

Evaluation of Camp For All

Final Report of the Three Year Evaluation (2007-09)

Submitted by

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I. Executive Summary

This report summarizes findings from a three year evaluation of Camp For All in conjunction with partners from Camp Hope (serving youth with HIV/AIDS), Camp Periwinkle (serving youth with cancer and their siblings), and Camp Spike-n-Wave (serving youth with seizure disorders). Camp For All sought to fund a long-term evaluation with the goal of assessing the developmental outcomes related to participation in a week-long summer camp at Camp For All in conjunction with partner camps. A three year evaluation was funded to meet this goal.

Year one of the evaluation performed an assessment that sought to understand how best to evaluate Camp For All, articulate a program logic model, and develop outcome measures and evaluation strategies for a subsequent years of the evaluation. Interviews with administrators, Camp For All program staff, staff from partner camps, and focus groups with campers informed the assessment.

Years two and three built from this logic model and refined program instruments to measure processes and outcomes occurring at camp. Assessments in years two and three utilized a mixed method approach to meet this objective. In each year, the evaluation utilized a pre-test/post-test design using a questionnaire to understand changes in intrinsic motivation, amotivation, persistence through challenge (initiative), independence/competence, sense of hope, hopelessness, competence in friendships, and competence in medication adherence. Furthermore processes as reflected in support from staff, support from peer campers, and responsiveness to camp (reflecting engagement and satisfaction) were collected to understand how changes occurred in these outcomes. In-depth case studies were performed in conjunction with the quantitative portion of the study.

Case studies were utilized in years two and three, and focused on the unique processes and outcomes associated with a specific partner camp. Findings from the assessment year indicated that the camps had specific processes and outcomes that were not easily captured quantitatively. The case studies provided depth lacking in the pre-test/post-test design, and were designed to understand how participation at a barrier-free camp serves as a developmental support for young people from specific camps. Year two focused on Camp Hope and year three focused on Camp Periwinkle. Specifically, these studies addressed the following research questions: (1) what are the outcomes of participation in camp; and (2) what are the processes that facilitate those outcomes? While data from the assessment year informed the basis of the case studies; participant observation, in-depth interviews, focus groups, and a review of artifacts specific to each case serve to inform the stated research questions.

Year One Summary

Four themes emerged from the interviews performed for the assessment. The themes were: activity preferences, out-of-camp experiences, structural/organizational factors, and camper outcomes. Activity preferences were mostly based on the opportunity to engage in activities that were perceived as novel and refreshing. Youth and agency-based staff identified swimming, challenge activities and the ropes course, and unique activities found only at camp such as

fishing, attending the all-camp dance, and canoeing. Out-of-camp experiences included reports from family to agency and camp staff (home environments, reporting to counselors on changes seen in their children), anticipating/reflecting on camp by campers, and camp as an opportunity in a series of structured and unstructured activities that facilitated relationships and supported youth after camp.

The assessment study led to a working logic model, which articulated how outcomes occur. The logic model is a fluid entity that changes over the life of the programs involved. Revising the logic model involved consulting with administrative, supervisory and front-line staff from Camp For All and partner camps following each summer's evaluation activities.

The logic model incorporates ideas found within the youth development and chronic illness literature, which advocate the need for supports and opportunities to facilitate positive youth development and enhanced quality of life. A long-term goal of the evaluation was to demonstrate the contribution camp makes to youth within a long-term developmental structure. However, given the nature of the camp, and the period under evaluation, understanding change in proximal outcomes (e.g., hopelessness, competence, etc.) and what leads to change in these outcomes became a central focus of the project. The logic model served as a basis for study measures, which were reviewed by camp administrators and staff before being piloted with campers in Year Two.

Year Two Summary

Utilizing the logic model developed in Year One, we first sought to pilot test questionnaires developed from the logic model with Camp Spike-n-Wave and The Camp That Love Built, and then adjust and utilize these questionnaires with Camps Hope and Periwinkle. Pilot tests for the questionnaires occurred in June 2008 with Camp Spike-n-Wave and the Camp That Love Built. The purpose of the pilot test was to identify problems with administering the instrument, note the length of administration, and get feedback from campers and staff about this process. Following the pilot test, the questionnaire was revised to reduce the number of items and develop an alternative questionnaire for campers with cognitive impairments.

Outcome assessment with Camps Hope and Periwinkle occurred in July and August respectively. Fifty-two campers from Camp Hope completed pre- and post-test questionnaires. While no significant change in outcomes were observed, there were several findings that linked camp processes to changes in outcome measures. Linking the case study to these findings yielded insight into how Camp Hope functions and how it might impact its campers.

Camp Hope's structure allowed some campers to experience a connection to others (relatedness), agency and a sense of control (autonomy), and a belief that camp positively impacted their lives. When campers experienced high levels of these camp supports, they were more likely to report changes in their hopelessness, competence in friendships and socialization, feelings of independence, and persistence through challenge. Camp Hope's focus on making camp a place of support and acceptance played a role in how the camp was received by campers and benefited from what they were able to draw from this experience. This was ultimately observed in the decrease in loneliness scores observed from pre- to post-test for this group.

The sample used in analyses for Camp Periwinkle was extremely small (n=13) and it was difficult to detect differences at the bivariate and multivariate levels because of this small sample size. Campers from Camp Periwinkle reported high levels of support for autonomy, relatedness and competence while at camp. This means that campers felt that they could: 1) make choices and act with some control; 2) feel connected to camp staff and peers at camp; and 3) experience feelings of capability while at camp. Furthermore, campers at Periwinkle felt strongly that this camp had value and that this was evident in their experience. Performing an in-depth evaluation of Camp Periwinkle emerged as a goal from this portion of the evaluation.

