

# Selective Mutism

## Full case study

By Deirdriú Murray

### 14-year-old boy face-to-face

As a hypnotherapist who enjoys working with children, I'm always prepared to deal with the unexpected in sessions. However, when my first teenager with suspected selective mutism presented last year, it threw me initially. Speaking to the parent on the phone prior to the sessions, I was aware that he was having difficulty at school and that he'd had previous negative experience with counselling. Since returning to school after COVID, these difficulties were much more pronounced, although school had always been difficult for him. With a late and recent diagnosis of Autistic Spectrum Disorder (ASD), I knew I had to be prepared to adjust my usual approach, but I was not expecting the difficulties we encountered. The parent attended the IC and I started as I usually do, upbeat and friendly, creating a relaxed environment. I asked my 14 year-old client if they could tell me a little bit about their difficulties and their whole body immediately tensed up. He looked at his mother and began making a clicking type sound with his tongue and expressing annoyance. I have to admit, I was surprised, and it took me a second to realise this was not just first-time nerves or even moodiness. I could see he was having real difficulty speaking. I quickly decided it would be best to move on to the brain explanation, to take the focus away from him. I have a PowerPoint presentation that I use, with lots of lovely images, and I noticed immediately that he was transfixed as I moved through the explanation – really normalising the pattern his primitive mind had created to deal with the performance anxiety at school and other new places and particularly post-COVID. We ended the session by agreeing that he would speak to his parents and decide if he wanted to come back for further sessions and I walked them both to the car. The client got into the car and I took the opportunity to speak to his mother at the gate. In that moment my daughter emerged from my house right next to the driveway with our family dog (something I'm always trying to avoid by the way), and the client hopped out of the car and went straight over to the dog, smiling and petting him enthusiastically. 'A-ha!' I thought. 'This is something I can use if they decide to return next week,' and I told the client there and then that we could bring Marley into our sessions as he had a few tricks I could show him.

I was delighted when they returned the following week and I did indeed bring Marley into my little cabin. I had spoken with my Supervisor, and we had decided that these initial weeks would be spent building rapport.

Session one went really well, and the client paid close attention as I told him about my dog's own little PM and his phobia of open windows! I was able to use the brain explanation to frame how a phobia is formed, and really emphasised how Marley was unable to control his automatic reaction when the bathroom window was opened. I explained that it must have been created when Marley was a pup, perhaps when a window was left open on a windy day and blew something off the windowsill, causing a fright. We even did a little trance in this first session.

When they returned for session two, his mother told me that the client's father had already noticed he was more positive on the drive to school, and the client himself seemed excited to be coming in to see Marley – he even bought some treats! Marley has a very special trick that he can do, so we were able to demonstrate that and talk about how the brain learns through repetition. At this stage, the client seemed to be OK with me talking indirectly to him, and he even spoke to the dog during the session, laughing at his enthusiasm over the treats. It was all going so well, until it came to the trance and the client became again visibly annoyed and unable to express it. His mother explained that he felt uncomfortable doing the trance and I quickly agreed that we would leave the trance for now as he was very good at listening to the bedtime audio and that would be enough with the sessions. After this session I did take his mother aside and asked if anyone had suggested the possibility of selective mutism, and she confirmed that she had heard of this and had thought of it, but no one had raised it thus far at school or during his diagnosis for ASD. I suggested that it might be worth looking into, so that things could be made easier at school if it was indeed selective mutism. His mother reported that many of the teachers at school were quite unsympathetic, and seemed to think the client was just being difficult and needed a bit of 'tough love'.

We continued with sessions, bringing Marley in, talking about the brain, and the client began talking to me indirectly, through his mother at first, but then directly by session four. Interestingly the client asked on a number of occasions about small dogs being more aggressive than big dogs. They had a small family dog that they had decided to get, in order to help the client overcome a previous dog phobia (this information was very useful too in discussing how we can overcome difficulties associated with inappropriate patterns). I was able to use this question to explain that small dogs are aggressive because they are afraid – perhaps because of their small stature, but people think they are angry, which is essentially the same as being anxious but expressed and

therefore perceived differently. I was hoping this might help to explain the perception of some of the teachers at school.

I changed the approach a little in session five, and brought a VR headset into the cabin. The client enjoys playing video games with his friends so it seemed a natural choice when I was coming up with ideas on how to make the sessions fun, informative and age-appropriate. The VR went down well, although there was some difficulty choosing a game – his mother told me that making choices was a problem sometimes for the client, but we were able to explore the games a little and I was able to use the opportunity to highlight the inability of the brain to distinguish between real and imagined experiences. The client wanted to try a 'jumpscare game', and it was an ideal opportunity to highlight our ability to approach seemingly scary situations differently, when we think differently about them.

