**Camp Training Plans**

 **For Children with Neurological Disorders – Part I**

**Learning Objectives:**

* Understand the behaviors that children with neurological disorders may exhibit
* Identify the triggers that lead to emotional meltdowns for children with neurological disorders
* Recognize methods for dealing with triggers

**Meeting the Challenge**

Serving as Camp Counselor can be very challenging. Under the most ideal circumstances, maintaining control of a cabin full of campers with neurological disorders while helping them have a great camp experience is a job that requires a counselor’s full attention, dedication and commitment. When working with children with neurological disorders, Camp Counselors will also need much higher levels of patience.

For the most part, campers with neurological disorders will appear no different than any other child. In terms of behavior, however, they will present challenges that will go above and beyond what a neurotypical

(i.e., without neurological disorders) child might present. As you work with children with neurological disorders, you will find that they are fantastic kids; they just perceive the world a little differently that the rest of us. Because of that, you will need to develop a comprehensive plan that takes those differences into account.

**A Framework for Understanding**

Some of our other courses cover various neurological disorders in greater detail. For this course, however, we will overview some of the material that appeared in other courses to establish a basic framework of understanding that you can use to assist you as you prepare to be a Camp Counselor. For more detailed information on the various neurological disorders, please consult our other courses. Other issues we will also address include:

* Determining what actions constitute behavior and what actions are caused by the disorder
* The basics necessary for your success as a Camp Counselor
* Differing communication styles

Preparation is the key to working successfully with children who have neurological disorders. Anticipating events before they have an opportunity to get out of control, plus your ability to interpret and respond to the warning signs that precede them will make the camp experience better for you and the other campers in your cabin. The planning you do and your commitment to follow that plan will determine your effectiveness in helping the campers experience success.

**Coping with Stress**

A principle you must understand when working with kids who have neurological disorders is that they have a much more difficult time coping with stress than neurotypical kids. When stress builds up, the thinking centers of their brain seem to become less active and their emotional centers begin to take over. Things that tend to create stress for these kids include:

* **Threats to their self-esteem** – This can occur when the child feels he or she is not doing something as well as they think they should, or if the child feels belittled by others in the camp.
* **Not having personal needs met** – This can happen if a child’s requests are denied or if they feel there is a lack of fairness in the way they’re being treated.
* **Situations that are new or a break from the child’s routine** – Children with neurological disorders, particularly obsessive compulsive disorder (OCD) and/or High Functioning Autism (AS), can become extremely stressed when they are taken out of their anticipated routines or feel uncertain about what may happen next or what is expected of them.

**Coping with Stress (Continued)**

Additional sources of stress for children with neurological disorders include:

* **Excitement** – Even if the excitement is about a good thing, like a birthday or upcoming camp, the stimulation can still result in an emotional reaction to situations in the camp.
* **Fatigue** – Children with neurological orders often have sleep difficulties. They may find it difficult to get to sleep or tend to sleep fitfully. They may also wake up early. This can create fatigue and low energy levels at some point in their camp day. Even for children without neurological disorders, fatigue can cause their bodies to react as if they’re under stress.
* **Overstimulation** – Children with neurological disorders may have heightened sensitivities to light, sound, smell or touch. Too many people in a room, or even too small or too large a room may also cause the child to become over stimulated and stressed.

**Consistently Inconsistent**

While kids with neurological disorders may always exhibit behaviors different from the neurotypical children, it’s important to understand that when they are not stressed, they will think and feel much like any other person. This is why it’s so important that you have a thorough understanding of the types of things that create stress for them.

When children with High Functioning Autism, Obsessive Compulsive Disorder, Tourette or Attention Deficit Disorder experience levels of stress beyond their ability to cope, they don’t think; they react. That reaction can manifest itself in the form of:

* Impulsive and disinhibited behavior
* Explosiveness and rage
* Problems paying attention
* Clueless, immature and inconsistent behavior
* Disorganization, distraction and an inability to plan behavior

Understanding how kids with neurological disorders respond to stress will help you to see the warning signs that typically occur before a situation gets out of hand.

**“What Were You Thinking?”**

“What were you thinking?” is a question that Camp Counselors often ask after a child has engaged in a questionable behavior. With a child who has a neurological disorder, it’s not really the right question to ask. “What were you feeling?” would be more appropriate.

