussed in more detail.

**Table 5**

*Convergence and Divergence Across Participants for the GET – ‘The Perils of Progression: Embracing Growth whilst Encountering Setbacks.’*

|  |  |  |
| --- | --- | --- |
| **GET**  **4.5 The Perils of Progression: Embracing Growth whilst Encountering Setbacks** | | |
| Group-level subtheme | *4.5.1 Embracing Progression* | *4.5.2 Fragility of Progression* |
| Kim | ✓ | ✓ |
| Jane |  |  |
| Mary | ✓ | ✓ |
| Elizabeth | ✓ | ✓ |
| Susan | ✓ | ✓ |

### 4.5.1 Embracing Progression

With this GLST, I aimed to capture the way in which parents spoke about and portrayed the notion of progression. For some, there seemed to be clear, well-defined moments of progression or key milestones reached, whilst for others progression was less clear, slower and of smaller steps. This discrepancy in progression, I felt re-emphasised the individuality in the presentation of SM and experience of the SiT, which I wanted to capture within the title of this GLST. I chose to use the word ‘embracing’ as I felt it reflected the notion of openness and acceptance around change and suggests that progression might not be linear or as expected.

Examples of well-defined moments of progress were evident in Elizabeth’s interview:

*“By the end of year two, she was stood up in assembly saying her part for the leavers assembly.” (Elizabeth, 319-320).*

This felt like the pinnacle of progression for Elizabeth and provided a sense of fulfilment and satisfaction around facilitating the sliding-in sessions. Elizabeth’s portrayal of progress appeared to be more in accordance with the prescribed steps of the SiT.

*“The teaching assistant - like the speech and language lady - eventually came in, we were playing games together…” (Elizabeth, 310-311).*

*“… I can't remember how long it took me to then leave and let the Speech and Language lady takeover.” (Elizabeth, 313-314).*

Seeing her daughter’s receptiveness and progress with another adult felt like it allowed Elizabeth to share some of the responsibility and pressure, which in turn seemed to create a lightness in the way she spoke. Despite seeing this progression within the sessions, she also reflected on the challenges she experienced in Junior school of not seeing progression transferred to wider contexts outside of the sessions.

*“But that’s where it stopped. She never really progressed from there to talking … she could talk with her friends in the Sliding-in sessions, she could talk to her teachers in the Sliding-in sessions, but she couldn’t speak to her friends in other situations…” (Elizabeth, 396-399).*

This challenge seemed to be something she encountered again, when her daughter moved to Secondary School:

*"But as in junior schools, she doesn't speak to them in any other situation inside school unless they're in the Sliding-in session." (Elizabeth, 624-625).*

The notion that progression was contained within sessions was echoed by Susan, who shared:

*“…well it sort of did progress but only in that environment.” (Susan, 257).*

She went further to share:

*“She could only manage it, and the progression was there in a set room with a set person but take even that set person into a different environment and my daughter wasn't able to transfer those skills.” (Susan, 259-261).*

The challenge of perceived progress within sessions not being generalised suggests a fragility around the change. This potential fragility, I inferred, could lead to potential futility within the intervention due to the disconnect from perceived real-world application.

For others, there was a consensus that progression as a result of the SiT was slow.

*“It has been very, very slow progress up until now with her progress that she's making but I just take every little win as a win.” (Kim, 943-935).*

Kim’s reflection around her daughter’s progress suggested an unanticipated slow nature and one that required a sense of resilience. Her description of taking every win as a win denoted a sense of acknowledgement of the success irrespective of the size or how imperfect it may have been. I felt that Kim saw this glimmer of progression as momentum which seemed to fuel her determination. However, she also expressed frustration around other people’s expectations of progression within the SiT. It appeared that this slow progress impacted the motivation of other people.

*“…Mrs Jones stopped the sessions which I was a bit, I don't really understand why she stopped me going in school…” (Kim, 585-586).*

*“She went I feel like I've tried everything now and she doesn't talk to me still and we've done an over 100 sessions and I was like she might never talk to you that's not the end goal. She might never talk to you but if she can communicate that's what we're working towards.” (Kim, 587-590).*

It was clear that Kim felt that the misalignment of progress created a sense of powerlessness within the school and had the potential to threaten the SiT despite her seeing small steps of progress. It appeared that Kim felt compelled to challenge this discrepancy in progress in an attempt to keep the sessions going and I felt that maintaining the motivation and commitment of others was something that Kim seemingly took responsibility for.

Mary echoed the slow nature of progression within the SiT when she said:

*" …we actually started doing sliding in in Nursery which I wouldn't say necessarily worked as a whole because she didn't start talking to other people but me going in and doing activities in a separate room with her … we didn't kind of get to the stage where somebody else was popping in and out because it took us so long to get to that point" (Mary, 113, 115-118).*

Mary seemed to demonstrate a similar level of openness and acceptance around the rate of her daughter’s progression. I inferred that there was an acknowledgement that it might not be how ‘*progress’* is prescribed in the manual/instructions, but it felt right for her daughter in the moment. Interestingly, Mary was the first of the participants to embrace the idea that progress could be multi-faceted and went beyond seeing her daughter being able to verbally communicate.

*“But what we did find was she became more confident in Nursery, so she was actually playing, and she might not be talking but she was actually playing and one day she was singing I think it was Twinkle Little Star on the way to Nursery, she got to the door, and she carried on singing in front of them.” (Mary, 118-121).*

This recognition of increased confidence in her daughter seemed to provide Mary with some much-needed comfort and reassurance. Susan also noted some incidental progress as a result of facilitating the sessions with her daughter. She began noticing a development in some of her daughter’s higher level cognitive skills.

*"It was on that very base level we could only add one tile to make a sequence to now my daughter beats us hands down because she can manipulate three or four different sets of tiles on the table." (Susan, 472-475).*

It seemed important for both Mary and Susan to share these moments of progress as it appeared that this was their way of reaffirming a sense of accomplishment through the SiT.

*"...but I think it can give them confidence even if it doesn't seem like it's working." (Mary, 471-472)*

I felt that this sense of accomplishment was pivotal in generating a psychological shift towards hope and away from any potential feelings of stagnation or helplessness.

### 4.5.2 Fragility of Progression

Throughout most of the individual interviews, participants alluded to experiences which compromised progression, which naturally generated a sense of fragility or caution when it came to progression. These experiences seemed to be viewed as disrupting the flow of the sessions and something that participants spoke about through a lens of frustration and/or unfairness. A sense of problematics came from voiced delays, regression and instilling expectations/boundaries.

There was an overwhelming convergence amongst my participants which related to a sense of regression within progression. This regression seemed to stem from holidays or natural, unavoidable points of transition throughout a CYP’s educational journey – for example, change in teachers, year groups or school.

*“But that was the last session before the six weeks holiday. I struggle then because I'm like she’s gonna go back to square one...cause then we've got new teacher for year one which then doesn't help.” (Kim, 284-286, 288).*

*" Yes, so we’ve got to this stage and then of course it was the six weeks holidays. So, it was a change in environment to a new classroom…” (Mary, 168-169).*

*"So, when she went into year three in juniors, and we went back even further.…Emma went from standing up in assembly and chatting like normal to not speaking at all again.”(Elizabeth, 368, 373-374).*

*"And each time we had half term, or a term break you went back several steps." (Susan, 252-253).*

Whilst listening to the participants, the metaphor ‘shifting sands’ came to mind as I felt it conveyed the instability and unpredictability which seemed to underpin their child’s rate of progression. There was a sense that progress might seem secure one moment, only for it to feel unstable the next. Although for many, these inevitable transition periods led to pragmatic concerns (e.g. navigating a new environment), there seemed to also be an accompanying sense of loss and disappointment around these changes and subsequent regression.

*" And Maddie always says to me, she’s like it's really hard now because we've got a new teacher in September. I think if she had the same teacher every year, we would have cracked it by now. " (Kim, 295-297).*

What I found notable was that although this sense of regression at first seemed to take the participants by surprise and was highly frustrating, it slowly became something they began to accept as inevitable within the process. This perceived inevitability and sense of diminished control over regression, resulted in hope and optimism being sought when regression was only slight, leading to a *‘two steps forward, one step back’* mentality. This was particularly evident, when Susan said:

*" So again, it's always that you take a back step but then you sort of got to start hopefully not quite the base level but hopefully the next run of the ladder, every time you have a break.” (Susan, 540-542).*

During analysis, I noted Susan’s repetition of the word ‘*hopefully’* which I felt was her attempt to demonstrate an intense desire for a favourable outcome by placing emphasis on the need to maintain a positive mindset throughout facilitating the technique. I also wondered to what extent the repetition served as a protective emotional mechanism, becoming a stabilizing force for her in situations where her control and agency were limited.

Delaying the implementation of the sessions was mentioned by Mary, which felt like another perceived hindrance to progression. Mary shared:

*"It was the original speech and language [who suggested sliding in], but they did put it off. They were like, no, no, we need to wait.” (Mary, 510-511).*

Mary’s wording of ‘*put it off’*  hinted that there was potentially a sense of uncertainty or avoidance as a result of a lack of confidence and commitment in implementing the sessions. I also inferred that delaying the sessions was not Mary’s preference and rather she viewed these delays as missed opportunities or a slippage of time. This apparent incongruence with Mary’s preference highlighted how her voice was overpowered by professionals, re-emphasising the powerlessness and vulnerability of parents. There seemed to be a sense of wondering about possibilities and what could have been achieved if delays did not happen. This was particularly evident when Kim shared:

*"I feel like she could be speaking now if there was just a bit more commitment and a bit more support and understanding from school." (Kim, 470-471).*

For me, Kim conveyed how the rate of progression had been compounded by the sense that she felt she was shouldering more of the responsibility in what should have been a collaborative effort. I felt like this imbalance in commitment for Kim had led to a growing amount of anger and bitterness towards the situation and school and how she perceived things could have been very different.

Interestingly, Mary also shared experience of having to navigate the dilemma of installing boundaries and school expectations with her daughter.

*"I'd walk into the classroom with a teacher was waiting for them to be quiet on the carpet and we'd look round, and we saw her chatting and we just laughed." (Mary, 226-228).*

Initially, Mary seemed to find this situation humorous, signifying a sense of joy and pride in seeing this happening within the classroom. It felt like it was something she had invested so much time and effort in; however, this joy quickly became tainted with worry around instilling expectations around her communication and the risk that this brought.

