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The Spirit of Camp

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Abstract: Mental, emotional and social health continue to be challenges for many camp settings and we often feel that we are not prepared or able to care for children with a variety of needs. This article provides an understanding of camp potentials and outlines steps we may take to meet the needs of individuals in our care.

We play games, we teach respect, we encourage responsibility, and we treat health conditions. Camp is a place where we attempt to provide an optimal, engaging experience for the individuals we serve. The challenges are those recurrent, often unexpected spirits of camp. While we encourage the spirit of comradery and team effort, we may encounter a spirit of anxiety, sadness, fatigue, nervousness, and frustration. These unseen, and sometimes unexpected behaviors can create a situation where children may not be able to fully engage or embrace the camp experience.

The question therefore is how do we address these potential adverse spirits or behaviors? These behaviors fall into the category of Mental, Emotional, and Social Health (MESH) challenges. Whether diagnosed or not, individuals may display a variety of behaviors in the new environment of camp.

Facts of Camp

Camp has many positive aspects. We would all agree that camp is intended to be a safe place for children to explore, learn, and grow. Our desire is to create an environment where we expose individuals to new learning and supportive relationships. Nature hikes, den chats, and zip lines are all tools to help nurture this type of engagement. Second, we believe that individuals (especially children) have a need for acceptance and understanding. Through communication, we can open new doors, share new opportunities, and provide positive reinforcement when attempting the climbing wall, even for the third time. The safe camp experience allows campersto share life struggles with individuals willing to listen with the hope of garnering acceptance.

What makes the camp experience different from routine home environments? Research has identified that three in five children may experience at least one adverse childhood events (ACE) before they ever arrive to camp (Finkelhor, Turner, Shattuck, Hamby, Kracke, 2015).These experiences include elements such as abuse, neglect, family dysfunction, domestic violence, substance abuse, criminal behavior, and household mental illness (Hilt, 2015).These ACE events can alter an individual's views of the world, their understanding of “healthy” support, and their willingness to be vulnerable in relationships.

Ultimately, camp staff want to serve and communicate effectively with campers and a primary focus of staff orientation is communication. Staff have successfully completed training, education, and role playing to prepare for the smiling faces arriving at their doors. They have been given “helpful hints” for dealing with challenging camper and have a set of protocols that aim to structure camp interactions. The question remains – Are we ready? Are we prepared to handle the unexplained spirit(s) of camp?

For all the things that camp does well, we need to recognize some key truths regarding our situation.

1. Counselors are NOT trained therapists or healthcare providers. We train staff for a few days to a few weeks and then we often have expectations they will provide counseling and therapy at a high level. The majority of camp counselors are college students with a desire to serve yet with limited life experience and limited opportunities to practice therapeutic communication. We must be cognizant of the challenges that even the most experienced mental health professionals have in serving individuals with MESH concerns.

2. Staff orientation does not provide the full spectrum of education that may be needed for MESH issues. As ACE events increase and childhood stability is marginalized, children present to camp with a variety of mental health issues. ACEs can cause toxic stress and can subsequently lead to risk for drug use, alcohol abuse, early pregnancy, school dropout, depression, anxiety, and suicide (American Psychological Association, 2015). How we support staff in handling MESH issues will continue to be a pressing educational need.

3. Emergent needs can precipitate crisis if not handled well. When an individual shares information about ACE or MESH challenges, they need a therapeutic response by the receiver. Not responding or giving ineffective feedback may allow the event to become a crisis. The child who shares a history of abuse or neglect and is brushed off as “attention seeking” may become a suicidal concern. The staff dealing with eating disorders or depression may elevate to potential self-harm. The response – timely, organized, and effective – are imperative to help minimize potentials for future crises.

What Can We Do?

There are a variety of steps we can take to help address potential MESH concerns. Gathering information about potential MESH concerns prior to the individual arriving at camp is important. If you don’t have a few MESH pre-assessment questions on your application, now is a goodtime to add them prior to camp. Consider asking questions that might help identify behaviors related to MESH.

Examples of questions can be found on the American Camp Association (ACA) website in the Healthy Camps Toolbox (<http://www.acacamps.org/resource-library/research/healthy-camp-toolbox>). Two documents may be helpful as you consider adding to your camp applications. The first document focuses on camper behaviors of concern. Consider using questions from this assessment document that are most appropriate for your camp. A second document in the toolbox is the health history form. This form includes MESH questions you could also consider using in your application process. (http://www.acacamps.org/sites/default/files/resource_library/forms/Camper-Health-History-Form.pdf).

Asking pre-camp questions and asking the right questions are helpful in gathering information from parents, guardians, and campers about concerns. Including the camper in this communication process can be one of the critical pieces to success. The camper, especially adolescents, can provide a voice in creating an action plan to address MESH issues as they understand what works when anxiety becomes overwhelming or depression occurs.

A second action is the creation of an action plan. This plan should include how to identify triggers for behaviors (i.e. loud noises, large crowds, lack of sleep), responses that help alleviate behaviors (i.e. removal from environment, talking through feelings), and plan B options in the event the first actions are not effective.

Once the action plan is developed, communicate with camp staff who will most directly care for the individual so they are prepared and ready to meet the needs of the camper. Many accommodations

ACTION PLAN			
WHO	WHAT	WHEN	HOW

are easy, inexpensive, and helpful if staff are given time to process how they can best support MESH needs. Providing headphones to buffer noise, creating a “safe space” for an overwhelmed ADHD child, or providing a mentor for the depressed child may be simple inexpensive remedies if the camp is informed of the potentials.

A third consideration is the availability and use of onsite and offsite resources. Ideally having a psychologist, child life specialist, or other mental health professional onsite would be helpful. Often, camps do not have that luxury and should try to arrange access to offsite mental support services. These services can be through health departments, mental health agencies, emergency rooms, and a variety of psychological services. Proactively seek these services and discuss your wishes to have their support while children are at camp. It can be helpful to have some of these additional resources onsite:

- 1. A list of psychopharmacology medications.** An updated list was created recently and is posted on the ACA Healthy Camps Toolbox. The medication list provides names, classes, and potential side effects to consider. You can find the list at <http://www.acacamps.org/downloads/psychotropic-medications-resource-camps>.
- 2. Individuals who have completed the mental health first aid course.** This one day training course provides introductory guidance to address MESH concerns (<https://www.mentalhealthfirstaid.org/cs/>).
- 3. Desensitization place.** Create a space for individuals having MESH challenges to remove themselves from overstimulation. Having a place to “get away” and regroup is sometimes all it takes for individuals to self-manage their mental health. This space could be a simple quiet room painted in a darker soothing color. Throw in some bean bag chairs, soft music or books, and individuals can often rejoin their group after a short time away.

Summary

Mental, emotional, and social health continues to be a growing issue. The individuality of mental health conditions can create significant challenges in group settings such as camp. How do we serve the larger group while addressing the individual needs of more and more campers with MESH concerns? The best options are to proactively gather information prior to camp arrival, develop and follow a thoughtful action plan, and have resources available to address events when they arise. Seek first to understand the lived experience of individuals in our care and camps will continue to be leaders in helping youth develop and mature over time.

References

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