Managing Camper Behavior:
“Better Strategies for Better Outcomes”
Spring 2016 • Markel Insurance Webinar • Bob Ditter

Surprises are for Birthdays, Not Camp! What Keeps Parents from Telling You?
1) Sheer Embarrassment: Judging Our Kids/Judging Us as Parents
2) Fear: A-You won’t take our child. B-Our kid will be stigmatized.
3) Ignorance: My doctor told me the meds were only for school!
4) Extortion: My child doesn’t want anyone to know!

Controlling for Emotion: How to “Set the Table” with prospective parents
1) Partnering—We want what you want: The best possible experience for your child!
2) The more we know the better prepared we can be!
3) Handling the inevitable resistance parents have.
4) First Time Camper Parent Meetings (The “Bow and Arrow” approach!)

“Red Flags”
1) Child is returning and had great difficulty at camp last summer.
2) Child is returning and had a major change in life since last summer.
3) Child is coming to you from another camp (so, how was that experience?)
4) You’ve been “tipped off” by another camper parent.

The 3 Best Screening Questions:
1) Does your child take medication for school/mood/anxiety/depression?
2) Has your child ever been on an IEP in school?
3) Has your child been receiving help for a professional this last year?

Contracting with Campers: Setting up a program in advance (Accommodations)
1) Puts the camper on notice.
2) Gives your staff a morale lift
3) Actually creates a workable program.
4) Creates a way to monitor the camper and inform parents

Creative Camper Behavior Management
The 5 Most Common Mistakes: Replacement/Redirecting/Drop the Rope/The “Point of Struggle”

ADHD Organization-Disorganization (Often Executive Functioning)
- Prioritizing
- Sequencing
- Planning/Outlining
- Tracking thoughts and ideas
- Perspective

Distractibility
- Focus
- Attention Span
- Boredom-Overstimulation

Hyperactivity-Impulsivity (Self-regulation)
ADHD: Meds are not just for school
Safety at Camp Complex Skill Learning Social Relationships
Trusting Your Own Brain/Self (Depression as a byproduct of impairment)
The Impact of Early Behavior Training: http://www.nytimes.com/2016/02/18/health/early-
behavior-therapy-found-to-aid-children-with-adhd.html?smid=fb-nytimes&smtyp=cur

“…have you been Ditterized?”
Robert B. Ditter, M.Ed., LCSW
www.bobditter.com
A Special Note Regarding Personal Information about Your Child

Some parents wonder why we ask for certain personal information about your child. After all in some ways it is none of our business! What is our business is your child’s success at our camp. The more we know about your child before they come to camp, the better we can prepare our staff, and the better we can work together to make your child’s transition to camp and time at camp as positive and rewarding as possible.

Some parents are reluctant to share certain information with us because of a concern about confidentiality or stigmatizing their child. After all, many parents want camp to be a “fresh start.” Other parents worry such information may bias us against their child. Some parents have told us their child has sworn them to secrecy because they are too embarrassed and don’t want anyone to know about things like bed wetting, a tic disorder, ADHD, an IEP (individualized educational plan) or a history of trauma or abuse. We understand and respect that concern. Having said that, let us tell you why we think it is better for us to know as much as possible about your child.

Our Partnership and Our Promise

When you entrust your child to our care, we are sure you do it with one thing uppermost in your mind—that your son or daughter have the safest, happiest experience with us as possible. We have the same goal. We want you to think of us as your partner in your child’s wellbeing. We can keep our end of the partnership only if we have the information to prepare our medical staff or leadership team and ensure your child is well cared for and free to have the best time of their life! There have been times when, because we didn’t know about a particular child’s needs, we could not respond to their behavior properly and they were unable to remain at camp. The better prepared we are before camp the better we can help your child be successful once they are here.

Once you share information with us, our promise is to share it only with the people who will have direct contact with your child. This may be our medical staff, the Head Counselor and perhaps your child’s cabin or group counselor. If you have any special concerns about confidentiality, please let us know so we can sort them out together. If your child is worried about privacy, reassure them that other campers will not know and only the adults who can help them will know. It would be a shame if decisions about confidential information were based on your child’s fears. It is the adults who need to make these decisions based on what will be best for your child.

