



Frequently Asked Questions about *Winter Adventure!*

We have compiled these common questions into one packet so that you have the information you need to make an informed decision about treatment for your child. Please let us know if you have any other questions not covered here.

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Last Updated 10/20/2020

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1.) **CAMP INFORMATION: What, When, Where?**

1.1 What is *Winter Adventure!* Camp?

Winter Adventure! (WA) is a one-day in-vivo, in-situ exposure therapy program designed to simulate the classroom environment. In the simulated classroom, your child has the opportunity to practice his/her communication goals. Each child is assigned to a counselor (1:1 ratio) and the counselor applies evidence-based therapeutic strategies to increase verbal communication and habituate to anxiety. All counselors have received training under the direct supervision of SM specialist, Dr. Carmen Lynas. The simulation includes morning circle time, free play, snack, typical structured and non-structured activities, social interaction, lunch, and in-house field trips, such as a visit from Pet Therapy animals. *Winter Adventure!* can serve as a preview for, or booster to, [Adventure Camp: Intensive Treatment for Selective Mutism](#).

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1.2 When is *Winter Adventure!* ?

Winter Adventure! is scheduled on **Martin Luther King Jr. Day, January 18th, 2021 from 9:00 am-3:00 pm**. We will be able to accept 7-10¹ children between the ages of 4 to 10. Depending on who registers, campers may be divided into two age groups: Group 1 will be for younger ages and Group 2 for older elementary school ages. By having separate groups, we will be able to provide age-appropriate treatment. Division of groups is determined by the ages of those who register.

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1.3 Where is the camp being held?

Winter Adventure! is held at ATS's main clinic, which is located at 600 W 22nd Street, Suite 250, Oak Brook, IL 60523.

¹ Additional spaces may open depending on staffing.

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1.4 How many kids will be participating in camp this year?

For *Winter Adventure!* we typically take **7-10 children**. Register early, as slots do fill every year.

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1.5 Is there any parent training involved?

Yes; parent training occurs during the intake evaluation process, specifically during the child observation portion as well as the parent feedback portion. During the lead-in sessions, there is more coaching/training as we fade parent out and slide counselor in; by being a part of the process, you will learn how you can apply the method with other people in your child's life. There is no group parent training provided with Winter Adventure.

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1.6 What safety measures are in place to protect from COVID-19?

We have put procedures in place following the health department guidelines. [Click here to read the Winter Adventure Safety Procedures and Acknowledgement Form.](#)

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2.) INSURANCE/ PAYMENT

2.1 What is the cost of camp?

The cost for *Winter Adventure!* is **\$570** for 6 hours of intensive therapy (\$95 per hour). Parents will also be provided with the following handouts to assist in transferring treatment gains into the school setting following camp:

- A copy of the progress notes written for the camp day

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- “A School’s Reference Guide for Students Diagnosed with SM: Five Key Steps” by Dr. Carmen Lynas
- “Steps for School Exposure with New Teacher” by Dr. Carmen Lynas

Additional Fees² include:

- **Intake Evaluation** (Session #1) with parent(s) only - **\$275**
- **Child Observation and Parent Training** (Session #2) - **\$190**
- **Parent Feedback Session** (Session #3) to discuss questionnaire results, data, and treatment options (e.g., Adventure Camp) - **\$190**
- **Lead-In Sessions** (45-60 minutes of psychotherapy) - **\$190** each session

A school observation is also recommended:

- School Observation - \$225
- Post-School Observation meeting with the school team - \$225
- Travel Fees- \$25 for every 15 mile-increment

See [“Are a school observation and a post-school observation really necessary? What if we are out of state?”](#) for more information.

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2.2 Is this camp covered by insurance?

Many families who participated in previous Adventure Camps report being reimbursed by their insurance companies at least partially, ranging mostly from 30% to 80%, variable by type of insurance coverage. On rare occasions, some families have had Adventure Camp covered 100%. However, some families were not reimbursed at all. With insurance coverage changing nationwide, it is best to call your insurance and discuss your own contract terms. **This camp is an out-of-network program.**

Payment in full is required to reserve your child’s space. You should check with your insurance company to determine if you have out-of-network coverage for mental health services. You may need preauthorization for this treatment.

² These are the standard fees. If special request is made for a senior clinician, fees may be higher. Refer to “Clinical Procedures Associated with Adventure Camps” to view fee range.