Year Three Summary

In the summer of 2009, outcome evaluation activities occurred with Camp Spike-n-Wave and Camp Periwinkle. Camp Periwinkle also participated in an interpretive case study. Camp Spike-n-Wave took place during the week June 14-19. Campers completed pre-test questionnaires upon check-in at camp, and then post-tests during cabin time during the last day of camp. A total of 96 campers completed either a pre- or post-test questionnaire, and 76 questionnaires (~79%) had complete pre- and post-tests. Camp Periwinkle took place during the week August 1-7, 2009. Campers completed pre-test questionnaires upon boarding the bus to camp, and then post-tests during cabin time during the last day of camp. A total of 52 campers completed either a pre- or post-test questionnaire, and 31 questionnaires (~60%) had complete pre- and post-tests. As with Camp Hope in year two, an interpretive case study framework was used to investigate the research questions that sought to understand specific outcomes and processes related to participating in Camp Periwinkle. Data were gathered through interviews with 10 campers ages 12-14 who had or previously had cancer, 10 adult staff members (Periwinkle administrators, activity specialists, medical staff, and counselors), 4 junior counselors (former campers and cancer patients); unstructured participant observations conducted during camp; and artifact review.

Findings from the Spike-n-Wave portion of the study were fairly limited, but provide some support for the proposed logic model. We were not able to detect any changes in the outcomes measured over the period of camp. However, we did observe several bivariate relationships that supported program theory stipulating that support from peers and camp staff related positively to changes in measured outcomes. Support from camp staff was significantly related to reports of positive change in campers' hopelessness, competence in making friends, and feeling normal. Similarly, support from peers was significantly related to decreases in loneliness and positive changes in feeling normal. It should be noted that these relationships only held true for those individuals who reported positive changes in these specific outcomes.

Issues related to study measurement may have also limited the ability to detect differences in outcome measures from pre- to post-test. Camp staff reported issues related to questionnaire fatigue with for some campers, stating that youth were "wiped out" upon completing the instrument. This draws into question about the appropriateness of the methods used to collect data from children attending Spike-n-Wave. Several solutions are offered to facilitate evaluation activities with Camp Spike-n-Wave in subsequent years.

For Camp Periwinkle, only the measure for hopelessness demonstrated significant change over the period of testing. Other measures of camp processes did not perform as expected, and there exists no strong determinant of why change occurred when change was observed in some participants. Some evidence suggested that the actions of fellow campers and the impact of new activities related to change in hopelessness score, but this evidence was weak. A negative relationship between change in hopelessness and change in initiative (perseverance through challenge) was also observed and antithetical to the evaluation's logic model. Qualitative data suggested that youth were well-supported and encouraged to take on challenges by choice, meaning that youth could opt out or modify an activity based on their level of comfort.

The case study found that outcomes of participation in camp included: increased positive attitudes (including increased extraversion and sociability, perseverance and confidence, removal of barriers to exert autonomy, and gratitude and appreciation), reprieve (including striking a balance between childhood fun and cancer, feelings of freedom, and enjoyment and engagement), and feeling valued (including desire to maintain connection). Processes that facilitated these outcomes included: intentional programming (including a habitat of fun), full accommodation (including integrated and accessible facilities and activities and opportunities to be physically active), and spatial and social proximity to others. Given that camp contains processes that support these and other potential developmental outcomes, and that youth with cancer are especially at risk of negative outcomes such as anxiety, depression, and isolation in this study, youth with cancer experienced profound meaning and benefit from camp participation. It is not surprising that the major significant outcome found in the quantitative data, hope, could be considered the overarching outcome theme in this study.

It could be that youth who actually persevered through challenges realized how tough those challenges were, which influenced how they felt about the future. However, future work is needed to examine this issue. A positive change in hopelessness scores is an encouraging finding for Camp Periwinkle. However, limitations to the current study should be considered when interpreting this result. Without a comparison group, and with little evidence to suggest why this change occurred, camp administrators should seek evidence to determine what led to this change, and if this change can be observed again.

Summary of Findings

The three year evaluation yielded much in the way of understanding how camps for youth with special needs work to positively impact these populations. Findings should be interpreted carefully; as limitations related to the lack of a control group and sample size make it difficult to generalize beyond what was experienced at this camp. Several national and regional level presentations, as well as two peer-reviewed journal articles emanated from this effort. Taking into consideration the entire project several key findings can be articulated:

- Across camps, we observed cultures of acceptance and openness. Camp staff members were capable at guiding, empathizing, and encouraging campers. These types of behaviors explained why some campers experienced positive change in hopelessness, competence, and feeling normal for campers at Spike-n-Wave.
- Campers with disabilities and chronic illnesses have similar life experiences, but often feel “left out” or different. A strength of providing this type of camp is that many campers realize that they are not alone. Supportive peers in camps were linked to campers who experienced positive change in feeling normal, and decreases in loneliness for campers at Spike-n-Wave. At Camp Hope changes in competence in socialization and friendships in independence were positively associated with support from peers
- Hopelessness or its inverse, sense of hope, appears to be a measure that can be impacted by camp. At Camp Periwinkle, we observed a significant mean increase from pre-to post-test. At Camps Hope and Spike-n-Wave, campers who reported high levels of supports from staff and peers also reported change in this measure.
- For Camp Hope we observed a significant change in feelings of loneliness. The activities specific to this camp allowed for expression, education, and connection to others that rarely exists in the everyday lives of these youth.
- Camp works because it’s out of the ordinary. Let youth make choices and accept challenges. At Camp Periwinkle, camp was identified as a chance to experience a reprieve from being ill, and an opportunity to become engaged.

Future Evaluation Recommendations

1. Engage partner camps to review the current assessment model and its alignment with their program goals and activities. Articulate the purpose of camp for each partner camp and align Camp For All’s activities to support that mission.
2. Support long-term evaluation of activities through focused data collection efforts and refinement of measures.
3. Generalizing across camps may be desirable, but is it feasible? Understand what each camp does well and capture that. A uniform approach to evaluation appears to have limited application with Camp For All and its partners. Camp programs are tailored to meet partner camp needs, evaluation of these efforts need to be similarly designed.
4. Focus on experiential outcomes such as satisfaction, sense of hope (and its antithesis, hopelessness), global competence, and camp connectedness when seeking to understand “common experiences” related to involvement with Camp For All.