Children with neurological disorders react when they’re stressed, and when they do, they have little if any ability to inhibit their emotions. They may react verbally or physically or both. Sometimes Camp Counselors will describe how a child with neurological disorders has problems paying attention. That isn’t really an accurate description of what is taking place. The real problem is that the child is paying attention to **everything**, albeit for fleeting moments. The sound of someone in the next room, the scratch of a pencil on paper, thoughts of what may be on the menu for lunch that day all may be taking their turn in the child’s thoughts. The more stressed and fatigued the child becomes, the more this cacophony of thoughts and feelings takes its toll.

**The Impact on the Camp**

What kind of impact does the behavior of the child with neurological disorders have on the camp? To a great degree, that’s going to depend on you. If you have educated yourself on the disorder(s) you have one component of the knowledge you will need to ensure that all the children in your cabin are able to benefit from the camp experience.

The other component you will need relates not to the disorder, but to the child himself or herself. While there are behaviors that are consistent with a diagnosis of one or more neurological disorders, how a child manifests these behaviors may differ drastically from one child to the next. This is why a plan is necessary. What worked for a child with High Functioning Autism in last year’s cabin may not work as well for a child in this year’s cabin who has Obsessive Compulsive Disorder.

**Communication – Communication with Camp Directors, Camp Therapist and Nursing Staff**

The way to learn about each individual child is to get to review the camper profiles provided by the parents. Review often. The nurses can also help make you aware of any treatments or medications that the child might be taking, and what the impact of those treatments or medications might have on the child’s behavior in your cabin. **You can’t have an effective camp experience without this support**.

Any insights they can offer you will be helpful. As a Cabin Counselor you will need to utilize all the support available to you to help you deal with issues as they arise. You are encouraged to ask questions and seek advice during your frequent breaks.

The Camp Nurses will deal with all personal hygiene needs, medications, and other medical needs. They are here to support you. Please use them.

**Executive Functions**

Children with neurological disorders will typically exhibit an emotional maturity level that is somewhere between 2-4 years younger than his or her chronological age. What this means is that a 12 year old is likely to behave more like a 10 year old, or an 8 year old may act more like a 5 year old. Part of this will manifest itself in their impaired ability to perform skills that are referred to as executive functions. These skills would include:

* Planning effectively
* Forming goals
* Placing things in sequential order to complete a task
* Monitoring progress toward a goal
* Regulating their pace and continuing effort toward the completion of a project
* Responding to constructive feedback
* Adapting to change

Part of helping a child with neurological disorders will be attempting to improve their success at performing these executive functions. It is unlikely that you could make improvements on all of them in the course of a single camp experience. We are providing this information so you will understand some of the issues you might need to address at camp.

**Planning for a Successful Camp Experience**

Given the information you’ve learned at this point in the course, the first important points you need to consider for your cabin are:

* How will you enlist support from all camp personnel to focus on the specific concerns you have for your campers?
* What visuals could you use in the camp to help the child understand directions, your expectations, etc.?

**Is it Just Behavior or is it the Disorder?**

There is no way to know with 100% certainty whether something a child does is simply a learned behavior or a manifestation of a neurological disorder. Like anyone else, a child with a neurological disorder will repeat behavior if it has produced a positive result for them. There are specific behaviors, however, which have been observed repeatedly in thousands of children with neurological disorders. These are the behaviors that you will want to familiarize yourself with, as well as identifiable “triggers” that lead up to behavior.

As discussed in the Understanding High Functioning Autism course, triggers are those events which are the flash points where a downward emotional spiral into a full-blown meltdown begins. Preventing, or at least minimizing the number and magnitude of meltdowns a child with neurological disorders experiences will be important for both the child with neurological disorders and the other children in your cabin.

**The Downward Emotional Spiral**

Let’s review the progression involved in most neurologically induced behaviors:

1. Stress/fatigue/excitement can cause the thinking center of the brain to function less effectively.
2. A **trigger** causes the child to experience disappointment, shift thoughts or activities, feel belittled, etc.
3. The child goes through a series of **sparks** (body movement, fist clenching, redness in the face and/or ears, fists clenching and unclenching, etc.) which are red flags indicating that the he/she is stressed
4. He/she becomes increasingly frustrated which creates less thinking, more reacting
5. The child becomes verbally abusive and threatening to self and others
6. The child has a tantrum, rage or **meltdown.**
7. After the child’s energy is spent, he/she may apologize for the things said or done.
8. The child may have an overwhelming desire to sleep, and may or may not remember some of what occurred during the meltdown.

