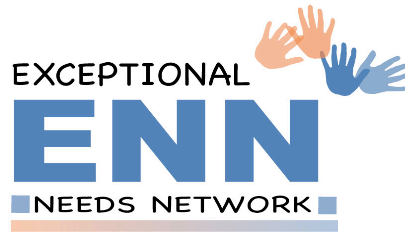

ENN Staff Guidelines
Camp Arroyo 2009

Session #1	August 1 - 4
Session #2	August 4 - 7
Session #3	August 7 - 10

ENN
P.O. Box 3149
Livermore, CA 94551-3149
www.ennetwork.org

Dear ENN Staff,

Welcome to the ENN camp experience! We are pleased and grateful you chose to join us. The work you are doing is vital to supporting families and children with Exceptional Needs. The work you will do while at Camp Arroyo may at times be draining, emotional and tiring. At the same time what you do will make a huge difference to the campers and their families. We hope you will find it extremely rewarding.

Remember that there is always support staff to help out and no question is too small or seemingly silly to ask. Remember to breathe and enjoy yourself in the lovely surroundings of the Livermore Valley at the Taylor Family Foundation's, Camp Arroyo, but remember that your number one priority during your stay is to make sure that all ENN campers have a fun, safe, well-supervised experience.

Enjoy, have fun, work and play hard. Thanks for giving of yourself and your time!

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Mission

The Exceptional Needs Network is a parent-driven non-profit (501c3) organization created to help families of children with special needs in the Tri-Valley region of the San Francisco Bay Area. We develop summer camps, educational conferences and other services to help families of developmentally delayed children.

How We Work

Our biggest project each year is summer camp. Imagine a place where children with Autism, Downs Syndrome and other disabilities can go to experience the joys of nature. Imagine a place where being different is okay and where all the counselors are especially trained to deal with the challenges that come with special needs children. We believe that place is Camp Arroyo – located in the Livermore foothills, near Wente Vineyards. Through the generosity of The Taylor Family Foundation, ENN is able to provide camping dates each summer. We hire special education aides, nurses and other activity experts to ensure that each child has a wonderful experience. We offer horseback riding, swimming, arts and crafts, nature hikes, music programs and special activities like talent shows, dances and carnivals to ensure that all campers have fun. Information is power. For many parents of developmental delayed children, it is difficult to know what services are available and what treatments could help their child. Each year, ENN offers a one-day conference featuring national experts on special needs. We also partner with local organizations and experts to help ensure that parents get the best information possible.

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GUIDELINES FOR COUNSELORS

WHAT IS EXPECTED OF YOU AS A COUNSELOR:
Counselors are assigned to campers on a 1:1 basis or a 2:1 basis depending on the needs of the camper. In each instance it is the responsibility of the counselor to be with their camp 24/7. Counselors are responsible for EVERYTHING involved in taking care of the camper during their stay at Camp Arroyo.

Please be sure to:
• make sure your campers take their meds daily (if they are on meds). You will be provided information on the times you should take your camper to the infirmary
• attend all meals with your camper and make sure your camper eats regularly
• make sure your camper is getting plenty of liquids daily--the heat in Livermore can be very HOT! Dehydration can become an issue if campers do not have a steady intake of liquids
• make sure your camper brushes their teeth and washes daily
• attend and participate in the different activities with your camper. Expand your camper's horizons by at least trying to do a number of activities
• make sure your camper uses the bathroom regularly
• play with your camper!
• swim with your camper (if you camper is in the pool, YOU are in the pool!)
• make sure your camper showers
• get your camper to bed on time
• Never find yourself ALONE with your camper--stay with a group.
• make sure your campers are wearing their name tags.
• HAVE FUN!

COUNSELORS ARE RESPONSIBLE FOR THE SAFETY AND WELL-BEING OF THEIR CAMPER AT ALL TIMES.

NO CAMPER IS TO BE LEFT ALONE AT ANY TIME.

BREAKS-Counselors are allowed two 1/2 hour breaks per day. When you need to take your break you are required to take your camper to the all-night (all day) cabin where there will be supervision for your camper. You are also required to pick up your camper there at the end of your break time. You must sign them in and sign them out.

