

RESEARCH ROUNDUP



May 2015

Issue 4



Howdy! Welcome to the fourth issue of Research Roundup for The Hole in the Wall Gang Camp!

The purpose of this newsletter is to share with you recent research about camps, and children, youth and families living with serious and life-threatening illnesses that can help increase your knowledge and skills in your work.

This issue focuses on research studies about **camp and mental health**. The common thread through these studies is that camps can provide opportunities for children living with serious illness to build resiliency and positive mental health outcomes. While camps cannot “fix” kids, research has shown small and moderate improvements in campers’ mental health, nudging them toward more typical levels such as those found in children not living with a serious illness.

Happy reading! Let’s lasso some knowledge!

For more information, contact Ann Gillard at 860.429.3444, ext. 116 or Ann.Gillard@holeinthewallgang.org



The impact of a multimodal summer camp training on neuropsychological functioning in children and adolescents with ADHD: An exploratory study (2012)

Authors: Wolf-Dieter Gerber , Gabriele Gerber-von Müller, Frank Andrasik, . . . Franz Petermann
Journal: Child Neuropsychology, 18(3), 242-255. doi: 10.1080/09297049.2011.599115

Introduction: Attention deficit/hyperactive disorder (ADHD) affects mostly executive functions such as slower and more variable reaction times in motor tasks. Treatments include stimulant medications such as methylphenidate, behavior therapy, community care, and response cost token systems and reward conditions. The purpose of this study was to examine the impact of a multimodal ADHD Summer Camp Training program that included a combination of methylphenidate and response cost token systems on neuropsychological processes, particularly attention regulation, inhibitory control and executive functions.

Methods: 37 children aged 5-17 with ADHD and taking methylphenidate were randomly assigned to a



treatment group (camp training program) or a control group. Data were collected before camp and six months after camp. In the camp training program, the response token system involved children receiving tokens for adhering to the specific rules during all daily social activities (tests, sports, lunches) and losing tokens for failing to comply, within a theme of “Olympics.” In the control group, campers’ parents received extensive counselling about ADHD symptoms, treatment and behavior management, but they didn’t follow the token system.

Results: Six months after camp, only the group receiving tokens showed a reduction of variability among all neuropsychological variables and improvements in selective attention and the capacity to integrate information in sustained attention.

Recommendations for practice:

1. For camps working with campers with ADHD, consider implementing a stringent response cost token system to improve campers’ selective and sustained attention and reduce variability in neuropsychological variables over time.
2. Highly structure camp programs for campers with ADHD by providing several hours of structured learning tasks and fun social skills trainings.

Camp Okizu: Preliminary investigation of a psychological intervention for siblings of pediatric cancer patients (2004)

Authors: Wendy Packman, Joselyn Fine, Beth Chesterman, Kelly vanZutphen and Rama Golan, Michael D. Amy Ion
Journal: *Children's Health Care*, 33(3), 201-215.

Introduction: A diagnosis of cancer in a child disrupts the family’s patterns and interactions, and siblings are often asked to assume greater family responsibility while receiving less attention and reward from their parents. This can cause some siblings to feel isolated, neglected, unimportant, jealous, angry and guilty. These feelings can become internalized and cause or exacerbate other

mental health issues. This study examined if attendance at a camp for siblings of kids with cancer related to improvement in posttraumatic stress, anxiety, quality of life and self-esteem.

Methods: Seventy-seven campers aged 6-17 completed both pre- and post-camp surveys.

Results: From pre- to post-camp, the siblings reported statistically significant decreases in symptoms of posttraumatic stress and anxiety, and statistically significant improvements in quality of life and self-esteem. There was a slightly greater decrease in PTSD symptoms for first-time campers.

Recommendations for practice:

1. Siblings of youth with cancer should be viewed as an at-risk group in need of targeted mental health services in addition to the camp intervention. While the negative effects of being a sibling of someone with cancer diminished, they were still higher than the general youth population.
2. Camps should consider offering sessions to siblings of youth with cancer, including structured facilitated opportunities to discuss family situations and offer tips on coping.
3. Camps should ensure that sibling campers have many opportunities to succeed at activities during camp, and receive positive feedback, reinforcement and recognition by caring counselors.



Evaluation of child and parent outcomes after a pediatric cardiac camp experience (2013)

Authors: Margaret W. Bultas, Chakra Budhathoki, and Karen Balakas

Journal: *Journal for Specialists in Pediatric Nursing*, 18(4), 320-328. doi: 10.1111/jspn.12040

Introduction: Children with heart disease can experience alterations in self-esteem, decreased coping abilities, increased anxiety and altered attitudes toward health. Specialty camps for children with heart disease are often not available because of physical limitations, reduced stamina, medical needs and medications. The purpose of this study was to evaluate the effects of a cardiac camp experience on children with heart disease and their parents. Specific aims of the study included evaluating the impact of the camp on (a) anxiety levels of the child, (b) anxiety levels of the parent, (c) the child's attitude toward illness, and (d) the child's psychosocial functioning, including self-esteem, social functioning, physical functioning and emotional functioning.