*"We had the issue this year actually where because she was talking on the carpet when the teacher was waiting and I had to say to the speech language therapist, what do we do in this situation?" (Mary, 426-428).*

I felt that Mary’s interview served as a reminder that the responsibility and worry did not stop when her daughter started verbally communicating. The sense of fragility was just as palpable for her and to some extent seemed to be magnified by her trepidation and what I perceived to be apprehension over jeopardising this recent growth.

## 4.6 Persevering Through: Parents’ Resilient Journey of Coping and Moving Forward

This Group Experiential Theme aims to encapsulate the focus on resilience and perseverance that many of the participants spoke about as a part of their experience of the Sliding-in Technique. What was empowering to hear from the participants’ experiences was that there was a genuine investment in and desire to try everything possible to elicit positive change for their child. Those interviewed were able to identify many of the challenges they faced, but they also demonstrated an immense level of resilience and actively sought ways to cope and move forward. This GET consists of two group level subthemes: *empowering through knowledge and seeking connections.* The first subtheme explores how the acquisition of knowledge and experience of the SiT, equated to a level of power and empowerment, allowing them to tailor the sessions to best fit their daughters’ needs. The second subtheme explores how parents sought connections as a way of mediating their experiences and fostering resilience. Both subthemes are discussed individually below but the convergence and divergence across participants within each subtheme is presented below.

**Table 6**

*Convergence and Divergence Across Participants for the GET – ‘Persevering Through: Parents’ Resilient Journey of Coping and Moving Forward.’*

|  |  |  |
| --- | --- | --- |
| **GET**  **4.6 Persevering Through: Parents’ Resilient Journey of Coping and Moving Forward** | | |
| Group-level subtheme | *4.6.1 Empowering through Knowledge* | *4.6.2 Seeking Connections* |
| Kim | ✓ | ✓ |
| Jane | ✓ | ✓ |
| Mary | ✓ |  |
| Elizabeth | ✓ |  |
| Susan | ✓ | ✓ |

### 4.6.1 Empowering through Knowledge

A common theme emerged from all participants which emphasised the transformative power that the development of knowledge had. I wanted this GLST to highlight the significant role that understanding and insight seemed to play in empowering the parents to persevere in the face of difficulty. It appeared that as the participants gained knowledge and experience, they began to realise how this could influence and shape their approach to the SiT. It seemed that this power not only equipped them with practical strategies but also fostered a sense of control and confidence in their own ability to tailor the sessions to meet their child’s unique needs.

As identified in the previous theme, for most of my parents engaging with prior reading appeared to be where they acquired knowledge of the SiT.

*“And before that I’d been reading Maggie's books back-to-back and making notes…” (Jane, 290-291).*

Although there appeared to be some self-imposed pressure to upskill their knowledge prior to beginning the sessions, Jane also revealed how her knowledge and expertise grew as she implemented the sessions.

*“You do learn on the job as such.” (Jane, 346).*

The notion that Jane continued to learn once she began implementing the sessions is indicative of both the potential complex and iterative nature of the technique. I wondered whether Jane’s suggestion of ‘*learning on the job’* suggested that not everything could be taught from reading books and that she valued the practical experience she had gained.

A pivotal notion that seemed to be a golden thread across all the participants was the reflection that sessions needed to be more flexible and less scripted or rigid than perhaps suggested or their initial understanding led them to believe.

*" …we followed the sliding in technique. Well, if you actually read the paper, we didn't follow it completely…” (Elizabeth, 334-335).*

*"I think the sliding-in helped but I think you have to be able to adapt it for your child. If it's not working, you have to adapt it…" (Mary, 329-331).*

The transformative nature of knowledge for the participants was not just about acquiring information but also about the way in which this knowledge was applied. This application stage appeared almost experimental and for Kim and Jane they likened this to being a trial-and-error process:

*“So we were just like trial and error really I felt.” (Kim, 277).*

*“Yeah, and knowing your child as well and trial and error.” (Jane, 344).*

Initially, I felt this reflection of the implementation being ‘trial and error’ fitted with the participants previous inferences of the SiT being daunting and complex and therefore represented a sense of uncertainty and a lack of clarity. However, what became clearer during analysis was that the ‘trial and error’ descriptor was actually suggestive of them being actively involved in the process and tailoring the session to meet their daughters’ unique needs and interests and adjusting where necessary.

*"...but I would make it quite fun and put some music on we just put Spice Girls on my phone and just do some arts and crafts and we would do a mix of being in the classroom … wherever she wanted to do really in the classroom doing some arts and crafts and then outside the classroom playing in the yard." (Kim, 269-272).*

*"I could see where we could adapt things.” (Mary, 311).*

The combination of expertise continuing to grow throughout involvement in sessions and the ‘*trial and error’* approach depicted by participants, left me reflecting upon the potential differences between theoretical understanding (gained through reading and preparation) and practical application. I felt that for many of the parents I interviewed, although they acquired prior knowledge, there was a sense of void when they encountered the real-word complexities of implementing the technique, which required resourcefulness and adaptation in the moment. This ability to adapt and personalise the sessions to best suit the needs of their child seemed to be a key factor in maintaining motivation and subsequently moving forward. What I found pertinent across a number of interviews was that parents highlighted the importance of adaptability and personalisation when asked to reflect on the main insights from their experience.

*“To be honest, there is so much, but I think it's about adaptability…” (Mary, 657-659).*

*“I think in a nutshell I'd say that sliding-in is a good technique, but it's not on words and experience.”…“I think it's more of having the right person and the relaxed steps.” (Susan, 740-741, 743).*

From Mary and Susan’s emphasis on a need for flexibility, I felt they were using this opportunity and their own experience to foster a sense of autonomy and empowerment in others. I sensed that this depiction of the process as dynamic provided implicit permission that adjustments and movement away from the prescribed method were okay. I gathered that this permission was something that they potentially had not received themselves and sought to normalise this flexibility as a way of providing a sense of relief to others.

Elizabeth’s positive experience with the Sliding-in Technique at her daughter’s Infant school provided her with the knowledge and confidence to be able to suggest trialling it at her daughter’s subsequent schools.

*"I think I brought the Sliding-in technique to that school then because I was more confident in what works for Emma." (Elizabeth, 375-376).*

This transference of knowledge felt like a movement in ownership for Elizabeth whereby she felt able to take a leadership role and provide guidance to those around her who were less aware. As I listened to Elizabeth speak, I felt myself wondering about how she made sense of her daughter’s transition to a new school and whether this caused worries about what support would be available and concerns around potential regression. I inferred from Elizabeth that this application of knowledge and adoption of a leadership role, were potentially a preventative strategy which saw her take control of how they implemented support and responded to challenges, rather than being dictated to and letting the new situation overwhelm her. By utilising her previous experiences, it felt that Elizabeth was attempting to seek continuity within the implementation of SiT and was looking to link past and present moments through weaving together a coherent sense of the technique. I was intrigued by this perceived need for continuity and wondered whether this somehow fed into her own sense of identity and also the identity of her daughter.

### 4.6.2 Seeking Connections

For Kim, Jane and Susan, there was convergence across their interviews for this subtheme and it emerged as a result of the participants expressing a desire for connections throughout their experience. Participants reflected on the individual connections, or lack thereof, they established with school staff and the way in which they came to make sense of them. It was not uncommon for the participants to use social media groups as an additional way of forming connections with others and for many it provided a sense of community. Ascertaining connections seemed to offer the participants a level of comfort and reassurance which nurtured their perseverance, resilience and capacity to move forward.

For large parts of Kim’s interview, she alluded to the lack of connections established and subsequently articulated a level of dissatisfaction around the level of support she received. I felt this reflected the underlying challenges and perceived obstacles she experienced and resulted in her expressing a desire for connections.

*"I feel like there needs to be some sort of coordinator, there needs to be a job role where there is support for families but joins up all the other disciplines… because that is what is missing." (Kim, 521-522, 524).*

*"a bit of guidance to follow a little bit." (Kim, 926).*

It became clear from Kim’s desire for a coordinator who is there to support the family, that she wanted someone external who could not only share the weight of responsibility but could also act as a bridge between other professionals, who Kim depicted as hard to reach. Sharing the weight of responsibility seemed important for Kim and I wondered whether this would allow her to resume her role as a parent more comfortably without needing to juggle the nuanced, multiple roles that have previously been identified.

The tone of Kim’s interview seemed to change as she began speaking about an individual who she felt a connection with. This connection seemed to grow from someone she attributed positivity towards, which was a teacher who she felt showed willingness and had gone out of their way:

*“So, I have suggested to her teacher next year who he’s very lovely, I’ve got be honest. We've already sat down and had a meeting… and he’s gone, how can I support Maddie? What can we do? Thinking of lots of ideas. We're going to do a session tomorrow because I said can we do just I don't know arts and crafts or something like half an hour after school.” (Kim, 624-625, 627-629).*

*“You know he's done the training; I think that's a massive step forward and he's willing to do whatever it takes.” (Kim, 670-671).*

*“Yeah, and I do feel bit more support. Like he's been really proactive...” (Kim, 691).*

It felt that Kim valued this teacher’s initiative and openness to learning and hearing what she had to say. I felt that there was a sense of trust with this new teacher which had previously been missing, and I wondered what beneficial outcomes stemmed from this growing sense of trust and connection and whether this gave Kim the tangible opportunity to begin freely relinquishing some of the responsibility and expectation.

For Susan, a connection came through an experienced teacher, whose slow, calm and steady pace represented what I inferred as genuine intention and investment in Susan and her daughter.

*"I think for the Sliding-in even at a primary level finding the right person helps. What worked for us was I mean, I didn't know this person at all, but she'd worked as a PA [personal assistant] for my husband and she's an early retired primary school teacher… And so, she knew a lot. And she knew I think from the anxiety issue not to plough in ...” (Susan, 437-439, 441).*

I was curious about this sense of genuine intention and investment experienced by Susan and the benefit that this might bring. I found myself reflecting upon the positive rapport and trusting relationship Susan had developed with the PA and potential projective nature this could have on to her daughter, Charlotte. Ultimately influencing how the relationship between Charlotte and the PA would develop. Throughout both Kim and Susan’s interviews, it seemed that these connections were few and far between but the power and impact they held when found were long-lasting. They appeared to provide an indescribable amount of comfort and relief whilst navigating the SiT and the wider challenges of having a child with SM.

