



Volunteer Training Guide

Camp Goals

1. Provide the campers with an exciting experience in a safe environment with good role models outside of the home environment.
2. Provide support to the campers while they are going through the grief process during camp.
3. Return the campers safely to their parent(s)/guardian(s) happy and excited about their experience at camp.

Camp Rules for Campers

1. No smoking, drugs or alcohol
2. No MP3 players, iPods, cell phones, computers, portable TVs , or other electronic equipment may be used campers
3. No bullying
4. No roughhousing (all campers must keep their hands to themselves and are not allowed to kick, hit, throw hard objects, or in any way hurt other people's bodies, feelings, or objects)
5. No climbing trees or on building
6. Other people's property and camp property shall be respected
7. No name calling, swearing or foul language
8. All campers are responsible for their own belongings and must keep their area neat and clean
9. All campers must be with or let their buddy know where they are at all times
10. All campers will be expected to listen to camp staff and abide by camp rules

NOTE:

- ALL MEDICATIONS MUST BE GIVEN TO THE CAMP PHYSICIAN WHEN THE CAMPER ARRIVES. The physician will administer the medications to the campers according to their physician's instructions.
- All of the campers have signed an agreement to keep the rules and understand if they break the rules, they may be asked to leave camp and their parents or guardian will be expected to pick them up.

Camp Buddy Expectations

1. You will be with or know where your camper is at all times.
2. You will obey the camp rules and help your camper obey the camp rules at all times.
3. You will participate with your camper in all grief and recreational activities.
4. You will be enthusiastic in all you do with and for your camper while at camp. (rule of thumb is to be childlike but not childish)
5. You will treat the camper as a special and unique individual with concern and compassion.
6. You will do all within your power to help everyone meet the camp goals.
7. You will keep personal information about the camper confidential.
8. Ask for help.

Prevention and Basic Style

When working with the camper assigned to you:

1. **Establish Rapport**

Show genuine interest in each camper. Listen fully when they speak. Use your body language to convey interest in the camper by turning to fully face them when they speak. Use eye contact to express interest and appropriate facial expressions based on the content of what the camper says.

2. **Secure Cooperation**

Tell the camper you want their cooperation. Establish ground rules such as: "please don't wander off", or "ask me if you have a need or want to do something different." Tell them you are a team. Establish positive expectations - you will work together and have a great time.

3. **Be Positive and Enthusiastic**

You are the role model. Your positive attitude and enthusiasm will go a long way in setting the mood and attitude of your assigned camper. If you actively and enthusiastically participate, your camper is more likely to participate.

4. **Keep Contact With Your Assigned Camper**

Have your camper stay with you at all times, do not let them wander off. Use the buddy system to provide support and help during the entire camp.

5. **Be Polite, But Firm**

Do not yell at the camper. Be firm and follow through if you request a specific action from a camper and be consistent.

6. **Countertransference**

Be where the camper is in their grief; don't try to move them along through the process.

How to Handle Refusal to Cooperate

Even if you do all of the preceding, there may be a camper who will not want to cooperate or participate. If you are in an activity group and the camper refuses to participate:

1. Don't force them to participate.
2. Encourage them to participate or suggest they participate for five minutes to see if they like it.
3. If they are in a group and do not like the activity, see if there is an alternative activity available for them. Example: If the group is talking, the child might be allowed to draw rather than talk.
4. If the camper does not want to do an alternative action, tell the camper they must stay in the group even if they don't participate.
5. If the camper acts out, use the time out procedure.
6. If all else fails, ask the camp coordinator to intervene.

How to Handle Conflict

- If conflict is verbal, have the campers sit down with you.
- You can mediate the conflict and use a problem solving approach.
- If the conflict escalates to physical acts, use the time out procedure.
- Use your body or physical intervention only as a back-up method. Look them in the eye, use their name, speak in a firm but polite voice and say "stop – separate", "you go here" (point), "you go there" (point). Have another individual contact the camp coordinator.
- Implement a time out.

How to Handle Bedtime Refusal

Campers will go to their rooms to prepare for bed. If the camper refuses:

1. Use assertive discipline, use eye contact, call the camper by name, and tell the camper very specifically what you want them to do. In saying what you want done, state only one action rather than a string of things for them to do.
2. Repeat number one up to two more times.
3. If there is still a problem, tell them you want to have a private talk with them. Ask if they want to talk now or after getting in bed.
4. A back-up is to take the camper outside the cabin and talk.
5. If all else fails, ask the camp coordinator to intervene.