CABIN CLEAN UP/PACKING-It is the responsibility of counselors to keep their cabin area and their camper's cabin area clean. At the end of camp, counselors must pack their campers' belongings and have them ready and waiting for pick-up.

IF YOU ARE HAVING ANY PROBLEMS, OR NOTICE ANY PROBLEMS, please immediately report them to the Lead Counselor. We want to make sure this experience is working for everyone involved.

GUIDELINES FOR ACTIVITY AIDES

WHAT IS EXPECTED OF YOU AS AN ACTIVITY AIDE?

Activity aides are hired to assist in the variety
of activities provided by ENN at Camp Arroyo.

Activity aides report directly to the Director of Activities and receive their direction and guidance from there.

Responsibilities include, but are not limited to:

- setting up of different activities
- supervising and monitoring activities as they occur
- participation in activities with campers and counselors
- take down and storage of all activity equipment
- cleaning of the tables and floors in the dining hall after each mealtime
- assisting specific counselors if asked to
- keeping an eye out for potential problems/hazards to campers and reporting those to your Director
- keeping your cabin area clean at all times

IF YOU SEE A CAMPER ALONE--DO NOT LEAVE THEM THERE, TAKE THEM WITH YOU TO ONE OF THE DIRECTORS IMMEDIATELY

BREAKS-Aides are expected to check with the activity director before taking breaks.

ACTIVITY AIDES ARE RESPONSIBLE FOR THE FINAL CLEAN UP AND STORAGE OF ALL EQUIPMENT AT THE END OF CAMP.

THE RULES OF THE CAMP

SWIMMING The only time you and your camper are allowed in the pool area is during scheduled "pool hours". Two sessions are held everyday. But you must attend the session your camper has been assigned to (Beginning or Advanced).
No one is to be in the pool without a lifeguard present
If your camper is in the pool, YOU are in the pool
Some campers will require life-vests while in the pool
No diving is allowed in the pool area
Showers are encouraged after pool time
Remember to keep your camper (and yourself) covered in sunscreen

BARE FEET Bare feet are not allowed outside the pool area. There are many potential hazards around, so shoes or sandals are to be worn at all times.

PATHWAYS Please stay on the pathways and the paved areas only. Also please make sure all campers stay on the pathways. Camp Arroyo does have rattle snakes during some seasons. This is only one of the many reasons why it is ESSENTIAL to keep on the pathways at all times. No climbing of trees is allowed.

**PRESCRIPTION DRUGS/
OVER THE COUNTER MEDICATIONS**
All counselors, aides, campers and staff must check-in their medication at Club Med. No medications of any sort, including over the counter medications, are allowed in cabins. This is for the safety of our campers.

ALCOHOL No alcohol is allowed at camp.

LEAVING CAMP No one is allowed to leave Camp Arroyo during the ENN camp time.

SMOKING ENN Camp Arroyo 2005 is a nonsmoking camp. The dry hills of Livermore are an extreme fire hazard. This year, there is no designated smoking area and smoking is not permitted.

**FOOD IS NOT ALLOWED IN CABINS!
BOTTLED WATER IS ALLOWED**

THE RULES OF THE CAMP
(continued)

PLEASE KEEP THE OUTER CABIN DOORS CLOSED!

There are many critters on the Camp Arroyo grounds. Having food in the cabins or leaving your doors ajar is an open invitation to the raccoons, turkeys, lizards, snakes or others that share Camp Arroyo with you.

CLOTHING

The following are not recommended for staff, counselors, campers or guests: shorts with less than a five-inch inseam, provocative attire, spaghetti strapped tank tops (tank tops ok), flip flops, (closed toed shoes are required for some activities), bikinis (counselors must wear a one-piece bathing suit), or logos for alchohol or tobacco

NAME TAGS

We request that all counselors wear their name tags at all times. More importantly please be sure that ALL CAMPERS always have on a name tag on! This is for safety sake! Thanks!

