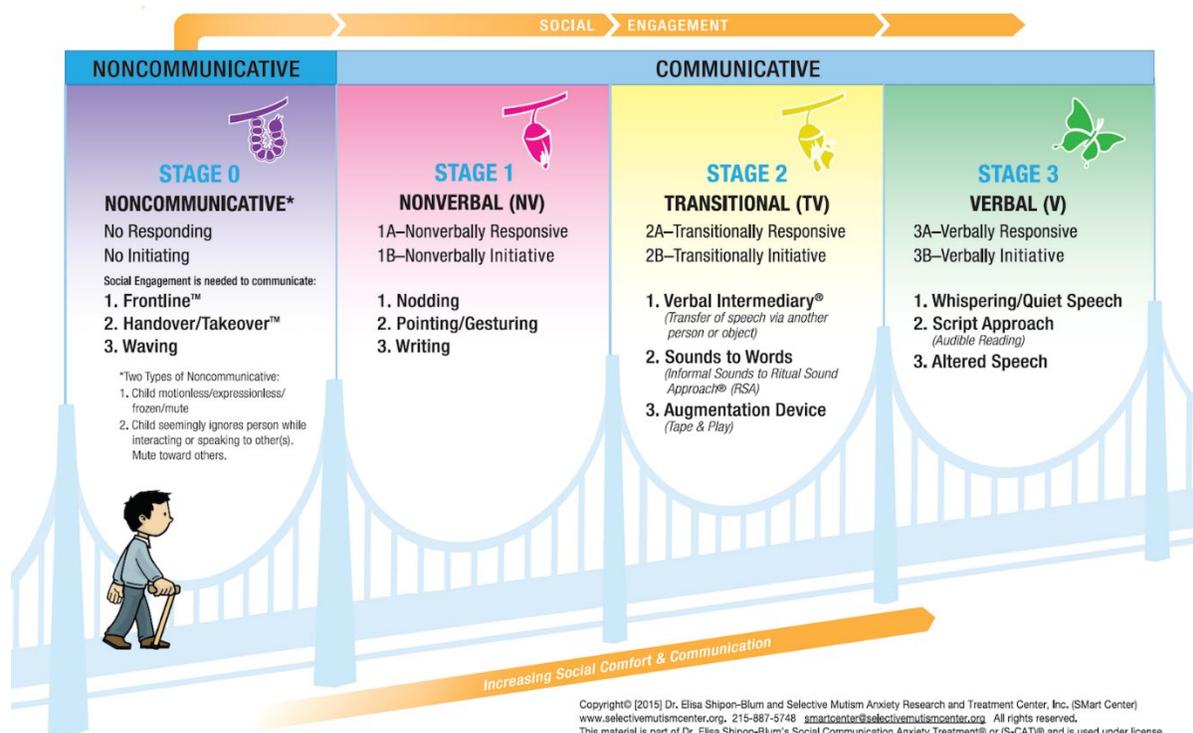




Tricks-AND-Treats for a Successful Halloween for Children/Teens with Selective Mutism

Halloween time should be fun! It's also an awesome time to practice social communication opportunities! Before you start, understand where your child is on the Social Communication Bridge® in ALL environments and know the practical, yet critical, golden rules of [S-CAT®](#):

1. Comfort precedes communication and progress does not occur groups; build comfort and DO strategies AWAY from group settings
2. Social engagement via Frontline™ and Handover/Takeover™ will benefit ALL children with Selective Mutism!
3. Demystification is critical; help your child acknowledge and assess
4. Asking and answering questions is important! (If you don't ask, no chance to answer!)
5. Minimize the need to 'think' and process! Preplan, script, and facilitate!



Halloween should be fun and silly for the whole family. Allow time for warm up, a child may cling to his/her parent in the beginning. Encourage children to be present and to take part at the level they are comfortable with according to the Bridge®. Prepare, prepare, prepare! Continue reading to learn how to make Halloween-based social communication activities easier for a child/teen with Selective Mutism, social anxiety, extreme shyness, or a related disorder.

Environment: HOME

Minimize Expectations!

