



The Spot

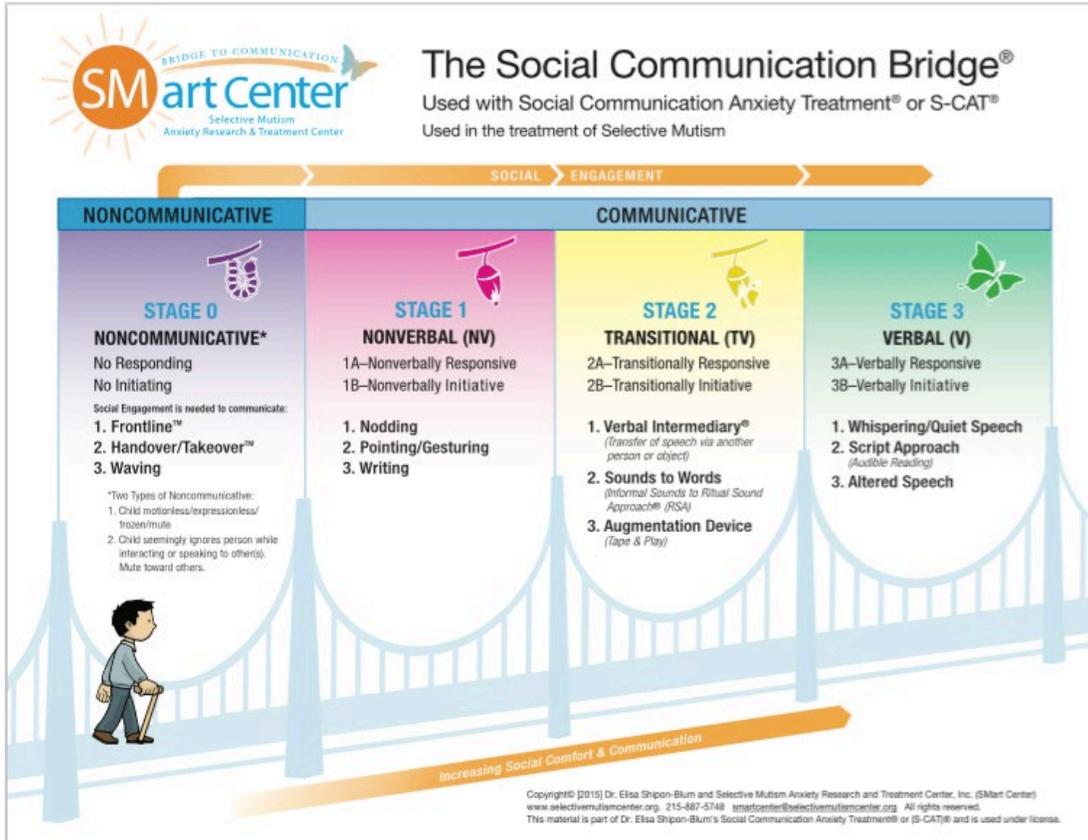
The Importance of Time Away from the “Hub-Bub” of the Group Dr. Elisa Shipon-Blum

Individuals with Selective Mutism do not progress into confident speech within the “hub-bub” of a group. They need a safe and predictable location to build social comfort and improve communication skills.

How can a child/teen become verbal within the classroom setting? To provide appropriate interventions to help the student progress into verbal communication, all staff members should know:

- The student’s overall level of social engagement,
- The student’s overall comfort within the class,
- The student’s baseline stage for social communication (noncommunicative, nonverbal, transitional, verbal) with peers, and
- The student’s baseline stage for social communication (noncommunicative, nonverbal, transitional, verbal) with teacher.

In other words, ask: “Where does the student fall on the Social Communication Bridge®?” Please refer to the Social Communication Bridge® and Stages of Social Communication Comfort Scale®.



