

Speech, Language and Communication needs of CYP with SEMH needs.

Lisa Christophorou
Specialist Speech and Language Therapist



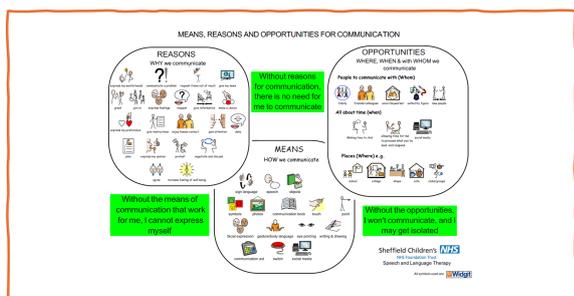
Session Aims

- Develop our understanding of typical Speech, Language and Communication (SLC) development.
- Raise our awareness of the links between SEMH needs and SLC needs.
- Discuss the impact of Covid and other influences on the SLC development of CYP.
- Raise our awareness of Selective Mutism and how we may be able to help CYP in our settings.

What is Communication?



- Our communication skills can be categorised as verbal and non-verbal.
- Only 7% of our communication is made up of the words we say.
- 93% of our communication is made up by our non-verbal skills.



Early Language Development



The Communication Pyramid



Ages & Stages

Children develop their speech, language and communication skills at different rates. However, as practitioners knowing what is typical can help us identify speech and language difficulties early.

www.speechandlanguage.org.uk
www.icancharity.org.uk



Developmental Leaps

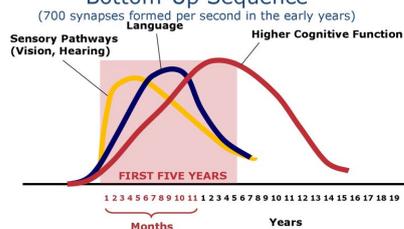
- Developmental leaps happen well beyond the baby years.
- Sharing and empathizing (age 3 to 5)
- Managing emotions (age 3 to 7)
- Theory of mind (age 3-4)
- Adolescence is a period of significant development that begins with the onset of puberty.



Consider how different a person is at the age of 12 from the person they are at age 24.



Neural Circuits are Wired in a Bottom-Up Sequence



How many children have SLC needs?

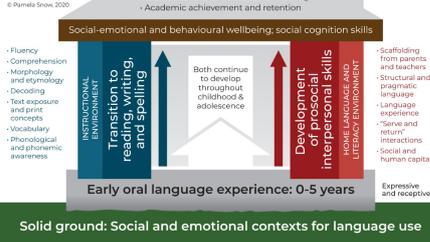
- 1.9 million children in the UK are currently struggling with talking and understanding words.
- Boys ages 3-17 are more likely than girls to have a voice, speech, language, or swallowing disorder (9.6% compared to 5.7%).
- 50% of children in areas of social disadvantage start school with language delay.
- 75% of children in one research study of year 9 pupils having significant language difficulties.

What Causes SLC Difficulties?

- Premature Birth or a low Birth weight
- Sensory differences e.g. Hearing loss, Visual Impairments
- Learning and Cognition difficulties
- Genetic and chromosomal differences e.g. Down syndrome, fragile X syndrome.
- Brain injury
- Neurodevelopmental differences e.g. Autism, Dyspraxia, ADHD,
- Craniofacial conditions such as Cleft Lip and Palate
- Fetal Alcohol Syndrome
- A lack of environmental exposure to language



COMPETENCE as a solid foundation in early life



CYP with SLC needs may.....

- Difficulties paying attention
- Struggle to follow spoken instructions
- Find it difficult to carryout sequences in their ADL's e.g. washing, dressing, making food
- Find recalling words and ideas difficult
- Learning new words difficult
- Struggle to find a word to use in a sentence
- Use limited vocabulary
- Difficulties expressing and regulating their emotions
- Stammer
- Social Communication differences

Link between SLC needs & Emotional Health

- 81% of young people with Social, Emotional and Mental Health difficulties also have Speech, Language and Communication difficulties.
- One study found that 40% of 7-14 year olds referred to child MH services had a language difficulty that had never been suspected.
- The prevalence of language and communication impairments in adolescents in custody is much higher than that seen in the general population, with estimates ranging from 60-90%.



Impact of Covid on SLC Development

- Children had fewer opportunities to develop their communication and language skills at home or out in the community, with many educational settings closed.
- Mandatory requirement to wear face masks, opportunities for babies and young children to 'see' the visual articulation of speech and language from their caregivers were also reduced.
- Children with specific communication and language needs (e.g. autism, learning disability) who were already on speech and language therapists' caseloads were no longer able to access these services, or received a reduced service, often conducted via online meetings.
- For children on the waiting list, their referrals were often put on hold as part of a triage protocol implemented by the NHS to ensure what limited services were available, were directed towards those most in need.
- Significant increase in use of tablets/phones/ computers.
- A report produced by the children's communication charity '1 CAN', estimated that over 1.5 million children were left behind in their language development. It was further reported that many children entering the reception stage of education were unable to speak or understand what is being said to them by other people (1 CAN, 2021).

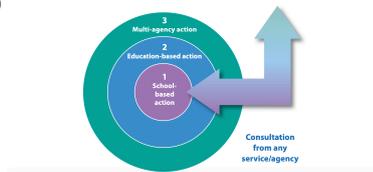
What Happens if CYP with SLC needs don't get the help they need ?