- Give your child a role in encounters to establish control and reduce anxiety
 - Help pick out candy, prepare Halloween bags, decorate, be the door opener, hold candy bowl, or give candy out, play with scary or silly décor.
- Go over the routine in advance. PREPARE and roleplay!
 - “Dress-rehearsal” for the doorbell ringing and giving out candy! Everyone should have a role and/or take turns!
- COSTUME OPTIONAL! Some children love to dress up = Disguise! (Mask!) Other children feel uncomfortable. Don't push the costume! Just support and provide a role! Parents dressing up can take pressure off of the child since attention on PARENT!
- Dual costume with friend/sibling! →
- Buddy process! Tag teams! Handout candy **together** (Less expectation and eyes on child!)
- Be fun and silly! Just have fun and practice without expectation.
- Level of communication is based on child's highest level of communication where they do not feel stressed or anxiety! FEAR begets FEAR... This must be a pleasant and upbeat experience!
- Think “engagement” = Handing out candy: Stage 0-1 engaging to nonverbal!
- Practice greetings! It's their home. They are the host = big shot role!
 - **Stage 1** NV: Waving game (how many kids can you wave to?)
 - Race to wave? NV initiation (Stage 1 b)
 - **Stage 2**: Play a tape of Hi and Bye (Stage 2) or another message!
 - **Stage 3a**: HI/BYE Copy Game! Person says “Hi” or “Bye”, child says “Hi” - verbal responding
 - **Stage 3b**: Race to say “Hi” or “Bye” first - verbal initiation!
 - Say greetings **together** ALL at once: “Thank you for coming!”
 - [Big Five Bracelets](#) are ideal for this!
- Guess the questions that people can ask:
 - “How are you?”
 - “What are you for Halloween?”
 - If not verbal, parents can bring child into the conversation via **choice**: “Are you Batman or Robin?” (Transitional Stage 2)



Environment: Outside of the Home

- Prepare Child in advance: where are you going, what should you expect, who is going with you?
- Prepare child for Trick or Treating by practicing at home first: knowing what to expect reduces anxiety and allows for more confidence and control.
- Know where your child is on the Bridge to establish how the child participates in the actual trick-or-treating.



Never PUSH to say 'Trick or Treat' or push to go up to a house if child is shut down.

How to use the Bridge® and allow the child to participate:

- Engage
 - Frontline™- allow child to go up with a parent, sibling, or peer (allows for presence and engagement with support of parents, family, friends. (Pairing)
 - Handover/Takeover™- child can hold out candy bag and allow it to be filled instead of taking the candy themselves. Or the child can hold out the bag while a parent, sibling, or peer picks out candy and puts it in the bag.
- Wave Hi or Bye
- Bring into Conversation- parent can ask child via direct choice questions- "Do you want the Hershey Bar or Milky Way?" Child can point, tell parent, or say their choice.

