



How intense is this silence?

Evaluating a Theoretical Framework for the Use of Music Therapy in the Treatment of Selective Mutism in Young Children: A Multiple Case Study

Kate Jones

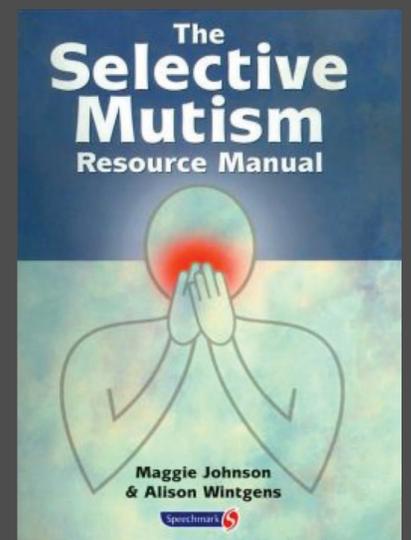
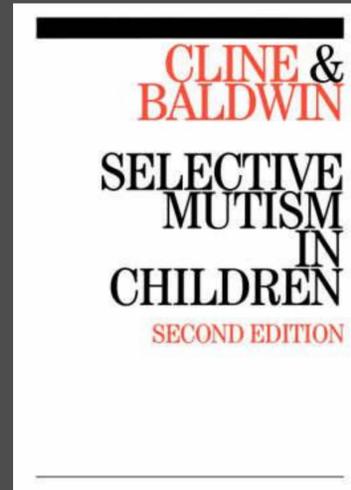
email: katherine.jones@student.anglia.ac.uk

Background

Selective Mutism (SM) is the term given to children who are consistently unable to speak in specific environments. Children with SM usually speak at home but find it difficult or impossible to speak in school. Effective early intervention is important as SM can become increasingly entrenched as the child gets older, and evolve into generalised social anxiety and phobia.

Although reported prevalence rates for SM are relatively low, it has been highlighted internationally that SM often remains hidden due to poor awareness of this condition.

Usual treatment of SM in UK schools combines a behavioural approach with speech and language therapy. There is a small literature to suggest that Music Therapy might complement this approach (Mahns 2003, Amir 2005). My experience as a Music Therapist is that Music Therapy can be a highly successful intervention for children with SM.



Research aims

This investigation builds on a theoretical framework developed from single case study research (Jones 2012). The framework describes parallel layers of musical, physical and emotional communication within the therapy process.

The study aims to:

- evaluate the theoretical framework
- develop clinical guidelines for the use of Music Therapy for children with Selective Mutism
- raise awareness of Selective Mutism



Theoretical framework – Music Therapy & Selective Mutism

Therapeutic process	1. Offering a potential space	2. Manifesting anxiety – having it contained and processed	3. Gradual build up of trust and contact through listening and accepting – ‘no pressure approach’	4. Gradual development of shared, meaningful communication and ‘playing’	5. Need to end therapy – healthy, confident separation
a) Musical	Musical conversations – parallels spoken conversations – ‘sliding in’				
b) Physical	Control and expression in the physical realm lead to control of the voice				
c) Emotional/ social	Therapeutic relationship parallels mother/ infant interaction = emotional/ social communication				
TIME IN THERAPY →					

Method

The research will focus on an inner-London borough.

Phase 1 – contextual investigation

Survey and interviews of Music Therapy profession; literature review; population survey of children in inner-London borough with SM; key informant interviews of clinicians working in the borough.

Phase 2 – multiple case studies

4-6 case studies of Music Therapy with children with SM will be conducted and meaningful moments selected from the therapy process to provide the data for cross-case analysis of the theoretical framework. This will inform any refinement of the framework and assist in developing guidelines for clinical practice.

References

Amir, D. (1996) 'Experiencing Music Therapy: Meaningful Moments in the Music Therapy experience', in M Langenberg, K Aigen and J Frommer (eds), *Qualitative Research in Music Therapy: Beginning Dialogues*, Phoenixville, PA: Barcelona Publishers.

Mahns, W. (2003) 'Speaking without talking: 50 Analytical Music Therapy Sessions with a Boy with Selective Mutism', in S.Hadley (ed.), *Psychodynamic Music Therapy Case Studies*, New Haven, CT: Barcelona Publishers

Jones, K (2012) 'How intense is this silence? Developing a theoretical framework for the use of Psychodynamic Music Therapy in the treatment of Selective Mutism in Children with English as an additional language: A heuristic case study' *British Journal of Music Therapy* 26(2) 15-28