FOOD SERVICE

Our meals at camp are provided by the Valley Care Hospital System. Breakfast is at 8 a.m., Lunch is served 12 noon and Dinner is at 6 p.m. Please contact us if you need to have modifications to the menu or if you are a vegetarian.

POOL RULES

- Take a shower prior to entering water.
- No Running.
- No Horseplay/Chicken Fights.
- No Playing in wheelchair ramp.
- No hanging on rope/playing games across rope.
- Shallow end swimmers will wear a lifejacket.
- Keep all snow cones/snacks on lawn.
- 3 warnings from lifeguard and you will sit out of the pool.

CABIN/CAMPSITE CLEANUP

CABIN

1. Pick up all big debris.
2. Check behind the beds for items that may have fallen.
3. Check to make sure screens on windows are still in their place.
4. Sweep both inside and entryway of cabin.
5. Sweep out side door of cabin.
6. Make sure nothing is left in bathroom (shampoo, toothbrush, etc.)
7. Take out garbage as needed (Large dumpsters are located in top parking area)
8. If your camper will be staying over for Session #2. Please ensure all belongings are off the floor and on his/her bunk.

CAMPSITE

1. Pick up and straighten up sports equipment
2. Check basketball court for equipment and debris.
3. Pickup and straighten up any games or equipment up from patio area.
4. Straighten chairs and wipe tables from patio area.
5. Pick up any debris from lawn and surrounding areas.
6. Check path to meadow and meadow for any debris.
7. Straighten up and condense arts and craft materials.
8. Sweep and wipe down tables in arts and craft area.
9. Take out garbage from arts and crafts area.
10. Check pool area for debris.
11. Check pool locker rooms for debris or items left in bins.

Please see your Lead Counselor before checking out.
Thank you for all your help, you are all appreciated!

ABOUT OUR CAMPERS

ENN provides a safe haven, and wonderful camping experience for children with Exceptional Needs and a respite for their parents and families.

Our campers represent a wide variety of children with special needs including, but not limited to, those with autism, aspergers syndrome, Down syndrome and cerebral palsy.

To follow is some basic information on a few of the special needs of some of our campers and what they and their parents and sibling may live with daily.

The information in these articles is from the writers view point only. ENN wants to remind each of you that every individual in life is different. Whether living with Exceptional Needs or not, there is only one of each of us, and each of us is unique and special.

AUTISM

What is Autism?

Autism is a complex developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects the functioning of the brain, autism impacts the normal development of the brain in the areas of social interaction and communication skills.

Children and adults with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.

Autism is one of five disorders coming under the umbrella of Pervasive Developmental Disorders (PDD), a category of neurological disorders characterized by "severe and pervasive impairment in several areas of development," including social interaction and communications skills (DSM-IV-TR). The five disorders under PDD are Autistic Disorder, Asperger's Disorder, Childhood Disintegrative Disorder (CDD), Rett's Disorder, and PDD-Not Otherwise Specified (PDD-NOS). Each of these disorders has specific diagnostic criteria as outlined by the American Psychiatric Association (APA) in its Diagnostic & Statistical Manual of Mental Disorders (DSM-IV-TR).

Prevalence of Autism

Autism is the most common of the Pervasive Developmental Disorders, affecting an estimated 2 to 6 per 1,000 individuals (Centers for Disease Control and Prevention, 2001). This means that as many as 1.5 million Americans today are believed to have some form of autism.

And that number is on the rise. Based on statistics from the U.S. Department of Education and other governmental agencies, autism is growing at a rate of 10-17 percent per year. At these rates, the ASA estimates that the prevalence of autism could reach 4 million Americans in the next decade.

The overall incidence of autism is consistent around the globe, but is four times more prevalent in boys than girls. Autism knows no racial, ethnic, or social boundaries, and family income, lifestyle, and educational levels do not affect the chance of autism's occurrence.

Common Characteristics of Autism

While understanding of autism has grown tremendously since it was first described by Dr. Leo Kanner in 1943, most of the public, including many professionals in the medical, educational, and vocational fields, are still unaware of how autism affects people and how they can effectively work with individuals with autism. Contrary to popular understanding, many children and adults with autism may make eye contact, show affection, smile and laugh, and demonstrate a variety of other emotions, although in varying degrees. Like other children, they respond to their environment in both positive and negative ways.

