



Frequently Asked Questions

Adventure Camp

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

1.1 What is Adventure Camp?

Adventure Camp is an 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. As opposed to the 1-day intensive exposure therapy, [Winter Adventure!](#), Adventure Camp is a 5-day intensive exposure therapy.

For younger children, the simulation includes morning circle time, free play, snack, and typical structured and non-structured activities experienced in the early childhood classrooms.

For older children, the simulation includes morning assembly, non-structured and structured group work, structured class activity, and therapeutic role plays to practice classroom presentation as well as social interaction.

Both age groups experience lunch, recess, in-classroom visitors, field trips, and bus rides. All counselors have received training under the direct supervision of SM specialist, Dr. Carmen Lynas.

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1.2 When is Adventure Camp?

Adventure Camp is scheduled for Monday, August 1- Friday, August 5, 2022 (9:00am - 3:00pm daily). We will be able to accept up to 24¹ children between the ages of 4 to 13². Campers will be divided into three age groups, which are typically: Ages 4-6, Ages 7-8, Ages 9 and up. By having separate groups, we will be able to provide age-appropriate treatment. There will also be “break out” opportunities during camp,

¹ Number is dependent on staffing and COVID-19 safety guidelines.

² Older ages considered on a case-by-case basis.

where we may work with specific children in a separate area to focus on specific skills determined by their therapeutic goals as needed.

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1.3 Where is the camp being held?

We are still planning to hold Adventure Camp at Timothy Christian School located at 188 W. Butterfield Rd., Elmhurst, IL 60126. If COVID-19 prohibits use of TCS, we will hold Adventure Camp at ATSA, 600 W 22nd Street, Oak Brook, IL.

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

For Adventure Camp, we offer **24 slots**³ with the anticipation of dividing the children into 3 groups (8 each). The division will be based on age groups: Ages 4-6, Ages 7-8, and Ages 9 and up. If we don't take up all the slots in an age group, we will open those slots up for one of the other age groups. **Register early, as slots do fill every year.** [Click here to be notified when registration opens.](#)

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1.5 Is there any parent training involved?

Yes, absolutely! Parent training begins 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 same method with other people in your child's life. There is a parents-only pre-camp training on **Saturday, July 30, 2022, 9:30am - 12:00pm**. Then, during camp week, there are **daily parent trainings Monday - Thursday from 12pm - 1pm** at the school, while the children are at lunch, **AND on Friday from 1pm-2pm**. While attending the Parent Training is not a requirement, it is **strongly recommended** to protect your investment and increase the likelihood of your child's success after camp. It is also part of your camp fee - you paid for it, you should attend!

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³ Number is dependent on staffing and COVID-19 safety guidelines.

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 our Safety Procedures.](#)

2.) INSURANCE/ PAYMENT

2.1 What is the cost of camp?

The cost for Adventure Camp is **\$3,675** for 35 hours of intensive therapy (30 hours of intensive therapy and 5 units of parent training), which comes out to be \$105 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 during the five days of camp
- “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
- Pre and Post scores on the Selective Mutism Questionnaire

Additional Fees⁴ include:

- **Intake Evaluation** (Session #1) with parent(s) only - **\$275-\$325**
- **Child Observation and Parent Training** (Session #2) - **\$195-\$225**
- **Parent Feedback Session** (Session #3) to discuss questionnaire results, data, and treatment options (e.g., Adventure Camp) - **\$195-\$225**
- **Lead-In Sessions** (45-60 minutes of exposure therapy) - **\$190** each session

A school observation is also recommended:

- School Observation - \$250
- Post-School Observation meeting with the school team - \$250
- Travel Fees- \$20 for every 10-min increment traveled

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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⁴ These are the standard fee ranges. 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.

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 for camp. 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.

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. Benefits enrollment with most employers occurs in November, so if you are considering Adventure Camp treatment for your child, you should definitely talk to your human resources department about which benefits package best meets your financial needs for the coming year.

For all services you receive at ATSA, we will provide a form 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. Please be aware that insurance companies require a diagnosis to process the claim. The

diagnosis on the claim will be **F94.0** (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 phobia, separation anxiety, specific phobia, are common co-occurrences).

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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?

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 **March 1st** for Adventure Camp. 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 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: 90791, 90837, 90834, 99354, 99355, 90853, 90849, 90846, 90847.