II. Introduction

A. Background Information

The purpose of this report is to provide an overview for the basis and progress of research and evaluation activities sponsored by the Camp For All based in Burton, Texas. The evaluation has worked closely with several Camp For All partners, specifically children and staff from Camp Hope, Camp Periwinkle, Camp Spike-n-Wave, and the Camp that Love Built. Each of these partner camps participated in one or more phases of the evaluation described in this document.

To date, the evaluation has generated a report on the Assessment Year (2007), two proposals outlining assessment strategies (2007), findings and strategies for a three-year evaluation of Camp For All and cooperating partner camps (2008), and a progress report and findings from evaluation activities occurring during the summer of 2008 (December 2008). Information from these documents is summarized in this report.

This report focuses primarily on evaluation activities occurring during summer 2009. It summarizes findings from data collected at Camps Spike-n-Wave and Periwinkle. Findings from this report were delivered at a meeting with Camp For All and key stakeholders on April 5, 2010. The report and associated presentation were designed to inform, stimulate discussion, and guide the strategic direction for future evaluation activities conducted by Camp For All.

III. Project Overview

To this point, the project has conducted evaluation activities during camps held in the summer of 2007, 2008, and 2009. In this section we briefly summarize activities occurring in 2007 and 2008, and to report findings from each year and illustrate how these studies shaped the 2009 evaluation.

A. Year One: Assessment Study Summer 2007

In April 2007, Camp For All entered a formal relationship with an evaluation team (Drs. Clifton Watts, Peter Witt, and Ann Gillard) from the Department of Recreation, Park and Tourism Sciences at Texas A&M University. Camp For All was interested in pursuing an outcome study similar to the recent American Camp Association (ACA) study on summer residential camps for youth. The ACA study did not include camps for children with special needs, and Camp For All saw this as an opportunity to inform the broader camping community, while learning about how Camp For All and associated partner camps impact the lives of children served through its summer residential camp.

Given the lack of research on camps for children with special needs, the evaluation team recommended conducting a one year assessment study. The purpose of the assessment study was to understand how Camp For All and partner camps operate, and what perceived outcomes were associated with camp.

The summer phase of this assessment targeted campers and staff of Camp Spike-n-Wave, Camp Hope and Camp Periwinkle, as well as Camp For All staff during the summer of 2007. These three partners of Camp For All were selected for participation due to their in-depth knowledge and experience of camp, and for their different perspectives. The Muscular Dystrophy Association Camp (MDA) originally agreed to take part in this assessment year, but logistical issues did not allow campers and staff to take part in the assessment. Assessment data from the MDA Camp included an interview with the camp's director and observations of the camp in summer 2007.

A team of three graduate students conducted the interviews, focus groups, and observations of Camp Spike-n-Wave, Camp Hope and Camp Periwinkle. Probing questions for focus groups and interviews were frequently used to gain deeper understanding of participants' responses.

In-depth interviews were held with camp directors and camp staff from each partner camp and the Camp For All program with the purpose of understanding what they perceived to be the outcomes of camp for campers who attend summer camp at Camp For All. Interviews were conducted with camp directors to gain a broader understanding of camp, such as information on the partner organization's goals for camp, past experiences, and future directions of camp. Camp staff interviews were conducted to elicit information about their perceptions of camper outcomes related to participation in camp. Our team operated with the perspective that camp staff members have more direct experience with individual campers than directors. Additionally, the assessment focused on camp staff members who had worked at camp for a minimum of two summers. This sample of camp staff was selected on the belief that these individuals could describe what changes were observed in campers over the period of camp and over time for returning campers.

Camp staff mostly included counselors who lived and worked with campers throughout the week. Additionally, medical, social work, and/or support staff members from each camp were interviewed to gain another perspective of how campers experienced camp. Medical staff had knowledge of typical medical issues faced by campers and resources at camp to meet their medical needs. Social work staff had knowledge of campers' home environments, and common psychosocial issues that arose for campers during camp. For Camp Hope and Camp Spike-n-Wave, these interviews occurred the day before campers arrived--during staff training. For Camp Periwinkle, staff interviews occurred after lunch on the fourth day of camp. Interview questions with staff centered on: how they came to be in their positions, daily and weekly schedules, out-of-camp contact with campers, campers' perceived motivations to attend camp, changes seen in campers, and campers' activity preferences. The goal of the staff interviews was to understand perceived outcomes of camp for many campers through the eyes of adults who were engaged in close relationships with campers at camp, sometimes over several summers.

A focus group was also held with five members of the Camp For All staff. While Camp For All staff had fewer opportunities for direct experience with the campers, they had a broader perspective of activities conducted during camps run by several different partner organizations. Furthermore, staff from Camp For All could also compare the four camps on common and unique experiences occurring within camp. As such, the purpose of this focus group was to understand outcomes for campers as seen by Camp For All staff during the structured camp activities. Additionally, Camp For All staff members had immediate experiences with campers

during structured recreation activities, and could share information about their perceptions of the ability of campers to participate during specific activities.

Focus groups were conducted with campers to elicit information about the outcomes of their camp participation and their lived experiences at camp. Focus groups were conducted with groups of 3-5 campers during rest time, or during activities that involved waiting, such as fishing and canoeing. Camper groups were formed based on their age and level of past experience at camp (i.e., veterans or first-timers). Focus group questions centered on activity preferences, camper-staff interactions, new experiences afforded by camp, the meaning of camp to participants, self-awareness and learning at camp, changes they observed in themselves as a result of camp participation, and if they planned to do anything differently in their lives outside of camp. The goal of camper focus groups was to understand the personal meaning of camp experiences for campers.