**Agreeing on the Basics**

Armed with knowledge of the neurological disorder(s) the child may have, and with knowledge of the child himself or herself, you can begin to formulate your Camp plan. To produce positive results, however, you will need to buy-in from all the professionals who will interact with your camper. Several basic principles on which all Camp Counselors involved should agree include:

* **Accepting the fact that the child in question has a neurological disorder** –This is your plan’s foundation. If you don’t understand the disorder and the behaviors associated with it, you will fail both the child and yourself. Empathy towards the child will help you to understand and accept more easily.
* **Agreeing that some of the child’s behaviors are a result of the neurological disorder** –Never lose sight of the fact that the child’s behavior, even when they verbally seem to be attacking you personally, is a manifestation of their disorder. Once again, working closely with the Camp Director, Staff Therapist and Camp Nurses will help you to understand. Without knowledge, understanding and cooperation, the child’s success in dealing with their behavioral issues will be compromised.
* **Which behaviors should be addressed at which times** – You will be the one to decide which behaviors to address yourself, which you need the advice of the Camp Staff Therapist and which you will need direct intervention from the Staff Therapist. If you are getting stressed, immediately seek the support of the Camp professionals who are here to help. We know these children are challenging. We expect you to ask for help.

**Agreeing on the Basics (Continued)**

Additional basic principles on which all Camp Counselors involved should agree include:

* **Which behavior management techniques work best with the child** – Input from Camp Professionals will be critical in making this decision. There is no one-size-fits-all approach when working with children with neurological disorders. You and the Staff Therapist will need to determine which methods ensure the greatest likelihood for success. For example:
	+ Giving one step directions as opposed to multiple steps
	+ Deferring discipline or counseling after a meltdown to a time when the child is emotionally recovered from the incident
	+ Focus on praising the positive instead of criticizing the negative

**Camp Counselor Characteristics That Lead to Success**

At the beginning of this course, we discussed the challenges of working with children with neurological disorders. We addressed the attention, dedication and commitment required, as well as patience and preparation. Even with these character traits, working with children with neurological disorders prove challenging. There are, however, characteristics which you can cultivate that may minimize frustration.

* Create consistent communication practices in which you and other Camp Counselors are supportive of each other
* Develop a proactive style
* Create routines within your cabin which are structured, yet flexible
* Focus on the campers’ strengths rather than weaknesses
* Celebrate small gains

Let’s examine and elaborate upon these characteristics.

**Consistency**

All children thrive on consistency, but children with neurological disorders require it. You must develop a plan. You can’t just “wing it” when you work with kids who have these disorders. As someone who will spend many hours of the day with them, you need to have great self-awareness regarding your own strengths and weaknesses.

By knowing your strengths and weakness and by interacting with the Camp Professionals, you can develop interventions that will make managing the campers’ behaviors easier for both you and the campers. For example, patience is often referred to as a “virtue,” and patience will certainly be needed when you work with children with neurological disorders. Patience, however, comes in varying degrees. Knowing how to manage your own behavior and making that part of your plan for success is critical to both you and the campers in your cabin.

**A Positive and Proactive Style**

Working with Camp Professionals and using your own powers of observation, you will quickly develop insights regarding the behavior of a child with neurological disorders. You will know what his or her “triggers” and “sparks” are. Taking proactive measures as soon as you see these signals is the most critical step in helping the child and in managing your cabin.

There should be nothing random about what you do when you see the signs of an emotional event on the horizon. Your plan should address what these actions need to be so that you can implement them quickly and efficiently.

