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SM Research Updates

It's been an exciting past few years for SM research! Recently published studies have focused on validating treatment with empirical study and examining temperament as a risk factor for SM. We highlight several studies here:

- Oerbeck, Stein, Pripp and Kristensen's (2015) conducted a follow-up study of a randomized, waitlist-controlled trial of a cognitive-behavioral intervention for youth with SM, 3-9 years old. The researchers assessed 24 children's symptoms 1 year after they had completed 6 months of treatment. The children had continued to improve, exhibiting increased speaking at school, at home, and in public. Children 3-5 years old showed the greatest improvement, as measured by School Speech Questionnaire (SSQ) and diagnostic status. Also, children with less severe SM made relatively large gains. Additional research with larger groups of youth and with diagnostic assessments by clinicians who are blinded (i.e., who don't know whether or not a child received treatment) is needed.
- Klein, Armstrong, Skira, & Gordon (2016) studied the feasibility of Social Communication Anxiety Treatment (S-CAT) with 40 children with SM. S-CAT, developed by Dr. Elisa Shipon-Blum, is a short-term treatment focused on decreasing the anxiety associated with speaking; it involves parents from the start of treatment and includes behavioral and cognitive strategies. In 3 sessions delivered over 9 weeks, children's speaking increased significantly across SMQ domains (school, public, family), and 95% of children exhibited at least some gains by the end of treatment. Children with lower symptom severity at the start of treatment showed the most improvement. Additional research with a greater number of therapists (versus one therapist) and a control/comparison group of youth (e.g., to make sure that treatment gains are due to the content of the intervention rather just the experience of meeting with a therapist or the child maturing) is needed.
- Studies have also been examining the link between behavioral inhibition in early childhood and SM. Behavioral inhibition is a temperamental characteristic (evident early in life) that has been shown to be risk factor for other anxiety disorders. Behavioral inhibition includes approaching new situations and activities very hesitantly, and getting upset when left in new situations for the first time. Muris, Henriks, & Bot (2016) found that parent-reported behavioral inhibition is associated with greater SM symptoms but not

when accounting for levels of social anxiety. Using a relatively large sample of youth (including 109 with SM), Gensthaler and colleagues (2016) found that children with SM were perceived by their parents as more behaviorally inhibited as infants than were children with social anxiety alone and children without mental health problems. Because infant behavioral inhibition was reported retrospectively (i.e., after infants had already reached childhood), additional research that tracks temperament and SM symptoms over time is needed.

Taken together, these studies reflect steps toward early identification and effective treatment of SM. We look forward to providing updates as additional research is published!

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