Unstructured observations were conducted before and after the camper focus groups. Observations were conducted before and after the interviews and focus groups. The interviewers walked around the camp and spent 10-20 minutes at different activity sites, such as canoeing, fishing, drumming, and cooking. Additionally, the interviewers observed camper and staff interactions in the dining hall during lunch and as campers and staff entered and left the dining hall. The observations sought to explore interactions between campers and between staff and campers in the natural setting of camp instead of the contrived setting of a focus group or interview. Data from this assessment study would serve to inform a broader, three year evaluation of Camp For All concerned with understanding outcomes associated with camp participation and what key events, activities and processes lead to changes in these reported outcomes.

Findings from this part of the study informed the intent of the assessment, which was to articulate a program logic model and outcomes associated with participation in partner camps and the programs offered at Camp For All. This process also helped provide direction to the selection of measures used to evaluate these outcomes.

Outcomes identified through interviews and observations served to inform a series of questionnaires intended for use in a proposed, three-year evaluation. The following outcomes were most frequently observed and described through the interviews with camp staff, administrators, and campers:

1. **Interest in Camp and New Leisure Interests** – Camp For All exposed many of its campers to new recreation and leisure activities. In some cases, these activities were adopted and became sources for community involvement and new interpersonal relationships. Questions based on this outcome were based on an inventory of activities in which campers participated or were exposed to during camp. Questions surrounding these activities asked questions with regard to past experience with the activity, intention to participate in similar activities outside of camp, and measures of behavioral engagement in a general set of activities outside of camp for campers repeating the camp experience in subsequent years.

2. **“Feeling Normal” and Developing Friendships** – Youth participating in partner camps and programs at Camp For All frequently reported that camp afforded them an opportunity to *feel normal*. Youth came into contact with similar others and through a process of sharing stories and observing others, youth realized that the challenges they faced were common to others like them. *Feeling normal* incorporated the ideas that camp fosters a sense of belonging and alleviates the social isolation that many of these youth faced outside of camp. The questionnaire assesses these concepts through questions that reflect “feeling normal” or not alone in experiencing disability or chronic illness. Another measure used on the questionnaire is an adaptation of the Loneliness and Social Dissatisfaction Questionnaire (Cassidy & Asher, 1992). This measure focuses on children’s self-reported feelings of loneliness and dissatisfaction with peer relations. Measures were adapted to reflect out-of-camp and in-camp feelings of loneliness.

3. **Perceived Competence** – Camp For All is a barrier free environment which offers activities that promote feelings of capability. This not only applies to feeling competent in challenging activities, but is also related to treatment adherence and activities of daily living overseen by partner camps. Youth reported experiences that reinforced an internal locus of control, whereby their actions were attributed to success, and confidence. To measure perceived competence, we adapted measures developed by the American Camp Association (ACA, 2006) from their national study. We also adapted measures of camper independence from the ACA, the free time motivation scale for adolescents (Baldwin & Caldwell, 2003), and the persistence through challenge component of an adolescent initiative scale used in past studies of adolescent behavior (Watts & Caldwell, 2008). These are all different measures to reflect competence and an internal locus of control—assets that promote youth being active in their world as opposed to being passive individuals who report feeling that they lack of control in their lives.

4. **Social and Emotional Functioning** – In several instances, youth reported feeling less shy and having had opportunities to interact with and befriend camp peers and make adult friendships. Youth also attributed camp with increasing their levels of optimism and hope and decreasing feelings related to hopelessness. To examine social functioning, the study adapted the ACA measure of camper friendship, which focuses on interpersonal skills such as empathy, listening, and communication. The questionnaire also measures a Sense of Hope (Snyder, 1995) and Hopelessness (Kazdin, Rogers, & Colbus, 1986; Paschall & Flewelling, 1997).

Logic Model

The assessment study led to a working logic model, which articulates how outcomes occur. The logic model is a work-in-progress and will change as the evaluation continues. Each year, the logic model will be reconsidered and revised with input from administrative, supervisory and front-line staff from Camp For All and partner camps following each summer’s evaluation activities. The logic model incorporates ideas found within the youth development and chronic illness literature, which advocate the need for supports and opportunities to facilitate positive youth development and enhanced quality of life.

As currently conceptualized, distal outcomes could be measured to understand effects associated with involvement in camp. The long-term impacts identified in this model are theorized to occur five to ten years following involvement in camp where camp complements a series of supports within the lives of youth campers. Measurement of long-term impacts is not a focus of the three-year evaluation. The long-term impacts of the partner camps and programs offered through Camp For All are probably best considered within a model that includes all of the support structures and experiences to which its campers are exposed prior to adulthood.

Working Logic Model Guiding the Camp For All Evaluation

Supports and Opportunities through Camp	Proximal Mediating Outcomes	Distal Outcomes	Long-Term Impact
Expanded Leisure Repertoire/Exposure to New Activities	Interest in Camp and New Leisure Interests		
Exposure to Caring and Supportive Staff	Feeling ‘Normal’	Improved Social and Emotional Functioning	
Exposure to Like-Others	Enhanced Socialization Skills		Enhanced Well-being and Quality of Life
Education on Care Management	Lack of Loneliness in Camp	Sense of Hope/Lack of Hopelessness	
Challenge and Opportunities to Demonstrate Competence	Perceived Competence		

Questionnaire Development

The logic model provided the basic foundation for developing a series of questionnaires used in the three-year evaluation. The evaluation team sought to use established and tested scales that captured the supports and opportunities offered through camp, as well as the proximal and distal outcomes associated with participation in camp. Each year of the three-year evaluation featured three forms of data collection:

- 1) Pre-test – performed prior to camp to assess demographic information, participation in leisure activities, parent support, and baseline data on outcomes;
- 2) Post-test – performed following camp to examine changes in outcomes occurred following camp and understand to what extent supports and opportunities were perceived to exist in camp.

