

Education Opportunities for Campers and Volunteers

Focus:

One of our goals as Medical personnel and volunteers is to provide education for campers, as well as volunteers, throughout the week of camp. Campers and volunteers from different backgrounds come together to learn about Type 1 Diabetes Mellitus while having fun at the same time. This includes Medical Teams, RD, Activities and Programing, and other ancillary volunteers. Diabetes does not necessarily define who a person is, they just happen to be living with diabetes. Learning can happen at meal times or during a pump site change. We look for those “teachable moments.” We are helping others to decide how to go about calculating insulin doses in relation to the many different scenarios that are possible in the person’s day. Discussing how much and how strenuous an activity might affect their blood sugar is a great example of how we can help the camper work through their next insulin dose calculation at meal time.

Philosophy:

Providing knowledge, support, and understanding leads to a better understanding and insight of Type 1 diabetes for our campers. We as volunteers get to see what it’s like to be in their shoes. Our mannerisms and how we approach education is important. Try not to say “You have a bad blood sugar or HbA1c,” for example. Instead we can show them how we have an opportunity to bring their blood sugar or HbA1c back into their target range because they checked and discovered the need to correct the situation. For many campers and volunteers, camp is a “reset” button to help them get back on track with their diabetes management. Positive reinforcement is powerful. We want to try to show that diabetes can be managed, thus reducing the likelihood of complications from diabetes in the future.

Learning Styles:

Not only does each camper have unique insulin dosing depending on age and length of time they have had diabetes; but they also have many different learning styles. Finding the approach that works best for the camper you are working with is key. How much involvement the camper has had with their diabetes decision making at home also plays an important role. At camp, guests and motivational speakers are invited to help inspire the campers and volunteers to a healthy lifestyle and to show that diabetes does not have to stand in the way of fulfilling their goals and aspirations. Skits, games, and other drama are also used to reach campers and assist in providing subtle education.

Goals:

During the intake process with their medical team the campers and parents are asked what goals they want to focus on during their week at camp. You may also find a

different goal during the week to work on too. It is also important to encourage them to set goals for after camp as well. Younger campers can be challenged to work on more skills, thus increasing their independence. Older campers can be encouraged to lower their average blood glucose level, or increase their site rotation, etc.

Goals could be any of the 7 Healthy Self-Care Behavior topics listed below:

- 1) Healthy Eating: Food choices or possible celiac issues
- 2) Being Active: Why we should be active and how does this affect their blood sugars
- 3) Monitoring: Frequency of blood sugar checks
- 4) Taking Medication: Insulin or other medications such as thyroids meds
- 5) Problem Solving: Putting the big picture together- This is huge concept to learn.
- 6) Healthy Coping: Dealing with a chronic illness; school, friends, or family issues
- 7) Reducing Risks: Working towards a long successful life

You will learn an incredible amount of information about Type 1 Diabetes during your week at camp. The campers themselves are the best teachers, so be sure to listen and learn from what they have to say.

Developmental Guidelines 9 – 10 years old

Developmental Level General Characteristics	Erickson: Industry versus Inferiority Piaget: Concrete Operations Is beginning to be able to master technical skills. Is active and approaches the world with vigor. Places emphasis on doing . Has enormous curiosity and eager to learn why .
Cognitive Ability	Can use deductive logic. For example, if this occurs, then that will occur. Can begin to understand that there may be multiple causes for an illness. Will respond to events in concrete terms. Is not as focused on self and can usually understand the viewpoints of others. Can focus more on reality due to an increasing ability to use logic. Can tell time by clock. Can understand unseen body processes. Has concept of past, present, and future.
Major Fear or Worry	Is concerned with loss of control or status and how seen by friends. May be self-conscious regarding body awareness. Modesty may cause child to “forget” to save urine for ketone testing
Peer Relationships	Regards school as a social activity rather than an academic activity. Places increased importance on friends. Is interested in group activities. Learns from own experience as well as interaction with peers.
Parent Involvement with Diabetes Care	May begin to show independence but parents are still the primary care givers. For example, child can be encouraged to “help with a finger stick” or “push the plunger in” from the syringe. Still needs significant supervision with technical skills.
Diabetes Teaching Strategies	Use drawings, games, hands-on activities, competitive activities, rules, work sheets. Encourage active participation in education sessions. Use “literal” teaching because child may not have cognitive skills to think abstractly. Encourage interaction with peers and group activities. Use repetition for mastery. Emphasize doing and practicing .
Motivators Self-Evaluation	Motivated by own interests rather than obligations. Evaluates self “as compared to” peers. Those who “fail to conform” may be ostracized.
Potential Consequences of Self-Management	If the child is made responsible for blood sugar testing and insulin injections, at this age they may not be able to reliably and consistently follow through with these responsibilities. The result may be inaccurate testing, missed injections, and poor metabolic control.