A Special Word about Stimulant and Other Medications

More and more children are on medication for ADD/ADHD (Concerta, Ritalin, Dexedrine, Adderall, Strattera, Focalin, etc.), depression or other psychological conditions. These medications allow a child to take advantage of all that a school environment has to offer. Camp is no different in this regard, but many prescribing physicians are not familiar with camp and may take a child off medication without knowing the full implications. If your child is on a psychotropic medication and you are planning to or have made a change in that medication any time up to six weeks before camp, please discuss it or have your doctor discuss it with us first. We believe that working together and planning ahead will ensure that your child will make a more successful transition to camp. With regard to psycho-stimulants, some children may actually need a higher dosage than usual at camp since stimulants are often metabolized more quickly in warm weather or in active children. Likewise, if your child is on an IEP, let us know so we can decide together whether having some kind of behavioral plan here at camp would benefit your child.

Remember, working together is the best way we have of helping your child have a safe, happy, memorable time with us. Call us if you would like to discuss anything in greater detail or if you would feel more comfortable talking to us rather than putting it on paper.
Screening Questions for Evaluating Prospective Campers
by Bob Ditter

Camp is a fast-paced, group oriented, social, hands-on learning experience that can have a tremendous positive impact on children. That said, every child needs to be ready for camp! Ready to live with a lot of other “brothers” or “sisters” and share! In order for your child to make the transition to camp as smoothly as possible and to have the most positive experience, it helps us to know about anything that might affect your child’s ability to participate fully and successfully. The only reason we need this information is to prepare for your child in a way that supports their transition to and successful participation in camp. The less information we have about your child the less able we are to create an experience that will be wholesome, positive and supportive.

Has your child been diagnosed with a condition that affects their learning (for example, ADHD, sensory processing/sensory integration, learning disability, dyslexia)?

☐ yes ☐ no

Does your child take medication related to learning, mood or attention?

☐ yes ☐ no

Is your child on an IEP (Individualized Educational Plan) in school?

☐ yes ☐ no

Has your child been diagnosed with a psychiatric or developmental disorder such as depression, anxiety, mood disorder or behavioral disorder?

☐ yes ☐ no

Has your child been diagnosed with a condition such as Asperger’s or autism, etc?

☐ yes ☐ no

During the past year has your child received the services of a professional for emotional, behavioral or mental issues in school or at home?

☐ yes ☐ no

If you answered “yes” to any of the above, please attach a statement from your child’s psychiatrist, clinical social worker, physician, etc. that addresses the following:

a) What the recommended management plan is for your child while attending our camp program (including medication or behavioral plan).

b) What concerns, if any, the professional has about your child attending camp.

c) What behaviors the camp should be on the lookout for that would indicate that the child needs professional intervention beyond what the camp can offer?

d) Provides a recommendation from that professional for the camper’s participation in our camp program.
Questions re: Your Child’s Friends and Behavior

My child makes transitions, like going to bed or leaving the house, with relative ease.
☐ strongly agree  ☐ agree  ☐ so-so  ☐ disagree  ☐ strongly disagree

My child obeys parental requests and follows the rules in our home relatively well.
☐ strongly agree  ☐ agree  ☐ so-so  ☐ disagree  ☐ strongly disagree

My child makes friends easily.
☐ strongly agree  ☐ agree  ☐ so-so  ☐ disagree  ☐ strongly disagree

My child has a best friend.
☐ strongly agree  ☐ agree  ☐ so-so  ☐ disagree  ☐ strongly disagree

My child plays primarily with children who are their same age.
☐ strongly agree  ☐ agree  ☐ so-so  ☐ disagree  ☐ strongly disagree

My child shares control of the play (choice of activity, course of the play, other decisions about the play) when they are with their friend(s).
☐ strongly agree  ☐ agree  ☐ so-so  ☐ disagree  ☐ strongly disagree

My child recovers easily from setbacks or disappointments.
☐ strongly agree  ☐ agree  ☐ so-so  ☐ disagree  ☐ strongly disagree

My child is flexible and doesn’t need to get their own way with friends or siblings.
☐ strongly agree  ☐ agree  ☐ so-so  ☐ disagree  ☐ strongly disagree

Please tell us if your child has experienced a significant loss or major stress event (death of a relative, pet or friend; divorce; move; adoption; natural disaster). If this is the case, tell us in what way the stressful event has impacted your child.