Autism is a spectrum disorder. The symptoms and characteristic of autism can present themselves in a wide variety of combinations, from mild to severe. Although autism is defined by a certain set of behaviors, children and adults can exhibit any combination of the behaviors in any degree of severity. Two children, both with the same diagnosis, can act very differently from one another and have varying skills.

Parents may hear different terms used to describe children within this spectrum, such as autistic-like, autistic tendencies, and autism spectrum, high-functioning or low-functioning autism, more-abled or less-abled. More important than the term used is to understand that, whatever the diagnosis, children with autism can learn and function productively and show gains with appropriate education and treatment.

Every person with autism is an individual, and like all individuals, has a unique personality and combination of characteristics. Some individuals mildly affected may exhibit only slight delays in language and greater challenges with social interactions. The person may have difficulty initiating and/or maintaining a conversation. Communication is often described as talking at others (for example, monologue on a favorite subject that continues despite attempts by others to interject comments).

People with autism process and respond to information in unique ways. In some cases, aggressive and/ or self-injurious behavior may be present. Persons with autism may also exhibit some of the following traits.

- Insistence on sameness; resistance
- to change
- Difficulty in expressing needs; uses
- gestures or pointing instead of words
- Repeating words or phrases in place of normal, responsive language
- Laughing, crying, showing distress for reasons not apparent to others
- Prefers to be alone; aloof manner
- Tantrums

- Difficulty in mixing with others
- May not want to cuddle or be cuddled
- Little or no eye contact
- Unresponsive to normal teaching methods
- Sustained odd play
- Spins objects
- Inappropriate attachments to objects
- Apparent over-sensitivity or under sensitivity
- to pain
- No real fears of danger
- Noticeable physical over-activity or extreme under-activity
- Uneven gross/fine motor skills
- Not responsive to verbal cues; acts as if deaf although hearing tests in normal range.

For most of us, the integration of our senses helps us to understand what we are experiencing. For example, our senses of touch smell and taste work together in the experience of eating a ripe peach: the feel of the peach fuzz as we pick it up, its sweet

smell as we bring it to our mouth, and the juices running down our face as we take a bite. For children with autism, sensory integration problems are common. Their senses may be over-or under-active. The fuzz on the peach may actually be experienced as painful; the smell may make the child gag. Some children with autism are particularly sensitive to sound, finding even the most ordinary daily noises painful. Many professionals feel that some of the typical autism behaviors are actually a result of sensory integration difficulties.

There are many myths and misconceptions about autism. Contrary to popular belief, many autistic children do make eye contact; it just may be less or different from a non-autistic child. Many children with autism can develop good functional language and others can develop some type of communication skills, such as sign language or use of pictures. Children do not "outgrow" autism but symptoms may lessen as the child develops and receives treatment.

One of the most devastating myths about autistic children is that they cannot show affection. While sensory stimulation is processed differently in some children with autism, they can and do give affection. But it may require patience on a parent's part to accept and give love in the child's terms.
From ASA online• Autism Society of America
www.autism-society.org

ASPERGER'S SYNDROME

What is Asperger's Syndrome?
Asperger's Syndrome, also known as Asperger's Disorder or Autistic Psychopathy, is a Pervasive Developmental Disorder (PDD) characterized by severe and sustained impairment in social interaction, development of restricted and repetitive patterns of behavior, interests, and activities. These characteristics result in clinically significant impairment in social, occupational, or other important areas of functioning.

In contrast to Autistic disorder (Autism), there are no clinically significant delays in language or cognition or self help skills or in adaptive behavior, other than social interaction. Prevalence is limited but it appears to be more common in males. Onset is later than what is seen in Autism, or at least recognized later.

A large number of children are diagnosed between the ages of 5 and 9. Motor delays, clumsiness, social interaction problems, and idiosyncratic behaviors are reported. Adults with Asperger’s have trouble with empathy and modulation of social interaction - the disorder follows a continuous course and is usually lifelong.