**Proactive Steps**

Some actions you can take to proactively deal with “triggers” and “sparks” include:

* **Antiseptic bouncing** – Removing the child in a non-punitive manner from the situation which is creating his or her stress. This could include asking the child to help you do something or moving to another area of the activity.
* **Proximity control** – Without calling attention to the child, you can simply move near him or her. Sometimes having you close will have a calming effect.
* **Touch control** – Just a light touch or even a back rub can be soothing to the child which will defuse the situation and ease his or her stress. You will need to know if the child has adverse reactions to touch.
* **Humor** – A joke or a funny remark can defuse tension in any kind of situation, however, you should take care to ensure that the child realizes that it’s not humor directed at him or her.
* **Return to a routine** – As stated previously, children thrive on consistency, and particularly children with neurological disorders. Movie a child back into a comfort zone can defuse a stressful situation
* **Directing attention to a pleasurable future event** – If the situation the child is currently in is creating a potential meltdown, remind the child of something pleasurable that will soon follow. Take the focus off of now. For example: “John, we’ll be done soon and then it will be time to go to the animal program, and you know how much you like animals!”

**Proactive Steps (Continued)**

Additional steps include:

* **Redirecting** – Divert the child’s attention to something else, taking the focus off of the task at hand.
* **Focusing on the child’s strength** – much like the “pleasurable event” strategy, this will have the child thinking about something that gives him or her confidence
* **Compromise** – This allows you to get what you can from the child in a moment of difficulty without inducing a full scale meltdown. Compromise can sometimes divert the child’s rage completely; at other times it will at least delay its onset. It also teaches the child by example that he or she can think, even in the presence of stress.
* **Walk, don’t talk** – Just walk and listen. Remain calm; let the child say what’s on his or her mind. Since the child is in a highly charged emotional state, he or she will not be thinking logically and would be more inclined to react emotionally to anything that you say. As the child begins to calm down, then you can begin a discussion about what occurred.
* **Feed the child** – A break for a snack can be a healthy diversion
* **Meditation and guided imagery** – Rhythmic breathing or helping the child focus his or her attention on a relaxing scene promotes relaxation.

**Creating Structured, Yet Flexible Routines**

Building camp routines will be helpful for most children with neurological disorders because they function best when they know what is happening next and are confident about what they’ll be doing. Predictability keeps the stress level low.

Flexibility is always going to be important, but you can’t always control your circumstances or environment. For example, if you have a child in your cabin who eagerly anticipates the evening campfires, a thunderstorm may prevent you from participating in that program. Having materials and activities you know the campers enjoy ensures you are prepared for these types of contingencies.

**Focus on the Positive**

Be sure to celebrate the child’s small gains and accomplishments in the camp. By focusing positive attention on the child you help him or her realize that he or she possesses talents, abilities and skills that have nothing to do with the disorders. This way, the child will learn that he or she is not just a neurological disorder.

**Willingness to Change Your Style**

If you’ve never known a child with these particular neurological disorders, you will find that you may have to make changes in your leadership style. For example:

* You may need to spend more time planning for one child than you do for your other campers.
* You may need to develop more specific camp routines and make plans for “spontaneous” events.
* There will be some events where you may need to make special accommodations for the child. For example, he or she may not be able to sit still through an activity. You may need to make arrangements for someone to help with a camper during a specific event.
* You may need to practice patience when you and the child are under stress.
* You will need to develop thicker skin for times when the child might be engaging in “trash talking” (swearing, making threats, etc.)

You also have to be confident in your abilities as a Camp Counselor. The child’s behavior has nothing to do with you. Children with neurological disorders have meltdowns. Your efforts can help minimize the frequency and the duration.

**Trial and Error**

Adaptability is important. Some Camp Counselors, however, feel that accommodating a child with neurological disorders is a bad idea because it doesn’t prepare them for the “real world.” This unwillingness to accept certain facts can only impede the child’s successful camp experience. Children who are in emotional distress can’t learn. When the feeling part of the brain is going full throttle, very little of the thinking part is available to them.

If you make accommodations to minimize the emotional stress, fewer meltdowns occur and the child can spend more time actually learning and having fun. How do you determine when and how to accommodate the child’s needs? One thing you can do is follow this simple 3 step formula:

1. You engage the child in the expected behavior until you see “sparks.”
2. You back off, divert, and compromise to extinguish the emotional fuse from burning any further between you try to build the child’s self-esteem.
3. Working with children with neurological disorders can be challenging. Seek out the Camp Professionals, such as the Camp Therapist, or another adult in the camp that has had experience working with the needs of these children. Turn to them for advice and help when needed.