In session six, his mother said the client was considering doing trance, but when I asked him if he'd like to, he said 'I don't know'. I was delighted as he managed to verbalise his uncertainty, even though he was visibly uncomfortable. We decided to leave it for that day. I explained to his mother afterwards that we didn't need to worry about pushing the trance, as he was getting lots of indirect suggestions during the sessions. I spoke indirectly to the client through his mother during the session, as he was setting himself up on the VR – explaining the importance of remaining solution focused and trusting that the problem will naturally resolve through bucket-emptying and focusing on what we want.

In session seven I did a full recap of the brain explanation with the PowerPoint, and both the client and his mother were engaged. The session went really well, with a little bit of VR towards the end.

At the close of session 8, his mother said that they would leave the sessions for a little bit as there was a busy period coming up and they had to travel a significant distance for the sessions. I didn't see the client again after this, but was delighted with how far he had come in a short period of time. I realised there would be other work that needed to be done in the school environment and had suggested to his mother that they speak to the Educational Psychologist about at least considering the possibility of selective mutism.

# Selective Mutism

## Full case study

By Katrina Turnbull

### 12-year-old boy via Zoom

Zac's\* mother contacted me after I was recommended to her by a friend. She was very open-minded, and towards the end of therapy, confessed that she had enjoyed and benefitted from the sessions too! This positive attitude really helped at the start of therapy, as Zac was very close to his mother, and was visibly more relaxed when she was present.

Things had become particularly difficult and debilitating since Zac had started high school. He hated the feeling of his uniform against his skin, had become germ-phobic to the point that he needed at least two or three showers a day, and needed each item of his school bag individually bagged. If something in his bedroom was moved without prior permission, he would become very upset and remain emotional for the rest of the day. He was irritable and unhappy, with a constant feeling of being out of breath and consequently habitually 'yawning' for air. Because of the showers and hand washing, he had also developed a very painful skin condition. I made sure his mother had checked in with Zac's GP, and also that school was aware of his issues: they were. His mother also let me know that Zac was on a waiting list for school counselling, but that he was currently refusing to consider it.

We were still in the throes of lockdown, and at this point I was seeing all clients online. I still find that a few of my younger clients prefer to see me this way, but in Zac's case the first issue it presented was that his mother was always present, as Zac insisted on it. This meant that Zac would usually only speak to his mother, and very rarely to me. At the Initial Consultation, I didn't truly recognise Zac's selective mutism. Enough was communicated for me to believe I could proceed with him using the usual 'bucket-emptying' protocol. I believed him to be shy, and his mother didn't mention school refusal and selective mutism (with school staff) until later in therapy. But from our first session it was clear that I'd need to get more creative with my thinking if I was going to make progress! Perhaps understandably, I received an email after that first session saying that Zac was refusing to listen to the download, and that he didn't want to come back. Of course, that was Zac's primitive brain stamping its feet, and once it calmed down, he agreed to proceed. This time, I was ready! I made sure that he signed a consent form, which I believe was an important part in him taking responsibility for his own wellness – SFH is a collaboration after all! After four weeks, Zac agreed to do the 'hypno' part of the session alone. His mother always attended beforehand, which sometimes felt like a barrier to Zac and I communicating. His mother and I did address this during one of our parent chats (if I'm working with children under 16 I have a chat with a parent at least every six weeks), trying to come up with solutions. But as we were working online, I couldn't enforce or support this beyond repeatedly suggesting, so his mother stayed.

Working with selective mutism can be challenging, and I quickly realised that, while I usually prefer to be spontaneous, in sessions with Zac it worked better to have a few plans up my sleeve. Whilst silence can be a catalyst for conversion, long gaps can be embarrassing, causing a person who cannot communicate (for whatever reason) to feel stressed. Not useful to us! I'll go on to detail some of the things that worked particularly well for Zac. I acknowledge that some techniques used might be of more use specifically with children, and some might also be specific to online therapy, but I hope that at least some will be useful to you, or adaptable in some way.

Each session began with either 'box breathing', or a relaxation routine where we both gently tensed up the muscle groups in our bodies, and released all tension from each region. This often created laughter, as we would make faces at each other, and shake out tension 'like a dog after swimming' or 'an octopus dancing'. And yes, I often do this with adults too!