Aspergers is not easily recognizable - in fact, many children are misdiagnosed with other neurological disorders such as Tourette's syndrome or Autism. More frequently, children are misdiagnosed with Attention Deficit

(and Hyperactivity) Disorders (ADD & ADHD), Oppositional Defiant Disorder (ODD), or Obsessive-Compulsive Disorder (OCD).

Such mistakes in diagnosis lead to a delay in treatment of the disorder, though many pharmaceuticals and natural remedies are used to treat multiple neurological and pervasive developmental disorders. Remedies used today range from St. John's Wart tea to drugs such as Haldol and Ritalin.

Treatments vary to a great degree with the individual patient – no single medication or remedy works for everyone - and AS cannot be completely cured. Because it is so new and so difficult to diagnose, our society is ill equipped to deal with the special educational needs of children afflicted
with Asperger's.

DOWN SYNDROME

What is Down Syndome?
Each year, approximately one in every 800 to 1,000 babies is born with Down syndrome, a condition that may delay a child's physical and mental development.

Down syndrome is a chromosomal disorder that occurs when an extra chromosome — chromosome 21 — is present in either the sperm or the egg at conception. There is no standard profile of a person with Down syndrome and not all people who have the disorder have severe mental retardation. Most people with Down syndrome have mild to moderate mental impairments and are able to live productive and satisfying lives in their communities.

In the past, children with Down syndrome were often placed in institutions because it was believed they would never be able to participate in society. But, today children with Down syndrome can grow up to be productive, independent members of their communities, thanks to the care and support of informed parents and professionals.

Understanding
Down syndrome is not caused by any action of the child's mother or father, during or before pregnancy, but the chances of having a baby with Down syndrome increase significantly with maternal age or if one parent is a translocated cell carrier.

There are three types of Down syndrome:
Trisomy 21 or Nondisjunction: an extra 21st chromosome is replicated

Translocation: part of the 21st chromosome breaks off during cell division and attaches itself to another chromosome. This happens during or immediately after conception, and accounts for only three to four percent of Down syndrome cases. In about one-third of translocation cases, one parent is a translocated chromosome carrier.

Mosaicism: a very rare form of Down syndrome, accounting for only one to two percent of all cases. Nondisjunction of the 21st chromosome takes place in one of

the initial cell divisions after fertilization. This creates a mixture of two types of cells, some with 46 chromosomes and some with 47.

Characteristics of Down Syndrome

- Low muscle tone
- Eyes that appear to slant upwards
- A flat nose bridge and small nose
- Abnormally shaped ears
- A horizontal crease on either palm
- An excessive ability to extend joints
- Small skin folds on the inner corner of the eyes
- Excessive space between large and second toe
- A delay in mastering basic living skills such as rolling over, crawling or responding to others

Intervention

Early detection is important — it allows intervention services such as physical, occupational and speech therapies to begin at the youngest possible age. Family support and participation are crucial to the success with congenital malformations of the heart that vary from controllable to life-threatening. Because surgery and other treatments are available, it is important that a baby with Down syndrome be examined by a pediatric cardiologist. Also, because children with Down syndrome often have vision and hearing problems they should be evaluated by hearing and vision specialists between 6 and 12 months of age or earlier if problems are evident.

Early intervention programs aid in the development of children with Down syndrome, and can be found in most communities. Children with Down syndrome also benefit from integrating with other children through day care and nursery school classes, swimming and dance lessons, library activities an d other community programs. Parents can turn to professionals, parent support groups, national associations and various publications for guidance in raising a child with Down syndrome. From Intel Health on line
http://www.intelihealth.com

CEREBRAL PALSY

What is Cerebral Palsy?

Cerebral palsy is the name given to a large group of motor (body movement) disorders that begin early in life and result from brain injuries that are non-progressive (do not worsen over time). Some children with cerebral palsy also have learning, vision, hearing and language disorders. Brain injuries that produce cerebral palsy can happen before, during or after birth. Although the specific brain injury causing cerebral palsy does not worsen, the movement problems produced by the injury can vary over time.

