

## Directions for Using Assessment of a Camper's Behavior of Concern

The tool, "Assessment of a Camper's Behavior of Concern," is designed for use by a camp professional, specifically someone who knows the camp and its program. The camp professional uses the tool to guide his/her conversation with the parent/guardian of a child with a mental, emotional and/or social health (MESH) concern. The goal is to exchange information about the child, camp life, and the behaviors associated with the MESH concern — called "behaviors of concern" — in order to:

- (a) Determine if the child is ready for a camp experience and if the camp has the capacity to support the child and assuming a positive response. . .
- (b) Develop a plan, with input from the child's parent/guardian, for use during the child's camp stay.

It is possible that use of the tool may indicate that the child is not a good candidate for camp. In that case, end the conversation by identifying what change the child might make to be considered in the future. Consider providing the parent with contact information for a camp that might be a better match to what the child needs.

**Getting Started:** This tool is utilized when a parent/guardian is interested in their child attending your camp and wants to talk with you because the child has a MESH concern.

1. Tell the parent/guardian that your goal is to partner with them to determine if your camp experience is a good match for their child. The parent knows their child; you know your camp and its program. Sharing information should allow both parties to determine if the child is ready for camp and, assuming s/he is, develop an action plan that compliments the child's needs within the context of the camp's capabilities.
2. The first step, often done during the parent's initial call, is to collect the information at the top of page 1.
3. Next, talk about camp and how it's different from home and school, particularly:
  - a. The day lasts longer than a school day; the child will be active for a longer period of time.
  - b. Interaction with others far exceeds time being alone (if one is ever alone!).
  - c. There is little privacy; personal space is shared and at least eight other people eat at the table in a noisy dining room.
  - d. A child will be more physically active in the camp setting; is the child ready for this?
4. Also review the camp's essential functions of a camper. In other words, respond to this parent question: "What must my child be able to do in order to attend your camp?" The prospective camper should be able to meet your camp's essential functions for a camper. Everything else flows from here.
5. Assuming you've not heard anything that would stop the conversation at this point, set a date/time when you can call the parent — or meet face-to-face — for a more in-depth conversation. You'll use the tool to guide this conversation. Do NOT ask the parent to take it and fill it out. The strength of the tool lies in the conversation it triggers between you (the person who knows how camp functions) and the parent (who knows how the child functions).

### Medication History (pg 1)

1. Ask the parent to name the medication(s) used by the child to manage their concern. Step through the questions on the form for each medication. Keep this baseline in mind: the child should be taking the same medication at the same dose for at least three months prior to camp arrival to (a) achieve effective therapeutic blood levels and (b) know that the appropriate therapeutic effect has been obtained.
2. If the child has not established a three-month history with the medication, continue with the assessment. By the time it's completed, it may be obvious that the three-month time frame is not needed; however, if a question remains, bring that to the parent's attention.
3. Probe for inconsistencies of therapeutic effect — is the child getting the benefit of the medication and has that benefit been consistently delivered?
4. Ask if the parent has talked with the prescriber and specifically discussed (a) the child's readiness for a camp experience and (b) if the medications are dosed & timed appropriately for the camp schedule. If not, ask them to do so. Be ready to provide a copy of the camp schedule; camp days are typically longer than most school days.
5. Ask the parent to provide a letter from the child's mental health professional that addresses three elements:
  - a. A description of the child's management plan while at camp (this is different from a school plan);

- b. A description of the behaviors the camp staff should note which indicate the child is decompensating and should be referred for assessment;
- c. A statement from the professional that, in the professional's opinion, the child is ready for your camp's experience.

### Part 1: Assessing Readiness for a Camp Experience (pg 1)

- A. Meeting your essential functions for campers sets the baseline. A prospective camper should meet these; they are linked to the core elements of your program and the camp's mission.
- B. Sharing a bedroom — explore the child's ability to share personal space with at least eight other people. This can be challenging for kids used to his/her own room as well as kids used to sharing with only one other person.
- C+D+E. Sleep rituals help kids "taper off." Will the child's ritual work at camp?
  - a. NOTE: Some parents/guardians aren't aware of their child's sleep rituals; if so, ask the parent to do a few nights of observation.
  - b. If making noise is involved — including listening to something — talk with the parent about coping strategies (e.g., using headphones while listening to music). If the child produces noise (e.g., humming when drifting off to sleep), assess impact upon others.
  - c. If movement is involved, will that movement make a difference to others, especially the person who may be sharing the bunk? Can the child change/adapt to something else before camp?
  - d. If light is involved, talk about coping strategies that could be used at camp (e.g., using a flashlight) and about practicing these at home.
- F. Doing chores at home indicates the child is capable of helping keep cabin/activity/camp areas clean.
- G. Camp days are usually longer than school days; is the child's energy appropriate to that needed at camp?
- H+I. Staying overnight with non-relatives indicates the child's readiness to separate from home. Doing so at the home of friends indicates that others are accepting of the child and his/her behavior of concern.
- J. Determines the child's ability for self-care.
- K. Camp places people in close and consistent contact with others. Ask the parent/guardians what their child is like after family/friends have stayed for a day? Three days? More? Does the child need "down time?"
- L. Parent/guardian readiness is as important as the prospective camper's readiness. Assess this.