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If you have insurance through your employer, we recommend that you contact your employer's human resources department for assistance. We have learned from other families that they have taken this route to receive guidance for preauthorization as well as to receive assistance if insurance denied their preauthorization request or their claims submitted post treatment. As a result of the success families have had with contacting their employer's human resource department, we recommend you take a proactive measure and contact them early in the process.

For all services you receive at ATS, we will provide a receipt outlining the procedure codes for you to submit to your insurance for reimbursement. Depending on your coverage, your insurance company should reimburse you according to your contract terms with them. **Amount of reimbursement will depend on the terms of your health insurance contract. In the past, some families have not been reimbursed for lead-in sessions or camp sessions, especially for multiple sessions that occur on the same day. Reimbursement amount varies and is not guaranteed, however ATS will support you in your efforts to appeal denied claims.** Please be aware that insurance companies require a diagnosis to process the claim. The diagnosis on the claim will be **313.23** (Selective Mutism). During the evaluation sessions, your child will be assessed for SM and a diagnosis will be provided if appropriate. Additional diagnoses will also be listed if your child meets diagnostic criteria for other conditions (e.g., social anxiety).

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2.3 Can we have a letter of support to send to our insurance company before we register so we can know ahead of time if they'll cover it?

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Yes, we can work with you and/or your current provider so that we may submit a letter of support. It typically takes insurance up to two months to respond, and additional time to appeal any denials. Therefore, it is recommended that you plan several months in advance. If you are requesting a letter of support, we ask that you do so by December 1st for *Winter Adventure!*. However, note that an intake appointment is required in order to gather the diagnostic information needed to write a letter of support. Contact our Intake Coordinator at 630-230-6505 or Intake@advancedtherapeuticsolutions.org to start your request. Please be aware that insurance companies state "eligibility of benefits is not a guarantee of coverage." You may need pre-authorization for this treatment, so be sure to ask your insurance about what you need to do to obtain pre-authorization. It is possible your insurance will cover the intake evaluation portion and then decide if they will cover treatment. Be sure to ask about that possibility, and seek guidance from your human resources department as well if that is an option for you. Clinical procedure codes include: 90671, 90837, 90834, 90853, 90849, 90846, 90847.

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3.) REGISTRATION/ SCHEDULING/ LEAD- IN SESSIONS

3.1 How do I register my child for camp?

Early Registration for current patients opens **November 20th, 2020**. General Registration opens November 27, 2020. To register, [click here](#), or go to the Camp Registration tab on the www.selectivemutismtreatment.net site and click on the "Register Now" link. When you're ready to set up the evaluation sessions, call 630-230-6505. Our Intake Coordinator is available during normal business hours Tuesday - Saturday to take your call. You will need to schedule an Intake Evaluation (Session #1), Child Observation & Parent Training (Session #2), and a Parent

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Feedback (Session #3). In the Parent Feedback session, your ATS therapist will present the questionnaire data results, diagnostic impressions, prognosis, and whether or not *Winter Adventure!* is an appropriate treatment option for your child.

You may complete the three evaluation sessions first and then decide if you'd like to register your child for camp. Or, you may also register your child for camp first (to reserve your child's slot), then proceed with the intake evaluation sessions. Remember that slots will fill on a first come, first served basis. So even if you start the evaluation sessions, this does not reserve a slot for camp. The only way to reserve a slot for your child is to complete the online registration and pay the camp fee (\$570). If it is determined that your child is not eligible for camp, you will be refunded the camp fee in full. If your child is eligible for camp, but you decide to cancel their registration, then you will be refunded the camp fee less a \$150 administration fee. Please refer to the "WITHDRAWAL" section located under "[Winter Adventure Camp Agreement](#)" in the online registration form.³

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3.2 IMPORTANT DATES: Lead-ins Schedule & Camp

Here is a handy checklist to review before you commit to *Winter Adventure!*:

- Lead-In Sessions will occur between Jan. 5th – Jan. 16th. It is strongly recommended that you prioritize this timeframe for lead-in sessions. **If your child is not available when lead-in sessions are scheduled, then they cannot do camp!**
- No lead-ins will be scheduled Sunday, Jan 17th.
- Camp runs Monday, Jan. 18th, 9am – 3pm.