For Jane, this connection went beyond a teacher or staff member demonstrating a profound interest in her daughter or going ‘*above and beyond’* their job role. She spoke about establishing a direct connection with the SENCo at her daughter’s school.

*“The SENCo at the school was also telling me her daughter had SM when she was at preschool, which was another kind of bonus as a potentially can understand some of it. They are all different but could understand a bit more.” (Jane, 229-231).*

During the interview, I felt the power behind this connection for Jane and the supportive impact this had on her identity as a parent of a child with SM. Establishing this shared experience and identity seemed to offer Jane an allyship within a system that can otherwise be isolating and disempowering. This allyship seemed to bring about an atmosphere of possibility and positive change and I wondered whether this shared experience positioned the SENCo to be able to better empathise with Jane’s experience.

## 4.7 Navigating Systemic Obstacles: Powerlessness, Vulnerability and Disappointment.

Despite aiming to specifically explore parental experiences of the Sliding-in Technique, what I began to notice during the individual interviews was that participants found it difficult to isolate their experience of the Sliding-in Technique from their wider experiences of seeking support. What became clear during the analysis was participants focused on different aspects of their wider experience, from the initial identification of SM to support (or lack of) from professionals to the quality of EHCPs. It was felt that analysis and interpretation of the interviews highlighted experiences of powerlessness, vulnerability and disappointment from having to navigate wider systemic obstacles, which became the final GET. Exploration of convergences and divergences within this GET, identified three GLST: *uncertainty, frustration of professionals not knowing* and *being overlooked: invalidation and misattribution.* I felt that these GLSTs encapsulated the experience of the participants as a whole whilst also honouring the experiences of the individual participants. Each subtheme is discussed individually below but the convergence and divergence across participants within each subtheme is presented in table 7.

**Table 7**

Convergence and Divergence Across Participants for the GET – ‘*Navigating Systemic Obstacles: Powerless, Vulnerability and Disappointment.’*

|  |  |  |  |
| --- | --- | --- | --- |
| **GET**  **4.7 Navigating Systemic Obstacles: Powerlessness, Vulnerability and Disappointment.** | | | |
| Group-level subtheme | *4.7.1 Uncertainty* | *4.7.2 Frustration of Professionals Not Knowing* | *4.7.3 Being Overlooked: Invalidation and Misattribution.* |
| Kim | ✓ | ✓ |  |
| Jane | ✓ |  |  |
| Mary | ✓ | ✓ | ✓ |
| Elizabeth | ✓ |  |  |
| Susan | ✓ | ✓ | ✓ |

### 4.7.1 Uncertainty

This first GLST acknowledges that for all participants interviewed, working with school systems and navigating the wider SEN system to seek support elicited feelings of uncertainty and not knowing. For many of the participants, this insecurity and ambiguity led to subsequent feelings of overwhelm and wonderings around missed opportunities. Exploring the convergence within this GLST, highlighted that although this sense of uncertainty was shared, the root cause varied across participants and was dependent upon their own expertise and experience.

For Kim feelings of uncertainty stemmed from confusion and delays in identifying her daughter’s needs. Although acknowledging that school were first to identify SM as a possibility, Kim shared that there was some misunderstanding around when concerns initially presented.

“We probably noticed, well we didn’t notice at first, it was more the

school came to us in reception and said to us that

she hasn’t talked since nursery. Now we didn’t know that she wasn’t

talking, because nobody had highlighted it in nursery.” (Kim, 72-75).

"Obviously, school would have been picking up that she was wasn’t

talking but never mentioned anything” (Kim, 222).

Both quotes suggest that Kim had some scepticism in the transparency between school and her, around when her daughter’s reluctance to speak was identified. I interpreted for Kim that this limited communication led to both feelings of frustration and surprise or disbelief when concerns were finally shared. These also appeared to be coupled with an element of blame in the school's openness around the difficulties. Further to this, I perceived that there seemed to be a sense that this lack of recognition and uncertainty led to missed opportunities and reduced the scope for early intervention.

Both Jane and Mary shared similar experiences where confusion around their child’s needs led to feelings of hesitation, which resulted in them questioning what they were seeing or seeking to find some reassurance that things would be ‘fine’.

"I don't know if she actually was completely mute, a bit quiet or fine.

I'm not certain" (Jane, 141)

"Got to her two-year check with the health visitor and they didn't really

express any concerns, and I thought they all progress at different rates,

don't they, it'll be fine" (Mary, 96-98).

For both Jane and Mary, I sensed a growing amount of emotional distancing which appeared to act as a protective, coping mechanism against the feelings of anxiety or stress they had about their child’s needs. Interestingly, Mary’s sentence ended with “*it’ll be fine”,* which I wondered whether it was her attempt to frame the situation in a way which downplayed her concerns and provided some self-comfort. This led me to inferring that for Mary there may have been a sense of cognitive dissonance, where she was trying to reconcile the tension between the reality of the situation (identifying something was not quite right) and the desire for reassurance and stability.

For Elizabeth uncertainty revolved around the decision as to whether an Education, Health, Care Plan (EHCP) was appropriate for her daughter with SM and the distance between herself and professionals supporting her daughter.

"They've mentioned the educational health care plan but, I don't

really know” (Elizabeth, 215).

“Then they got a specialist to come in. I think it was probably speech

and language, but they dealt with the school. They didn’t deal with me,

so, I didn’t get any reports or anything” (Elizabeth, 100-101).

Insecurity around whether an EHCP would be best, could suggest a misunderstanding around the benefits an EHCP could offer or as I inferred for Elizabeth could suggest that SM is not recognised as a need warranting an EHCP. Elizabeth’s distance from professionals and the seeming lack of communication via reports not only potentially reaffirms the narrative around SM and its degree as an identified need but it is suggestive of the vulnerability and potential isolation that Elizabeth experienced whilst navigating the wider SEN system. Uncertainty relating to the EHCP was echoed by Susan, who was unaware that her daughter even had one.

"I didn't realise my daughter had an EHCP…" (Susan, 179-180).

Susan’s lack of awareness in her daughter’s statutory EHCP brings up concerns around transparency and participation within a statutory assessment despite clear stipulation within statutory policy which further highlights how a parent can feel disempowered and powerless around their child’s special educational needs.

### 4.7.2 Frustration of Professionals Not Knowing

This GLST identified that for the majority of parents interviewed, although professional support was sought, understanding or lack thereof negatively impacted the outcomes and support implemented. There was a collaborative sense that professionals did not have sufficient knowledge or experience supporting CYP with SM. Kim described the hardship of trying to ascertain external professional support and how there appeared to be an internal battle within the school to get referrals submitted.

“…it's been bandied about a little bit in previous reviews and referrals

were gonna be made but were never made” (Kim, 514-515).

The choice of the word ‘bandied’ could have been suggestive of the pressure currently on school systems and the impact this has on their capacity to support. However, Kim purposely accentuated ‘*bandied’* which I felt reflected a perceived informality in the school’s approach and emphasised how she felt her concerns were not taken seriously or were even diminished. Even when external support was offered, Kim expressed a sense of hopelessness when it comes to accessing this support.

“…it is just like pass the hot potato” (Kim, 510).

I got the sense from Kim’s vivid metaphor that she felt that there was both a lack of interest and a sense of shifting accountability amongst professionals over supporting SM, which was culminating in frustration and a sense of abandonment. Similar experiences were echoed by Mary, who said:

“Yeah. I think speech and language did apart from obviously when we got an expert involved it was very much ticking the . So, when she got to the end of Nursery, they just wanted to sign her off because she was starting school.” (Mary, 781-783).

Mary’s view of professional involvement being *‘box ticking’* suggests a level of superficiality and mirrors Kim’s experience of a lack of interest or engagement and a rushed need to get children through the system.

For Susan, the experience of frustration with professionals was profound. She expressed a level of dissatisfaction around the quality of support she and her daughter received from both individual professionals and more collectively at a LA level. Susan shared first-hand experience of professionals openly admitting to having never supported a CYP with SM.

“The Speech and Language Therapist admitted that she had never worked with a child, who was selectively mute, and she had gone on the Maggie Johnson training, the two-day training” (Susan, 240-242).

This quote highlighted a sense of disbelief and frustration around being allocated a professional with no prior experience, which potentially brought hesitation around the accuracy of the term ‘professional’. I further inferred that Susan was suggesting that she felt the complexities of SM were reduced to a two-day training and that this would be enough to provide adequate support. Susan spoke about the direct impact that the quality, or lack of, professional knowledge had for her daughter – including inappropriate targets, a poorly written EHCP and restriction in provision recommendations.

"...it was very, very broad. It was nothing specific. It was the horrendously written EHCP" (Susan, 180-181).

"Coming through that whole system they don't know what to put in for the SM” (Susan, 387-388).

Susan’s frustrations with individual professionals appeared to be emulated at a wider LA level.

“…we were then looking for a secondary school placement and the council didn't know where to put her” (Susan, 170-171).

Susan’s frustrations with both individual professionals and LA level, felt that it highlighted and reiterated the sense that no one knows, forcing parents to advocate for their child and take the lead. I noted at times during the interview, she adopted a very matter of fact presentation in her retelling, and I wondered whether this was an attempt to neutralise her emotional response. However, the subsequent quote from Susan…

"All of those years, I was still banging my head against a brick wall going, ‘no, you're not quite getting it. You’re not understanding my daughter here" (Susan, 860-861).

… left me wondering whether her directness reflected both her powerlessness and resignation to the situation. As the interview went on, it became apparent that Susan’s experience was weighted with a sense of futility and disappointment around unmet needs.

### 4.7.3 Being Overlooked: Invalidation and Misattribution

This GLST explores how for some of the participants they felt their child’s needs as a result of the SM were misattributed which culminated in a sense that they were being overlooked, and their true needs invalidated. The impact that this misidentification had in terms of accessing support came through in several of the interviews. Within those interviewed, there was an increasing focus on the misattribution and co-morbidity between SM and autism and how this was experienced by the parents.

Susan spoke in great detail about the battle she faced navigating the comorbidity between SM and ASD and how this impacted her daughter. From the way in which Susan spoke, there was an overwhelming sense of invalidation and frustration around professionals focusing on the ASD and almost ignoring, or wrongly attributing SM to being a resultant of ASD. In her own words, Susan conceptualised this as:

“Diagnostic overshadowing!” (Susan, 370).