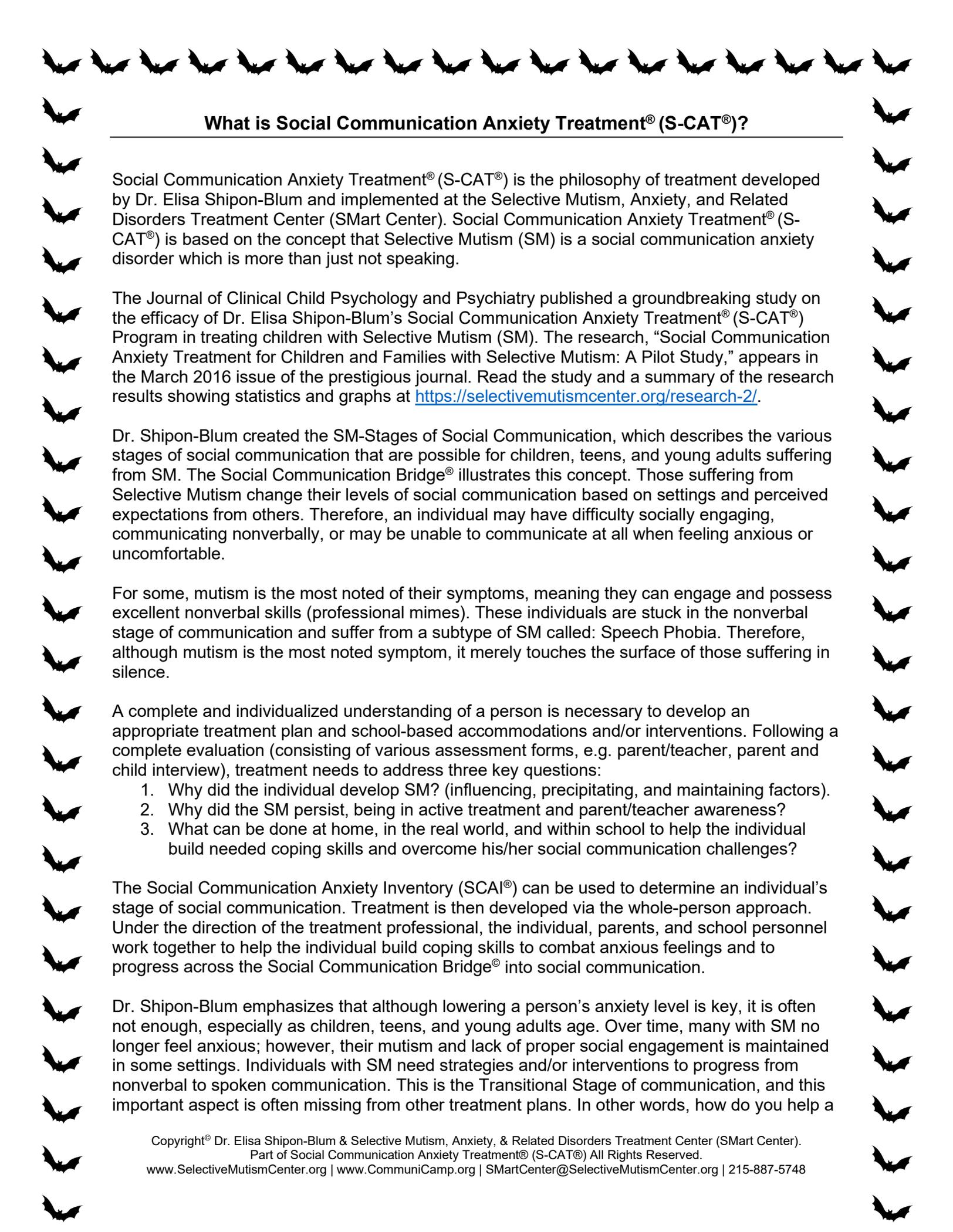
Environment: Halloween Party in or Outside of Home

- Educate others about Selective Mutism and your child. Download the About My Child Worksheet, found at <https://selectivemutismcenter.org/resources/>
- Arrive early
- Give child a task or a role in social encounters. BIG SHOT/leadership role!
- Bring child into conversations via choice: "Are you a Cinderella or Snow White?"
- **Do not** direct the child to, "Tell Mrs. Smith what your costume is."
- Small group interaction is easier than larger group interaction
 - Are you going out with a big or small group?
 - Does your child know the children?
 - Does your child know the adults present?
 - Best case: Small group, familiar kids, and familiar adults!
- Be aware of environment: Too scary? Too overwhelming?
- If planning at home: stagger times people arrive so child can acclimate.
- If at someone's house: arrive early to check out décor ahead of time and warm up.
- Hand items out and use silly props and costumes as icebreakers and as a way to bring the child into conversations.

COSTUMES: A Huge Issue for Many Young Children

- Costumes can be **very scary** for some children, especially seeing adults dress up!
- Can be a great disguise for many kids! They can hide behind their costumes. May be a great first step towards engaging and communicating with others!
- Practice dressing up (wigs, makeup, texture, etc.) Especially helpful for our Sensory Kids.
- Talk about types of costumes a child will see. Scary, Silly, etc.
- Look online at different costumes in advance to show scary types and funny ones.
- Go out earlier if possible. There will be more light and less people which will allow for adjustment.
- Make a game out of how many scary costumes there are! Be on the look out! "Eye Spy" helps children think and hence they will shut down less.





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

Social Communication Anxiety Treatment® (S-CAT®) is the philosophy of treatment developed by Dr. Elisa Shipon-Blum and implemented at the Selective Mutism, Anxiety, and Related Disorders Treatment Center (SMart Center). 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.