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³ To request hard copy of the Winter Adventure Camp Agreement, contact our Intake Coordinator at 630-230-6505.

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3.3 If we are local, how soon should we schedule an evaluation to prepare for camp registration?

If you are considering [Winter Adventure!](#), which takes place in January, the best time to schedule an evaluation is in the fall. We usually book about 6-8 weeks out, so to ensure that there is enough time for the evaluation, school observation, school staff meeting, and lead-in sessions, you should aim to call in October to start the process. Our evaluation process consists of an Intake Evaluation (Session #1), Child Observation & Parent Training (Session #2), and Parent Feedback (Session #3). A school observation and a post-school observation meeting is recommended so we can see how symptoms present in the school and inform school staff about selective mutism treatment. Going into the school allows us to talk to the teacher and other relevant support staff to pave the way for treatment carry-over and collaboration with the school. Refer to [“What is the cost for camp?”](#) on Page 5 to review fees for these sessions.

The three evaluation sessions in the clinic can take up to three weeks (if appointments are spread out) or can be done in one day (if booked in advance). The time-line for the school observation and post-observation school meeting is dependent on the school's availability and flexibility, and therefore can vary. You do not need to finish the clinic portion of the evaluation before starting the school portion; both can run concurrently. New measures are in place in schools due to COVID-19, and so far, we have provided this service in person as well as virtually; these options can be discussed at the intake appointment.

While we provide the guidelines above, it is never too early for us to evaluate your child. The more time allowed between evaluation sessions and camp, the more time you will have to consider your treatment options before camp slots fill up.

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3.4 We live out-of-state. Do we need to visit Chicago to attend the initial evaluation in person?

The requirement to travel to Chicago for the initial evaluation portion has changed this year. While it is still preferable to work with you and your child in person, now that we can provide telehealth, we are able to provide the initial evaluation remotely if you can't come to town. Alternatively, we can do a hybrid of both. Either way, we will still train you, remotely or in person, on the skills needed to support our intervention. **There are three mandatory evaluation sessions: the Intake Evaluation (Session #1), Child Observation & Parent Training (Session #2), and Parent Feedback Session (Session #3).** The Child Observation & Parent Training (Session #2) is fundamental to the *Winter Adventure!* treatment, as this is where we assess your child's level of mutism and his/her response to the intervention that will be used for camp. We also train you, the parents, on the WA intervention and we'll need to assess how you apply those strategies so we can coach you appropriately. That way, you will know how to support treatment carry-over into other settings. Lastly, the Parent Feedback session (Session #3) is an opportunity to discuss your child's results, obtain feedback from you on how it felt to use the strategies that we are teaching, discuss treatment plan options, and answer your questions about *Winter Adventure!*.

For those still interested in coming to town or in-person evaluation: one approach for out-of-state families is to arrive in Chicago on a Friday, then complete the Intake Evaluation (Session #1), Child Observation & Parent Training (Session #2), and Parent Feedback (Session #3) on a Saturday, and fly back that evening or the following morning. Some families prefer to divide it into two days, where the intake occurs on one day (e.g., Friday) and the other two sessions are scheduled the next day (e.g.,

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Saturday). This may be advised if jet lag is an issue that may impact the Child Observation. See [“Can I schedule the evaluation to occur all in one day?”](#) for more information about this option.

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3.5 Can I schedule the initial evaluation to occur all in one day?

Families who travel from a distance may want to complete the three evaluation sessions in one day, or over two days. This option is also available to local families who would like to dedicate one or two days to complete the clinic evaluation process.

Sample All-Day Evaluation Schedule:

- **Intake Evaluation (Session #1):** 9:00 - 11:00 am
- **Child Observation/ Parent Training (Session #2):** 1:00 pm - 2:00 pm
- **Lunch/ Break on your own:** 12:00- 2:00 pm (your therapist will score questionnaires and data obtained from the child observation in preparation for the parent feedback session)
- **Parent Feedback Session (Session #3):** 3:00 - 4:00 pm

Please note that **your child should not attend Sessions #1 and #3; they only attend Session #2**, which is the Child Observation & Parent Training. If both parents want to be involved during the Intake Evaluation (Session #1) and Parent Feedback (Session #3), another adult **must** be available to supervise your child during both meetings. In the past, some parents have chosen to bring another family member (grandparent, uncle, aunt, etc.) to supervise. Others have opted to have one parent in the session while the other stays with the child. Even if doing the evaluation remotely, it is important that the child not be present during Session #1 and Session #3. Please arrange childcare accordingly as ATS staff cannot be responsible for monitoring children outside of treatment. **Your child is only involved in Session #2. Parent(s) are involved in Sessions #1, #2, and #3.**

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Completing these evaluation sessions early is ideal, as it allows time to evaluate and estimate what is needed for the lead-in sessions. Coming to Chicago in person and early in the process also gives you an opportunity to meet the ATS team and allows more time for you to consider whether *Winter Adventure!* feels right to you.