Selective Mutism Stages of Social Communication Comfort Scale®

Non-Communicative	Neither non-verbal or verbal. No social engagement.
Stage 0: No responding, no initiating	
<ul style="list-style-type: none"> • Child stands motionless (stiff body language), expressionless, averts eye gaze, appears “frozen,” MUTE • Seemingly IGNORES person while interacting or speaking to other(s). MUTE towards others 	
<i>For communication to occur, Social Engagement must occur.</i>	
Communicative	Non-verbal and/or Verbal.
<i>To advance from one stage of communication to the next, increasing social comfort needs to occur.</i>	
Stage 1: Nonverbal Communication (NV)	
<p>1A: Responding: pointing, nodding, writing, sign language, gesturing, use of “objects” (e.g. whistles, bells, non-voice augmented device such as communication boards/cards, symbols, photos)</p> <p>1B: Initiating: getting someone’s attention via pointing, gesturing, writing, use of “objects” to get attention (e.g. whistles, bells, non-voice augmented device such as communication boards/cards, symbols, photos)</p>	
Stage 2: Transition into Verbal Communication (TV)	
<p>2A: Responding: via any <u>sounds</u> (e.g. grunts, animal sounds, letter sounds, moans, phonetics, etc.) <u>Verbal Intermediary®</u>, <u>Whisper Buddy</u>, <u>Augmentative Device with sound</u> (e.g. simple message switch, multiple voice message device, tape recorder, video, etc.)</p> <p>2B: Initiating: getting someone’s attention via any sounds (e.g. grunts, animal sounds, letter sounds, moans, phonetics, etc.) <u>Verbal Intermediary®</u>, <u>Whisper Buddy</u>, <u>Augmentative Device with sound</u> (e.g. simple message switch, multiple voice message device, tape recorder, video, etc.)</p>	
Stage 3: Verbal Communication (V)	
<p>3A: Responding: Approximate speech/direct speech (e.g. altered or made-up language, baby talk, reading/rehearsing script, soft whispering, speaking)</p> <p>3B: Initiating: Approximate speech/direct speech (e.g. altered or made-up language, baby talk, reading/rehearsing script, soft whispering, speaking)</p>	

Typically, individual’s with Selective Mutism may be:

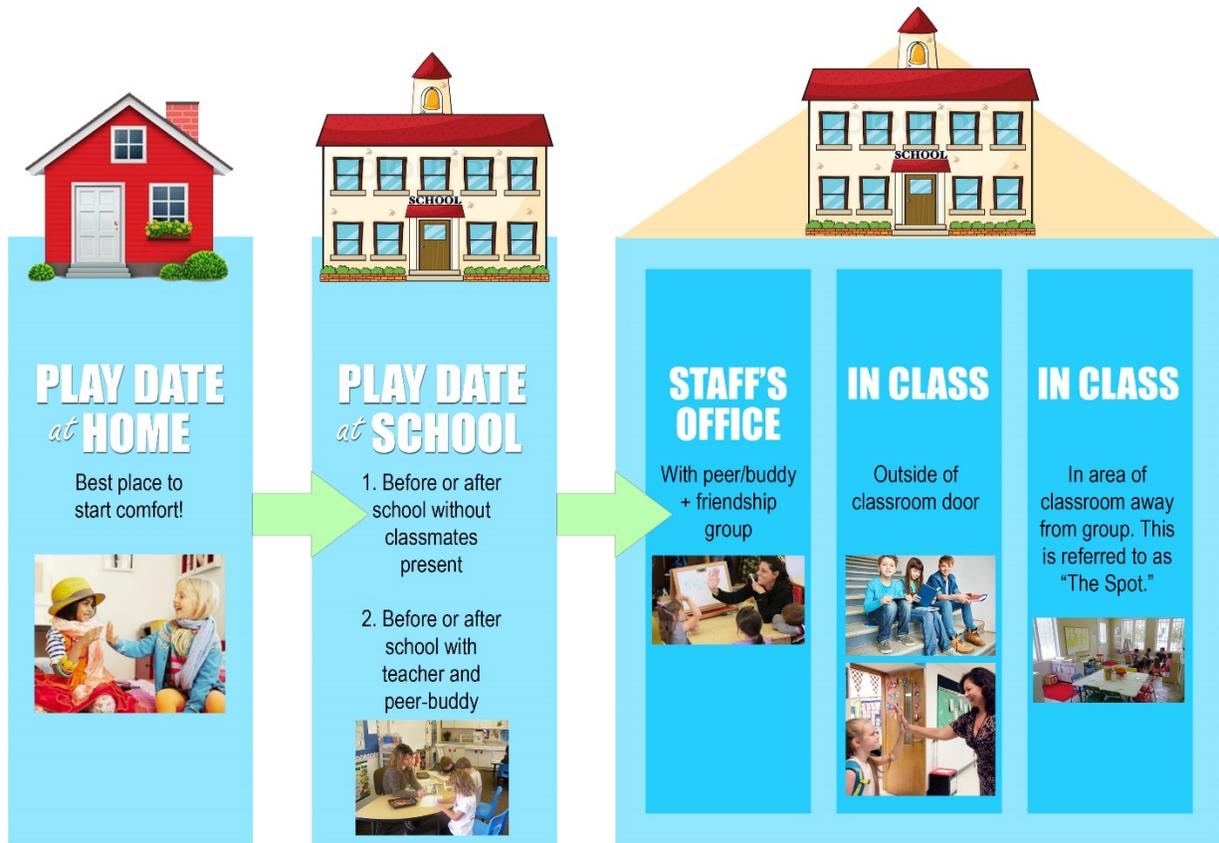
Engaging and comfortable communicating nonverbally with most peers/teachers (gesturing, pointing, or nodding). Nonverbal Initiation is relatively easy.	Inconsistently engaging, uncomfortable, and inconsistent with nonverbal communication with most peers/teachers. Initiation is difficult.
<p>These children/teens are stuck in the nonverbal stage of communication, Stage 1. They engage easily and are socially comfortable, so the focus should be on the transitional stage of communication (Stage 2) and bridging into the verbal stage of communication (Stage 3).</p> <p>Use of the Verbal Intermediary® (Stage 2) is ideal if the child is already verbal with a peer and/or teacher.</p> <p>For those who are not comfortable with their voice being heard, they often need to unlearn conditioned mute behavior. For some, especially younger children, simple phonetics or direct/choice questions with a focus on visuals is enough to verbally respond (Stage 3a). For others, a more ritualistic process such as the Ritual Sound Approach® (RSA®) is needed to help transition into speech. The RSA helps the child/teen shape sounds into words by thinking of sounds from a mechanical standpoint.</p>	<p>These students appear timid in class and are minimally interactive with most peers/teachers. However, if a student has built a relationship with another peer or a few peers outside of class he/she may communicate nonverbally or perhaps whisper or speak quietly to this peer in the class or playground.</p> <p>These students have not yet secured nonverbal communication (Stage 1) and some may even be noncommunicative (Stage 0) with some classroom peers. Therefore, emphasis is on building social comfort with more peers, supporting “engaging” interventions, and transitioning across the Bridge® from nonverbal (Stage 1) to verbal (Stage 3) communication. This is accomplished through specific strategies.</p>