The Journal of Clinical Child Psychology and Psychiatry published a groundbreaking study on the efficacy of Dr. Elisa Shipon-Blum's Social Communication Anxiety Treatment® (S-CAT®) Program in treating children with Selective Mutism (SM). The research, "Social Communication Anxiety Treatment for Children and Families with Selective Mutism: A Pilot Study," appears in the March 2016 issue of the prestigious journal. Read the study and a summary of the research results showing statistics and graphs at <https://selectivemutismcenter.org/research-2/>.

Dr. Shipon-Blum created the SM-Stages of Social Communication, which describes the various stages of social communication that are possible for children, teens, and young adults suffering from SM. The Social Communication Bridge® illustrates this concept. Those suffering from Selective Mutism change their levels of social communication based on settings and perceived expectations from others. Therefore, an individual may have difficulty socially engaging, communicating nonverbally, or may be unable to communicate at all when feeling anxious or uncomfortable.

For some, mutism is the most noted of their symptoms, meaning they can engage and possess excellent nonverbal skills (professional mimes). These individuals 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 the surface of those suffering in silence.

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

1. Why did the individual 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 individual build needed coping skills and overcome his/her social communication challenges?

The Social Communication Anxiety Inventory (SCAI®) can be used to determine an individual's stage of social communication. Treatment is then developed via the whole-person approach. Under the direction of the treatment professional, the individual, parents, and school personnel work together to help the individual build coping skills to combat anxious feelings and to progress across the Social Communication Bridge® into social communication.

Dr. Shipon-Blum emphasizes that although lowering a person's anxiety level is key, it is often not enough, especially as children, teens, and young adults age. Over time, many with SM no longer feel anxious; however, their mutism and lack of proper social engagement is maintained in some settings. Individuals with SM need strategies and/or interventions to progress from nonverbal to spoken communication. This is the Transitional Stage of communication, and this important aspect is often missing from other treatment plans. In other words, how do you help a



person 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 person for the outside world and to develop the strategies to help the individual unlearn conditioned behavior. Then, the strategies/interventions are implemented in the real world and within the school.

Strategies and interventions are developed based on the individual's unique baseline level of social communication, i.e. his or her baseline stage 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 shutdown 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 individuals with Selective Mutism 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 individual and helps to transfer his or her need for control into the strategies and interventions. Therefore, games and goals (age-dependent) 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 person is different, and therefore an individualized treatment plan needs to be developed that incorporates parent education, environmental changes, school factors, and the individual's unique needs. By lowering anxiety, increasing self-esteem, and developing communication and social confidence within a variety of settings, the individual suffering in silence will develop needed coping skills to enable proper social, emotional and academic functioning.

What Makes Dr. Elisa Shipon- Blum's evidenced-based S-CAT® Program Different from Other Treatment Approaches?

- Dr. Shipon-Blum's evidence-based S-CAT® program has been [researched and proven](#) to work quickly!
- [Research](#) indicates that at *each* visit children make statistically significant improvement in their ability to speak in all social settings, including school.
- Proven S-CAT® strategies are provided to children and teens (via personalized games/goals), parents (via goals) and school staff (via specific strategies/interventions to help the child progress into speech). This out-of-the-office focus is essential to becoming a confident and verbal child. *We also work with adults with SM and Social Anxiety Disorder who receive personalized goals.
- Patients are seen **monthly**, not weekly, to tweak and update S-CAT® goals/games.
 - This allows time for parents and school staff to implement treatment recommendations.
 - Families receive ongoing treatment **support** throughout their S-CAT® program.
- The overall **costs for treatment** are **significantly less** since results are quick and children are seen less compared to other treatments (The average number of sessions is 3-7 visits).
- Dr. Shipon-Blum's S-CAT® program has been used [successfully](#) in **over 6,000 children** from around the world. References are available!

- 
- We address **co-morbid disorders** (ie, additional challenges) that frequently exist with Selective Mutism such as Social Anxiety Disorder, neuro-developmental disorders, speech and language disorder(s), Sensory Processing Disorder, Autism, etc. The unique needs of the individual are then incorporated into the comprehensive treatment plan.
 - We work with **individuals of all ages**. Children are not the only people who suffer from social communication anxiety and/or Selective Mutism. Teens and adults suffer as well.
 - NOTE: *We are presently offering lower cost treatment grants and financial assistance available to those who are eligible.*
- 