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3.6 Why should we schedule a school observation? How would this impact my child's treatment during camp?

A school observation is highly recommended, as this gives us the opportunity to assess your child's level of mutism in a school environment, how teachers interact with your child, and how your child responds to them, as well as to peers. As you know, children can appear very different in the clinic setting than they do in the school setting. We have found that even during COVID, some schools are making exceptions and allowing an ATS therapist into the school to do an observation, some in person, and some in their remote learning classroom. The information from a school observation allows us to individualize your child's goals and know what areas to focus on for *Winter Adventure!*, which may not have been apparent in the clinic setting. Also, it is not only your child we're treating; we need to treat the environment as well, to make it conducive for your child to succeed. Seeing the classroom setting makes it easier to specify recommendations for the school, which is why school observations are beneficial.

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3.7 Are a school observation and a post-school observation really necessary? What if we are out of state?

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Scheduling a school observation and school team meeting to discuss the observation is strongly recommended to protect your investment. As specialists in selective mutism, we know what to look for when observing a student with SM. We analyze interaction patterns, level of mutism, reinforcement of avoidance, and reinforcement patterns, for example. We also look for where opportunities may exist where intervention can make a significant difference in helping your child break free from their avoidance pattern. These nuances are visible to the trained eye, and not always captured by those who are not trained in recognizing these variables in SM. The post-observation school meeting (done remotely) is where we have the opportunity to inform staff about the observation, explain how treatment can help, describe the treatment your child will be receiving in the winter, educate them on what steps they can take to ensure treatment carry-over, and identify a plan for when school resumes after winter break. We try, if at all possible, to secure a date for a "Teacher Exposure" so that we can transfer verbal relationship from camp to the school teacher (can be done in-person or remotely), or additional school staff as needed.

We know that services are lacking nationwide, especially during the COVID pandemic, so we try our best to work creatively with you and your school so that we can help you meet your child's needs. We are open to discussing ideas that you bring in or that your school suggests.

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3.8 Will the Intake Evaluation, Child Observation, and Parent Feedback sessions be with Dr. Carmen Lynas? Who will be my child's primary treating clinician?

The clinician who runs the evaluation sessions depends on the day you select to schedule your sessions, as well as how soon you book the appointment. The evaluation

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team consists of Carmen Lynas, Ph.D., Cate O'Leary, LCPC, Elianna Plattt, LCSW, and Lauren Hauck, M.A. Your evaluation sessions will be completed by one of them, and they are each here on different days with varying availability. The clinician who completes your child's evaluation sessions will likely be the one who does the lead-in sessions too, and they will act as your child's primary treating clinician for that phase. However, sometimes there's one clinician who provides the evaluation sessions and another clinician who provides the lead-in sessions. It depends on scheduling and your availability, as well as your child's needs and best match for them. For the camp itself, the primary treating clinician is Dr. Lynas. The sooner you book your evaluation, and the more flexible you are in your schedule, the more options you will have on who works with your child. To schedule evaluation sessions call 630-230-6505.

All ATS therapists apply the Parent-Child Interaction Therapy adapted for Selective Mutism (PCIT-SM). Additionally, all of our therapists are currently treating children with SM, and they have all been counselors in previous Adventure Camps for several years running; or, in the case of Elianna Platt, has been involved in Child Mind Institute's Brave Buddies Camps, including leadership roles at CMI's camps. You can rest assured that you will be working with a professional who is sensitive to the needs of a child with SM, has experience evaluating and treating SM, and knows the steps needed to help prepare your child for camp.

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3.9 My child has already been diagnosed with Selective Mutism. Do we still need to go through the intake evaluation?