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3.) REGISTRATION/ SCHEDULING/ LEAD- IN SESSIONS

3.1 How do I register my child for camp?

To register, go to the Camp Registration tab at

<https://www.advancedtherapeuticsolutions.org/adventure-camp-registration> and click on

the “Register Now” link. **Early Registration opens on January 20 at 10am CST for current active ATSA patients who have completed the evaluation sessions and remain as active patients. General Registration opens January 20 at 10am CST for all others.** 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 Feedback (Session #3). In the Parent Feedback session, your ATSA therapist will present the questionnaire data results, diagnostic impressions, prognosis, and treatment recommendations, including whether or not Adventure Camp 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. You may also register your child 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, **and those who have already had their evaluation sessions by January 20 will qualify for Early Registration.** 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 (\$3,675). 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 in the [“Adventure Camp Agreement” available in the Parent Packet for your review.](#)

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3.2 IMPORTANT DATES: Lead-ins Schedule & Camp

Here is a handy checklist to review before you commit to Adventure Camp.

Adventure Camp

- ❑ Lead-In Sessions will occur between July 12th – July 28th. You **must prioritize** July 12th – July 28th for lead-in sessions. **If your child is not available when lead-in sessions are scheduled, then they cannot do camp!**
- ❑ Final day for lead-ins is Thursday, July 28th.
- ❑ No lead-ins will be scheduled on Friday, July 29th.
- ❑ Parent Training is Saturday, July 30th, 9:30am - 12:00pm.
- ❑ Camp starts on Monday, August 1st and runs until August 5th, from 9:00am - 3:00pm.
- ❑ During camp, parent training continues Monday - Thursday, Aug. 1 – Aug. 4, 12:00pm - 1:00pm, AND on Friday, Aug 5, 1:00pm - 2:00pm.

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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 [Adventure Camp](#), which takes place in August, the best time to schedule an evaluation is in the fall so you will have your child's evaluation complete before registration opens in January. It is not recommended to wait much past January to call for an evaluation. We 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 the fall to start the process. Furthermore, registration for Adventure Camp opens in January, and, as a result, we usually receive an influx of calls, which may make it harder to secure an appointment. To avoid the rush, calling in the fall months is recommended. 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 carryover and

collaboration with the school. Refer to [“2.1 What is the cost for camp?”](#) 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 timeline 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. [Table of Contents](#)

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 as of 2020. 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 Adventure Camp (AC) 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 AC 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 carryover into other settings, which is very important to protect your investment in your child's treatment. 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 Adventure Camp.

For those still interested in coming to town for an in-person evaluation: one approach for out-of-state families is to arrive in Chicago on a Friday. 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 day. Some families prefer to divide it into two days, where the intake occurs on one day and the other two sessions are scheduled the next day. This may be advised if jet lag is an issue that may impact the Child Observation. See [3.5 "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 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**
- **Lunch Break: 11:00am - 1:00pm** (During which your therapist will score questionnaires, review the information from the intake evaluation, and prepare for the child observation/parent training session. Parents have time to go pick up their child for the next session.)
- **Child Observation/ Parent Training (Session #2): 1:00 pm - 2:00 pm**
- **Break on your own: 2:00- 4:00 pm** (During which your therapist will finish scoring data obtained from the child observation and prepare treatment recommendations for the parent feedback session. Parents have time to drop child back off and return for the next session.)
- **Parent Feedback Session (Session #3): 4:00 - 5:00 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 wish 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, or you can opt for a telehealth session as an alternative. 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. Please arrange childcare accordingly as ATSA staff cannot be responsible for monitoring children outside of treatment, or ask about our telehealth option for the parent-only portions. **Your child is only involved in Session #2. Parent(s) are involved in Sessions #1, #2, and #3.**

Completing these evaluation sessions early is ideal, as it allows time to evaluate and estimate what is needed for the lead-in sessions. **Many out-of-state families pick a weekend in the winter or spring to complete the Intake Evaluation (Session #1), Child Observation & Parent Training (Session #2), and Parent Feedback (Session #3), then return in the summer at least 1 week before camp to complete the lead-in sessions.** If your child has severe symptoms and/or does not respond as expected to the intervention during our evaluation, then we will suggest you come back up to **2 weeks before camp** instead of 1 week before. Coming to Chicago earlier in the year also gives you an opportunity to meet the ATSA team, and allows more time for you to consider whether Adventure Camp 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 and public settings than they do in the school setting. We have found that even during COVID, some schools are making exceptions and allowing an ATSA therapist into the school to do an observation, some in person, and some in their remote learning classroom. This information is crucial to individualizing goals and knowing what areas to focus on for Adventure Camp, 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, 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?