Initial drafts of the questionnaires were shared with directors of partner camps and administrators from Camp For All. The first review of these documents led to a reduction in the number of questions and an improvement in the readability of questions, as there were concerns about the ease of administering the questionnaire. Several drafts of the questionnaires were reviewed, and then each questionnaire was pilot-tested with campers attending Camp Spike-n-Wave and The Camp that Love Built. While these groups were included in the year one evaluation, their participation served to pilot test and improve the measurement tools used in the 2008 year. The involvement of Camp Spike-n-Wave and The Camp that Love Built was crucial in developing the final set of questionnaires included in this report, and the evaluation team was most grateful for their cooperation and involvement in this phase of the evaluation.

B. Year Two: Summer 2008 Evaluation

The focus of the three year evaluation plan was to develop a comprehensive strategy to capture how Camp For All and its partners impact youth attending camp, and to identify key processes associated specifically and across camps participating in the evaluation. Utilizing the logic model developed in Year One, we first sought to pilot test questionnaires developed from the logic model with Camp Spike-n-Wave and The Camp That Love Built, and then adjust and utilize these questionnaires with Camps Hope and Periwinkle. This portion of the report summarizes activities conducted under the outcome evaluation and interpretive case study with Camp Hope.

Pilot tests for the questionnaires occurred in June 2008 with Camp Spike-n-Wave and the Camp That Love Built. The purpose of the pilot test was to identify problems with administering the instrument, note the length of administration, and get feedback from campers and staff about this process. Following the pilot test, the questionnaire was revised to reduce the number of items and develop an alternative questionnaire for campers with cognitive impairments.

Outcome assessment with Camps Hope and Periwinkle occurred in July and August respectively. Camp Hope campers completed the questionnaires on the first day of camp in camp and then on the last day of camp. Camp Periwinkle administered pre-tests on buses before the start of camp, and then on the last day of camp.

A total of one hundred seven campers from Camps Hope (n=73) and Periwinkle (n=34) took part in the pre- or post-tests during the summer of 2008. Approximately 61% (n=65) of the entire sample completed questionnaires for the pre- and post-tests. 45% of those completing pre- and post-tests were male. Camp Hope was largely represented by youth reporting their ethnicity as African-American (76%) followed by youth reporting Latino/a and mixed ethnicity (22%) and white/non-Hispanic (<2%). By contrast, 44% of the campers from Periwinkle categorized themselves as white/non-Hispanic, 34% reported being Latino/a with the remaining 23% evenly categorized as African-American, Asian/Pacific Islander, and mixed ethnicity. Campers from Hope and Periwinkle differed on many of the pre-test measures, and were examined separately in subsequent data analyses.

Examining Camp Supports and Changes in Outcomes

Analyses in Year Two were performed to understand the relationship between camp supports and changes in outcomes. These analyses link the *processes of camp* to the outcomes that camp is seeking to change. By articulating these relationships, the evaluation can express how the partner camps and Camp For All work to support outcomes associated with participating in camp at Camp For All. A brief synopsis of these measures follows. A matrix that refers to the derivation of measurement sources, plus the final study instrument is provided in the Appendix section of this report.

Camp supports refer to:

- 1) Supports for Relatedness and Competence from Staff (example questions: *Camp staff made sure I really understood what I needed to do; Camp staff took time to get to know me*);
- 2) Supports for Relatedness and Competence from Peers (examples: *I could express myself to other campers; Other campers showed that they were confident that I could do well at camp*);
- 3) Autonomy Support in Camp (examples: *Other campers didn't push me to do activities that I did not want to do; Camp staff gave me choices*);
- 4) Responsiveness to Camp (examples: *While at camp, I felt confident about myself; Camp was a great experience that I will never forget*);
- 5) Positive Attributions to Camp (examples: *As a result of attending this camp, I will be doing more activities like those at camp; As a result of this camp, I am going to let others know how much fun it is*);
- 6) Competence in Medication Adherence while at Camp (example: *At this camp, I felt confident about taking medications*).

These six measures of support combine to reflect the five supports and opportunities identified in the logic model articulated in the Assessment Year on page six. Outcomes evaluated in Year Two reflect the proximal mediating outcomes (those outcomes through which change occurs) and distal outcomes (those outcomes which reflect impact) in the evaluation logic model. Outcomes were:

- 1) Intrinsic Motivation in Free Time (example: *I do what I do in my free time because I enjoy what I do*);
- 2) External Motivation in Free Time (example: *I do what I do in my free time because I don't want to get into trouble*);
- 3) Amotivation in Free Time (example: *I do what I do in my free time because I feel like I have no choice, I have to do them*);

- 4) Perseverance through Challenge (example: *When I start something I stick with it*);
- 5) Competence in Free Time (example: *I am good at doing recreation activities*);
- 6) Independence (example: *I can do things on my own*);
- 7) Competence in Socialization and Friendships (example: *I am good at talking to friends about things that are important to me*);
- 8) Loneliness (example: *Most of the time I feel lonely*);
- 9) Sense of Hope and Hopelessness (example: *When I grow up I think I will be happier than I am now and All I can see ahead of me are*);
- 10) Competence in Medication Adherence (example: *When I am at home, I know I can remember to take my medications*).

Data analysis began at a bivariate level (e.g., the relationship between two measures, example-autonomy support in camp with a sense of hope) and proceeded to multivariate models which accounted for the influence of other variables (age, gender, years at camp, and other camp supports) on outcomes. For example, analyses examined the effects of gender, age, years of camp attendance and the camp support variables on change in sense of hope scores from pre- to post-test. Multivariate models “control” for the effect of other related variables that may offer alternative explanations for why change in an outcome occurred. Significant relationships are reported at the bivariate level and then are followed with significant findings from the multivariate analyses for each camp.

Camp Hope Findings

Our first bivariate analysis simply sought to understand if changes in outcomes were observed from pre- to post-test. The one change observed for Camp Hope was a change in loneliness this score decreased from pre- (Mean=2.97) to post-test (Mean= 2.71, $F=4.44$, $p=.041$). While no other changes were observed in outcome measures, this does not dismiss the idea that change occurred for some individuals in camp. The next set of bivariate analyses examined those cases where change occurred and to what that change was linked.