“…have you been Ditterized?”
Robert B. Ditter, M.Ed., LCSW
www.bobditter.com
Three Needed Conditions:
1) The child must want to be at camp.
2) There must be some natural motivators (incentives) for the camper. For example, s/he wants to be with her/his friends; there is a special activity s/he loves; or there is a staff member s/he especially likes to hang around with.
3) A spirit of partnership/cooperation must exist with the camper’s parents.

Basic Outline:
• The child is involved in drawing up the agreement. Call it an agreement—it’s more campy.
• The contract requires the child to comply with up to three specific targeted behaviors. (More than three is too difficult for the staff or the camper to track!)
• You will inform parents what the three behaviors are.
• There will be positive consequences for the camper if she complies.
• There will be negative consequences if the camper does not comply, which might culminate with her being sent home.
• Parents will be given periodic reports about their child’s progress.

Contract Nuts and Bolts
1) Most youngsters and many parents have a negative gut reaction to the idea of being on a “contract.” Call it an agreement, which conveys a greater sense of partnership. After all, one key theme of camp is the spirit of working together with others. Entering an agreement is the start of working with others.
2) A solid agreement is one that has both the parents’ approval and the camper’s input. Though you must have the parents blessing before you begin the process, you will need first to engage the child without the parent in order for the agreement to work. After all parents do not have to live with the agreement. You and the camper do! To make it a workable arrangement you will need to have input from the camper, otherwise s/he will not have a sense of ownership in the agreement and will not be motivated to comply with its terms.
3) The first part of the agreement contains the specific behaviors the child agrees to while they are at camp. These “targeted behaviors” are the actual things the child agrees they will do or say. They are stated in positive terms, are simple and clear and no more than three in number. Below are just a few examples of target behaviors:
   • Doing what your counselor asks you to do
   • Participating in cleanup
   • Staying with the group
   • Participating in activities
   • Getting help from a counselor when there is a conflict with another camper
   • Being on time to activities
   • Getting up on time in the morning
   • Going to bed at night when “lights are out”
   • Treating other campers with respect
   • Keeping your hands to yourself
4) The second part of the agreement outlines positive consequences for compliance. For example, if the child is able to comply with the targeted behaviors in the agreement, they can get some special one-on-one time with a favorite staff person. Another example of a positive consequence, *in addition to praise from the counselors*, is to have time in a favorite activity, like horseback riding or waterskiing. Still another is to get first choice when signing up for electives. One very special positive consequence reserved is for the camper to earn a special activity for her cabin or group, like a movie at night with popcorn or some other typical camp-like activity. Some camp professionals have worried that if one child is earning special privileges other campers may become envious. My experience is that when campers know that a child is making an effort to be more civil or less rude and more fun to be around, they are relieved. In the face of that relief they don’t feel so envious. And if the child is so successful that they earn a special activity for the entire group, they become a hero/heroine rather than the object of envy or resentment!

5) The third part of the contract specifies the negative consequences for non-compliance. Negative consequences, like positive ones, should be progressive. That is, they start out mild and are increasingly more serious so as to be commensurate with the child’s lack of compliance. A first level negative consequence might simply be to have a warning and a talk with the counselor and his or her supervisor (Head Counselor). A second level consequence might be to have the camper call home and explain what s/he is doing. A third level consequence might be to make an apology (to a camper or counselor), then make some amends, such as doing an extra chore at cleanup or picking up trash around camp. A third level consequence might be, at day camp, to have to stay home for a day; and at resident camp it might be to have to spend half a day in a group of campers much younger or much older. A fourth level negative consequence might be that the parents have to come pick you up. If the family lives within driving distance of camp it is even possible that a fourth level negative response would be for the child to go home for a day and think about whether they really want to come back, and if so, what exactly they are going to do to change their behavior.