Susan’s conviction around the potential barriers generated as a result of diagnostic overshadowing were palpable and it felt as though it was something she was still experiencing despite her daughter being an adult herself. From the way she spoke, I sensed that there was a need for Susan to be continuously re-explaining her daughter’s needs and distinguishing between the SM and ASD which were leading to feelings of frustration and fatigue.

The impact that misattribution can have was similarly echoed by Mary, who shared knowledge of autism compromising direct access to professionals and necessary support.

“…it was a bit different because it was autism and speech and language wouldn't deal with that.” (Mary, 241-242).

Naturally, this sense of invalidation seemed to be accompanied by a sense of hopelessness and resignation around the situation.

“…at least people know a little bit more about being autistic than they do about being selective mute.” (Susan, 545-546).

Susan’s quote seemed to suggest that she perceived a disparity in the knowledge of SM and ASD, which was potentially leading to SM being overlooked and misunderstood. This disparity appeared to be something that Susan had battled for a long time, which was appearing to result in a sense of bleakness. For Susan, I reflected on how this disparity and sense of bleakness yet a desire to try and fit in, culminated in lack of agency and subsequently ‘*having to settle’* for what support is available. Throughout parts of Susan’s interview, I felt an on-going tension between moral values and pragmatic needs, which was no more evident than when Susan said:

“So, we ended up with her being in an Autism specialist independent school, which was an hour’s travel from the house.” (Susan, 171-172).

The wording *‘ended up’* I felt reflected the reduced or limited sense of control over the decision and I wondered whether this was a situation where a ‘*it’s better than nothing’* mentality was adopted. I further wondered how this need to compromise could have inadvertently disempowered Susan from advocating for her daughter given the conflict it might create. Susan appeared to recognise that the movement to the specialist setting was not ideal and said:

“The specialist provision didn't understand her needs they were set up as for those who are autistic…” (Susan, 195 – 196).

Followed by:

“…it seemed to be that if you were autistic and just autistic, they seemed to manage you but if you were autistic and you had other issues … you know there was a child there who was deaf and he had two hearing aids and they didn't really manage his care very well and they certainly didn't manage Rachel's with her Selective Mutism very well at all.” (Susan, 197-201).

Susan appeared to allude to a mismatch between the term ‘*specialist provision’* and her experience of the perceived inadequacy of the support her daughter received, which resulted in what I felt was an air of dissatisfaction and disappointment due to unmet needs. The dissatisfaction Susan experienced gave rise to doubts around the overall reliability of so-called ‘specialist’ provision and a growing sense of cynicism towards the wider system. It was clear that Susan felt that her daughter’s comorbidities were not recognised, subsequently impacting the quality of support she received. Susan’s conviction whilst speaking, left me wondering whether there was a sense of regret around the move to this setting, which was potentially confirmed when Susan said:

“Which in hindsight knowing more now, I would never have put her through” (Susan, 172-173).

I felt that Susan’s poignant quote hinted towards the unnecessary distress the experience had had on her daughter. I also felt that it alluded to the emotional weight she had been carrying since sending her daughter to the specialist setting. I felt that the sense of regret she was recognising was underpinned by feelings of sadness or guilt due to the unnecessary distress caused.

## 4.8 Conclusion

Through adopting an IPA lens, this chapter presents the findings of my research. The findings discussed contribute to answering the initial research question by illuminating the parental experiences in supporting the facilitation of the Sliding-in Technique. While parental experiences varied and were largely context-dependent, several key convergences emerged, which have been highlighted and explored within this chapter. It is important that the themes generated are not viewed in isolation but rather in relation to one another, as they collectively contribute to a deeper understanding of the participant’s experiences.

# Chapter 5 – Discussion

## 5.1 Overview

This research aimed to explore the lived experiences of parents supporting the Sliding-in Technique as an intervention for children with selective mutism, using IPA methodology. It seeks to highlight key insights for professionals and the potential implications for their practice, informed by a critical realist perspective.

Within this chapter, I aim to connect my interpretations shared in the previous chapter to my research questions, while also drawing on pre-existing literature and theory to contextualise my research within a broader framework.

## 5.2 Discussion of findings in Relation to the Research Questions

### 5.2.1 Research Question 1

*What are the lived experiences of parents supporting the facilitation of the Sliding-in Technique (SiT) as a school-based intervention to support their child with Selective Mutism (SM)?*

#### 5.2.1.1 A Sense of Responsibility and Unseen Demands

One GET which marked parental experiences was the heavy sense of responsibility and pressure that many of the participants alluded to. This sense of responsibility comes as no surprise given their label as a ‘parent’ and the foundation this has within attachment theory. Bowlby’s theory of parents as primary caregivers and often secure bases for their children (Bowlby, 1969) naturally heightens a parent’s desire and self-motivated responsibility to foster their child’s emotional and social development (Bowlby, 1980). In this instance, the weight of responsibility went far beyond *just* supporting the facilitation of the sessions and instead parents reflected on the complex, multifaceted role they inevitably adopted to ensure their child’s progression. Rather their multidimensional role positioned them as leaders, advocates, problem solvers and mediators which is consistent with the idea that parenting a child with SM is like walking a tightrope (Kodama, 2023) requiring constant balancing of emotional, social and practical demands.

From the experiences shared by the participants, I inferred that there was consensus that, to some extent, this perceived level of responsibility went unnoticed or could be labelled as ‘invisible work’ (Daniels, 1987; Diggins, 2023). The notion of ‘invisible work’ is varied, but it generally encompasses unpaid domestic tasks, personal care and household responsibilities necessary to sustain a family and/or household (Daniels, 1987; Seedat & Rondon, 2021). Research shows that mothers of young children with SEN and/or disability often do a significant amount of invisible work (Diggins, 2023), which aligns with what emerged from the participants' experiences. This ‘invisible work’ appeared relentless for the parents I interviewed, as they sought to upskill their knowledge of both SM and the technique, share their growing knowledge, advocate for their child and identify additional opportunities to implement the Sliding-in Technique outside of the set intervention times in school. This experience seemed emotionally charged - while there was pride in their efforts and their children’s achievement, there was also a sense of frustration regarding the loneliness and reluctant leadership responsibilities many were required to adopt. This lack of recognition, I felt, led to feelings of resentment and led to questions around the impact on parental identity and overall emotional well-being. A combination of the multidimensional nature and the invisibility of their role underscores the need for a more critical examination of the pressures placed upon parents, urging a shift from viewing their actions through a lens of mere duty to recognising the profound complexities they navigate.

Supporting children with special educational needs can have significant and sometimes unacknowledged implications on parental emotional wellbeing as well as other social and financial factors (Holland & Pell, 2018). Parental well-being can be worn away through the various processes parents, in particular mothers, are required to go through as they play an active role in their child’s education (DfE, DoH, 2015). For example, accepting their child has additional needs, battling for a diagnosis and navigating the challenges of accessing support can be both emotionally and mentally draining for parents. Literature acknowledges that both explicit and implicit parental involvement in their child’s SEND journey can lead to professionals attributing labels of ‘madness’ to parents (Douglas et al, 2021), rather than understanding it as a natural response to the immense challenges of caregiving. This often stems from a belief that parental concerns are exaggerated or unreasonable, leading to those concerns being dismissed or diminished when initially raised. As a result, parents may begin to doubt their own judgements, reinforcing a cycle of self-doubt (Douglas et al, 2021). This uncertainty is something I identified in the participants' experience, which appeared to result in doubts in their own capacity and ability as a parent and potentially highlighted a perceived additional pressure to be perfect as a parent rather than being allowed to recognise the benefit of being a ‘good enough’ parent (Winnicott, 2018).

#### 5.2.1.2 Two Steps Forward, One Step Back

Another GET which was suggestive of parental experiences focused on the expressed sense of fragility in the progression, which was achieved through the sessions, many of those I interviewed, acknowledged progress was made but this was not without encountering setbacks or obstacles. I inferred that this sense of progression was slower and more non-linear than maybe they might have initially thought. This fragility seemed to lead to feelings of frustration and uncertainty and resulted in additional challenges in having to manage the motivation and expectation of others and navigating the evolving dynamics, highlighting the complex emotional landscape that parents faced.

Based on the parental experiences shared, the SiT was effective in eliciting positive change for their child, which aligns with other findings that the SiT, which is a stimulus-fading technique, is effective in improving selectively mute children’s speaking skills (Fischer et al, 2019; Ridha, 2019). Despite progression, participants alluded to experiencing regression or relapse in this progression especially during periods of holiday or natural change (e.g. change in teachers, year groups or school). As I identified within the introduction chapter, the Sliding-in Technique has its basis within behavioural therapy which acknowledges that despite its potential success in decreasing anxious responses, it does not completely erase them (Laborda et al, 2011). By not fully erasing the anxious responses, there is potential for them to reoccur and as such relapses after behavioural based therapies are common (Craske, 1999; Laborda et al, 2011), with relapse affecting as many as 33-50% of individuals (Boschen et al, 2009; Rose & McGlynn, 1997). Several recommendations have been suggested as a way of reducing the likelihood of experiencing relapses in exposure-based techniques (Boschen et al, 2009). In terms of facilitation of the SiT, consideration should be given to the frequency, duration and number of sessions as well as careful consideration of the environment(s) in which sessions are held can reduce the potential of relapse (Boschen et al, 2009). The consideration of the latter is vital when considering the challenges parents alluded to experiencing when trying to transfer the verbal skills acquired during the SiT to wider settings (e.g. whole classroom).

Despite there being a sense of frustration linked to those moments of regression and relapse; it became something that those interviewed began to accept as inevitable. This led to what felt like a complete change in perception, as they adapted to the on-going challenges and adjusted their expectations accordingly. By recognising relapse and regression as inevitable, parents appeared to find optimism and comfort in seeing that their child had not regressed completely. This positive and adaptive mindset, which allowed them to see these small steps of progress, although not ideal, appeared to reinforce a sense of achievement and acted as a motivator for their continued efforts. The notion that experiencing lapse can have beneficial effects is consistent with literature which positions relapses not as failures but as the opportunity for incidental learning (Brownell et al, 1986). I felt that this acceptance of relapse and regression depicted the experience of the SiT as a dynamic process characterised by intertwined periods of adherence, progress, lapses and recovery. The normalisation of these intertwined periods emerged as a vital message from my participants, who sought to view them as natural elements of growth rather than deviations from it. This perspective also reflected parents’ conscious efforts at self-regulation, as they actively navigated these challenges in pursuit of control and positive change.