### Part 2: About the Child's Behavior of Concern (pg 2)

- At this point, particular behaviors of concern have often been identified. Take time to go through the content of page 2 with the parents to identify the context in which the child does well (thrives) as well as when the behaviors are triggered or likely to occur.
- Knowing potential trigger points helps identify intervention points.

### Part 3: Exploring the Potential for a Camp Experience for this Child (pg 3)

- T. Successes and challenges experienced at school often provide indicators of potential "hot spots" and "good places" at camp; however, school and camp are also very different. Consequently, be judicious when using information gleaned from this discussion. A given child's IEP may — or may not — be helpful.
  - U. Learn the scope of therapeutic support provided to the prospective camper, determine if this team is aware that the child may attend your camp, and request the parent to arrange access to them should you need it.
- V+W+X+Y. These sections switch focus from the child's history to what things will be like at camp (it's anticipatory in nature). Discuss these with the parent. Note the introduction of elements that are important to camp professionals, elements like group cohesiveness and public relations.
- Discuss each of the bulleted items. Be tactfully straightforward about concerns; it's much better to talk about "what if such-and-such happens" than wish one had done so later on.
  - A camp professional also considers the PR impact this camper may have on others. Explain this to the parents/guardians and elicit their help in addressing concerns.
  - While a supportive plan is hoped for, sometimes the discussion clearly indicates that the child isn't ready — yet — for this camp's experience. If this is the case, make a referral to a more appropriate camp and/or describe what behaviors need adaptation for reconsideration.
  - A basic plan will emerge from this session. When creating that plan, also consider Plan B — what will be done if/when something doesn't go as planned.

#### Part 4: Capturing Information about Behavior While the Child is at Camp (pg 4)

- This section allows the camp professional to document how the plan worked (or didn't). Note the follow-up information at the bottom of the page.
- Children change; his/her growth and development may impact even the most carefully outlined plan. So be prepared for break-through behaviors and be ready to capture the context of those experiences by completing a section of pg 4.
- Should the plan fail, such documentation may be useful to the parent and the child's professional team in addition to providing the "evidence" needed when a shortened camp stay would be in everyone's best interest.

Questions about using the assessment tool? Comments to add?  
Contact Linda Erceg at [erceg@campnurse.org](mailto:erceg@campnurse.org) or call 218-444-5923.

This tool was released through the Healthy Camps Committee; it is a collaborative work product of ACA and ACN.

- INQUIRY: Tracking Only
- REGISTERED Camper Session \_\_\_\_\_

**Assessment of a  
Camper's Behavior of Concern**  
*Mental, Emotional & Social Health*

Date: \_\_\_\_\_

Name of Informant: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name of Child . . . . . \_\_\_\_\_

Nature of Concern; Reason for Calling . . . . . \_\_\_\_\_  
\_\_\_\_\_

**Medication History** . . . . .

As an indication that the person is on a stable dose and experiencing appropriate therapeutic effects, look for the same medication used in the same dose for the three months prior to camp arrival.

Med: \_\_\_\_\_ Dose: \_\_\_\_\_

When Taken: \_\_\_\_\_

How long has the child been taking this med? \_\_\_\_\_

Why is the med used? What is its therapeutic effect? \_\_\_\_\_  
\_\_\_\_\_

Any special concerns or med side-effects camp staff should know about?  No  Yes & these are: \_\_\_\_\_

Have you talked with the prescriber about dosing/timing changes so this medication is timed to complement the camp schedule?  No → Instruct them to do so.  Yes