Dealing With a Camper Who Have Experienced the Death Of A Loved One from Suicide

1. Instead of saying someone committed suicide (this sometimes implies a criminal act) use the phrase "completed suicide."
2. Realize suicide happens in all sorts of families.
3. Be a good listener. Some common thoughts expressed by those who have lost family to suicide include: "I didn't have a chance to say I am sorry" "I'm afraid it will happen to someone else in my family" "what do I tell my friends?" "I never got to say goodbye."
4. Allow expression of their feelings through whichever way they find helpful, i.e. drawing, journaling, painting, talking, etc.
5. Avoid clichés – there are no easy explanations for what they have experienced.
6. Recognize the death as a traumatic event.
7. Societal taboos against suicide often complicate the process of healing.
8. On a personal level, there are also some complications including 1) a sense of betrayal, 2) adjustment to the public's curiosity, 3) learning to accept the limit of control we have over other people.
9. Very sudden or traumatic loss may deprive the camper of the opportunity to develop positive coping strategies. This can result in inhibited or distorted grief.

Always remember children can be very resilient

The same skill and compassion you use with campers who have suffered more traditional losses will be very useful in helping campers who have lost a loved one to suicide.

1. Accept and encourage their expressions of feelings
2. Offer opportunities for remembering
3. Help them find support and positive outlets
4. Have fun! Laughter and diversion can be great ways to cope with tragic events

Developmental Stages and Children's Response to Grief

Infant to 2 Years

Grief Reactions: General distress, sleeplessness, shock, despair, protest. Child responds to parental grief.

Helpful Approaches: A consistent nurturing figure to take the place of the mother. Include in funeral rituals.

Ages 2 to 5 Years

Grief Reactions: Confusion, agitation at night, frightening dreams, regression. Child often understands a profound event has occurred. May seem unaffected. Repeated questioning. Child's understanding of "death" is limited.

Helpful Approaches: Simple, honest words and phrases. Reassurance. Secure loving environment. Drawing, reading books, play together. Include in funeral rituals.

Ages 5 to 8 Years

Grief Reactions: Wants to understand about death in a concrete way but think "won't happen to them." Denial, anger, sorrow. General distress, disoriented, confused. May behave as though nothing has happened. Desire to conform with peers. May ask questions repeatedly. May need physical activity on a regular basis.

Helpful Approaches: Simple, honest words and phrases. Answer questions simply and honestly. Look for confused thinking. Offer physical outlets. Reassurance about the future. Drawing, reading books, play together. Include in funeral rituals.

Ages 8 to 12 Years

Grief Reactions: Shock, denial, anxiety, distress. Façade of coping. Finality of death understood, phobic behavior, morbid curiosity, peer conformity. May need physical activity on regular basis.

Helpful Approaches: Answer questions directly and honestly. Reassurance about future. Create times to talk about feelings. Offer physical outlets. Reading. Include in funeral plans and rituals.

Ages 12 to 16 Adolescents

Grief Reactions: Shock, denial, anxiety, distress, anger, depression, withdrawal, aggression. May react similar to adult but have less coping mechanisms. May feel young and vulnerable and need to talk.

Helpful Approaches: Allow and encourage ventilation of feelings, encourage peer support. Groups are helpful, appropriate reading. Invoke other supportive adults. Maintain consistent environment. Include in funeral plans and rituals, encourage involvement in family.

Grief Indicators (listed alphabetically, not by priority)

Physical or Behavioral:

Accident proneness
Alcohol or drug abuse
Allergies, asthma
Appetite changes
Constipation
Diarrhea
Dizziness
Dry mouth
Heart ache
High blood pressure
Hives, rash, itching
Indigestion
Insomnia
Loss of appetite
Low energy
Low infection resistance
Migraine headaches
Muscle tightness
Nausea (recurrent)
Overeating
Over-sleeping
Pale skin
Pounding & rapid heartbeat
Premenstrual tension
Sexual disinterest, difficulty
Stomach ache

Physical or Behavioral:

Tearfulness
Weakness, esp in legs
Weight gain
Weight loss

Intellectual:

Confusion
Lack of awareness external events
Concentration difficulty
Loss of creativity
Disbelief
Loss of productivity
Error in language usage
Memory loss
Forgetfulness
Over achievement
Inattention
Lack of attention to details

Emotional or Social:

Agitation
Anger, Angry outbursts
Anxiousness
Asthma
Compliancy
Crying
Depression
Difficulty in relationships
Exaggerated positive behavior
Fear of groups or crowds
Guilt Feelings
Indecisiveness
Irritability
Jealousy
Lack of initiative
Loss of interest of living
Loss of self-esteem
Moodiness
Nightmares
Past-oriented
Restlessness
Rumination
Sadness
Suspiciousness
Thoughts of death or suicide
Withdrawal from relationships

Self-Esteem and Self-Image

1. Positive self-esteem is "I am" and "I can."
2. Self-esteem is composed of self-confidence and self-respect.
3. The person with poor self-esteem acts out of fear rather than strength.
4. People's self-esteem is enhanced when they feel they're truly seen, heard and valued as a human being.
5. Self-acceptance; our basic attitude toward yourself, an attitude of self-value and self-commitment.
6. Self-awareness; awareness of our feelings, our needs, our desires, emotions, ideas and behavior.
7. Self-responsibility; responsibility for one's choices, actions, one's happiness and the attainment of one's goals.
8. Self-assertion; making known one's desires, needs, as well as recognizing one's right to exist and be happy.