We discussed the many ways that people communicate, and that some people can't talk at all. Together with Zac, we decided on the ways that he might be comfortable if he couldn't talk. His mother emailed later on, however, to say that Zac had worried about this conversation, in case I believed that he would always be comfortable communicating in those ways. I made sure to address this the next time I saw him, but set up the chat function and WhatsApp (with permission) anyway, in case he wanted to use them. We also discussed whispering, which often resulted in giggles (Zac giggling at me and his mother whispering to each other!) and although it perhaps didn't hasten therapy, it did allow him to relax, and went a way to building trust and rapport.

I use a sheet called *My favourite things/All about me*. On it are spaces to either write or draw favourite things, for example animal, film, country etc. On either side of the screen we would draw (and then guess each other's offerings), or write, and I would ask more details, which Zac would either relay through his mother, or agree/disagree if I made suggestions. If there was ever an uncomfortable lull in a session, it was time to get the sheet out and fill in another box. An extension of this is the 'Alien Game', where I pretended to be an alien and Zac would have to find a way to explain exactly what something on earth looked like/meant – which got him thinking in detail about something he enjoyed and made him happy.

I gave him a notebook of his favourite character and a pen. I explained many times that I wasn't worried if he didn't speak to me – writing things down was a very strong and effective way of communicating, both with other people and with the brain, too! He was to leave the notebook in his bedroom and jot down three daily positive reflections: one good thing, something he was grateful for and something he had achieved. He had been struggling with 'what's been good's' and I thought this was a nice way to record them. And as the brain can't tell the difference between imagination and reality, reflecting back positively in this way could convince the brain those three super things were happening again!

We went over the brain explanation basics A LOT, using the selective mutism as an example of primitive control. Every symptom, and eventually every improvement was brought back to the BE. I also like to note with all clients, how their symptoms show me that their brain is working perfectly, and although the feelings experienced are not comfortable, they are natural.

Zac loved family and animals and I read him *Silly Limbic* – a super resource by fellow SFH therapist Naomi Harvey. From then on, we likened the primitive brain to a confused, but well-meaning guard dog, who we need to keep on a lead! I also sent him a video of the brain basics and related it to *Silly Limbic*.

Zac told his mother that scaling made him feel pressured and scared, and so I stopped using the term 'scaling' altogether, and found more creative ways to ask the same question. Like asking him how far he might be able to run up the length of a rugby pitch (I'd often try and draw one), or, as he enjoyed gaming with his sister, I asked him to imagine his favourite superhero/game character, and then asked him to just consider: '100 coins means full health (capable of taking on 'baddies'/running up walls and walking on lava or whatever) – if you were that character now, how many coins do you feel you'd have/how strong would you be?' And then just pause for a minute to let him contemplate the question. And then I'd move on to the 'box in hand' Miracle Question. I'd always give him the opportunity to answer the normal MQ, but he usually replied with a thumbs down. 'Box in hand' is a nice way to determine a small step without having to necessarily talk it through.

Lastly, it was useful after six weeks to ask Zac, with his mother's support, to write a 'mini-reframe', which allowed him to focus again on exactly what he wanted from therapy. I brought this into hypnosis on many occasions, reminding him about the power of reiteration – in writing and speaking. This worked well for Zac, as I often lost him between sessions down 'negative rabbit holes', and I found that this was a good way to motivate him and keep him on track. It's probably a good point to mention that I developed and sent home a sheet on how best to support children while receiving SFH – for parents! Zac's symptoms were mother's polar bears, and I was worried she was reminding him about them in between sessions.

The more we worked together, the smoother it became. Finding out what worked, and what didn't! After just 13 sessions, Zac was offered school counselling, and for financial reasons, mother wistfully decided to take them, however stating that the work that Zac and I had done together had built a strong foundation for him to jump off from. Well worth all the head-scratching and Supervision!

If there can possibly be a conclusion; when supporting a client who is selectively mute, or has any communicative restriction (I have since supported a client with thyroid cancer), all that I can say is remain flexible, allow the client to lead the way, and as ever, find what works and do more of it!

\*Zac's name and certain personal details have been changed to protect his identity.

# Selective Mutism

## Full case study

By Nicola Taylor

### 14-year-old girl face-to-face

Most of us can relate to that feeling of being challenged when we meet a client with an issue that we haven't helped with before. In most cases we rely on what we know: 'empty the bucket', find the exceptions, find what works and do more, focus on the 3Ps. Imagine having all those brilliant tools to hand and then being faced with a client who can't talk.