Comments/Notes: \_\_\_\_\_

**Part 1: Assessing Readiness for a Camp Experience**

- A. Does this child meet the camp's essential functions for campers?  Yes; keep going.  No; bring this to parent's attention.
- B. Does this child have his/her own room at home?  Yes  No; shares with this many siblings \_\_\_\_\_
- C. Does the child make noise while sleeping (e.g., talk in their sleep, snore, grind teeth)?  Yes; see below.  No
  - a. If yes, evaluate the impact of that sound on others who may be sleeping/trying to sleep.
  - b. Notes: \_\_\_\_\_
- D. Does the child use a ritual in order to fall asleep (e.g., reads, listens to music, self-stimulating behavior)?  Yes (see below)  No
  - a. If yes, evaluate impact of that ritual on others who will be trying to sleep.
  - b. Notes: \_\_\_\_\_
- E. Our campers wake up at [insert time] and go to bed at [insert time]. Will this child adjust to this sleep schedule?  Yes  No; this accommodation is needed: \_\_\_\_\_
- F. What routine chores does this child do around his/her home?  None  These chores: \_\_\_\_\_
- G. What does the child do after school and/or in evenings? \_\_\_\_\_
  - a. Does the child have sufficient energy to last through a typical camp day?  Yes  No
  - b. Does the child use his/her room to "decompress" following a day at school?  Yes  No
- H. Has this child spent at least two overnights with people other than relatives?  Yes (see below).  No
  - a. When away from home, can the child do this without calling home or needing addition support?  Yes  No → See b.
  - b. What support was needed? \_\_\_\_\_
- I. Do other children stay overnight with your child at your home?  Yes  No
- J. Our campers meet their own personal needs: they shower themselves, get dressed, eat, select clothes as well as other things. Is this child capable of meeting his/her own personal needs?  Yes  No; support needed is: \_\_\_\_\_
- K. Our campers are around other people all the time; privacy is rare. How quickly might your child feel overwhelmed and what behaviors indicate that s/he's feeling that way? \_\_\_\_\_
- L. Are you (parent/guardian) ready for your child to be at camp knowing there'd be limited communication with you?  Yes  No

**Part 2: About the Child's Behavior(s) of Concern**

M. In what situations does your child thrive? (check all that apply)

<i>Location</i>	<i>Time</i>	<i>Person</i>	<i>Context</i>
<input type="checkbox"/> In school	<input type="checkbox"/> Upon waking	<input type="checkbox"/> With parents	<input type="checkbox"/> When in large groups
<input type="checkbox"/> During meals	<input type="checkbox"/> Morning	<input type="checkbox"/> With friends	<input type="checkbox"/> When in small groups
<input type="checkbox"/> At home	<input type="checkbox"/> Lunch	<input type="checkbox"/> With teachers	<input type="checkbox"/> When by him/herself
<input type="checkbox"/> In vehicles	<input type="checkbox"/> Afternoon	<input type="checkbox"/> With counselors	<input type="checkbox"/> When in transition
<input type="checkbox"/> In his/her bedroom	<input type="checkbox"/> Evening	<input type="checkbox"/> With siblings	<input type="checkbox"/> In noisy environments
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

N. Describe the child's behavior(s) of concern: \_\_\_\_\_  
\_\_\_\_\_

O. In what situations does the behavior of concern occur? (check all that apply)

<i>Location</i>	<i>Time</i>	<i>Person</i>	<i>Context</i>
<input type="checkbox"/> In school	<input type="checkbox"/> Upon waking	<input type="checkbox"/> With parents	<input type="checkbox"/> When in large groups
<input type="checkbox"/> During meals	<input type="checkbox"/> Morning	<input type="checkbox"/> With friends	<input type="checkbox"/> When in small groups
<input type="checkbox"/> At home	<input type="checkbox"/> Lunch	<input type="checkbox"/> With teachers	<input type="checkbox"/> When by him/herself
<input type="checkbox"/> In vehicles	<input type="checkbox"/> Afternoon	<input type="checkbox"/> With counselors	<input type="checkbox"/> When in transition
<input type="checkbox"/> In his/her bedroom	<input type="checkbox"/> Evening	<input type="checkbox"/> With siblings	<input type="checkbox"/> In noisy environments
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

P. What events influence the behavior of concern?

*Internal Events*

Medication \_\_\_\_\_

Physical Health \_\_\_\_\_

Feeling Unsuccessful \_\_\_\_\_

Feeling Successful \_\_\_\_\_

Overtired \_\_\_\_\_

Dehydration \_\_\_\_\_

Inadequate nutrition/diet \_\_\_\_\_

Feeling angry \_\_\_\_\_

Missing home \_\_\_\_\_

\_\_\_\_\_

*External Events*

Conflict at home (in cabin) \_\_\_\_\_

Negative peer influence \_\_\_\_\_

Someone getting angry at him/her \_\_\_\_\_

Fear of Darkness \_\_\_\_\_

Change in anticipated schedule \_\_\_\_\_

Not knowing schedule for the day \_\_\_\_\_

Not getting an anticipated item \_\_\_\_\_

Being left alone \_\_\_\_\_

Competitive Situations \_\_\_\_\_

Threatening Weather \_\_\_\_\_

Q. What typically happens prior to the child exhibiting the behavior of concern? (checking antecedents/triggers)

<input type="checkbox"/> Low levels of adult attention	<input type="checkbox"/> Prolonged directions/presentation	<input type="checkbox"/> Conditions vary; no known triggers
<input type="checkbox"/> Low levels of peer attention	<input type="checkbox"/> Conflict with adult	<input type="checkbox"/> Someone gets injured/harmed
<input type="checkbox"/> Attention focused on child	<input type="checkbox"/> Conflict with peers	<input type="checkbox"/> When their behavior is challenged
<input type="checkbox"/> Unavailability of desired object/activity	<input type="checkbox"/> Lots of noise & activity	<input type="checkbox"/> _____