For children/teens to overcome Selective Mutism within the school environment, they need to be away from the group. Ideally, outside play-dates or get-togethers are a given and should be done as much as possible. This will help to build and secure social comfort and fuel progression into confident communication.

A Golden Rule of S-CAT® is: Comfort precedes communication and progress does not occur in a group. Therefore, a child/teen should build comfort and do strategies away from the group location. The SPOT was developed with this very concept in mind.

Within the school, there are three “safe place” locations to consider:

1. Staff office
2. Outside the classroom door/hallway
3. The Spot in the classroom



The less comfortable a student is, the more a location away from the class setting is necessary (e.g. friendship group like recess bunch, lunch buddies, etc.) The purpose of time away from the class is two-fold:

1. Build and secure social comfort and
2. Work on strategies/interventions without the pressure of others around.

For students who are comfortable within class (the typical speech phobic or the child who is stuck in the nonverbal stage of communication (Stage 1), the location to start interventions is dependent upon the child's ability to accomplish interventions. For some, this spot will be in the staff's office. Others can start outside the class, and some can start within the class, but away from the group. The location within the classroom is referred to as "The Spot." The Spot is a safe and predictable location where the student can go with his/her buddies and/or meet 1:1 with the teacher.

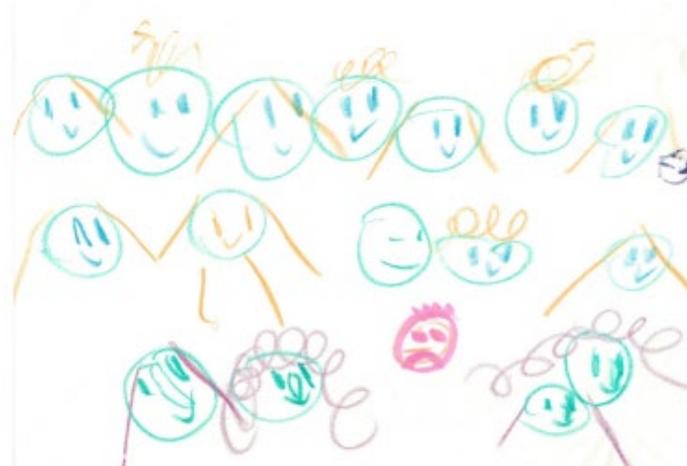
For the student who starts in the staff's office, goals are to transition them into The Spot (some will go directly from the staff's office), while others need to go from the staff's office → outside the classroom/hallway → The Spot.