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Yes, an evaluation at Advanced Therapeutic Solutions is required.⁴ Even though your current provider completed an intake, we still need to do our evaluation here. It is standard practice to complete an Intake Evaluation (Session #1) any time you go to a clinic for medical or psychological treatment. Furthermore, there will be specific questions asked with *Winter Adventure!* eligibility in mind given that this is the service you are interested in. **There are three mandatory evaluation sessions: the Intake Evaluation (Session #1), Child Observation & Parent Training (Session #2), and Parent Feedback Session (Session #3).**⁵

The Child Observation & Parent Training (Session #2) is fundamental to treatment, as this is where we assess your child's level of mutism and his/her response to the intervention that will be used for camp. We also train you, the parents, on the *Winter Adventure!* (WA) intervention and we'll need to assess how you apply those strategies so we can coach you appropriately. That way, you will know how to support treatment carry-over into other settings. Lastly, the Parent Feedback session (Session #3) is an opportunity to discuss your child's results, obtain feedback from you on how it felt to use the strategies we are teaching, discuss treatment plan options, and answer all of your questions about *Winter Adventure!*.

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3.10 How many lead-in sessions will be required?

We will estimate how many lead-in sessions may be needed after the evaluation sessions are completed, and we can provide an estimate at the parent feedback session (Session #3). **There are three mandatory evaluation sessions: the Intake Evaluation (Session #1), Child Observation & Parent Training (Session #2), and**

⁴ It may be possible to reduce the fee of Session #1 if the previous evaluation from another clinic was completed recently, and if the report covers the necessary information. Call 630-230-6505 to discuss this possibility.

⁵ These are the same evaluation sessions for regular outpatient treatment, so if your child is a current ATS patient, you have already completed these sessions. If your child has not been in treatment for 6 months or longer, then a re-evaluation may be necessary.

Parent Feedback Session (Session #3). During the Child Observation and Parent Training (Session #2), we will assess the level of mutism with and without a "stranger" present, and we can observe how well your child responds to the intervention. After we see this, we can estimate how many lead-in sessions may be needed.

For children who are not current ATS patients, there will be a minimum of 3 lead-in sessions (in addition to the 3 evaluation sessions) since your child will need to meet a counselor, another counselor, and then a camper. If your child needs more time to warm up to a counselor, this may require additional sessions. Again, it depends on your child's severity and response to our intervention. Most new patients who are not receiving regular treatment need about 5 lead-ins, some need up to 8 or more. If your child does not advance through the lead-ins as expected and ATS makes the clinical decision that your child is not ready for camp, then you are **refunded the camp fee in full**⁶. However, most children meet the lead-in session goals and advance to camp.

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3.11 I'm concerned that my child won't be able to pass lead-ins. She/he will not be able to talk to all these new people so fast.

Please don't judge now whether or not your child can pass lead-ins. That's what lead-ins are for! They are **treatment interventions** that help condition your child to each person involved during camp using a systematic approach. Many parents worry their child will "not make it through" to camp, but lead-ins are constructed to help your child reach the goal of camp; **children are clearly not expected to start an intensive group treatment "cold."** And we don't expect your child to be ready to socially connect

⁶ No administrative fee is applied in this circumstance. An administrative fee is applied if you withdraw your child before lead-in sessions begin. See WITHDRAWAL in the [Winter Adventure Camp Agreement](#) found within the online Registration form for more explanation of these terms. To request a hard copy of the Winter Adventure Agreement, please contact the Intake Coordinator at 630-230-6505.

with us right when they arrive. The lead-in sessions are meant to warm your child up gradually and systematically to the therapist, counselor 1, counselor 2, and eventually to another camper, respectively. We use a therapeutic approach to facilitate this process. Once they complete those sessions, then they are ready for camp. Over the past ten years, **only eight children** out of 190 (about 4%) have not advanced due to reasons that are uncommon, and those families were refunded the camp fee. See the [“Hierarchical SM Exposure Ladder for Lead-In Sessions”](#) handout from the Parent Packet links to view a visual of what to expect. So far, our track record shows that about 96% of children going through lead-ins pass successfully in time for the intensive camp treatment. Those are great odds!

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3.12 If we are out-of-state, how soon should we plan to be in Chicago for the lead-in sessions?