R. What typically happens after the child exhibits the behavior of concern? (checking consequences)

<input type="checkbox"/> The child is ignored	<input type="checkbox"/> Child is reprimanded	<input type="checkbox"/> An adult talks with child about correcting the behavior.
<input type="checkbox"/> An ultimatum is given	<input type="checkbox"/> Time-out is given	
<input type="checkbox"/> A privilege is forfeited	<input type="checkbox"/> _____	

S. What is the function of the behavior? (checking motivation)

<input type="checkbox"/> Access to something	<input type="checkbox"/> Escape, avoid something	<input type="checkbox"/> Discharge child's tension/stress.
<input type="checkbox"/> Gain adult attention	<input type="checkbox"/> Gain peer attention	<input type="checkbox"/> _____

### **Part 3: Exploring the Potential for a Camp Experience for this Child**

*NOTE: Questions in this section often elicit information that needs further consideration by the camp professional and/or parent/guardian. Consequently, consider two conversations – one to gather info and a follow-up to discuss potential coping strategies.*

- T. Does this child have an **IEP (Individualized Education Plan)** for school?  Yes; see below.  No; go to question U.  
If yes: What accommodations are made at school to support this child's ability to learn? How might these impact camp activities?  
What accommodations are made at school to support the socialization skills of this child? How might this impact camper socialization?  
Ask the parent to provide a copy of the IEP to [give address] by [specify date].
- U. Does the child have a therapeutic team? Who is involved? Do these people know that a camp experience is being considered for the child?  
If appropriate, have the parent arrange permission for a camp representative to talk with the child's therapeutic team (therapist, school counselor, other professionals) before camp starts and/or during the camp season.
- V. Consider what is routine and/or expected camper behavior in each of the following situations. Think about the information you already have about this child and identify potential areas of concern based on that information.
- a. Concerns from a cabin cohesiveness perspective:
  - b. Concerns from an activity perspective:
  - c. Concerns from a health maintenance perspective:
  - d. Concerns from a supervision perspective:
  - e. Concerns from a peer integration perspective
- W. For each identified concern (above), talk with the child's parent to explore potential camp coping strategies. Write a plan that camp personnel will use to work effectively with the child. Consider:
- a. Accommodating the child's need given resources at camp.
  - b. Compromising to meet the child's need (camp can do this if you, can do. . .).
  - c. Acknowledge when a need is outside the camp's ability to meet it.
- X. Consider the impact of this child's behavior on others. For example:
- a. Might there be a public relations concern with other camp families? How might that be handled?
  - b. Does the needed accommodation entail additional training and/or on-going support for staff? If so, by whom?
  - c. Is the child and/or family amenable to the camp's need to talk about this situation on a need-to-know basis with others, including other campers and/or parents?
- Y. For each identified coping strategy and with the parents, discuss what happens if the plan doesn't work or meet expectations. What's Plan B? Also determine the circumstance(s) under which the child must leave camp (have a shortened stay; go home).

**Part 4: Capturing Information about Behavior While the Child is at Camp**

Check here if plan worked as anticipated; there were no break-through behaviors of consequence.

Complete the grid below to **document information about break-through behaviors** of concern.

Attach addition information as needed (e.g., incident report).

Date/Time Behavior Started:  Date/Time Behavior Resolved:	Where did the behavior occur?	What triggered the behavior?
Describe the circumstances surrounding the incident; what was going on?	Describe the behavior:	What was the consequence of the behavior?
	Additional Comments:	
Written by:	Observed by:	Observed by:

Date/Time Behavior Started:  Date/Time Behavior Resolved:	Where did the behavior occur?	What triggered the behavior?
Describe the circumstances surrounding the incident; what was going on?	Describe the behavior:	What was the consequence of the behavior?
	Additional Comments:	
Written by:	Observed by:	Observed by:

Date/Time Behavior Started:  Date/Time Behavior Resolved:	Where did the behavior occur?	What triggered the behavior?
Describe the circumstances surrounding the incident; what was going on?	Describe the behavior:	What was the consequence of the behavior?
	Additional Comments:	
Written by:	Observed by:	Observed by:

Date Information was Shared with Parents: \_\_\_\_\_

Name of Staff who Talked with Parents: \_\_\_\_\_

Recommended date for making a decision about camp for next year: \_\_\_\_\_