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 of approach 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 (in person or 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 summer, educate them on what steps they can take to ensure treatment carryover into school, and identify a plan for when school resumes after summer break, including scheduling a post-Adventure Camp meeting (in person or remotely) with the school staff and a date and time for your child to meet his/her new teacher before school starts. We try, if at all possible, to secure a date for a "New Teacher Exposure" so that we can transfer verbal relationship from camp to the school teacher (can be done in person or remotely) *before classes*

resume. Securing an August or September date for a school exposure to the new teacher is much easier to plan in the spring of the current school year rather than the end of the summer before the start of the next school year. Typically, schools are already busy with their own back-to-school meetings and it may be hard to secure a time. For that reason, we prefer scheduling those exposures in the spring of the current year in preparation for fall. Some schools cannot schedule that far in advance, but they *can* put it on their radar and schedule as soon as the school office opens again for the new school year, especially if it is written into your child's Individualized Education Program (IEP).

For those who are out of state, there are still options. Carmen Lynas, Ph.D. has met the requirements for the **Authority to Practice Interjurisdictional Telepsychology (APIT)** and can practice telepsychology in 27 PSYPACT participating states, and the number of PSYPACT participating states continues to increase. [Click here to see a current map and list of PSYPACT participating states.](#) This means that school observations, post-observation meetings, and post-camp meetings with the school team can occur remotely, via telehealth. If the preference is for Dr. Lynas to attend in person, this is still a possibility. As a **National Register Credentialed Psychologist**, Dr. Lynas has licensure mobility and can request expedited approval for a temporary license in most of the 50 United States, parts of Canada, and some international countries. [Click here to see a list.](#)

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 team consists of Dr. Carmen Lynas, Cate O'Leary, MA, LCPC, and Elianna Platt, MA, LCSW, and Esther Yi, 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. 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 ATSA therapists have received training in Selective Mutism treatment. Additionally, all of our therapists are currently treating children with SM on their outpatient caseloads, 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. To learn more about ATSA therapists, please review the [ATSA Team Page](#) page on our [website](#). To see who previous Adventure Camp Counselors have been, visit our [Adventure Camp Counselors Team Page](#).

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

Yes, an ATSA evaluation is required. Even though your current provider completed an intake, we still need to do our evaluation at ATSA. 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 Adventure Camp eligibility in mind given that this is the service you are interested in. **There are three mandatory evaluation sessions: 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 your child's 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 AC intervention protocol, 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 your questions about Adventure Camp.

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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 Parent Feedback Session (Session #3).** During the Child Observation and Parent

⁵ These are the same evaluation sessions for outpatient treatment, so if your child is a current ATSA 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.

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 ATSA patients, there will be a minimum of 3 lead-in sessions (in addition to the 3 evaluation sessions) **and possibly more** 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, and severe cases need even more than that. If your child does not advance through the lead-ins as expected, and we make 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. See the table below for information on how many children met the lead-in session goals and advanced to camp over the years.

Demographics from Previous Adventure Camps & Lead-Ins:

Year	Number of Campers in lead-in sessions	Number of Campers who proceeded to camp
2011	12	12
2012	15	14
2013	16	15

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 [Adventure Camp Agreement found in the Parent Packet](#) for more explanation of these terms.

2014	17	17
2015	22	21
2016	25	24
2017	26	24
2018	23	23
2019	25	24
2020	13	13
2021	18	17

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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 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. We use exposure therapy to facilitate this process. Once they complete those sessions, then they are ready to continue treatment in a group setting at Adventure Camp. Over the past eleven years, **only eight children** out of 212 (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 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 the Thursday before Adventure Camp. **You will receive a schedule by the end of June, 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. Out-of-town families should come to ATSA **at least 1 week before camp.** If you have not completed the evaluation sessions, come **at least 1.5 weeks before camp** (however, it is strongly recommended that you complete the evaluation sessions during a separate trip). See [“3.4 We live out-of-state. Do we need to visit Chicago to attend the initial evaluation in person?”](#)

Below is a general guideline of when to arrive and what to expect⁷.

- Intake Evaluation: scheduled in May/June (can occur via telehealth).
- Lead-in Sessions: Saturday 7/23/2022 Thursday, 7/28/2022 (in person).
- Parent Training Session: Saturday, July 30, 9:30 am - 12:00 pm.

⁷ Guidelines are provided for demonstration purposes only. You may select an earlier date for your child's intake evaluation. Lead-in sessions run in July. 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.

- ❑ Camp week: Monday, August 1 through Friday, Aug 5

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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, successive exposure therapy 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, and symptom severity. When pairing with other camper/counselor dyads, the children's ages are matched as well. 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 and interdependent. Therefore, we require families to be available during the time frame lead-ins are to be scheduled (refer to ["3.2 Important Dates: Lead-ins Schedule & Camp"](#)) and cannot take requests for specific dates.