**Planning Points**

Given the information you’ve learned at this point in the course, additional points you need to consider for your Camp plan are include:

* What are the important strengths of the child?
* How can you focus on the strengths of the child and develop opportunities for him or her to participate in activities in which he or she can use these strengths?
* What are the events which seem to most frequently “trigger” the child into escalating behaviors?
* What is the pattern of small behaviors or “sparks” which the child exhibits during the period of time his or her behavior is escalating?
* What diversion methods work best for the child to slow or extinguish his or her escalating behavior?

**Communication Styles**

When you work with children who have neurological disorders, you need to have an awareness of the communication styles they are likely to manifest and how to respond to them so that you can communicate effectively and minimize any stress they may be feeling. Remember, a child with neurological disorders who is under stress is feeling, not thinking, and that will impact their interactions with you and their cabin mates, as well as their ability to learn. For example, some individuals have an **emotionally expressive** style of communication. They say exactly what they are thinking or feeling, often in a forceful manner and sometimes in a very rapid and possibly shrill voice.

This “black and white” style of communication can increase the stress level of those people trying to communicate with them. If you counter with an equally emotional style, you could exacerbate the camper’s mental state and cause their stress levels to rise. The best way to approach these children is with an equally “black and white” approach, saying exactly what you mean, but saying it in a calm, low voice. Say what you need to say, but only once or twice, and then you need to take action on what you’ve said.

**Communication Styles – Intense Interactions**

Some people’s lives are characterized by intense interactions conducted over long, extended periods of time. People involved in these intense interactions tend to have very high stress levels, as do the people they interact with. Often, this stress is created by having expectations to achieve goals that are too high, as well as a more intrusive, “in-your-face” style. Some neurotypical children respond to this type of leadership style. They rise to the level of expectations, and actually thrive on the stress. As we’ve already established, however, children with neurological disorders do not respond well to stress. They will be more inclined to respond by melting down. You will need to manage your emotions in order to achieve success with kids with neurological disorders.

**Communication Styles - Knowing When to Say Nothing**

There are two situations where saying nothing at all might be your best option. The first is when you’re dealing with a child who is at the tipping point between when he or she thinks as opposed to when he or she stops thinking and simply reacts. A child that close to an emotional edge is only going to be pushed over by anything you have to say. At this point, using some of the proactive steps we discussed earlier in the course to defuse the child’s emotions may not stop a meltdown, but they will certainly help minimize the duration and the intensity of the event.

The other time you should remain silent is if the child is engaged in an activity where he or she is involved in “stuck thinking” involving repetitive behavior. If you attempt to interrupt the child, they may feel the need to “start over” and you will have delayed. For example, if a child getting ready for recess on a brisk fall day is repeatedly putting their gloves on and taking them off until the “feel right,” interrupting them is only inclined to drive them back to square one and prolong the process.

**Communication Styles – Judging Attentiveness**

Attentiveness in another person is usually identified by two key factors; sitting still and making eye contact. If you are talking to a person and they are sitting quietly, making eye contact with you and perhaps even occasionally nodding their head, you assume they are being attentive. In contrast, if someone is fidgeting, tapping a pencil or clenching and unclenching their fists, you assume that they are distracted and are not interested in what you’re saying.

For a child with neurological disorders, however, “forced stillness” creates a sensation not unlike what a neurotypical person feels when trying to suppress a sneeze. It takes a great deal of focus and concentration when you attempt to suppress a sneeze, and then in most cases, you sneeze anyway! A child with neurological disorders will actually listen better if they can tap a pencil, tap on something, doodle or simply squirm around in their chair.

A Camp Counselor can check for attentiveness by occasionally asking the child to repeat what was just said. They should be asked to paraphrase, however, become some children can parrot back the exact words without having processed what was actually said.

There are times when the child may just be playing around like any other child might. If he or she is, treat them just like you would any other child. If the begins to exhibit “sparks,” however, then let them move or do whatever it is they need to self soothe.

**Communication Styles – Reframing Negative Language**

Children with neurological disorders interpret language very literally. Subtleties and nuances (sarcasm, put-downs, teasing etc.) are typically lost on them. If you say to a child with neurological disorders, “You must be crazy if you think I’ll let you do that,” they may actually interpret that comment to mean that you think they are crazy. If they hear that type of remark regularly, they will internalize it and make it part of their self-image. Camp Counselors would be wise to reduce or even eliminate the use of sarcasm, put-downs and teasing for this reason.