**A few special notes about contracting with a returning camper:** If this can be done in person (pre-season), that makes it all the more effective. In some cases where you cannot meet with the child face-to-face, creating the agreement may be done over the phone.

**Process:** Start by explaining that you want the camper to be as successful at camp as she can be. Do not be shy about pointing out that she has had some difficulties in the past, but that you expect that she has done a year of growing up and that you want to believe in her and want to help her be successful and have fun at camp. Then introduce the idea that having an agreement in place before she comes to camp is the best way to insure her success. Explain to her also that you have spoken to her parent and that they are in full agreement with this process and arrangement. I also actually have the child sign her own name to the agreement. It lends some weight and helps them feel respected and taken seriously.

“...have you been Ditterized?”
Robert B. Ditter, M.Ed., LCSW
www.bobditter.com
Agreement with

**CG, her parents & Camp Fun Summer 2016**

We all know that Caitlin is excited about returning to Camp Fun for the summer of 2016. This agreement is designed to support her in *taking control of her own behavior* when she returns to camp in the summer of 2016 and having as much fun as possible.

**C agrees to the following four things:**

1) C understands that cleaning up is her responsibility. Therefore, she will actively participate during cabin clean up. This includes doing the following *every day*:
   a) Making her bed.
   b) Putting her dirty laundry in her laundry bag.
   c) Cleaning the area around her bed.
   d) Putting away her *clean* laundry.
   e) Doing the other chores all of the campers do for clean up!

2) To seek out a counselor when she is frustrated, angry or hurt, or when other campers might be excluding her or when she is having trouble getting along. Caroline understands that everyone has moments at camp when they have to talk things out.
   She agrees to do this with adult help rather than calling names, being rude or hurting other people’s feelings.

3) To listen to her counselors.

4) To get ready for bed when her counselors say it is time to do so. This includes the following:
   a) Brushing her teeth.
   b) Getting on clean nightclothes.
   c) Listening to her counselors.

**Camp Fun agrees to do the following things:**

1) Have C’s Group Leader (GL) call her a few days before camp to introduce herself and to go over the agreement.

2) Keep a small card so her counselors can make a check mark every time C does come to her counselor or GL instead of getting angry or doing something that would get her into trouble.

3) Give C a special activity when she gets 5 check marks! (C and her GL will figure out some choices for special activities, such as going to the Lake, etc.)

**Consequences:**

1) If C is not keeping her agreement she will first get a reminder and “pep talk” from her GL.

2) If C still has trouble keeping her agreement she will call her parents to report her behavior and get a “pep talk” from them.

3) If C is still having trouble keeping her agreement after several prompts, she will have to go home for 3 days to think about how to get back on track.

4) If after all these attempts to support C in keeping her agreement she still can’t do it, she will leave camp for the rest of the summer.

We think Caitlin will be able to show everyone how she is going to be a star camper!

The Girls’ Head Counselor will check in with Caroline’s GL a few days after camp has started to see how she is doing, to give her parents a progress call and to make suggestions about how to make any improvements to the plan.

_____ Caitlin G date

_____ Parent date

_____ Camp Fun Representative date
Agreement with JP, his parents and Camp Ton-a-Fun
Summer 2016

JP understands that being at Camp is a privilege his parents have generously provided for him. Everyone wants JP to take advantage of all the great opportunities camp has to offer. JP understands that in order for him to be at camp he must control his feelings and behavior. This agreement is designed to support JP in taking control of himself while at camp.

JP agrees to the following:

1) That he will listen to his counselors and do what they ask him to do in and around the cabin and camp activities, especially during cabin clean-up and bedtime.
2) That he will listen to his counselors when they signal him that his language or behavior is getting out of control.
3) That he will walk away from any discussion by others that might lead him to say or do things that are inappropriate at camp.

For its part Camp T-Fun agrees to the following:

1) That JP’s counselors will provide him with an “incentive card” to help him focus on things like clean-up and bedtime and will mark down times when he completes things on time, like making his bed or brushing his teeth.
2) That when JP “earns” 5 incentive marks he gets to do something special that he likes, like an extra water ski activity time or chilling out in Quiet Space.
3) That JP’s Group Leader (GL) will check in on him briefly each day to see how he is going or to see if he needs any additional support or if he wants to change what he can earn with his “incentive card.”