Analysis of my interviewees’ experiences suggested some discrepancies between expectations versus the actual reality of implementing the Sliding-in Technique, suggesting a gap between the ideal outcomes and the complex, unpredictable challenges that occurred during implementation. For example, parents recognised the challenges of not being able to implement the ‘idealised’ number of sessions per week. Those interviewed also identified that although increasing verbal communication was the overarching goal of the sessions, they noticed that facilitation of the sessions led to their child developing increased confidence and higher cognitive skills. Despite seeing these positive changes, parents experienced school staff and educators claiming that the sessions were not working because verbal communication had not happened and therefore terminated the sessions. This demonstrates how individuals can have conscious and unconscious preconceived ideas about an intervention or technique which can impact motivation and engagement (Armstrong et al, 2019). Preconceived ideas about the Sliding-in Technique and the ‘idealised’ outcomes appeared to impact the motivation of those involved. This was particularly true for teachers and support staff, whose willingness to engage with the sessions diminished when progression did not fit the prescribed stages identified by Johnson & Witgens (2016). This reduction in engagement from school staff acted as a barrier to parents facilitating the sessions and to some extent the parents interviewed felt responsible for sustaining engagement and keeping others invested in the process. This demanded a significant level of perseverance and resilience from the parents interviewed and this is discussed in further detail below.

#### 5.2.1.3 A Need To Persevere

As identified above, despite the numerous challenges and setbacks they faced, parents consistently demonstrated exceptional resilience, continuously pushing forward despite encountering obstacles. This resilience was evident in their unwavering commitment to their children’s well-being and their determination to overcome challenges, even when the path forward seemed uncertain or daunting. This idea that encountering adversity does not have to lead to failure but instead it can enhance personal growth and foster positive coping mechanisms is supported within literature exploring the concept of resilience (Masten, 2001).

Given the unique needs of children with special educational needs, including selective mutism, and the pervasive challenges parents face, it is not surprising that parents of children with SEN experience a heightened level of stress (Peer & Hillman, 2014). This increase in stress not only impacts their ability to care for and meet the needs of their child, but it can also impact their own mental and physical health, as well as impact the wider family dynamics (Cramm & Nieboer, 2011; Peer & Hillman, 2014). Despite this increase in stress, many are considered successfully able to cope with the numerous challenges they face (Graungaard et al, 2011). This brings about questions around why some cope and others don’t. Existing research points to how the acquisition of coping mechanisms (e.g. upskilling their knowledge, seeking connections and positive reframing) support parental resilience by promoting parental adjustment and emotional well-being (Graungaard et al, 2011). Upskilling their knowledge and seeking connections were both identified within this research and upon reflection it is interesting how obtaining precise information and engaging in positive reappraisal fostered the parents’ sense of agency, confidence and certainty, ultimately becoming a helpful resource in navigating obstacles and combating stress.

The perceived need to persevere and a parent’s capacity to achieve this when implementing the SiT could be explored through the stress and coping model proposed by Lazarus and Folkman (1984). The transactional theory underpinning the stress and coping model posits that stress is the result of a dynamic process in which an individual continuously compares a perceived stressor with their ability to cope (Biggs et al, 2017). This places emphasis on personal perceptions and the strategies individuals use to manage stress. Therefore, the way in which parents frame their experience of stress whilst facilitating the sessions is vital in driving one’s ability to persevere. If parents adopt the view that persistence will eventually lead to positive outcomes, then they are more likely to persevere and adopt helpful coping strategies (e.g. seeking support or additional resources). Whereas parents who experience high levels of stress or feel that their efforts are unrecognised are more likely to struggle persevering due to disengagement and potential burnout. It is also worth noting, that this research also identified that at times parental resilience and attempts to persevere were blocked by variables outside of their control (e.g. professional and household responsibilities), which fits with the notion that socio-structural constraints add additional burdens to parents supporting CYP with SEN/disabilities (Graungaard et al, 2011).

Overall, it emerged that facilitation of the SiT is not a linear process, and parents are likely to encounter a series of challenges in which they need to be resilient and persevere through. A parent’s capacity to persevere was impacted by their perceptions of stress and their perceived ability to cope as well as through other socio-structural constraints. However, if they found ways to adapt, remain hopeful and maintain their efforts they were more likely to achieve positive outcomes.

#### 5.2.1.4 Navigating the Wider SEND System

As identified within the earlier analysis chapter, parents' experience of the Sliding-in Technique appeared to be tainted by their general experience of navigating the wider SEND system. Parents acknowledged the need for early identification and diagnosis and the importance this has on the prognosis of SM (Starkie, 2024). However, they opened up to facing a range of practical and systemic challenges, which significantly impacted their ability to support their children effectively. These wider challenges are well documented within existing literature of SM (Douglas, 2021; Molamphy, 2020) and although not surprising, suggests that minimal progress has been made to ease the burden for parents of children with SM and as such I felt it important to re-emphasise.

One of the most pervasive obstacles highlighted by parents was the complex and inefficient bureaucratic structures within the SEN system that they are expected to navigate. These complexities include administrative systems involving an abundance of referral forms and paperwork, lengthy procedures and long wait times as well as a lack of clarity around available resources. Making sense of and being able to navigate their way through overwhelms parents, leaving them vulnerable to significant delays, loneliness and their child left without necessary support. For some parents, this sense of overwhelm contributed to disengagement with schools and professionals, which is at odds with the current SEN Code of Practice (DfE, 2015) which emphasises the importance of involving CYP and their families in the assessment and identification of SEN.

Collaboration, or lack thereof, was something that interviewees reflected as another challenge within their experiences. Many parents identified a disjointed approach to collaboration, with some even alluding to separate meetings, targets and reviews which they were unaware of. Unsurprisingly, this impacted trust in the home-school relationship and again contradicts the requirement for collaboration between school, families and professionals within policy and legislation (DfE, 2015). Research from White and Bond (2022) highlights the importance for collaboration in establishing informed, bespoke support for children with SM. Within this the ‘tripartite role’ schools have in working collaboratively with home and professional to effectively and promptly identify and support CYP with SM is detailed.

Further concerns arose around accessing appropriate services and the parents I interviewed seemed to question *who the professionals for SM are?* This uncertainty led them to developing a sense of being passed around and avoided. Parents reflected that difficulties accessing appropriate support were due to limited availability, geographical constraints and financial barriers with schools and LAs which only exacerbated the difficulties. Additionally, parents re-emphasised that they experienced insufficient knowledge across a range of professionals, which led to miscommunication, delayed diagnosis and postponed implementation of support and intervention. This paucity in understanding and awareness of SM is not a novel finding and corroborates the work of White and Bond (2022) who identified insufficient training for teachers relating to SM. Parental experiences of inconsistency in professional knowledge of SM was also identified by Douglas (2021). Whilst adding to the frustration that parents were experiencing towards the wider SEND system, parents were also left in the difficult position of advocating in environments that did not fully recognise or comprehend the needs of those with SM, which led to some feelings of disempowerment, futility and resignation. Building on the earlier exploration of how SM is conceptualised, parents’ questions about which professionals should be involved highlight the ongoing ambiguity around its definition and support. This uncertainty underscores the need for consideration of, or the establishment of, a joint policy that clearly outlines roles and boundaries, ensuring effective and coordinated service delivery.

It is evident that from the interviews completed as a part of the research that parental experiences of supporting the facilitation of the Sliding-in Technique to help their child with SM, were deeply personal and unique. Their experience was marked by a complex interplay of both positive and negative emotions which reflected the diverse and nuanced nature of their journeys. Despite their unique experiences, there are several key considerations for professionals that can be drawn from these perspectives, offering valuable insights for improving support and practice moving forward.

### 5.2.2 Research Question 2:

*What can Educational Psychologists (EPs) and other educational/medical professionals learn from these parental experiences?*

For teachers, who are all deemed to be teachers of SEND (DfE, 2015), uncertainty remains around self-efficacy and professional confidence in supporting children and young people with SM. Therefore, this must be an area in which teachers and school staff begin to develop awareness and understanding. This may be through accessing external training through EPs or SALTs or through sharing of best practice between and across local schools.

It is not just sufficient for school staff to develop their awareness of what SM is and how it may present but they also need to feel confident recommending and supporting CYP and parents through appropriate support and intervention options. This is particularly pertinent given the importance that early intervention has on yielding positive outcomes for children with SM (Imich, 1998).

Given the typical onset age of SM is between 3-5, it is imperative that practitioners within early years settings are equipped with the knowledge, resources and skills to be able to identify and implement interventions. In order to do this, early years practitioners are likely to need additional support from other external professionals (e.g. EPs and SALT). Given the experience of relapse and regression in SM presentation following teacher, year and/or school changes, responsibility also falls to primary and secondary schools to have a proficient level of understanding.

Opportunities for EPs to work directly with children with SM have historically been considered ‘rare’, with statistics suggesting that on average an EP will encounter a child with SM every 5 years (Imich, 1998). However, the accuracy of these statistics could be criticised due to difficulties in establishing true population prevalence (Viana et al, 2009). Prevalence rates have been compounded by a lack of unity within the theory of SM aetiology, assessment and treatment (Viana et al, 2009). Despite this, EPs are considered experts in responding to all SEND and mental health needs of CYP (DfE, 2023) regardless of complexity or frequency. It is apparent from the lived experiences of parents interviewed, that a paucity in awareness and knowledge of SM still remains and as such this research re-emphasises the need for more training for EPs as well as other professional bodies. Awareness and professional confidence are invaluable resources, especially given the beneficial nature of early identification and intervention on outcomes (Molamphy, 2020).

