



# Therapeutic Camp Involvement: Child life goes to camp

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AT OU HEALTH



# Objectives:

Gain insight into a camp for chronically ill kids and teens

Learn more about child life's role at camp

Discuss challenges and potential boundary issues while interacting with patients outside of hospital setting

Be able to verbalize positive coping outcomes as result of camp attendance





# Who goes to camp?

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- Oklahoma Children's Hospital at OU Health
  - 6 Hemodialysis chairs (2 shifts, MWF)
  - Peritoneal dialysis
  - Oklahoma Transplant Center
  - Pediatric Nephrology clinic

# How does camp happen?

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- Cavett Kids Foundation
  - Founder Danny Cavett (Director of Chaplain Services at Children's)  
"Since 1997 Cavett Kids has provided FREE camps, programs and special events for children battling life-threatening illnesses."
- Kamp Kidney, Kamp Courage, Camp Cavett
- Taking Dialysis to Camp
  - Hospital staff volunteers, nurses, physicians
  - Hemodialysis and Peritoneal dialysis
  - Ages 8 to 18 to stay overnight
  - Younger than 8 can visit during day





# Let's go camping!

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## Typical Day/Schedule:

Starts with Dialysis early morning

Breakfast/Meds

Morning Activities

fishing, pool, arts & crafts, ropes course,  
horses, arcade, go karts, basketball

Lunch/Meds

Afternoon Activities & Danny's Challenge w/ break outs

Dinner/Meds

Evening Event

Fire Pit S'mores, Talent Show, Movie Night, Dance

Meds/Shower/Lights Out



# Child life's role

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## Cabin Adult (different from head counselor role)

Freedom to mix amongst cabins and dialysis campers

Allows child life to go where needed



## Help bring campers to hemodialysis in morning

## Support to patients and staff during dialysis

Facilitate activities, diversion, promote coping

Extra hands to grab supplies, run errands

Being aware of “peepers” into dialysis area and facilitating those conversations/questions



# Child life's role

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Awareness of restrictions of the dialysis camper

Diet

Swimming/water activities

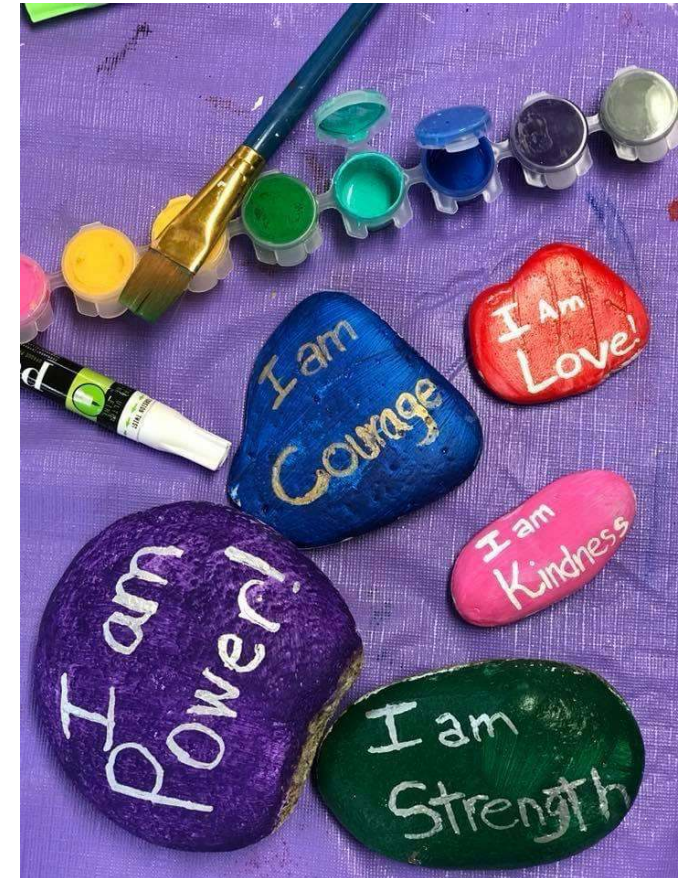
Activity level/fatigue

Supporting homesick campers

Assisting and supporting campers with developmental delays

Art Room helper

Danny's Challenge: breakout sessions with cabins



# Potential boundary issues

## Association of Child Life Professionals Social Networking Guidelines

Based on Principles 4 and 10 of the [Child Life Code of Ethics](#), child life professionals shall:

Not connect with (“friend”) patients or family members on social media sites outside of a professional capacity.

Not discuss children and/or their family members on their personal social media sites.