In most cases of cerebral palsy, the exact cause is unknown. Some possibilities include developmental abnormalities of the brain, brain injury to the fetus caused by low oxygen levels (asphyxia) or poor circulation, infection, and trauma. Injury and asphyxia during labor and delivery once were thought to be common reasons for cerebral palsy. However, some current research suggests that cerebral palsy is

caused by problems that happen earlier in the pregnancy and then result in a difficult delivery.

There are four basic types of cerebral palsy:

- Spastic (stiff, difficult movement)
- Dyskinetic or athetoid (involuntary and uncontrolled movement)
- Ataxic (poor coordination and balance)
- Mixed (combination of these types)

Cerebral palsy is the most common movement disorder of childhood. It occurs at a rate of approximately one to two out of every 1,000 live births, with the highest risk among premature, low-birth-weight infants (birth weight less than 1500 grams) and multiple-gestation pregnancies (twins, triplets, etc.).

Symptoms - Early symptoms of cerebral palsy include:

Difficulty feeding — having a hard time with the coordination of sucking and swallowing.

Delays in the appearance of normal motor milestones — For example, not seeing good head control by 3 months, not rolling over by 4 to 5 months, not sitting without support by 6 months, and not walking by 12 to 14 months.

Exaggeration or persistence of primitive reflexes — a reflex is an involuntary response to a stimulus. Newborns have certain protective reflexes that normally disappear as they age. For example, the Moro reflex (symmetrical extending of the arms in response to stimulation or a change in head position) should gradually disappear by age 3 - 5 months.

Low muscle tone — having a period of low muscle tone (hypotonia) early in life. This occurs before other problems in muscle tone and movement become apparent.

All forms of cerebral palsy can have associated problems, including mental retardation (more than 50 percent of patients), a misalignment of the eye called strabismus (50 percent), epilepsy or seizures (30 percent), and disorders of vision or hearing (20 percent).

From Intel Health on line
http://www.intelihealth.com

THE IMPORTANCE OF TEAMWORK

TEAMWORK COUNTS!
Teamwork is an essential tool towards making every ENN camp a valuable, successful experience for campers and counselors alike. ENN stresses the value and importance of teamwork between all counselors. We are in this camp together to support the campers, but as importantly, support each other.

ENN campers are each unique to themselves. Many are independent and need little guidance; others need their hands held each step of the way. This being the case it is important for counselors with relatively “easy campers to work” to keep their eyes open and try and lend a hand to counselors who may have more demanding campers. Sometimes teamwork is as easy as going over and just hanging out and chatting with a counselor that you see is having a difficult time with their camper (of course you need to bring your camper along!) Other times it may take a little more effort to help. Each instance is different. If you see a counselor in a difficult situation it is your responsibility to do what you can to help out. If you feel you are unable to help, for whatever reason, it is then your responsibility to alert the Lead Counselor of the situation you have noticed. We need to all work together as a Team.

You could think of teamwork as the flip-side of leadership but you’d be wrong. The two, like responsibility and independence, are closely intertwined. As Col. Nervo observes, to understand one, you must also understand the other. “Children working in groups learn to be leaders by example of the group and the group leader. Working together as a team provides an environment for cooperation and human understanding. A good leader must learn how to follow before they can be a successful leader. Group interaction is a natural and valuable step in the development of leadership.”

In addition to being a stepping stone to leadership, teamwork is a valuable skill on its own. Few things are more important to future success than the ability to work well with others. Sports leagues and sports camps have a well deserved reputation for teaching the importance of teamwork and cooperation skills. Good coaches stress the teamwork over individual accomplishments and value cooperative strategy over hot-shot plays. Other programs offer similar, if less obvious, experience with group interaction. Whether your daughter is a Girl Scout, a member of the school band or a camper away from home for the summer, she is learning important lessons about teamwork.

Experienced group leaders and facilitators know how to bring teamwork concepts to the attention of group members, allowing each to explore his or her role in the group. Did you sit back and let others take over? Did you take over and not include others? Did you work together as a team?”