We will work daily with your child until he/she is ready for camp, up to the deadline date, which is usually the Friday or Saturday before Winter Adventure. **You will receive a schedule by December 30th, so you know exactly what is planned and what the goal is for each day.** Any late registrations will be a challenge to schedule, so please plan accordingly. Below is a general guideline of when to arrive⁷.

- Intake Evaluation: schedule to occur in person or remotely by Dec 12th.
- Lead-in Sessions: Tuesday, Jan. 12th through Saturday, Jan 16th to work intensively on site at ATS with out-of-state families and their children.
- Camp Day: Monday, Jan. 18th.

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⁷ Guidelines are provided for demonstration purposes only. You may select an earlier date for your child's intake evaluation. Lead-in sessions run between Jan 5th - Jan 16th. The dates offered above are guidelines for those who travel, however some families travel back and forth and may prefer a different schedule than the one shown above. Actual dates are determined per child after the intake evaluation is complete and personalized recommendations for lead-ins can be made.

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3.13 How exactly does scheduling for lead-ins work?

Lead-ins are treatment interventions that help condition your child to each person involved during camp using a systematic, therapeutic approach. Lead-in sessions are meant to warm up your child gradually and systematically to the therapist, counselor 1, counselor 2, and eventually to another camper. Clinical attention goes into pairing your child with specific counselors based on temperament, professional experience, etc. After lead-in sessions are complete, then your child is ready for camp. Since lead-ins are reliant on persons involved (i.e. parent, therapist, counselors 1& 2, another camper/counselor pair), scheduling is very methodical. Therefore, we require families to be available during the time frame lead-ins are to be scheduled (refer to [“Important Dates: Lead-ins Schedule & Camp”](#) on page 9).

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3.14 What if I need to change my child's lead-ins schedule?

By nature, lead-ins are dependent on those involved in the SM exposure hierarchy (i.e. parent, therapist, counselor 1, counselor 2, another camper/counselor pair.). Since all campers must pass through lead-ins, changes to the schedule cannot be accommodated. Our goal is to have your child pass through lead-ins, but we cannot be certain as to how many sessions that will take. It depends on the severity of symptoms and your child's response to our intervention. Ensuring there is enough time for your child to continue working through lead-ins until he/she passes is one of our priorities when scheduling. Changes to the schedule not only impedes planning but also impacts how much time we have to work with your child. Therefore, modifications to the lead-ins schedule is strongly discouraged.

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3.15 Do I need to be available during the entire time lead-ins will be scheduled?

Yes. We need open availability during the dates lead-ins will be scheduled. If your child does not pass through lead-ins, he/she will not be able to participate in camp.

Therefore, having sufficient time for lead-ins is crucial, especially if your child is currently not receiving treatment. If additional lead-ins are needed, those sessions must be able to fit into the mass-schedule, which is why we block a time frame dedicated only to lead-in sessions.

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3.16 Do you have a list of hotels with discounts for families traveling for *Winter Adventure!*?

Since our camp is relatively small, there are not enough families to block rooms in a hotel. Furthermore, we have found that each family comes with different needs. While some may choose to have one parent come with their child, others may choose to have the whole family come. As such, some stay in different hotels or rent a location (e.g., www.VRBO.com) that can meet their rooming needs. We do provide a list of area hotels where other families have stayed in the past. Contact our Intake Coordinator at Intake@advancedtherapeuticsolutions.org to have it emailed to you.

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3.17 If we are local, how soon should we schedule lead-in sessions?

After you complete the three evaluation sessions (Intake, Child Observation & Parent Training, and Parent Feedback), we will have an estimate of how many lead-in sessions may be needed, and when they should start. Lead-in sessions will run in January **(between Tuesday, Jan. 5th – Saturday, Jan. 16th)**. You will receive the lead-ins

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schedule by December 30th. If a child presents with greater severity of mutism, we will recommend outpatient treatment first before starting lead-in sessions for camp.

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3.18 Does my child need to be in treatment to participate in WA?

Not necessarily. Whether or not your child has received or is receiving treatment, he/she will still need to be evaluated and lead-in sessions will be scheduled. Once your child is able to respond to one counselor in front of another counselor and camper, facilitated through therapeutic methods used in the lead-in sessions, then he/she will be eligible for camp. Many parents worry that their child won't be able to "pass" the requirement of responding to 1-2 counselors in front of another camper in preparation for camp; please remember that lead-in sessions help your child get there! Most children have needed about 3-5 lead-in sessions. (See ["I'm concerned that my child won't be able to pass lead-ins. She/he will not be able to talk to all these new people so fast."](#))

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3.19 My child is currently seeing a therapist outside of ATS. Can s/he still participate in camp?