For professionals and school staff, the parental experiences analysed within this study alluded to the importance of diagnostic overshadowing and the potential it has to skew true incidence rates and clinical decisions. Diagnostic overshadowing refers to the tendency for professionals to overlook, disregard or minimise co-existing psychopathologies (Trimarchi, 2021), ultimately resulting in biases which negatively affect assessment decisions and access to support (Jopp & Keys, 2001). Diagnostic overshadowing is a risk due to the DSM-5 and ICD-11’s exclusionary criteria, which require conditions like SM to be diagnosed without considering other potential contributing factors such as EAL, trauma or cultural context. This narrow approach risks oversimplifying the complexity of SM and acknowledgement of this within the parental experiences explored, emphasises the importance for EPs and other professionals to be open-minded in their professional practice, which focuses on careful and consistent assessment of individual needs. This aligns with a critical realist perspective, which advocates for a deeper, more holistic understanding of SM by acknowledging not just the observable behaviours (Bhaskar, 1978; 1998) but also the underlying social, emotional and environmental factors. Consideration of both the visible symptoms and the complex, often hidden mechanisms of SM, promotes a more accurate and comprehensive understanding, ensuring that interventions and support are better aligned with the diverse needs of young people and their families.

As a part of this careful and consistent assessment process where SM is being considered, it is also important for professionals to ensure effective communication between themselves, CYP and their families. Effective collaboration between parents and professionals is critical in fostering a comprehensive and consistent approach (White & Bond, 2022). Parents bring essential insights into the child outside of the educational environment which can be vital in tailoring interventions. Establishing these collaborative relationships should provide emotional support to parents, therefore reducing stress and sustaining long-term effectiveness Within effective parent-professional working partnerships, it is important that practitioners are aware of and mindful of the unique presentation of SM and therefore the often-nuanced experience that parents have gone through to seek support and the impact this has likely had on their own emotional wellbeing. As such professionals need to be conscious of the way in which they are interacting with parents to ensure that their well-being is being supported.

The parental experiences elicited through this research have provided invaluable insights into the nuanced journeys they faced, which can be used to further develop professional practice and confidence across many areas. Analysis of these experiences places accountability on professionals to develop their own knowledge and confidence to support selective mutism. Acquisition of clearer understanding will also support professionals to appreciate the complexities of SM and remain open-minded in the assessment approach. Professionals also need to ensure they are establishing effective parent-professional working relationships. Further considerations for EPs and other educational and medical professionals are included within the implications of this research below.

## 5.3 Implications

Through exploring the lived experiences of parents who have supported the facilitation of the SiT, the following potential implications on both practice and policy have been generated.

5.3.1 Implications for Practice

#### 5.3.1.1 Holistic Support for Parents

The sense of responsibility parents felt seemed to weigh on their experience with many alluding to just some of the emotional and practical burdens which they carried. For some, it would be easy to see how these burdens could quickly cloud their experience, impacting their motivation and drive to continue implementing the sessions. This led me to wondering how interventions and techniques, such as the Sliding-in Technique, which position parents as facilitators, can adopt a more holistic approach that simultaneously recognises the CYP’s needs as well as the parents’ well-being. This holistic approach could see the development of parental support groups or a network as well as training packages which focus on establishing positive self-care strategies to help manage some of the emotional and practical strains parents experience.

#### 5.3.1.2 Conceptualising it as an Approach?

The risk of regression as a result of changes and interruptions, slow progress and the difficulty with generalising progress outside of the sessions themselves led me to wondering whether it would be better to conceptualise the Sliding-in Technique more as an *approach* to adopt rather than a *technique* situated within a time bound, prescriptive series of sessions. This shift in wording, I feel, implies a more proactive, progressive mindset focused on a long-term perspective, fostering sustainability. Adopting it as an *approach* suggests a degree of continuity, with a focus to fully integrate it into an individual’s life which could potentially begin to address the challenges around generalisability of progression. Reframing this as a broader, more holistic, on-going process can also help address the challenges identifying around parents feeling compelled to maintain the motivation of others. Additionally, the word *approach* potentially provides more scope for personalisation, empowering those involved to adjust based on what works best for the CYP. This increased scope for personalisation reframes the SiT from being outcome-focused to more growth-orientated which is likely to foster persistence and resilience.

#### 5.3.1.3 Personalisation within the Technique

The fragility of progression and sense of perseverance noted within the participants’ experiences combined with the individual differences in the presentation of SM, suggest that progression as a result of the SiT is not linear and is likely to vary significantly between young people. This, I feel, calls for a greater emphasis on normalising personalisation within this approach to better meet individual needs. In practice, increased emphasis on personalisation could be achieved by embedding clear guidance and caveats into training programmes and support materials aimed specifically at the SiT and more broadly around selective mutism. Additionally, Educational Psychologists and other professionals involved in discussions about the technique should consciously advocate for personalisation and adaptability within the often-rigid structures suggested and upheld whilst facilitating the SiT, ensuring the approach remains responsive to each child’s unique needs. This flexibility is also likely to reduce subsequent barriers related to progress and the challenges surrounding motivation experienced by those interviewed. These considerations, I believe, are an important step in beginning to bridge the gap between the theoretical description of the technique and the reality of the implication which many of the participants alluded to.

#### 5.3.1.4 Increased Professional Awareness and Training

Although not intentionally being explored, the overwhelming challenges amongst the wider system depicted by all of the participants highlighted a range of additional considerations for professionals. The first difficulty noted pertained to a paucity of knowledge and awareness of selective mutism across a range of professional groups. These experiences are not novel amongst those represented within pre-existing literature and as such re-emphasises the need for increased awareness of SM. Systemic pressures within LAs and schools appear to constrain the capacity that professionals have to access continuous professional development which potentially explains the limited progress thus far. This, I feel, calls for professionals to adopt a proactive approach, which sees them take ownership of their own learning and seek out opportunities for professional growth, even within the constraints they face. For example, professionals could up-level their own awareness in the same way parents have shared (e.g. listening to podcasts, reading books or accessing the SMIRA website).

#### 5.3.1.5 Collaboration Between School, Professionals and Families

Despite emphasis within the SEND Code of Practice, a reduced sense of transparency and collaboration between schools, professionals and families was identified within this research. These challenges seemed to be something which impacted the quality of relationships as well as the consistency and overall effectiveness of the SiT and as a result its essential to ensure closer collaboration between all stakeholders.

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| Reflective Box: Lightbulb and gear with solid fill  The ‘*so what?’* and therefore the contribution of my research is something I have found myself grappling with. I felt that although the focus on individuals and their subjective experience emphasised by IPA provided me with rich and nuanced data, it made my findings highly context-dependent and acknowledging implications beyond my immediate sample became tricky. This difficulty, I felt then created a gap when trying to link my findings to wider relevance and identifiable actions at a higher systems level (e.g. policy and procedures) and as such I worried about the perceived *significance* of my research. Despite this sense of diminished universal application, I feel that the significance and contribution lay in being able to listen to, disseminate and empower the voice of parents from an often-underrepresented group . By bringing value to their unique experiences, I hope that I have created the potential for their insights to resonate in part with other parents whilst adding depth to the pre-existing research centred around the phenomena that is selective mutism. |

### 5.3.2 Implications for Policy

As identified in the reflection box above, I feel that given the context-dependent focus of this research, identifying implications at a policy level is trickier. Having said this, the fact that all of the participants felt compelled to talk about the challenges they encountered whilst navigating the wider SEND system would suggest that further improvement is required. Challenges experienced by parents included uncertainty within the system, a lack of an established pathway to seek support and notable disparities in the support services available across different local authorities. Policy changes should therefore seek to streamline and standardise processes within the SEND system, ensuring that selective mutism is recognised and appropriately addressed in both educational and mental health settings. Ensuring equitable resource allocation across LAs is vital in addressing the disparities which currently exist, leading to greater fairness in how children with SM and their families are supported.

The limited knowledge of SM among professionals and the wider community combined with the nuanced and complex experiences of parents supporting children with SM, underscores the critical need for the policy changes mentioned above to actively gather, listen to and address the voices of those with lived experiences. Incorporating these lived experiences will ensure that policies are grounded in and aim to tackle the real-world challenges and needs faced by those affected, fostering more effective, empathetic and practical approaches to support for children and families. Seeking to adopt such collaborative approaches that value co-production will also help enhance awareness and understanding, reduce stigma and pave the way for a more unified conceptualisation of selective mutism.

## 5.4 Dissemination of Research

The participatory nature of IPA research and in line with my ethical approval, a completed copy of my thesis will be shared with each individual participant. In addition to this, further dissemination will happen at both a local and national level.

At a local level, I will be sharing my research with other TEPs and academic staff on the University of Sheffield Training programme during the annual research presentations. Further to this, my thesis project, findings and implications will be shared amongst the EP team in which I am currently on placement with and with whom I am due to join post qualification. Additional opportunities to share the findings with other professional teams within the LA will also be sought.

At a national level, I will share this research project and findings with SMIRA, with the hope of further dissemination to parents and professionals. Post qualification, I will also look for opportunities to publish this research within academic journals and attend future conferences in an attempt to reach a growing audience.

## 5.5 Strengths and Critiques

This section highlights the strengths and critiques of this research project and of using IPA as a research methodology. This research is the first to explore the lived experience of parents supporting the facilitation of the Sliding-in Technique as a way of supporting their child with selective mutism. This essence of uniqueness strengthens the research by contributing to the expanding body of research and knowledge around selective mutism.

Initially- maybe naively - I assumed parents would be able to isolate and focus solely on their experiences of facilitating the SiT. However, as is reflected within my final GET, those interviewed found it challenging to separate these specific experiences from their broader journeys of seeking support. Although this initially raised concerns about potentially skewing the focus of my research - and led me to question whether conducting a pilot study would have helped anticipate or minimise this – I gradually developed an awareness that such experiences are inherently and meaningfully intertwined. Rather than viewing this complexity as a limitation, I came to understand it as a strength. The interconnectedness added depth and revealed additional hidden dimensions, ultimately enriching my understanding of parental experiences in ways which I had not originally anticipated. What initially felt like a deviation from the intended research focus, became a powerful reminder of the *messiness* of lived experience – where emotional, practical and contextual factors overlap and cannot be easily untangled. By acknowledging this complexity and making space for it within my analysis, I was able to more authentically represent the voices of parents who so openly and honestly shared their stories.

IPA as a methodological analysis tool is highly interpretative due to its incorporation of the double hermeneutic feature and as such critiques can emerge relating to a researcher’s conscious efforts to reduce perceived subjectivity in regard to interpretations and the themes they generate. Although as previously identified, I made a concerted effort to own my own perspective (Elliot et al, 1999) by bracketing my personal perceptions and emotions after each interview through a personal reflection log, credibility limitations still remain. This is in part due to the themes and inferences I generated not being subjected to additional validation processes like member-checking. Member checks involve sharing research findings with participants to verify the accuracy and resonance of the interpretations. The researcher made the decision to not complete member checks in order to avoid compromising IPA’s epistemological focus on producing interpretative accounts (Gauntlett et al, 2017), as seeking inter-rater reliability could potentially undermine the subjective nature.