Strike 1: If JP can’t keep his agreement, his GL will speak with him and he will be on a “warning.”
Strike 2: If after his warning he still can’t keep his agreement, he will call him to report this to his parents.
Strike 3: If after calling him JP still can’t keep his agreement he will go home for 3 days.
JP and his parents also acknowledge that if he can eventually not abide by the terms of this agreement that he will be sent home without a chance to return for the remainder of the summer. JP also acknowledges that this will result in his parents losing any remaining portion of his camp tuition for this year.

__________________________________________________________________________

JP date

__________________________________________________________________________

Parent date

__________________________________________________________________________

Camp Representative date
Child Behavior Management Principles at Camp
The 5 Most Common Mistakes Adults Make with Kids +2

1) **We talk too much!**
   Children today are used to making decisions based on short bits of information. Once we have made our point *clearly and simply*, stop talking! Holding a child’s attention keeps them from taking in the message!

2) **Our message is: a) too emotional (right brain only)**
   Children react first to our emotion & tone of voice and not to what we are saying! While some emotional is helpful in that it can send a helpful message non-verbally, too much becomes a distraction from our message!
   …or b) **too logical (left brain only)**
   Children often lead with their emotional/irrational side. The best way to create a listening or receptivity in them is *first to acknowledge the emotion* before explaining our logic. First connect, then redirect!

3) **We tell kids what we don’t want them to do rather than what we do want them to do!**
   The brain can’t hold a negative! If you say, “Don’t run!” a child hears “run!” It is important to tell children what we do want them to do (for example, “walk!”)

4) **We pick up the rope!**
   Perhaps the most commonly made mistake of all, we get into power struggles with kids or end up mirroring back to them less “grown up” behavior than we’d like. There are 5 steps for dropping the rope:
   a) Stay calm—emotionally detached
   b) Make kids “right” about what they’re “right” about (charity—right brain!)
      - acknowledge a true fact
      - acknowledge a feeling or experience
      - acknowledge a positive intention
      - acknowledge any contribution to the problem you may have made
   c) Pause…and…say, ”and…”
   d) Then state what you expect (clarity—left brain!)
   e) Stay out of “traps” and “bait”
   f) Calmly and clearly restate what you expect

5) **We end up in “Point of Struggle”**
   (Coined by friend and colleague Jay Frankel, True-to-Life Training)
   The “Point of Struggle” can show up at any age or stage of life.
   You want counselors to stay out of POS as much as possible. Children are too emotional to cooperate or respond to anything but containment (stay calmly steady, acknowledge feelings, keep safe, wait it out, avoid escalating). Planning ahead is essential!

   **Redirecting.** Channeling mischievous energy into something less dangerous, worrisome or negative.
   **Replacement.** You can’t ask a camper to stop doing something inappropriate and expect them to be successful unless you give them something else to do in its place.

   “…have you been Ditterized?”
   Robert B. Ditter, M.Ed., LCSW
   www.bobditter.com
What Camp Professionals Should Know about ADHD and Psycho-stimulant Medications

COMPOSED BY BOB DITTER, M.ED., LCSW

1) Attention Deficit Disorder can manifest itself in three general areas of behavior:
   a) Organization
   b) Attention, Distractibility (Internal or External), Focus
   c) Impulsivity and/or Hyperactivity

2) One of the primary treatments for ADD or ADHD is the administration of psycho-stimulant medications. Some of them are listed below.
   a) Concerta (time release Ritalin), usually in 9 mg increments
   b) Ritalin
   c) Vyvanse
   d) Adderall, usually in 5 mg. increases
   e) Focalin
   f) Dexedrine
   g) Daytrana (methyphenidate)

3) Many doctors who prescribe psycho-stimulants do not always explain how it works, either to parents or to children. It may seem, for example, totally counterintuitive to give stimulants to children who already look far too over-stimulated. The reason these medications work is because they “speed up” the production of certain brain hormones (or neurotransmitters) that aid attention, help kids focus and add their ability to organize, strategize, plan and prioritize. Specifically, they increase the production of dopamine and serotonin.