Absolutely! In this case, the camp would be an adjunct to your child's current treatment. We have collaborated with outside therapists who continue to serve as the child's primary therapist while the ATS team serves as the adjunct therapist focusing on the selective mutism symptoms. Coming together as united professionals to help a child break through their avoidance pattern has been mutually rewarding. (To increase benefits, having your child's therapist train and become a counselor would increase the likelihood of continued progress post-camp when s/he continues outpatient treatment

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with the therapist. If your child's therapist is interested, please refer them to [Train to Become a Counselor](#) on our website. **They will need to apply to be considered.**)

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3.20 Is it alright if my current provider sends you information?

Yes, please have your current provider send any information that would be helpful for evaluation purposes, including a treatment summary. If you already have a therapist working with your child, *Winter Adventure!* will be an adjunct to the current outpatient treatment. We will also need you to sign a release that allows us to communicate with your current provider and exchange any information (such as intake report and treatment plan).

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3.21 Who will be my child's counselor?

For *Winter Adventure!*, your child will have the same counselor for the day. Your child will be paired with a counselor they met during the lead-in sessions. During the day, we do aim for generalization of speaking across adults and peers, so even though your child will have a primary counselor, we do also move counselors around to encourage generalization.

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4.) MISCELLANEOUS QUESTIONS

4.1 Why do outpatient therapy at all, why not just do camp? Isn't that what the website argues?

Winter Adventure! provides a six-hour intensive dose of treatment in one day. **This does not mean that outpatient therapy is not useful.** For some children, a duration

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of outpatient therapy can help get them ready for the intensive dose of treatment. For others, outpatient treatment may not be as necessary or may not be practical. Some families opt to continue with some form of outpatient treatment after camp. Change is a process, and each child is at his/her own stage of change and growth. Many families need to budget health care costs and have other children to care for as well. Options and combinations of treatment are unique to your needs and your child's needs, so what you decide for your child may not be the same that another family decides for theirs. Outpatient treatment may be recommended before camp, or it may be recommended after camp. For some families, outpatient treatment for selective mutism may not be available in their hometown at all. Intensive treatments can serve as a practical option for all these reasons, and it can be more cost effective as well as therapeutically effective. All of these issues are discussed during the Parent Feedback (Session #3), so you can make an informed decision. The intensive dose of 6 hours in one day at \$95/hour instead of \$150-190/hour means that your child can receive a bulk of treatment in a shorter period of time at less cost, and within a group that most simulates a school setting.

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4.2 Does this camp help children who struggle to communicate with peers, even though they are fine with adults now?

Winter Adventure! is an excellent opportunity for children to practice social pragmatics and peer interaction. When children have SM, they typically don't have the opportunity to develop social skills with the rest of their peers— instead they may fall behind. When they become verbal, SM kids may not feel confident because they are lacking the practice that most children experience who don't have communication issues. Since this camp is 1:1, your child's counselor will be able to help in this area, take him/her aside,

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role play, practice scripted phrases, and then your child would be exposed to the opportunity to engage. If your child struggles, the counselor can coach him/her on the side and try again. That's what Adventure Camps are about - helping each child wherever they are in their process of change. What's also nice is that campers are sensitive and empathic to one another because they can relate. It's a supportive atmosphere that allows for modeling and immediate reinforcement.

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4.3 What should I do if I want to apply as a camp counselor?

If you are a pediatric provider and are interested in applying as a Counselor, please submit the following materials for review to:

CounselorTraining@AdvancedTherapeuticSolutions.org

- Cover letter stating your interest in selective mutism, relevant skills, and why you are a qualified candidate for this professional training.
- CV or Résumé
- Two professional letters of recommendation
-

Incomplete materials will not be reviewed. Visit [Train to Become a Counselor](#) for more information.

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4.4 Are campers' parents allowed to participate in camp?

Unfortunately, no. If your child is enrolled in *Winter Adventure!*, you are not allowed to participate in camp as this interferes with treatment. Families can explore local recreational activities while a child is at camp and should aim to pick up their child when camp ends at 3:00 pm.