At the bivariate level, campers who experienced increases in their reported sense of hope were more likely to report higher levels of support for relatedness and competence from camp staff ($r=.311$, $p=.036$) and higher levels of positive attributions to camp ($r=.437$, $p=.002$). Increases in reported independence from pre- to post-test were related to higher reported levels of support for relatedness and competence from peers ($r=.478$, $p=.001$), and higher levels of positive attributions to camp ($r=.391$, $p=.006$). Finally, positive changes in competence in friendships and socialization were positively related to support of relatedness and competence from peers ($r=.389$, $p=.008$). Multivariate analyses yielded similar results for Camp Hope campers.

Positive associations between changes in outcome variables and camp support variables were found in multivariate analyses on competence in socialization and friendships, independence,

persistence through challenge (initiative), and sense of hope. Positive change in each of these outcome variables was linked to higher levels of reported support in one or more of the camp support variables.

Changes in competence in socialization and friendships were positively associated with support for relatedness and competence from peers while controlling for the effect of demographic and other camp support variables (*Adj. R*²=.137, *b*=.316, *t*=3.077, *p*=.004). Changes in independence were positively associated with support for relatedness and competence from peers while controlling for the effect of demographic and other camp support variables (*Adj. R*²=.165, *b*=.407, *t*=2.830, *p*=.007). Changes in initiative were positively associated (*Adj. R*²=.138) with autonomy support in camp (*b*=.539, *t*=2.039, *p*=.049) and positive attributions to camp (*b*=.536, *t*=2.018, *p*=.050) while controlling for the effect of demographic and other camp support variables. Changes in sense of hope were positively associated with positive attributions to camp while controlling for the effect of demographic and other camp support variables (*Adj. R*²=.128, *b*=.539, *t*=2.42, *p*=.031).

These findings provide some confidence in the reliability and validity of measures used to understand how change occurs in camp. Changes in competence in friendships and socialization and independence were related to peer support of relatedness and competence. This means that support from peers in camp played a part in the process of campers experiencing positive changes in their levels of socialization and independence. From past qualitative interviews, campers from Camp Hope reported interactions with peers as key to making them feel comfortable and accepted.

Similarly, supporting autonomy and feeling that positive experiences were afforded by camp were linked to changes in persistence through challenge. Agency or feeling in control is an important concept in adolescent development. Support for autonomy allows individuals to stick with activities and other challenges, because one attributes their actions to personal success and choice. Positive attributions to the program demonstrate a belief in a program's efficacy, and that belief may factor into a decision to stick with an activity that was not initially appealing or challenging.

Positive attributions to the program were also linked to positive changes in measures of a sense of hope. In this case, it might be that the belief in the program's effectiveness in instilling confidence and assurance feeds into an overall sense of hope for the future. A positive experience creates a positive outlook.

Camp Periwinkle Findings

It should be noted that the sample used in analyses for Camp Periwinkle was extremely small (*n*=13) and it was difficult to detect differences at the bivariate and multivariate levels because of this small sample size. The attrition rate (62%) was fairly high, and one of the priorities for Year Two will be to work closely with all partner camps to ensure that camps are adequately represented at all data collection points. These steps will help analyses yield more meaningful information for camps participating in the evaluation. Analyses reported in this document for Camp Periwinkle focus on the degree to which campers felt supports were present at camp, the percentage of campers reporting new leisure experiences in camp, and specific attributions that

campers made to the Camp Periwinkle program. A brief summary of bivariate analyses is also provided.

Table 1: Average Scores for Reports of Camp Supports from Camp Periwinkle (n=13)

Scale	Mean Score†
Supports for Relatedness and Competence from Camp Staff	4.64
Supports for Relatedness and Competence from Peers	4.43
Autonomy Support in Camp	4.77
Positive Attributions to Camp	4.53
Responsiveness to Camp	4.57

† All scores are reported on a five point scale where ‘1’ was strongly disagree and ‘5’ was strongly agree, scores closer to five reflect a high degree of support for those areas measured.

Campers from Camp Periwinkle rated the camp high on the camp support areas assessed at post-test. Camp autonomy support was rated highest with a mean score of 4.77. This was followed by supports for relatedness and competence from camp staff (mean=4.64), Responsiveness to camp (mean=4.57), positive attributions to camp (mean=4.53), and supports for relatedness and competence from peers (mean=4.43).

From a descriptive perspective, Camp Periwinkle campers felt as though they were active and offered control of situations while in camp. Data from the Assessment Year suggest that camp staff from Periwinkle and Camp For All allow Periwinkle campers the freedom to make choices, and act as *facilitators* of experience. As mentioned previously, the developmental benefits to this approach are widely acknowledged. Youth that act with volition and feel in control, attribute their actions as positive, and this helps youth to stay motivated and engaged. Maintaining motivation and staying engaged in activities teaches youth to persevere through challenge, which goes a long way to preparing youth for many of the obligatory activities of adulthood.

Over 70 percent of campers from the post-test sample reported engaging in a new activity through camp. Activities such as archery, canoeing and horseback riding were among the most cited. Between 60-70% of those involved in new activities report wanting to try the activity again. Camp For All offers a barrier free approach to the programs and facilities it offers. This environment lends itself to offering new challenges and exposing youth to activities that may not be accessible otherwise. Assessment Year data point to the development of competence through these activities, and it is theorized that competence in several areas helps support engagement and perseverance through challenge. Analyses in following years will look to determine the extent to which these ideas hold true.

At the bivariate level, campers who experienced increases in their reported sense of hope also reported changes in competence in free time ($r=.630, p=.016$). As previously mentioned, the rate of attrition comprised the depth to which analyses could be performed. Follow-up questionnaires distributed four to six months after camp might yield more information at a later date. The extent to which campers feel supported in camp offers some promise for what Camp Periwinkle offers

to youth who attend this camp. Understanding the degree to which these supports impact outcomes was made a priority for Year Three.