4) We have seen a 56% rise in the number of children in the US formally diagnosed with ADHD since 2003. By summer 2015 about 12.9% of all US children will have the diagnosis ADHD.

5) About 17.5% of children diagnosed with ADHD are not receiving any medication for their behavior. Very often children who are on medication do not receive counseling or behavioral coaching other kinds of professional support.

6) Psycho-stimulants are water-soluble. This is significant for camp because it means that the medications are “washed out” of the system every day rather than being stored in the liver or in fatty tissue. The good news is that it means these drugs have far less of a chance of causing side effects or other long-term damage. The bad news is that these meds lose potency over a matter of hours and must be re-administered. For camps, where children exercise more, sweat more, and drink more fluids, it means the same dose they might receive in school might not be enough for camp, especially resident camp.

7) Many doctors do not understand camp. They often think the medication is to enhance learning in school and do not understand the need for it in a camp setting where kids are living in close quarters with other children (cabins, tents, bunks, groups) and need to pay attention to many safety protocols or to be able to participate fully in experiential learning and/or social learning situations.

8) Doctors who do not “get” camp often take kids off their meds in order to give them a so-called “drug free holiday.” This is done because many kids find their appetites are suppressed while on psycho-stimulants and therefore don’t eat during regular meals. Some kids on psycho-stimulants also see as much as a 3% retardation in physical growth over the course of their medication run.
9) The result is that un-medicated ADHD kids often struggle with friendships, social learning and at certain activities or with their impulsivity in general.

10) The other challenge is that at school most kids go home by 3 or 3:30PM, whereas at resident camp they still may have afternoon programming, shower hour, an evening meal, evening activity and bedtime to navigate and manage. Many such children actually need an afternoon dose of a short-acting stimulant to get them through the remainder of the day at camp.

11) For some kids the stimulant may not wear off by bedtime, making sleep difficult. In these cases it has been found that a trace amount of clonidine (Catapres) can quickly neutralize the stimulant allowing the child to fall asleep. Many parents do not know about this.

12) When you discuss issues with parents about their child’s medications you must state that you are not a doctor and that you are not making recommendations about their child’s medications as a doctor would, but that there might be things they might want to discuss with their child’s physician. The point is to think about whether any changes or considerations might be needed in order for their child to be successful in a camp setting. It would then be important for the camp to get permission to speak directly with the child’s prescribing physician.

13) Because stimulants do often suppress appetite many kids do not want to eat at regular meals. They then may become hungry in the evening when their meds wear off and their appetite returns. It is imperative that counselors not punish or shame kids whose appetites suddenly reappear and that they make some accommodation like having granola bars and apples as an available snack for these kids.

14) Some physicians have been looking into nutritional supplements, like Vayarin, which claim to help optimize neuron performance and regeneration, thus lowering the dose of psycho-stimulants. However, the FDA does not regulate medical supplements and it is hard to separate fact from hype.

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**Creative Camper Behavior Strategies**

**Spring Leadership Conference**

“Stone Throwers Club”

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**Situation:** Boys ages 8-10 throwing stones around camp. When their counselors address the behavior, it stops briefly, but they resume soon enough. The counselors are tired of always reminding the boys.

**Solution:** Form a “stone throwers club” where members can go down to the lake during rest hour and learn how to skip stones, including learning how to skip once, twice and so on. Having an occasional snack prize for the best skip, most number of skips, longest throw, longest skipped throw, add to the fun and status. Counselors embellished it by making “stone thrower” armbands for members with their name on it, which they gave out at rest hour and collected at the end of the “meeting.” You lose your membership for two days if you throw a stone outside of the official “club meeting time.” Counselors take turns taking the members to the lake. The club doesn’t meet everyday or the boys lose interest. Besides their busy schedules won’t allow it!