Ways You Can Enhance a Child's Self-Esteem and Self-Image

1. When a child speaks to you, stop what you are doing, turn to face the child, make eye contact and listen.
2. After a child has spoken to you sharing his or her feelings, you can reinforce this positive act by saying something like, "Thank-you for sharing your feelings." The same can be done when a child expresses their opinions or their wants.
3. You can use non-verbal reinforcements such as a smile, touching a child on the shoulder, a nod of the head, a "thumbs up" sign, a hug if it feels comfortable and appropriate to you.
4. You model in your own behavior self-acceptance, self-awareness, self-responsibility and self-assertion. Children learn by observing.
5. When appropriate, give compliments. They should always be very specific rather than general statements if you want the child to believe them. "You are just wonderful" will be more believable to a child who is insecure and uncertain and is not related to you.
6. When a child expresses feelings and emotions that might be interpreted as being negative, don't show shock or pull back but simply listen, acknowledge that you have heard what was said. For example, a child may say "I hate my father." Don't condemn, don't say you shouldn't feel that way or pull back but say "John, it sounds like you are angry or hurt." This may encourage a child to acknowledge and begin to integrate as well as explore "negative" thoughts and feelings that are probably as disturbing to him as to you.
7. Be as consistent as you can, knowing no one is 100 percent consistent, in maintaining limits that have been agreed to and established. Discipline is not punishment but necessary for life, healthy self-esteem and learning.

Basic Listening Skills

One of the most effective things we can do as we interact with the children is to practice basic, active, listening skills.

By practicing basic active listening skills we communicate to the child they are important, are seen and heard and valued. There is something very powerful and healing when you feel you are valued and listened to seriously. Empathy allows us to, in as far as possible, enter into the child's world and see things from their perspective. Empathy helps the child feel they are understood.

While there is no formula, no one right way to do this, there are some things that appear to help. Please keep in mind it is not the technique alone but your caring which is communicated through these techniques that matter most.

Non-verbal actions are very powerful and are often believed over verbal statements. Eye contact is one way to show you are listening and you care. An occasional nodding of the head while listening (not head bobbing) also conveys that you are hearing and care. Facial expressions, a smile or a relaxed face are positive non-verbal signals to children.

Minimal encouragements, such as "Uh-huh" or "go on", "Yes, I hear" are ways to encourage children to continue to talk.

Open-ended questions, or probes, questions that cannot be answered in one word, also encourage children to talk. Such questions can begin with "Tell me about", or "How do you feel?" or "What was that like?" Don't be afraid to say "I don't know" if they ask you something you are not quite sure how to answer.

Summary statements reflecting the content of what the child has said or reflecting the feeling content give children an opportunity to affirm or clarify your perceptions. Summary statements should be brief. Such statements might begin with "Let me see if I understand you," "I get the impression you feel... because..." or "From your point of view." Summary statements help the child focus on key issues or concerns.

Reflecting content or feelings of what the child has said is a key way to indicate you have heard them and you care.

By remaining accepting of the child, by being non-judgmental you help provide a safe and caring environment.

Confidentiality/HIPAA

All health system volunteers are committed to a professional code of ethics. Every camper is entitled to privacy and has the right to expect that personal information will be kept confidential. There is a law that sets a national standard to protect medical records and other personal health information called the **Health Insurance Portability and Accountability Act or HIPAA**.

- Information concerning the care of a camper is always personal in nature
- Any information about the camper's condition, care treatment or personal data is absolute confidential and must not be discussed with anyone other than those directly responsible for the camper's care.
- Any information about the camper may not be disclosed through social media.
- Unauthorized release of information about campers, due to carelessness or thoughtlessness, is unethical
- Be discreet in your conversations.
- Camper's files and medical records are confidential
- Camper's information must be disposed of in appropriate shredding bins and never left in an open wastebasket.

A violation of confidential information is a violation of health system ethics. A volunteer may be dismissed immediately by the Camp Coordinator for such a violation. In addition, under HIPAA, wrongful disclosure of health information carries fines and can include jail time.

Continued Contact

Any requests for continued contact between campers and volunteers after the completion of camp must be requested in writing no sooner than seven days after camp is adjourned. Due to the fact all the campers are under the age of 18, a parent or legal guardian will be required to send a written request to the camp coordinator.

We ask that our volunteers and campers do not communicate via social media at any point.

Signature

(By typing my name, it is representative of my signature)

Date