Camp Hope Interpretive Case Study

In addition to the activities related to outcome evaluation, Camp For All supported research initiated by Ann Gillard, who worked as the project coordinator for this year of the evaluation, and performed a separate study with Camp Hope for her dissertation. This study extended the work performed in the Assessment Study of 2007 to explore more deeply the processes (activities, interactions, and experiences) that led to identified outcomes of camp.

There existed a need for this type of study, as research studies on youth with HIV/AIDS outside of clinical settings are limited and few. Furthermore, this study complemented the broader evaluation because of the time and investment Ms. Gillard was willing to provide.

The study was qualitative in nature and used a case study approach. Data were gathered through in-depth semi-structured interviews lasting 20-60 minutes with a total of 17 campers ages 13 and older, one caregiver, and 8 camp staff members. Additionally, data were used from the 2007 study from camper focus groups and staff interviews. Unstructured participant observations and a review of camp policies and procedures were conducted at Camp Hope.

Through data analyses, four outcomes of participating in the camp experience were identified: (i) experiencing caring people; (ii) developing a sense of belonging; (iii) feeling reprieve and recreation; and (iv) increasing skills, knowledge, and attitudes. The four themes were strongly linked together and were not discrete categories; rather, they were nested within each other in a temporal order. When campers experienced caring people, they had a sense of belonging. These two relationship-based outcomes opened a space for feelings of reprieve (from responsibilities and stigma at home) and recreation (to engage in fun activities) at camp, and this relaxed space provided an opportunity for the development of knowledge, attitudes, and skills.

The four outcomes associated with the camp experience were influenced by various processes within camp. Processes consisted of formal and informal policies and procedures, and social interactions. The program processes that seemed to contribute most to the campers' experiences of caring people were long-term relationships, outside of camp support, exposure and storytelling, and Teen Talk (an educational workshop held for 1-2 hours on most camp nights). "Caring" was most often evidenced by genuine attention paid to campers, hugs, high-fives, and active listening. Counselors physically interacted with campers such as picking them up or teasing them. Additionally, all campers wore nametags with their first names on them which facilitated calling all campers by name. These interactions were especially important for this population because many people in their lives avoid contact with them due to the stigma associated with HIV/AIDS.

The program processes that seemed to contribute most to the campers' development of a sense of belonging were acculturation into Camp Hope, Teen Talk (i.e. opportunities to share feelings and life experiences), medication taking, grieving, aging out of camp, and storytelling. While these

were specific processes within camp, the overall existence of camp also contributed to campers feeling a sense of belonging to a community bigger than themselves.

The program processes that seemed to contribute most to the campers' experiences of reprieve and recreation were fun camp activities, planning for the needs of campers, accessibility, and freedom from worry. Camp policies and procedures were fine-tuned over the years, resulting in ever-increasing efficiency and understanding of camper needs and behaviors. Experiencing a sense of reprieve and recreation (i.e. freedom from stress and freedom to engage in activities) was grounded in the caring relationships and sense of belonging campers felt in camp, and in turn served as the foundation for the development of knowledge, skills, and attitudes. The "reprieve and recreation" outcome was achieved through the processes of planning and implementing goals associated with providing a recreational experience for campers, and the activities found within camp.

The program processes that contributed most to the campers' development of knowledge, attitudes, and skills were education through Teen Talk (i.e. facts and information about HIV and AIDS, disclosure, medications, transmission, and other health topics), and non-Teen Talk education such as campers encouraging each other to stay healthy. Education emerged from interactions with other campers and staff.

This study highlighted several program processes that had differing influences on youths' developmental outcomes. Three camp program processes stood out: acculturation into camp, storytelling, and Teen Talk. Acculturation consisted of establishing common ground, group bonding, and social controls. Acculturation was supported by the long-term relationships formed through camp and by norms that were created in Teen Talk and spilled over to other social contexts, such as being open to learning from and about others.

Telling and hearing stories about lived experiences had particular significance at camp, as it does in communities of color; many of the campers were African American. Relying on the oral tradition, information shared in Teen Talk was best believed and became personally relevant because it came from others who shared similar experiences. Campers could relate to these individuals and felt at ease to share their personal stories.

Although Teen Talk consisted of a relatively small percentage of activity time, the effects of this program had a disproportionately large impact. This was due to the presence of skilled and approachable facilitators, opportunities to speak freely about "the secret" of having HIV, and sharing of techniques to cope with different aspects of living with HIV such as disclosure and medication adherence. Teen Talk was one of the few (if any) places that campers could gain meaningful information and insight about living with HIV.

Results indicated that when youth are exposed to supports and opportunities for development, they will engage them. Often, staff members overlook the strengths and independence of youth when considering the influence of their programs. Too often youth are seen as passive recipients of services and outcomes. This study served as a reminder that youth actually interact with programs, and absorb these experiences in unique and individual ways. Additionally, this study further reinforced Developmental Systems Theory which identifies youth as active agents in their

development, who can benefit most when contexts (such as camp) can engage them and build off their strengths and internal assets.

Conclusions for Year Two

Camp Hope's structure allowed some campers to experience a connection to others (relatedness), agency and a sense of control (autonomy), and a belief that camp positively impacted their lives. When campers experienced high levels of these camp supports, they were more likely to report changes in their sense of hope, competence in friendships and socialization, Feelings of independence, and persistence through challenge. Camp Hope's focus on making camp a place of support and acceptance played a role in how the camp was received by campers and benefited from what they were able to draw from this experience. This was ultimately observed in the decrease in loneliness scores observed from pre- to post-test for this group.

