

NEWS! NEWS! NEWS!

Eating Disorders at Camp



Gwenn Kudler
Gelfand, LCSW

Eating disorders and a preoccupation with weight, and body image have increased in frequency and intensity in our culture. Recent studies have shown that more than half of teenage girls and a third of teenage boys control their weight in unhealthy ways. Skipping meals, fasting, smoking cigarettes, vomiting and taking laxatives, diet pills, and diuretics are among the ways teenagers do this. In younger children, over 40% of first through third-grade girls want to be thinner. Eighty percent of ten-year-olds are afraid of being fat. And almost 50% of nine through eleven-year-olds diet “sometimes” and “very often.” With these alarming statistics, it is important for us to think about the implications of eating disorders for directors and staff of summer camps.

Why be concerned about eating disorders at camp?

Some people think that it's normal for kids to struggle with weight and eating at various times in their development. But there are real potential dangers in failing to detect an eating disorder early. The most significant is the potential of continual vomiting causing a sudden loss in potassium levels which can ultimately lead to a heart attack, even in children and adolescents. In addition, serious restricting of diet can lead to weakness, fainting, and changes in vital signs, all of which can in turn lead to accidents or more serious physical conditions if left unattended. These problems are exacerbated in a camp setting where days may be hot and campers are often engaged in a great deal of physical activity.

What if a camper *already has* an eating disorder?

If a camper is known to have an eating disorder prior to arriving at camp, a clear plan between the camp director and parents should be established prior to the start of the camping season. This should include weekly weigh-ins in the infirmary, coordination between the camp doctor and the treating MD at home, as well as collaboration with the camper's therapist, if indicated. When available, phone sessions between the camper and the therapist may be arranged. The plan should include a specific critical weight that if the camper falls below they should be sent home. Ongoing dialogue with parents revealing any concerns should take place following weekly weigh-ins.

Eating Disorders at Camp Continued...

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What if one *suspects* that a camper has an eating disorder?

If concerns about a camper having eating issues come to the attention of a counselor, the counselor should discuss this with the group leader and/or the head counselor. Counselors will generally discover this first; often another camper will tell the counselor about their concerns. Initially, the camper should be observed for common warning signs: restricting food at meals; excessive preoccupation with counting calories or dieting; frequent trips to the bathroom after meals (potentially to self-induce vomiting); rapid weight loss; and significant change in mood. If observations support the possibility, the group leader or head counselor should arrange to talk with the camper privately. It's especially important that other campers are not involved in this discussion. Let the camper know that you have observed some things that concern you and are worried that they may be struggling with eating issues. Parents should be informed sooner rather than later of any suspected concerns and a plan for continued monitoring of the camper should be developed. This may include being sent home for medical evaluation and clearance to return to camp. If the camper is vomiting, they always need to be sent home immediately for medical evaluation and clearance to return.

What if one suspects that a *counselor* has an eating disorder?

Counselors are role models for campers. If it comes to the camp's attention that a counselor is preoccupied with weight, food or body image, the head counselor or director should discuss this concern with them personally. The same standards used for campers with regard to assessment and treatment should also be applied to counselors. If a significant eating disorder is detected, the counselor should be sent home. They need their own professional help and are not helpful to campers who may emulate their behaviors.

As with all medical or psychological conditions, camp staff should be observant and should be instructed to inform group leaders and directors if any apparent warning signs exist. Parents and appropriate professionals should be involved early in decision-making to ensure proper safety and the health of the camper involved and the camp generally.

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