

## The Trauma-Informed Camp: *Getting the MESH-age!*

## Auditing Camp for Trauma-Informed Practices

Information Developed by Linda Erceg, Jan 2018©

### HOW TO USE THE AUDITING TOOL:

Consider each statement. If it reflects your camp practices, put a check in the “Yes” box. If that statement is not reflected, place a check in the “No” box.

After marking each statement, consider which of the “No” statements you might want to incorporate to better reflect a trauma-informed camp.

*Statements are not exhaustive. Consider other aspects of your camp’s program and practices; evaluate them for sensitivity to people with trauma backgrounds and adapt as needed.*

Feedback? Email [erceg@campnurse.org](mailto:erceg@campnurse.org)

### Resources for a Trauma-Informed Camp

#### YouTube Video:

- Dr. Allison Jackson’s TED talk, “Making Childhood Trauma Personal.” Less than 10 minutes long. Excellent introduction to the concept of being trauma-informed and what a person – without a string of initials after their name – can do. Available at <https://youtu.be/-HG8H4n2j9I>.

#### Book:

- Gwinn, C. (2015). *Cheering for the Children*. Tucson, AZ: Wheatmark.

#### Websites:

- Alliance for HOPE International at <http://www.allianceforhope.com/>.
- Camp HOPE America at <https://www.camphopeamerica.org/>.
- “Recognize Trauma: Change a Child’s Future” at <http://recognizetrauma.org/>. Trauma statistics came from this organization.



Description of Trauma-Informed Practice	Done at Camp?	
	Yes	No
1. Camp staff know about trauma’s prevalence and impact.		
2. The camp facility has environments for those who seek low noise, less interaction with others, need sufficient lighting, and so on.		
3. Camp games are assessed for their ability to trigger trauma & adapted to minimize that potential (e.g., hitting/striking others, going to “jail”).		
4. Potentials for loud, sudden noises – balloon popping, backfire, fireworks – to occur are noted and campers, particularly those at-risk, are informed ahead of time.		
5. Staff can identify camper behaviors that fall outside expected parameters and act on those observations.		
6. Campers & staff know who to inform when unusual camper or staff behaviors are noted.		
7. Cabin/group staff spend at least two minutes a day in one-on-one conversation with each camper in their cabin/group.		
8. The nurse, in addition to caring for the presenting problem, asks clients how camp is going for them and acts appropriately to the person’s response.		
9. Campers are repeatedly reminded to say something to a trusted staff member when they’re feeling uncomfortable about or in a situation.		
10. Unexpected changes in the cabin/group counselors are appropriately explained To campers and someone notes camper reactions to those comments.		
11. Campers who are typically quiet and tend to be on the edge of a group are Appropriately drawn into the activity		
12. Activities that may be trauma triggers – swimming, riflery, night noises – are discussed with campers & coping supports identified.		
13. Staff note campers who demonstrate withdrawing behaviors when others argue and check-in with that camper later on.		
14. Staff note and take appropriate action regarding aberrant dining behavior (e.g., hoarding food, not eating).		
15. Staff supervisors note potential trauma-related behaviors seen in staff members and appropriately respond.		
16. Pre-arrival information tactfully asks about individual trauma background and/or history.		
17. Trauma information about a given camper or staff member is shared with appropriate staff (e.g., need-to-know basis).		