The idiographic nature of IPA research emphasises an in-depth exploration of individual experiences which has implications on the sample size as well as the overall sampling technique adopted by the researcher. A smaller or limited sample size can often be criticised due to the diminished ability to generalise results (Smith et al, 2022) and this could be applied to this research. Although not a specified criterion, all of the participants were white mothers who appeared to be highly educated, suggesting a level of socioeconomic stability and access to resources that may have influenced their perspectives and experiences. This lack of diversity further limits the generalisability of the findings as I wondered whether the experience would have been different for fathers or parents from diverse socioeconomic or cultural backgrounds.

The unique nature of the lived experience being explored within this research, meant that I was reliant on a purposive sampling technique and devised an inclusion criterion to generate the homogenous sample desired by IPA (Smith et al, 2021). Despite two separate sampling channels being used, all of the participants were recruited via publication of my research poster on the SMIRA Facebook page and although social media can be a powerful tool, increasing accessibility to and inclusion of lower incidence homogenous groups (Benedict et al, 2019), sampling biases need to be acknowledged (Robinson, 2014).

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| Lightbulb and gear with solid fillReflective Box:  During the recruitment phase, I reflected upon the attrition rate I experienced. Over the 6-week recruitment period, I had a total of 11 parents express interest in participating, however after distributing consent forms, I noticed participant attrition. Out of these 11, I only retained 5 participants, which suggests more than 50% of parents who expressed interest decided not to continue. In line with my ethical approval, no reasons for drop out or withdrawal was required, however this was something I found myself reflecting upon as I wanted to consider the impact this had on the representativeness of my sample and whether the attrition introduced any potential biases. |

## 5.6 Suggestions for Future Research

This research attempted to address a gap within established selective mutism research and sought to begin ascertaining the experiences of the Sliding-in Technique with an aim of initiating a research basis for a technique commonly recommended to parents and educational staff. Since this is one of the first research projects focused in this area, additional studies are required to enhance our understanding and collect more data regarding the practical application and overall feasibility of the technique.

As previously identified, although researching parental experiences, this research project unintentionally sought the experiences of mothers and therefore exploring the experience of fathers and/or other family members involved in the facilitation would further develop our understanding. This could be further enhanced by exploring the experiences of other stakeholders often involved in the facilitation of the sessions (e.g. teachers, teaching assistants and speech and language therapists). Understanding the child’s lived experience would also be a highly valuable direction for future research. Ascertaining CYP’s self-report of progression and the challenges they faced might differ from those of parents and other professionals and by potentially illuminating these discrepancies or oversights, our understanding would be further enriched. Given the potential communication needs, alternative, more appropriate methods (e.g. arts-based or non-verbal) should be used to best collect their views.

An additional direction for future research could also be exploring the long-term effect of the technique, which could be achieved through more longitudinal style research projects. Not only would this recognise the long-term impact of implementing the technique, but it could simultaneously identify secondary impacts of facilitating the SiT – for example impact on family dynamics and overall well-being.

## 5.7 Conclusions

The aim of this research was to explore the lived experiences of parents supporting the facilitation of the Sliding-in Technique as a school-based intervention for their child with selective mutism. This research hoped to empower parents by providing them with a platform to share their experiences. Through this empowerment, I wanted to provide deeper insights into the challenges and successes parents faced during the implementation phase, as well as exploring how their experiences and perspective can inform and enhance both the effectiveness of the SiT and wider educational and medical professional practice.

Parents’ experiences of supporting the facilitation of the SiT were unique and largely context dependent. Their journeys were tumultuous, filled with moments of uncertainty, frustration and emotional strain, yet also marked with achievements, resilience, hope and the unwavering commitment to their child’s well-being. Each story reflected the need ‘to walk the tightrope’ due to the complexities of navigating the delicate balance between supporting their child’s needs and working within the constraints of school environments, all while managing their own emotion challenges.

All interviewees spoke positively about their experience with the Sliding-in Technique, highlighting the unique benefits it had for their child. They recognised how the gradual approach allowed their child to feel more comfortable, fostering a sense of progress. Many interviewees also acknowledged the potential long-term advantages of consistently implementing the technique, identifying how its on-going use could further support their child’s development. Throughout the interviews, parents reflected on the factors which supported them in successfully facilitating the intervention, such as clear communication, seeking connections and persevering through. They also recognised the value of sharing their experiences, understanding that this not only helped them feel more supported but had the potential to offer insight and guidance to other families.

For many of my parents, supporting the facilitation of the sessions required an unanticipated workload which placed significant practical and emotional strain on their resources, time and energy. For many, this work appeared to resemble ‘invisible labour’ and went unnoticed by those around them, leading to a sense of being undervalued and unsupported. This diminished support seemed to position parents as ‘reluctant leaders’, in which they felt thrust into roles of responsibility and decision-making.

Progress as a result of the sliding-in sessions did not appear linear and brought up a discrepancy between the ‘idealised’ depiction of the SiT and the reality of implementing it. Instead, parents alluded to their experience being more dynamic than they had been led to believe through their prior research. Although generating initial levels of frustration and worry, the dynamic nature, which appeared to be characterised by alternating periods of progress, lapses and rebound, was something those interviewed learnt to accept. For some, experiencing these periods of lapse and rebound gave them strength, fostering resilience and a deeper understanding of their own capabilities as they navigated the ups and downs of their child’s journey. Despite the aim of implementing the SiT being to increase the child’s verbal communication, parents expressed witnessing progress in other areas, including their child’s general confidence and higher cognitive skills (e.g. problem solving).

A combination of the dynamic nature of the SiT and potential differences in ‘progress’ seemed to be something which had the potential to cause a rift between school and home. It appeared to complicate the notion of ‘progress’, as varying interpretations of what constituted success led to misunderstandings, conflicting expectations, which, at times, resulted in fractures in motivation and a diminished willingness to continue. This strain in communication and alignment impacted the parent-school relationship, often undermining the collaborative effort needed to provide consistent and effective support for the child.

Although not the aim of the research, the participants did share their on-going battle with the wider SEND system, suggesting that a number of challenges in accessing support remain. The parents I interviewed reflected experiencing a lack of awareness and knowledge around SM, inconsistencies in support services available, lengthy referral processes and inconsistent collaboration between school, themselves and professionals, all of which further complicated the situation. This lack of coordination and communication often led to uncertainty, confusion, delays in identification and intervention and heightened stress for the families involved. These difficulties have been repeatedly identified within pre-existing research (Ang, 2023; Douglas, 2021) yet it appears limited progress has been made towards mitigating these obstacles.

I am deeply grateful to all the parents who so generously and openly shared their experiences and took the time to participate in this research. I hope that you found the opportunity to share your experiences both meaningful and empowering, and that your invaluable contributions will help shape better support and understanding for other families who are just beginning or currently navigating their way through the challenging journey of selective mutism. Your voices have made a lasting impact, and for that, I am profoundly thankful.

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# Appendices

## Appendix A: Participant recruitment flyer

A screenshot of a cell phone

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## Appendix B: Google form

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A screenshot of a form

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## Appendix C: Participant information sheet

**INVITATION FOR PARENTS/CARERS TO TAKE PART IN DOCTORAL RESEARCH STUDY -** *will be shared with participants via a Google Form and a PDF copy will be sent for them to keep.*

**Exploring Parent/Carer experiences of the Sliding-in Technique as a school-based intervention to support Selective Mutism.**

You are being invited to take part in a research study. Before you decide whether or not to participate, it is important that you understand what the research would involve. Please take time to read the following information carefully.

**Who is the researcher?**

My name is Joanne Redfern, and I am a Trainee Child and Educational Psychologist currently working for the Educational Psychology Service in a Local Authority, whilst completing doctoral studies at the University of Sheffield. This research will contribute towards my qualification in Educational Psychology.

**What is the purpose of the research?**

Selective Mutism (SM) is an anxiety-based disorder which inhibits an individual’s ability to speak in certain social situations. SM is understood to affect 1 in every 140 children, although the true prevalence is compounded by a reduced awareness of the condition and trouble accessing a diagnosis so it is thought to be much higher. Despite its relatively rare incidence rate, it can have severe and profound implications for a young person and their family and without effective support and intervention, it can persist into adolescence and even adulthood.

My research aims to explore parental experiences of the Sliding-in Technique as a school based intervention to support children and young people struggling with SM. Through carrying out this exploratory piece of research not only do I hope to add to the growing amount of research into selective mutism but through gathering parental experiences I hope to equip school staff and other parents with first-hand accounts of the intervention with the aim of empowering them to implement the technique.

**Can I take part?**

In order to participate, you must meet the following criteria:

* Be a Parent or Legal Guardian of a child up to the age of 16 within the United Kingdom.
* Have proficient English Language skills to engage in an individual interview.
* Either currently using or have previously used the Sliding-in Technique whilst attending a nursery/pre-school, primary or secondary school (mainstream or specialist).

You will also need to be happy to complete a virtual Interview via Google Meet lasting between 60-90 minutes.

**What will I be asked to do?**

If you agree to participate, you will be asked to sign a consent form. Once you have given consent the research will involve:

*Interview:*

* You will complete a virtual Google Meet interview (lasting approximately 60-90 minutes) on a one-to-one basis at a convenient time for you.
* Prior to the agreed interview date, I will send you a copy of some guidance questions and information I would like to explore. These questions are just a guide and we may find ourselves talking about other aspects of your experience.
* At the beginning of the interview, I will ask you some general questions (for example, age of your child, geographical location and how long your child has experienced difficulties speaking for). Following these, you will be invited to share your experience of the Sliding-in Technique through some open-ended questions. There are no right or wrong answers - I am just interested in learning about your experiences. The interview will be similar to having a chat.
* The interview will be recorded using the record function on Google Meet and later transcribed.

*After the interview:*

* At the end of the interview, I will provide you with a debrief sheet and thank you for your participation.
* Once I have completed my thesis, I will share a link to the completed document for you to read if you choose.