**Concepts:** Channeling or redirecting.

**Addressed Areas of Psychological Need:**
- **√Connection** (Counselors are accepting of the boys’ interest and connect with the boys through action at the lake by showing them how to skip stones)
- **√Autonomy** (Counselors allow the boys some choice, as well as natural consequences when they “mess up” and lose their membership)
- **√Mastery** (Both in terms of the stone throwing itself and their efforts at self-restraint)

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**Bed Time Shenanigans**

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**Boy or Girl Campers:** Ages 8-12

**Presenting Behavior:**
1) Chaotic bedtime: Procrastinating campers, not getting ready for bed.
2) Campers not listening to counselors

**Previous Responses:** Counselors had tried cajoling campers, threatening campers and were generally exasperated.

**Interventions:**
1) In the morning, collect and label all the flashlights each camper has.
2) At some point during the day **not just as bedtime occurs**—counselors gather campers for a brief meeting to explain that from now on when each camper is ready for bed (teeth brushed, clean night clothes on, area moderately picked up, sitting in bed) **then and only then do they get their flashlight.**

**Points:**
1) Using an incentive that is naturally appealing to the campers.
2) Avoiding the time of struggle. Jay Frankel calls this the “Point of Struggle” (POS)
3) **Addressed Areas of Psychological Need:** √Mastery, √Connection & √Autonomy
Situation: Dan/Danielle is a 9-year old camper who gets easily distracted. When his/her counselor tells her three simple things to do (“make your bed; put your dirty clothes in your laundry bag and find your shoes”), s/he agrees but within seconds is off doing something else. After several days of this behavior, the counselors are feeling exasperated. One of them said s/he feels like calling the parents and saying, “Your son/daughter is ADHD!”

Solution: The solution here is actually a sustained set of tactics and communication styles, not one thing, as follows:
1) Say one thing at a time.
2) Have the child repeat what your request was.
3) Offer simple choices (no more than three!!!) (Note: IN more traditional or conservative families simply tell the child what they need to do—choices are too far out of their usual routine).
4) Praise after each task is completed, and then repeat the above sequence.
5) Prompt the child as needed.
6) Make a chart with each camper’s name and each clean-up job. Have each child mark off their job when they complete it, as they go.
7) “Tag team” this particular child.

Addressed Areas of Psychological Need: √Mastery, √Connection & √Autonomy

“Quiet Time Drop-in Center”

Situation: Many children, especially children with ADD or diagnosed with a challenging special need, spend an extraordinary amount of energy just holding it together in larger group settings. For many of these children having a “quiet time drop in place” gives them a chance to regroup, escape and recover from the give-and-take of the larger group and can be extremely effective in helping children self-regulate (control their feeling and impulses and stay out of fights or arguments, etc.) A “drop-in” center needs to be staffed or have a staff person on sight and should include such quiet time activities as:
1) Drawing materials of various kinds.
2) Playing cards.
3) Quiet time activities like Connect Four®, Rush Hour®, Hoppers® or some other “smart game.” (Stay away from video games or screens!)
4) Stuffed animals and a variety of soft seating options (stuffed chairs or bean chairs, sofas, etc.)

The option is for a child to go as a supplement to their regular program, not as a punishment. The idea is to give a child time to regroup or spend a period catching their breath, calming down, etc. It is best to use the drop-in room as a preventative measure as much as possible rather than as a reaction to misbehavior.
"Creative, Practical Approaches to Camper Behavior Challenges"

Lost Baby Dolphins to the Rescue!

With Bob Ditter. “...have you been Ditter-ized?”

Situation: A girl’s cabin of 8 first-year campers is struggling with a virulent, highly contagious strand of the homesick virus. In the morning and at night, when one child becomes tearful and upset, others join in. Their counselors are at their wits end!

The Plan: We went to Target and bought 8 small baby stuffed dolphins. (Dolphins is what they had, so that’s what we got!) We made a small “paper” for each one and tied the paper around the neck of each dolphin. We then put them in a wicker basket we found lying around camp with some hay. These were the lost babies! They had somehow gotten lost and they were all looking for a home.

One of the counselors, who also happened to work at the barn, “found” the lost babies and wondered about finding homes for them—someone who would “adopt” one of the babies and take care of them.