Developmental Guidelines from: Lucia Cole, Patrick Conlon, Nancy Dunne, *An Educational Curriculum for Diabetes Camp*, 1996, pages 12-17.

Developmental Guidelines 11 - 13 years old

Developmental Level General Characteristics	<p>Erickson: Later stage of Industry versus Inferiority</p> <p>Beginning of adolescence and Identity versus Role Confusion</p> <p>Piaget: Formal Operations</p> <p>Able to be introspective and able solve abstract problems.</p> <p>May be critical of adults, especially authority figures.</p> <p>May be resentful or rebellious when instructed to perform a task or participate in an established routine.</p> <p>May be anxious about the changes that occur with puberty.</p>
Cognitive Ability	Understands the concept of time. Able to solve abstract problems.
Major Fear or Worry	Places importance on acceptance by peers. Rejection by peers can be crushing.
Peer Relationships	<p>Has strong need to “conform to the norm.”</p> <p>Likes group or team activities and competitive games.</p>
Parent Involvement with Diabetes Care	<p>Need parents to continue to supervise and assist with specific tasks relating to diabetes care.</p> <p>Shared responsibility is the goal.</p> <p>“Burn-out” with diabetes can occur with children this age.</p>
Diabetes Teaching Strategies	<p>Use repetition of information.</p> <p>Emphasize concepts and problem solving.</p> <p>Use role playing, problem solving, competitive games, worksheets and films.</p>
Motivators Self-Evaluation	Motivated by need to conform with peers. To be able to participate in activities with peers away from home, child may want to become proficient in specific tasks of diabetes care; for example, blood sugar monitoring and insulin injections.
Potential Consequences of Self-Management	<p>Children may get “burned out” with diabetes and stop doing tasks or falsify blood sugar monitoring records, especially if not supervised closely by parents.</p> <p>Diabetes can become a “moral” issue if parents do not understand normal childhood behavior or understand the “burning out” factor.</p>

Developmental Guidelines from: Lucia Cole, Patrick Conlon, Nancy Dunne, *An Educational Curriculum for Diabetes Camp*, 1996, pages 12-17

Developmental Guidelines 14-18 years old

Developmental Level General Characteristics	Erickson: Later stage of Identity versus Role Confusion. Intimacy versus Isolation. Attempting to answer, “who am I?” May have an intense preoccupation with self and exaggerated “self-consciousness.” May be thinking, “what are the others thinking?” May be experiencing inner turmoil. May feel immune to the problems and circumstances that occur with others. May be dealing with changes of puberty. May be critical of adults. May test limits. May seek independence, proving that they are not constrained by diabetes.
Cognitive Ability	Can problem solve but may not have all the information.Can integrate past, present, and future. Has the ability to conceptualize thought. Can learn from ideas and arguments presented verbally.
Major Fear or Worry	May see chronic illness as a roadblock to attaining dreams for the future. May be concerned if body and emotions are “normal.”
Peer Relationships	May reject diabetes regimen as a way to fit in with peer group.
Parent Involvement with Diabetes Care	Management of diabetes should be a shared responsibility based on cognition, family environment, locus of control, and diabetes knowledge. Age should not be considered as the primary factor.
Diabetes Teaching Strategies	Focus on social and emotional issues rather than intellectual issues. Instructors should be informal. Include the adolescent in the plan of care. Adolescent may be learning to negotiate. Do not deny or challenge the adolescent’s feelings of invulnerability.Can discuss similar experiences of others. Help to identify ways to continue to self-monitor blood sugar and give insulin injections without being obvious to others, if this is a concern for the adolescent. Identify ways to improve compliance of diabetes management. Include demonstrations. Use films, debates, challenging games, group discussion and problem solving.
Motivators Self-Evaluation	Values independence and participation in social activities. May evaluate self in terms of consciously developed standards.
Potential Consequences of Self-Management	If overloaded with responsibilities, young adolescents may neglect blood sugar monitoring and insulin injections, leading to episodes of diabetic ketoacidosis. Depression, resentment and strained parent-adolescent relationships may occur.

Developmental Guidelines from: Lucia Cole, Patrick Conlon, Nancy Dunne, *An Educational Curriculum for Diabetes Camp*, 1996, pages 12-17.