At the time of writing, I have been seeing my client for 9 months. Over this period, we have moved from no speech at all to quietly spoken conversations. It has been a remarkable journey. Here, I have the opportunity to share in more detail some of the interventions that created breakthroughs in our progress as we continue to work together to achieve the client's dream goal of talking to her best friend.

When I knew that this article was happening, I asked my client what I should write about, what had been most helpful to her? She said 'the videos.' In our most recent work together she has been recording herself on video at school, in the local park, in her garden with her chickens, on holiday, and then playing them in the therapy room. I hear her speak in a way that she is comfortable with. She loves making these videos and has demonstrated an incredible creative flair, with the recordings becoming longer and more complex. I now ask her questions about them, which she answers in a quiet voice, and if the answer is long, she writes it out first and then says it. In our most recent session, the client had created a video with a difference. She recorded herself baking cupcakes. Now, I don't know if you have ever attempted to make a piece to camera that is as natural as a conversation, but believe me when I tell you it is not easy! What I witnessed in this video was a youngster full of confidence, 'presenting' her own baking show, and, for the very first time, asking me questions as she spoke to the camera. During our session she then paused for me to answer. This subtle addition was a sign to me of a big change. As she was making the video, she was imagining having a conversation with me. I expressed my observations and obvious delight in this shift, which we also related to changes that were happening in her brain and how it doesn't know the difference between fantasy and reality. It was a great start for a miracle question and a 'who would be the next person you could make this type of video for?' She draws ever closer to her dream goal which she says will make her feel '10, 10, 10 ...!'

This, however, is the culmination of our work to date on a journey which has been constantly evolving. While she has been unable to speak, I have sometimes been groping in the dark. I knew we would be going nowhere without rapport and trust. I ignored the fact that she couldn't talk to me, and we used a range of strategies to communicate: lots of scaling, an expanding ball to express feelings, hand gestures and facial expressions. I could see her confidence growing and she started each session eager to show me what she had brought that day, often her artwork and drawings, which I admired, and asked her questions about. Her answers at this stage were still written, but having something else to focus on, and take the attention away from her, was definitely making her more comfortable.

Early on in our work together, I asked her what her favourite word was, and we communicated about which part of the brain would 'light up' when she thought of that word, and which part might 'light up' when she imagined saying it. And then I had a brainwave: what if she could record the word and play it back for us both to hear? Using thumbs up, down and scaling we reached an agreement that she would be comfortable trying this if I stepped outside of the room. It was such a breakthrough when we both heard her voice in my therapy room for the first time. From this we progressed onto 'what's been good?' and she would answer by recording on her phone. I would listen and then ask a further question. My questions became more complex, as did her answers, and in this way, we began to have a type of conversation.

Having already recognised the importance of re-directing my attention away from 'the problem' I started to think of games that we could play that would help her to focus on positives and bring a further element of fun to our sessions. Ignoring the fact that she couldn't speak, we started playing hangman. Experts in hangman will tell you that when guessing, you always start with the vowels. Usually the letter 'E' is the first choice. Her decision to communicate the letter 'E' in a whisper was the first time she made a spontaneous sound in my presence. The more she started each guess with the vowels, the more the sounds were repeated, and the more confident she became. We considered what was happening in her neural pathways as she repeated the vowel sounds. I

likened it to a field of corn; the first time you walk through the field, the trace you leave is hardly distinguishable but the more times you walk up and down on the same path, the clearer, easier and more natural it becomes.

When my client turned 15 (with parental permission) I gave her a gift voucher worth half the value of a session and explained that her gift, if she chose, was to 'be the therapist' for the first half of the next session. I would not be speaking, and she was to devise games and ways to communicate with me until the final game, when I would be allowed to speak. She arrived at the next session with sock puppets that she had made, a variety of questions in an envelope and pens and paper. We had an amazing session full of laughter and fun, through which I experienced how hard it must be for her, being unable to speak, and she, I could see at times, was frustrated with my inability to get her to understand me. At the end of the session, I was able to offer her compliments: what a huge amount of strength and resilience she possessed to be able to lead a happy life – but what would make her even happier? The answer to this question was always that speaking to her best friend would be the happiest she could imagine being. I am pleased to report that she is now very close to this goal and has set herself a target, imagining the situation and what she will say for the very first time.

It must be stressed that the remarkable difference in this client is not just down to the one hour each week in a therapy room. It is down to her patient and caring parents who put their trust in me, and the (at least five) times I took this case to both one-to-one and group Supervision (I can't thank you enough!). Most of all it is the spirit and dedication of this client between sessions and the incredible relationship she forged with her best friend that give her the motivation to achieve her dreams.