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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 impacts how much time we have to work with your child. Therefore, modifications to the lead-ins schedule are strongly discouraged and there will be a fee of \$150 for each change

requested. See "[3.2 Important Dates: Lead-ins Schedule & Camp](#)" before you commit to Adventure Camp!

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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. Finalized lead-in session schedules are provided to parents by the end of the day on June 30th. See "[3.2 Important Dates: Lead-ins Schedule & Camp](#)" before you commit to Adventure Camp!

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3.16 Do you have a list of hotels with discounts for families traveling for Adventure Camp?

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 or call 630-230-6505 to have a list 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 occur between July 14th through July 28th, 2022.** You will receive the lead-ins schedule by the end of the day on June 30. If a child presents with greater severity of mutism, we will recommend outpatient treatment first before starting lead-in sessions for camp. See [“3.2 Important Dates: Lead-ins Schedule & Camp”](#) before you commit to Adventure Camp!

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

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 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 lead-in sessions (i.e., 3 hours of exposure therapy), while others have needed 8 or more (i.e., 8 hours of exposure therapy across two days, or 15 hours across 3 days, etc.). (See [“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.”](#))

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

Absolutely! In this case, the camp would be an adjunct to the current treatment. We have collaborated with outside therapists who continue to serve as the child's primary

therapist while the ATSA team serves as the adjunct therapist focusing on the selective mutism treatment and school collaboration. 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 with their primary 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 applicable. If you already have a therapist working with your child, Adventure Camp will be considered an adjunct to supplement your child's current outpatient treatment. See ["3.19 My child is currently seeing a therapist outside of ATSA. Can s/he still participate in AC?"](#) 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 Adventure Camp, children are assigned multiple counselors throughout the camp week. Your child will be paired with someone they were exposed to during lead-in sessions, but counselors are purposefully switched to foster generalization of treatment gains. This is a primary reason why lead-ins are structured as a hierarchical ladder, to help your child become familiar to more than one counselor, in a gradual, successive, systematic way, to foster generalization. Read about our Adventure Camp Counselors

here:

<https://www.advancedtherapeuticsolutions.org/adventure-camp-selective-mutism-team/>

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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?

Adventure Camp provides an intensive dose of treatment: the 30 hours of group treatment are provided in 5 days instead of spread out over 30+ weeks. **This does not mean that outpatient therapy is not beneficial.** For some children, a duration of outpatient therapy can help get them ready for the intensive dose of group 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, and 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 30 hours in five days at \$105/hour instead of \$180-240/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?

Adventure Camp 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, 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 Camp is 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?

We're so glad you want to be part of the mission! 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?

If your child is enrolled in camp, you are not allowed to participate in camp as your presence may interfere with treatment. Families can explore local recreational activities while a child is at camp, but should aim to stay nearby to come back for the parent training from 12:00 - 1:00 Monday through Thursday and 1:00 - 2:00 on Friday during Adventure Camp week.

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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 school?

Any space that is used at the school needs to be rented. ATSA rents 3 classrooms.

School districts charge us for this space, and we are not allowed to use space that we have not arranged and paid for ahead of time as part of our rental agreement.

Therefore, parents are not allowed to sit in a room at school and work from there unless they have made their own rental arrangements with the school. For liability purposes, as well as safety purposes, parents are only allowed at the school for drop-off/pick-up and for the 1-hr parent meetings Monday-Friday of camp week. Those are the times that the school district has approved in our rental agreement with them. Parents who need to work remotely during camp week have done so at nearby places⁸ 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 60523

⁸ Camp has been held in Oak Brook, Darien, and Elmhurst in previous years.

(630) 928-7707

Corner Bakery Café, 240 Oakbrook Ctr, Oak Brook, IL 60523

(630) 368-0505

Ruscello at Nordstroms, 100 Oakbrook Ctr, Oak Brook, IL

(630) 218-2410

Barnes & Noble Booksellers, 297 Oakbrook Ctr, Oak Brook, IL 60523

(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 60523

(630) 279-8696

Hinsdale Public Library, 20 E Maple St, Hinsdale, IL 60521

(630) 986-1976

Indian Prairie Public Library, 401 Plainfield Rd, Darien, IL

(630) 887-8760

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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 Chicago during the summer! 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 Shedd 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:

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/>

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/>

The Hub at Berens Park (Water Park, Batting Cages, Mini Golf)

493 Oaklawn Ave., Elmhurst, IL 60126 • (630) 782-4955

<http://www.epd.org/facilities/hub-berens-park>

Rainbow Falls

1000 Wellington Ave., Elk Grove Village, IL 60126 • (847) 437-9494

<http://www.epd.org/facilities/hub-berens-park>

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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."
- Martin Luther King, Jr.*