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4.5 I will need to work remotely while my child is at camp. Can I use a room at the clinic? Or wait for them in the waiting room?

Any space that is used at ATS will be designated for camp. Therefore, parents are not allowed to sit and work from our waiting room. Parents who need to work remotely during camp have done so at nearby places that offer free Wi-Fi such as:

Egg Harbor, 2054 York Road, Oak Brook, IL
(630) 590-5888

Steam Coffee, 2050 York Road, Oak Brook, IL
(630) 819-8161

Jason's Deli, 2050 York Road, Oak Brook, IL
(630) 928-1497

Starbucks, 2407 W 22nd St, Oak Brook, IL
(630) 368-1091

Panera Bread, 1600 16th St, Oak Brook, IL
(630) 928-7707

Corner Bakery Café, 240 Oakbrook Ctr, Oak Brook, IL
(630) 368-0505

Ruscello at Nordstroms, 100 Oakbrook Ctr, Oak Brook, IL
(630) 218-2410

Barnes & Noble Booksellers, 297 Oakbrook Ctr, Oak Brook, IL
(630) 684-0586

Oak Brook Public Library, 600 Oak Brook Rd, Oak Brook, IL
(630) 368-7702

Elmhurst Public Library, 125 South Prospect Ave, Elmhurst, IL
(630) 279-8696

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4.6 What are some recreational activities we can explore to keep our other children busy while waiting for a sibling in camp? Or are there any local activities families can participate in after camp?

There are lots of fun activities families can explore in the area! It is also recommended for campers to practice their "Brave Talking" after camp. If you feel like venturing into the city of Chicago, you can always explore Navy Pier, Millennium Park, Buckingham Fountain, the Shed Aquarium, Field Museum, Planetarium, Lincoln Park Zoo, and much more! Go to <http://www.choosechicago.com/> for tourist attractions in Chicago.

Some children enjoy using navigation tools such as GPS and geocaching. As long as you have a smart phone or tablet, you can geocache from anywhere! If you don't know about this fun activity, click here: <http://www.geocaching.com/guide/>.

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There are also many options in Oak Brook's surrounding suburbs such as:

Pik a Pot n Paint

915 S. York Road, Elmhurst, IL 60126 • (630) 832-2308

<https://www.pikapotnpaint.com/>

Chuck E. Cheese

200 W. Roosevelt, Villa Park, IL, 60181 • (630) 833-6212

<http://www.chuckecheese.com/>

DuPage Children's Museum

301 N Washington St, Naperville, IL 60540 • (630) 637-8000

<http://dupagechildrens.org/>

Brookfield Zoo

8400 W 31st St, Brookfield, IL 60513 • (708) 688-8000

<http://www.brookfieldzoo.org/>

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Oak Brook Park District

1450 Forest Gate Road, Oak Brook, IL 60523 • (630) 990-4233

<http://www.obparks.org/>

Butterfield Park District

21W730 Butterfield Rd, Lombard, IL 60148 • (630) 858-2229

<http://www.butterfieldpd.com/>

Elmhurst Park District

375 W 1st St, Elmhurst, IL 60126 • (630) 993-8900

<http://www.epd.org/>

Elmhurst Public Library

125 S. Prospect Avenue, Elmhurst, IL 60126 • (630) 279-8696

<http://elmhurstpubliclibrary.org/>

Oak Brook Public Library

600 Oak Brook Rd, Oak Brook, IL 60523 • (630) 368-7702

<http://oak-brook.org/109/Library>

The Enchanted Castle (Arcade, Bumper Cars, Laser Tag, Mini Golf)

1103 S Main St, Lombard, IL 60148 • (630) 953-7860

<http://www.enchanted.com/indexLombard.html>

Medieval Times Dinner and Tournament

2001 N Roselle Rd, Schaumburg, IL 60195 • (888) 935-6878

<http://www.medievaltimes.com/>

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We hope that these FAQs helped to answer your questions. If you have any more questions, please feel free to submit them to

AdventureCamp@AdvancedTherapeuticSolutions.org.

"I had no idea what to expect ... out of the blackest shadows this program shined, and now I'm glad to say, I'm finally able to walk in a room full of people without feeling any fear." - Adventure Camper, age 13

"Faith is taking the first step, even when you don't see the whole staircase."

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- Martin Luther King, Jr.

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