It’s also important that parents and Camp Counselors use language directed at the child’s behavior rather than the child himself or herself. Instead of saying, “You are such a mess!” it is better to say “You’ve made such a mess!” It’s also better to not “catastrophize” a situation. For example, instead of saying, “This is the worst mess ever!” substitute, “This is a big mess.” Avoid beginning sentences with, “You always…” or “You never…”

**Communication Styles – Avoiding “No” as a Trigger**

Most of us don’t enjoy being told “no,” but for a child who has neurological disorders “no” can “trigger” an emotional meltdown. So, instead of telling the child what he or she can’t do, focus on what he or she can do. Instead of saying “no” when or she wants to do something, respond with, “You may do that as soon as we finish our activity.”

Another way of saying “no” is by telling the child what behavior is expected. Tell the child what you want them to do, not what you don’t want them to do. Don’t assume that they will automatically know the appropriate behavior. They may require a prompt or more specific direction, remembering that they can interpret instructions quite literally. Telling a child with neurological disorders that there is “no talking in the cabin” might just make them think that there is literally no talking in cabin!

**Communication Styles – Word Retrieval and Thought Processing**

For most of us, the ability to read or hear words, link to the meaning of what we’ve heard or read, and then know what to do next with that information proceeds almost spontaneously and simultaneously. For children with neurological disorders, however, there seems to be a delay in mentally moving from one process to the other. As a result, it may take the child longer to process information. In some instances, the link to the right word may go awry and the child may actually change subjects in the middle of trying to explain something.

This delay in processing can also cause word retrieval problems for children with neurological disorders. Stress can exacerbate this problem, so the best thing you can do to help the child is to simply be patient. The child may lose patience because of the struggle to get the right word out, but if you remain calm, you will help the child stay calm, and the likelihood of finding the word they’re searching for will be enhanced.

**Communication Styles – Communicating Under Stress**

Even though some children with neurological disorders are actually reasonably good communicators under most circumstances, when they are involved in social interactions or during time when they’re stressed or excited, their skills will be somewhat impaired. They may exhibit any of the following behaviors:

* Use a voice that is either too loud or too soft
* Talk in a droning, monotone fashion
* Repeat the same phrase over and over
* Talk only about one of their special interests

If you observe any of these behaviors, reducing the stress level and helping the child calm down may help them return to using good communication skills.

**Communication Styles – The Last Word**

Children with neurological disorders seem to have an obsession with who gets the last word. Unfortunately, many Camp Counselors find themselves getting drawn into a “last word” contest! Parents and Camp Counselors should be more concerned with getting the “lasting word”.

The “lasting word” is how you control the action or situation that you want to take place. Say what you mean, mean what you say and say whatever it is no more than twice. After that, stop talking and begin to take action. For example, if the child is working on an activity when you’ve instructed him or her to begin picking up his or her supplies, and he or she says, “No, I want to keep working on my project”, you can say “pick up your supplies” once more, and if there is no response, you could say, “I will clean up your brushes while you put your paints away” and begin to do just that. While the child still may not be in agreement, at the least you bring the last word contest to an end.

**Communication Styles – Using Visuals**

Since words can sometimes be difficult for children with neurological disorders to process as quickly as neurotypical children, many of them tend to be better visual learners. Some people who have made their life’s work studying children with neurological disorders believe that they may even think in pictures.

They learn much better seeing and doing as opposed to reading “how to” instructions. Schedules, lists, or processes with multiple steps can be better absorbed by using visuals such as pictures or doing the process several times with the child until it becomes evident that he or she has grasped the concept.

**What We Have Learned in This Course**

In this course so far, we’ve focused much of our attention on understanding some of the basic knowledge regarding children with neurological disorders. We’ve also addressed some of the basic characteristics of a successful Camp plan, as well as the Camp Counselor characteristics that lead to success. Special attention has also been focused on communication styles because quite simply; if you can’t communicate, you can’t help the campers have a successful camp experience.

As we proceed into the second module, we will shift our focus to dealing with tantrums, rages and meltdowns, as well as taking a closer look at issues like stuck thinking, obsessions, fears and how to cope with them. Finally, issues of self-esteem, peer relationships and daily routines will bring us to our conclusion.