- Without the right support, children and young people are at increased risk of **low academic attainment, reduced job opportunities, behavioural and mental health difficulties, and youth offending behaviours.**
- As children and young people get older, they are at increased risk of antisocial behaviour and crime – 60-80% of young offenders have difficulties with speaking and understanding
- Increased risk of emotional based school avoidance
<https://mentalhealth.bmj.com/content/27/1/e300944>
- Communication and language skills are crucial for school readiness, emotional wellbeing, educational attainment, and their later life chances.



How can I help

- Stage 1- School based action
- Stage 2- Getting Help services
- Stage 3 – Multi-agency action



What is Selective mutism ?

- Selective mutism is an **anxiety disorder**.
- Individual is persistently silent in some specific situations despite being able to speak freely at other times
- Many CYP might be talkative at home but unable to talk in school or in other community settings.
- Typically diagnosed in childhood.
- SM is a psychological problem related to chronic social anxiety and is not the result of normal shyness, attention seeking or defiant behaviour.
- Individuals can appear completely unable to speak and may 'freeze' in some settings as if afraid of others hearing their voice. They often report they want to speak but are afraid to, because of the actual process of talking aloud.
- If left untreated can lead to social anxiety, social isolation, poor academic attainment and low self confidence.



Selective Mutism Facts

- SM affects 1 in 150 young children. That is at least 1 child in most primary schools.
- Both boys and girls can have SM but girls are often more affected.
- SM usually starts when children first leave the family circle, for example to stay with a relative, go into hospital or start nursery.
- In some cases, it can also develop in older children.
- Children with SM are more likely to have other speech and language difficulties.
- Children from bilingual backgrounds are more likely to have SM.
- It is possible to have both SM and another condition such as an Autism.
- Additional Speech and Language difficulties commonly occur.
- Children who have SM are no more likely to have been abused than any other child.
- If left untreated, SM can continue into adulthood and lead to other mental health difficulties.

Signs of Selective mutism

- Looking for a marked contrast in the child's ability to engage with different people.
- Could be characterised by a sudden stillness and frozen facial expression when they're expected to talk to someone who's outside their comfort zone.
- They may avoid eye contact.
- nervous, uneasy or socially awkward
- rude, disinterested or sulky
- clingy
- shy and withdrawn
- stiff, tense or poorly co-ordinated
- stubborn or aggressive, having temper tantrums when they get home from school, or getting angry when questioned by parent.
- Concerns have been persistent for 1 month or more.

Diagnosing Selective Mutism

- Children can successfully overcome selective mutism if it's diagnosed at an early age and appropriately managed.
- Left untreated, selective mutism can lead to isolation, low self-esteem and [social anxiety disorder](#). It can continue into adolescence and adulthood if not managed.
- It's important for selective mutism to be recognised early by families and schools so they can work together to reduce a child's anxiety. Staff in early years settings and schools may receive training so they're able to provide appropriate support.
- If you suspect a child or yp has SM consider making a referral to services for support.
- <https://www.aberdeenshire.gov.uk/media/5843/selectivemutismpacticeguidelines.pdf>

How can I help?

- Understand that Selective Mutism is an outcome of anxiety and is not defiance.
- Aim to increase a child's confidence and self-esteem: minimise anxiety.
- Let the child know that you accept that they find speaking difficult.
- Help decrease the child's sense of loneliness and isolation.
- If the child initiates interactions with you or another adult, praise them even if they do not manage to speak.
- If the child is more confident in interaction with adults, offer them many opportunities to do this.
- Offer the child a prompt or help structure a situation if the child looks lost or unsure: "X, can you help Adam build a tower?"

Help continued...

- Respond to all forms of non-verbal communications: eye contact, smiling, sharing a joke, nodding and shaking head.
- Use lots of social rewards: smiles, nods, "Well done"
- Reward all efforts to communicate no matter how small.
- Work collaboratively with key adults to decide on interventions: parents/carers, education staff and speech and language therapist if involved.
- If agreed by key adults, offer the child the use of symbols to communicate: for instance symbols to ask out to the toilet, to indicate choices for snack.
- Invest time in building up rapport through non-verbal activities.
- Gradually place child in situations slightly more challenging than the last thing they could do: for instance speaking to their friend in the classroom when no one is around; helping them speak to a friend in class with teacher casually walking past.

Things that do not help.

- Pressuring the child or young person to speak in any way.
- Withholding a reward for not speaking. They wish to speak but cannot.
- Giving the child too much attention for either not speaking or for speaking. They are probably self-conscious and may feel uncomfortable with too much attention until they are more confident.
- Using negative labels within their earshot: for instance, telling a visitor "She's the quiet one". You should also discourage other children from using these labels.
- Pressuring the child to mix with other children as much as their peers might do. They may need more help and support to join with other children.

Further Resources

- The Selective Mutism Resource Manual (2nd edition) by Maggie Johnson and Alison Wintgens, Speechmark Publishing Ltd. 2016
- Can I Tell You About Selective Mutism? By Maggie Johnson and Alison Wintgens, Jessica Kingsley Publications 2012
- Can't Talk? Want to Talk! By Jo Levett and Stephen Street, Routledge 2014
- Johnston, M. & Glassberg, A. (1992) [Breaking Down the Barriers](#) East Kent Community NHS Trust
- Longo, S. (1996) [My Friend Daniel Doesn't Talk](#) Bicester Speechmark Publishing Ltd
- Social Anxiety: Selective Mutism in Children
 - www.anxietynetwork.com/spsm.html
 - Selective Mutism Organisation www.selectivemutism.org
 - Selective Mutism Information and Research Association (SMIRA) 0116 2127411
 - smiraleicester@hotmail.com