For younger students:	For older students:
The Spot is a location where the teachers know to go, but the student is not necessarily aware of the purpose. He/she simply feels more comfortable away from the group. With strategies in place, progress is most likely to occur.	The Spot is a location where both the teachers and student know to go. The student's awareness allows for inner control and development of coping skills. There are no two individuals who are the same, so no two will have the same strategies or interventions. It is individualized.

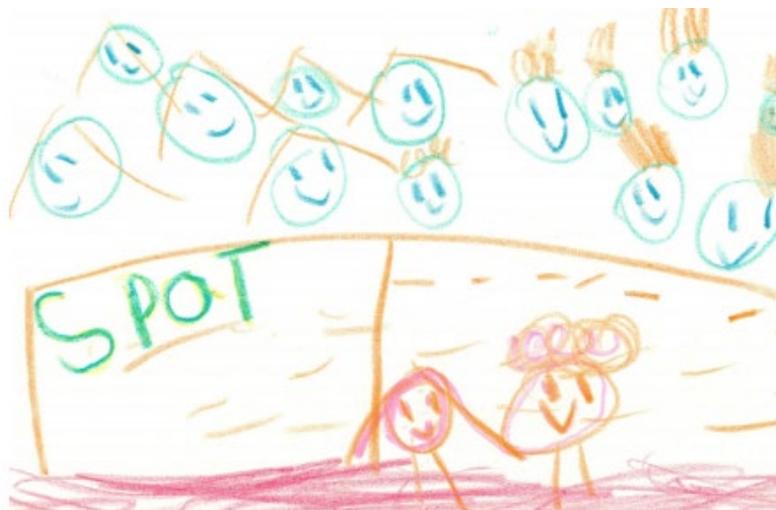
For all students with Selective Mutism, safe and predictable locations are suggested. The Spot may move from the staff's office → outside the classroom/hallway → within the classroom. These are excellent locations to build social comfort with a few peers or a teacher and to work on strategies to progress across the Social Communication Bridge®.

For younger children, the Spot is often on a section on the rug, a table in the back of the room or in a staff members room for lunch bunch or friendship group. For older children/teens, the Spot is often at a table during science lab, in a staff members room with another peer (ie, doing a project during/after school).

See below for a 6-year-olds interpretation of being in a full class. Note the child in pink with a sad face:



See below for the same child's interpretation of being away from the group and in The Spot:



To effectively overcome [Selective Mutism](#) and all anxieties, an individual needs to be involved in an [Individualized](#) or [Group Treatment](#) program such as [CommuniCamp™](#), such as those rooted in the evidenced-based [Social Communication Anxiety Treatment® \(S-CAT®\)](#). Developed by [Dr. Elisa Shipon-Blum](#), this holistic or “whole child” treatment approach is designed to reduce anxiety, build self-esteem, increase social comfort and communication in all settings.

As a physician, Dr. Elisa Shipon-Blum ("Dr. E") views SM as a social communication anxiety where mutism is merely a symptom. The key to an effective treatment plan is understanding factors into the development and maintenance of SM as well as understanding the person's [baseline level of social communication](#) on the Social Communication Bridge©. Then, working as a team, the treatment professional, parents, and school staff members help the individual build coping skills to combat anxious feelings and to progress across the Social Communication Bridge© into social communication.

Elisa Shipon-Blum DO, is the President and Director of the Selective Mutism Anxiety and Related Disorders Treatment Center (SMart Center) located in Jenkintown, Pennsylvania. She is the Founder and Director Emeritus of the [Selective Mutism Association](#) (SMA) and a Director of the [Selective Mutism Research Institute](#) (SMRI), a foundation established to study Dr. Shipon-Blum's theories and treatment methodologies on Selective Mutism. In addition, Dr Shipon-Blum is Clinical Assistant Professor of Psychology and Family Medicine at the Philadelphia College of Osteopathic Medicine. She is a board-certified physician who specializes in Selective Mutism.

Dr. Shipon-Blum practices in Jenkintown, PA, and has developed the evidenced-based [Social Communication Anxiety Treatment \(S-CAT\)®](#) from her years studying and researching individuals with Selective Mutism. She consults worldwide with families, treating professionals, and educators, and has helped thousands of children from around the world overcome Selective Mutism. Based on her successful S-CAT® program, Dr. E also created [CommuniCamp™](#), an intensive group treatment program for children with Selective Mutism, social anxiety, and extreme shyness.