



What is Social Communication Anxiety Treatment (S-CAT) ®?

Social Communication Anxiety Treatment (S-CAT) ® is the philosophy of treatment by Dr. Elisa Shipon-Blum, which is implemented at the Selective Mutism Anxiety Research and Treatment Center (SMart Center; www.selectivemutismenter.org). Social Communication Anxiety Treatment (S-CAT) ® is based on the concept that Selective Mutism (SM) is a social communication anxiety disorder, which is *more than just not speaking*.

Dr. Shipon-Blum has created the SM-Stages of Social Communication, which describes the various stages of social communication that are possible for children suffering from SM. The Social Communication Bridge® illustrates this concept in a visual focus.

Research relating to Social Communication Anxiety Treatment (S-CAT) ® efficacy is being conducted at the Selective Mutism Research Institute (SMRI) with Dr. Evelyn Klein as the principal investigator. Children suffering from SM change their levels of social communication based on settings and perceived expectations from others. Therefore, a child may have difficulty socially engaging, communicating nonverbally, or may be unable to communicate at all when feeling anxious or uncomfortable. For some children, mutism is the most noted of their symptoms, meaning they are able to engage and possess excellent nonverbal skills (professional mimes). These children are stuck in the nonverbal stage of communication and suffer from a subtype of SM called: Speech Phobia. Therefore, although mutism is the most noted symptom, it merely touches on the surface of our children.

A complete and individualized understanding of a child is necessary to develop an appropriate treatment plan and school-based accommodations and/or interventions. Following a complete evaluation (consisting of various assessment forms-- parent/teacher; parent and child interview), treatment needs to address three key questions:

1. *Why did the child develop SM? (influencing, precipitating, and maintaining factors).*
2. *Why did the SM persist, being in active treatment and parent/teacher awareness?*
3. *What can be done at home, in the real world, and within school to help the child build needed coping skills and overcome his/her social communication challenges?*

The Social Communication Anxiety Inventory (SCAI)© can be used to determine the child's stage of social communication. Treatment is then developed via the whole-child approach. Under the direction of the treatment professional, the child, parents and school personnel work together.

Dr. Shipon-Blum emphasizes that although lowering a child's anxiety level is key, it is often not enough, especially as children age. Over time, many children with SM no longer feel anxious, however their mutism and lack of proper social engagement is maintained in some settings. Children with SM need strategies and/or interventions to progress from nonverbal to spoken communication. This refers



to the Transitional Stage of communication, and this important aspect is often missing from other treatment plans.

In other words, how do you help a child progress from Nonverbal (pointing/nodding/etc.) to Verbal communication? Time in the therapy office is simply not enough. The office setting is used to prepare the child for the outside world and to develop the strategies to help the child unlearn conditioned behavior. Then, the strategies/interventions are implemented in the real world and within the school.

Strategies and interventions are developed based on where the child is on the Social Communication Bridge ®, and are meant to be a desensitizing method as well as a vehicle to unlearn conditioned behavior. Social Communication Anxiety Treatment (S-CAT) ® incorporates anxiety-lowering techniques to build self-esteem and develop social comfort and communication progression. This may include “Bridging” from shut-down to nonverbal communication, and then transitioning into spoken communication via a Verbal Intermediary ®, the Ritual Sound Approach®, or augmentative devices.

The key concept is that children with SM need to understand, feel in control, and have choices in their treatment (age-dependent). This is a critical component of Social Communication Anxiety Treatment (S-CAT) ®, which provides choice to the child and helps to transfer his/her need for control into the strategies and interventions. Therefore, games and goals (based on the child’s age) via the use of ritualistic and controlled methods are used to help develop social comfort and progress into speech. Silent goals (environmental changes) and active goals (directed goals) are used during Social Communication Anxiety Treatment (S-CAT) ®.

Every child is different, and therefore an individualized treatment plan needs to be developed that incorporates parent education, environmental changes, school factors, and the child’s unique needs. By lowering anxiety, increasing self-esteem, and developing communication and social confidence within a variety of settings, the child suffering in silence will develop needed coping skills to enable proper social, emotional and academic functioning.