Not post photographs of children and/or their families on personal social media sites, nor should they post photographs on organization-based sites without signed consent.

Refrain from contact with patients and families through social media sites unless designated by the employer as a job responsibility and completed during paid work hours.

Not post on a patient’s or their family’s care pages/group sites (CaringBridge, CarePages, Facebook community pages) nor should he or she seek/view information about children and/or their families on social media sites.

Follow organizational policies when recording patients and families via photography or videography for organization’s use.

Not take photographs or videos of patients and families for personal use.

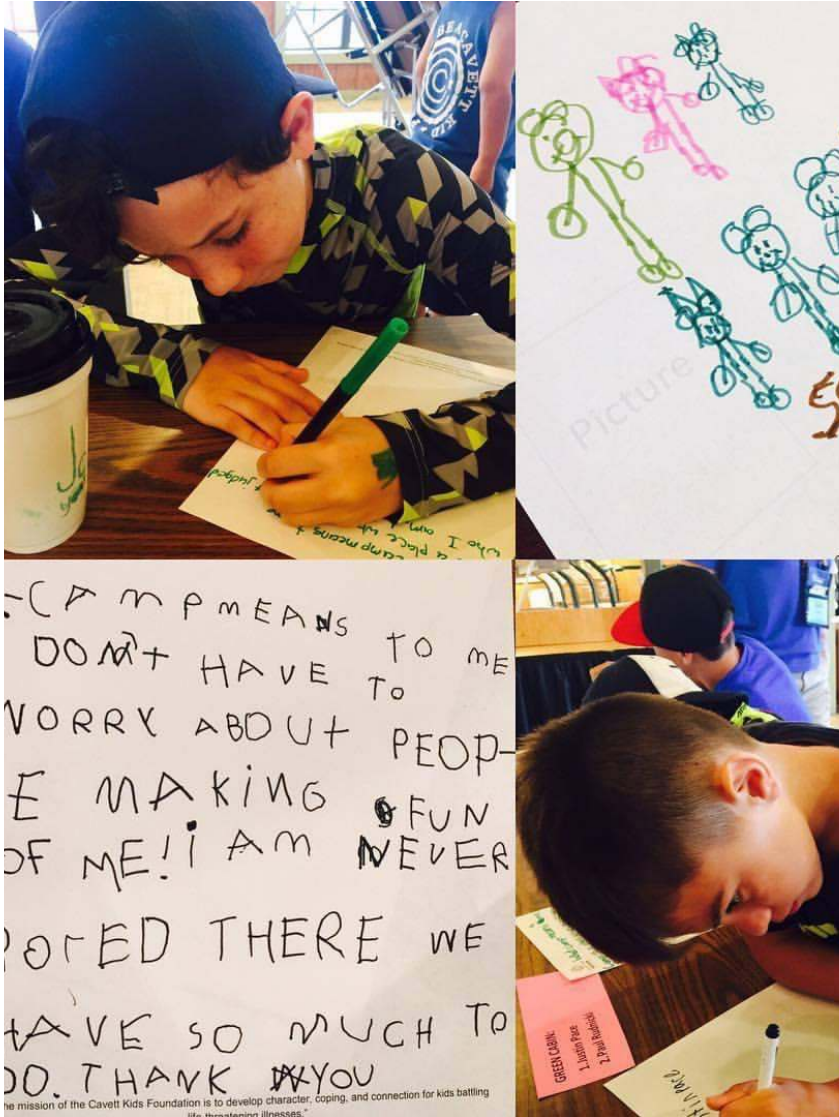


# Potential boundary issues

## Child Life Code of Ethics

**Principle 4** -- Certified Child Life Specialists respect the privacy of children and families and maintain confidentiality within the standards and requirements of employers, local governing regulations, or private practice standards.

**Principle 10** -- Certified Child Life Specialists use integrity to assess and amend any personal relationships, social media exchanges, or situations that may interfere with their professional effectiveness or objectivity, or otherwise negatively impact the children and families they serve. Child life professionals ensure the conclusion of their professional role before any personal relationship is permitted to develop with children or the members of families they have served.



# Positive coping outcomes

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## Research

### Personal observations:

- Normalcy
- Peer acceptance
- Mastery
- Awareness of others

# Positive coping outcomes



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*At camp, I feel like I'm at my second home. I feel encouraged, welcomed, loved and happy.*

— Kenley B., 12,  
Polycystic Kidney Disease



#CAVETTFAMILYFRIDAY



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*Camp Cavett is synonymous to home... At camp, you can be yourself and not be worried about what other people think of you.*

— Luke H., 17  
Kidney Disease



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# References

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Questions?

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