Methods: Forty-nine parent-child dyads completed pre- and post-camp surveys.

Results: Results demonstrated decreases in parent anxiety, decreases in child trait anxiety, and positive psychosocial outcomes in the areas of self-esteem, social, physical and emotional functioning.

Recommendations for practice:

1. Parent anxiety about their children decreased after camp (especially first time campers), so recognize that camp might offer parents psychosocial benefits and can decrease caregiving burdens.
2. There could be a long-term benefit in reduced anxiety for campers who attend camp multiple summers, so offer multiple, progressive camp opportunities for individual children.



Multimodal homesickness prevention in boys spending two weeks at a residential summer camp (2005)

Author: Christopher A. Thurber

Journal: *J Consult Clin Psychol*, 73(3), 555-560. doi: 10.1037/0022-006X.73.3.555

Introduction: Homesickness is the distress or impairment caused by an actual or anticipated separation from home. It is characterized by preoccupying thoughts of home and attachment objects. In its severe form, homesickness is subjectively distressing and has clinically significant cognitive, emotional and behavioral sequelae. The purpose of this study was to see if a concentrated homesickness prevention program would decrease homesickness intensity.

Methods: Seventy-five boys aged 8-16 who were first-year campers at a two-week overnight camp participated in a homesickness prevention program that involved a camp orientation brochure, coping booklet, practice time away from home, call from a staff member and specialized staff training. Campers completed a questionnaire seven times during their session that included questions about their emotions and homesickness, attitudes about camp, and satisfaction with camp. Counselors completed the Child Behavior Checklist.

Results: 99% of campers reported at least some homesickness on their first day, and intense homesickness among first-year campers decreased from 33% to 11%. First-year campers who received this multimodal preventive intervention arrived at camp with more positive attitudes and expectations; felt less

homesick and more in control during their stay; evidenced fewer internalizing behavior problems; and enjoyed camp's social, physical and environmental aspects more than a comparison group of first-year campers.

Recommendations for practice:

1. A multimodal approach to homesickness prevention can bolster children's emotion regulation and coping skills at an early age and could transfer to other transitions such as college, travel, etc.
2. Develop a homesickness prevention package that fits the culture of each camp.
3. Don't set a goal to eliminate *all* homesickness. Some feelings of homesickness are normal and may be adaptive by prompting the development of emerging coping skills.



A community-based intervention for siblings and parents of children with chronic illness or disability: the ISEE study (2003)

Authors: Phoebe Daus Williams, Arthur R. Williams, J. Carolyn Graff, . . . Susan Sanders
 Journal: J Pediatrics, 143, 386-393. doi: 10.1067/S0022-3476(03)00391-3

Introduction: Siblings of children with chronic illness or disability have been reported to be at risk for behavioral and mental health problems. The purpose of this study was to examine the effects of an intervention for siblings (age 7-15 years) of children with cancer, cystic fibrosis, diabetes, spina bifida, and developmental disabilities.

Methods: Pediatric nurse clinicians provided the Intervention for Siblings: Experience Enhancement (ISEE) to one of three sibling groups after the collection of data at baseline and before the second data collection. ISEE included structured teaching about the brother or sister's illness, psychosocial sessions, a five-day residential summer camp, and two booster sibling sessions and parent sessions. A partial treatment group attended the usual camp, whereas the waiting list control group attended camp after the last data collection. Subjects were randomized into these groups. 292 parent-sibling dyads for all three groups completed questionnaires at baseline and again five days, four months, nine months, and twelve months after baseline. Questionnaires included questions about siblings' knowledge about illness, social support, self-esteem, mood, behavior problems, and attitude towards illness.

Results: Siblings who received the full treatment of ISEE showed the strongest effects in transmission of knowledge about illness, improvements in mood, and decreases in reported behavior problems. Improvements on these outcomes and the other three (attitudes, social support, self-esteem) were sustained over the twelve months of observation in the full ISEE treatment group. Outcome improvements ranged from 5% to 25% over baseline. Siblings in the partial treatment group (camp-only) showed a positive effect on feelings of self-esteem and feelings of social support. Marked improvements in sibling attitudes toward illness and toward the ill brother or sister occurred in all study groups, including the control group. Feelings of social support also improved in the control group.

Recommendations for practice:

1. Offer camp experiences to siblings of children with serious illnesses.
2. During camp, offer educational and psychosocial sessions to campers.
3. Also offer parent/caregiver sessions and booster sessions.