The babies had forgotten their names but they all came with a paper that said one or two things about them, like how old they were, their favorite food and one thing that made them need “extra care.” Some of the “special needs” were as follows:

- Afraid of the dark
- Afraid of spiders and bugs
- Afraid of thunder and lightning
- Gets over-excited and has trouble listening
- Very shy
- Very forgetful
- Afraid of the water
- Kind of bossy even though she doesn’t mean to be

→ All of the dolphins are sad because they miss their parents and need soothing!

The Action: The counselor from horseback riding comes into the cabin during rest hour excitedly talking about these lost baby dolphins she found in a basket down at the barn. The Division Leader comes in and they talk in front of the campers about what to do. The DL has seen the dolphins and realizes they need a home. She wonders out loud if the counselor thinks the campers would be able to help out. The campers are brought into the discussion when the basket arrives!

Applying for Adoption Papers: Each camper has to write a short note about what they will do to get to know their baby dolphin and how they will care for them. The DL and the Camp Director must approve each “application.”

Playing it Out: Putting the dolphin to bed. Soothing the babies. Having tea parties in the cabin (or special snack, with real snacks!)

The Concepts: Displacement (playing out feelings and issues in play using the imagination). Identification with animals (as creatures who are dependent and need care and nurturing).

Robert B. Ditter, M.Ed., LCSW

www.bobditter.com
Situation: A camper, boy or girl, doesn’t seem to “fit in” with the rest of the group and can’t seem to make a friend. Socially shy or awkward, perhaps marching to the beat of a different drum, they are just not connecting well with their cabin or group mates.

Plan Overview: To give a child a “foothold” in the group by providing a one-on-one or small group playtime.

Plan Details: The beginning of the plan is a private talk with the camper who is struggling to fit in or make friends. After acknowledging their feelings, ask them if they could spend time with any one or two campers out of the whole group, whom would they choose? You have to be careful here because some children will pick the most popular camper. While this is understandable, it may not be the most realistic move. Help the camper choose one or two campers from their group whom you think they have a more realistic chance of forming a friendship with. The next step is to find a time when you can take the two or three campers on the “play-date.” The activity itself should be something you can easily arrange (talk with your supervisor about ideas) and one that is fun. Some examples are baking cookies, roasting marshmallows at a campfire site (making a fire is especially appealing to boys!), or going swimming together (as long as you can be in a group by yourselves away from other groups). If your campers are younger and you have animals on camp, going to visit and feed the animals together can also be fun.

Managing Complications: Setting up and executing the play date is usually pretty easy to do. What is more challenging is managing the expectations of the shy or awkward camper. It is critical that you take time to explain to him or her that while you are together at the activity you will probably all have a great time. That said, the camper shouldn’t be surprised if the one or two kids they go on the play date with go right back to their other cabin friends once they return from the play date. Explain that it takes time to make a new friend and that the play date is designed to help him or her to get started. It is not going to make them instant friends.

Adding this bit of caution will help the camper be less deflated when they return and the other two campers do exactly what you said they would do—join back up with their other friends!

Another complication of the play date is when other campers find out about it. You can just hear their complaint! “Hey! How come we don’t get to do that?” My answer is simple: “Maybe sometime you can!” What I mean is that it makes sense to schedule a few play dates—maybe three a week if you can manage it—and vary the kids that you ask to come along. Doing so would include other kids and would expose the shy camper to more kids in smaller groups.

Once you start having play dates you will also need to speak with your co-counselor about how to balance the time you spend on them. After all, being with two to three campers for an entire period takes you away from campers. You will need to work out the scheduling details with your supervisor in such a way that your co-counselor doesn’t get saddled with all of the other campers all of the time.

Elaboration: Since the point of the plan is to help shy or socially awkward campers get a foothold on some friendships, another great thing to do as an adjunct to that effort is to start a game of cards with one or two campers during rest hour and invite the shy camper to join you. This will reinforce the friendships they may have started to make on the play date. If you are thoughtful you can probably find many ways to start a small group activity and invite that camper to join you.

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The MESH Assessment Tool

http://www.acacamps.org/resource-library/research/healthy-camp-toolbox