**Taking party will be safe and confidential:**

Your privacy and safety will be respected at all times.

* Your name and contact details will be securely stored on the researcher’s U:drive linked to their university account and will only be accessible by the researcher and research supervisor. Only the researcher will be able to identify you from the data collected. All information shared with others will be anonymised (your name will be changed) and will remain confidential.
* You do not have to answer all of the questions and can end the interview at any point.
* Please note that although the research complete date is August 2025, data will be kept until July 2026 in case of research publication.

**Do I have to take part?**

It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and you will be asked to sign a consent form. Participation in this research is voluntary and if you do not want to take part there will be no negative consequences. You have the right to withdraw up until two weeks after the date of interview as this is when data analysis will begin. You do not have to give a reason if you want to withdraw. If you wish to withdraw from the research, please contact Joanne Redfern via email - [jbredfern1@sheffield.ac.uk](mailto:jbredfern1@sheffield.ac.uk)

**What are the possible benefits of taking part?**

Participating in this research provides you with an opportunity to share your unique experience and views whilst adding to the growing research around SM. I also hope that your participation in this research will educate and empower other parents, school staff and education and healthcare professionals around the use of the Sliding-in Technique as a tool to support children displaying mutism behaviours.

**What are the possible disadvantages and risks of taking part?**

As you are sharing your experiences, the research may trigger some challenging feelings. To support your well-being, you are able to request a break or skip questions. I will also remain aware of your well-being and will offer you a break or suggest that we end the interview early if I become concerned.

**Who is the Data Controller?**

The University of Sheffield will act as the Data Controller for this study. This means that the University is responsible for looking after your information and using it properly.

**Who has ethically reviewed the project?**

This project has been ethically approved via the University of Sheffield’s Ethics Review Procedure, as administered by the School of Education.

**What to do if I have a question or want more information?**

If at any point during your participation in this research project, you have a question or would like to request more information then please don’t hesitate to get in contact with the researcher.

**Researcher:** [jbredfern1@sheffield.ac.uk](mailto:jbredfern1@sheffield.ac.uk)

**What if something goes wrong and I wish to complain about the research?**

Should you wish to raise a complaint regarding this research project please contact the Research Supervisor. If you wish to escalate the complaint further, you can contact the Head of Department, Penny Fogg or Sahaja Davis who will then escalate the complaint through the appropriate channels. If your complaint relates to how your personal data has been handled, information about how to raise a complaint can be found in the University’s Privacy Notice: <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>

**Research Supervisor:** Francine Wint f.wint@sheffield.ac.uk

**Programme Directors:** Penny Fogg p.fogg@sheffield.ac.uk or Sahaja Davis [t.s.davis@sheffield.ac.uk](mailto:t.s.davis@sheffield.ac.uk)

**Research Ethics and Integrity Manager:** Lindsay Unwin [l.v.Unwin@sheffield.ac.uk](mailto:L.V.Unwin@sheffield.ac.uk)

**Head of School:** Rebecca Lawthom [r.lawthom@sheffield.ac.uk](mailto:r.lawthom@sheffield.ac.uk)

Thank you for taking part in this project.

## Appendix D: University of Sheffield ethics approval letter A paper with text on it AI-generated content may be incorrect.

## Appendix E: Interview schedule

**Interview Schedule**

*Will be shared with participants prior to the interview day.*

**Introductory phase:**

* -  Introduce myself, thank them for agreeing to participate.
* -  Reminder of the purpose of research.  
   o Want to hear experiences and being able to share this.  
   o Clarify my role within the interview.
* -  Support/ethical considerations.  
   o Reminder of confidentiality, anonymity. o Video recording.  
   o Right to withdraw.
* -  Questions
* -  Consent to begin.

**Interview:  
*Q1 – Can you tell me about your child?****Potential Prompts/Probes may include but these will be used to reflect discussion:  
What is your child’s name?  
How old is your child?  
How long has your child experienced difficulties in speaking?  
Does your child have a formal diagnosis of SM and if so, which professional   gave them this diagnosis?  
Can you tell me a little bit about what situations your child struggles or did struggle to speak in?*

How old/what year was your child in when concerns around their mutism was flagged? Who flagged them?  
What support or other interventions had your child accessed?  
How old/what year was your child in when they started the Sliding-in Technique? *Has your child got any other diagnoses or primary needs?*

***Q2 – Can you tell me about your experience of the Sliding-in Technique?***

*Potential Prompts/Probes may include but these will be used to reflect discussion:  
I wonder if you could tell me more about how you found out about the Sliding-in Technique? Who told you about it?  
How did you feel when you were informed about it?  
What is it like being involved in the Sliding-in Technique?  
I wonder what you found helpful during the Sliding-in Technique.  
I wonder what you found challenging during the Sliding-in Technique.  
How involved did you feel within the intervention?  
What changes in your child did you start to see? How did these make you feel?*

***Conclusion:***

*Is there anything you would like to share with other parents or professionals about your experience with the Sliding-in Technique that we have not covered?*

Reflection Opportunity  -

*Can you tell me any questions that really helped you tell me about your experience? How did that help?*

*Were there any questions that you didn’t like being asked? Do you mind telling me why?*

*Are there any other questions you would like me to have asked you that I didn’t? Would you like me to ask you that question now and you can answer it?*

*Can you tell me anything else that you think would have been helpful for you to be able to share your experiences with me better? Would you like to do that now?*

Any questions?

Thank you and next steps: - Debrief sheet.

## Appendix F: Participant debrief sheet

**PARTICIPANT DEBRIEF SHEET**

**Exploring Parent/Carer experiences of the Sliding-in Technique as a school-based intervention to support Selective Mutism**

Thank you for taking part in this research study.

This research aimed to explore parent/carer experiences of the Sliding-in Technique as a school-based intervention to support Selective Mutism. Through the dissemination of this research and its findings, the researcher wants to equip Educational Psychologists, School Staff and other professionals with first-hand accounts of the intervention with the aim of increasing awareness of the Sliding-in Technique whilst simultaneously empowering them to implement the technique.

If you have any concerns around the research, and would like to discuss this further then you can contact the researcher via [jbredfern1@sheffield.ac.uk](mailto:jbredfern1@sheffield.ac.uk) or the project supervisor via [f.wint@sheffield.ac.uk](mailto:f.wint@sheffield.ac.uk)

If you wish to withdraw from this research, please contact the researcher via email on [jbredfern1@sheffield.ac.uk](mailto:jbredfern1@sheffield.ac.uk)

Further information and support relating to Selective Mutism can be found via The Selective Mutism Information and Research Association (SMIRA) website (<https://www.selectivemutism.org.uk/>).

If you feel like you require additional emotional support, further information and guidance can be found via either Samaritans ([https://www.samaritans.org](https://www.samaritans.org/?nation=wales)) or Mind (<https://www.mind.org.uk/>).

Thank you once again for your participation in this research project.

## A close-up of a reflection AI-generated content may be incorrect.Appendix G: Reflective log

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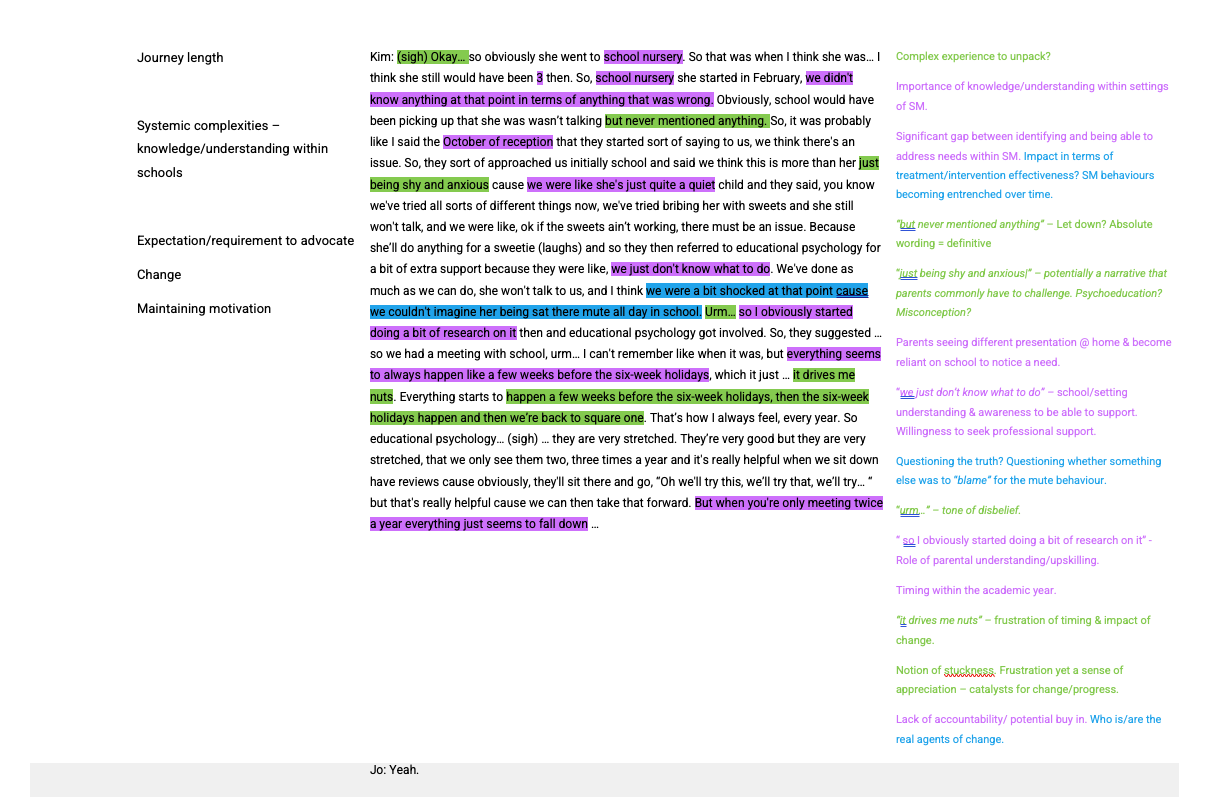
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Emergent themes

Transcript

Exploratory notes

Transcript

Emergent themes

Exploratory notes

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## A diagram of a relationship AI-generated content may be incorrect.Appendix J: Personal Experiential Thematic Map

A diagram of a group of steps

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A diagram of a business

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