Campers at Camp Periwinkle reported high levels of support for autonomy, relatedness and competence while at camp. This means that campers felt that they could: 1) make choices and act with some control; 2) feel connected to camp staff and peers at camp; and 3) experience feelings of capability while at camp. Furthermore, campers at Periwinkle felt strongly that this camp had value and that this was evident in their experience. Camps and other developmental environments are most successful when campers realize these supports, and long-term development depends on the provision of experiences that appeal to basic needs for autonomy, relatedness and competence. Data from subsequent years of this evaluation will seek to understand the extent to which these supports make a difference in camper outcomes.

IV. Year Three: The Summer 2009 Evaluation

In the summer of 2009, outcome evaluation activities occurred with Camp Spike-n-Wave and Camp Periwinkle. Camp Periwinkle also participated in an interpretive case study, which is described later in this report. Results for each portion of the outcome evaluation are reported in separate sections, and conclusions from all three portions summarized for 2009 activities. The summary integrates evaluation findings to develop a broader perspective of what was gleaned from all activities.

A. Outcome Evaluation

Camp Spike-n-Wave

Camp Spike-n-Wave took place during the week June 14-19. Campers completed pre-test questionnaires upon check-in at camp, and then post-tests during cabin time during the last day of camp. A total of 96 campers completed either a pre- or post-test questionnaire, and 76 questionnaires (~79%) had complete pre- and post-tests. The racial/ethnic composition of those completing questionnaires for Spike-n-Wave was 65% White, 19% African-American, 11% Latino/a, 1%, and 4% reporting bi-racial or multi-racial backgrounds. Approximately, 53% of the sample was male. Campers ranged in age from 9-14 years old. While 34 % indicated that it was their first year at camp, the average respondent attended camp for two years.

Pre-test questionnaires featured scales that measured motivation during free time, sense of hope, independence/competence, competence in medication adherence, competence in friendships, and loneliness. Post-test questionnaires featured repeat measurement of pre-test scales along with specific questions related to separate scales measuring satisfaction with camp, “feeling normal” in camp, and supports from staff and peers for relatedness, competence and autonomy. Based on past administration of these questionnaires, scaled variables were measured on a three-point Likert scale, where 1= “disagree”; 2=”agree/disagree sometimes”; and 3=”agree.” Data were collected by a Camp For All intern, mailed out and then entered and analyzed by Clifton Watts.

Table 2 illustrates the mean scores for each scale measured at pre- and post-test. As the table depicts, there were no significant differences from pre- to post-test on mean scores for the measured outcomes. This lack of significant findings can be attributed to several things.

First, scores were nearly identical for each measure at each measurement points. This could be related to the lack of variability within the scale. All scales for Spike-n-Wave utilized items measured from 1-3 on specific items. It could be that this range is too narrow to detect changes that occur within camp. Timing of measurement may also account for the lack of significant results. Camp Spike-n-Wave heartily welcomes their campers to camp, and distributing the questionnaire upon entry might impact youth immediately. As one camp director mentioned in the December 2008 evaluation meeting, “camp starts as soon as kids get off that bus.” We may not have an actual reflection of what youth feel and perceive in their daily life outside of camp. The period of time may also be too short to gauge change in the measures. There is some concern that the battery of measures may be too much. All of these explanations are factors to consider for subsequent evaluations.

Table 2: Changes in Outcome Scores from Pre-test to Post-test for Spike-n-Wave (n=76)

Scale Name	Pre-test Mean (SD)	Post-test Mean (SD)	sig.
Internal Motivation	2.68 (.51)	2.63 (.53)	n.s.
Amotivation	1.79 (.68)	1.82 (.63)	n.s.
Independence/Competence	2.25 (.54)	2.19 (.47)	n.s.
Loneliness	1.86 (.68)	1.86 (.71)	n.s.
Sense of Hope	2.38 (.54)	2.44 (.55)	n.s.
Competence in Medication Adherence	2.52 (.52)	2.48 (.56)	n.s.
Competence in Friendships	2.46 (.51)	2.43 (.52)	n.s.

Bivariate relationships

The next battery of analyses involved examining bivariate correlations between variables. This serves a few purposes. First, it provides some understanding of how the variables relate to each other. Knowing this information is useful if tests demand controlling for the effects of other variables. The bivariate tests are also useful in helping to see how process or context variables are related to changes in specific outcomes. Lastly, correlations also provide some test of theory, as it demonstrates how specific items relate to each other.

Staff support was a measure derived from items that depicted camp staff members supporting camper choice, decision making, skill development, and understanding camper needs. This measure was associated with positive changes in measures of sense of hope ($r=.237, p=.052$), competence in friendships ($r=.315, p=.009$), and “feeling normal” ($r=.487, p<.001$)—items reflecting camp as a place *where I can be myself, where there are others like me, and where others understand my life*. Cronbach’s alpha for internal consistency for the “feeling normal” scale was .60, which meets Cortina’s (1993) standard for reliability of scales with fewer than six items.

Peer support was a measure derived from items that portrayed fellow campers as supporting an accepting environment, promoting choices, understanding camper needs, and supporting decision making and skill development. This measure was associated with decreases in loneliness ($r = -.281, p=.019$), and reports of camp as a place where one could “feel normal” ($r=.599, p<.001$).

When examining relationships between outcome measures, positive changes in measures of independence were associated with positive changes in sense of hope ($r=.279, p=.204$) and competence in friendships ($r=.457, p<.001$). Some relationships between changes in outcomes went counter to what was expected in measurement. For example, positive changes in amotivation (or feelings of being controlled and not responsible for one’s choices) were positively related to changes in sense of hope ($r=.273, p=.024$). We would expect the opposite to occur as amotivation is often linked with maladaptive behavior. Also, positive changes in competence in medication adherence were associated with increased feelings of loneliness ($r=.307, p=.012$).

Multivariate tests

Multivariate tests expanded on the simple bivariate correlations to control for the effects of gender, age, and number of years spent at camp. These control variables were included in analyses where independent variables measuring support from staff, support from peers, and feeling normal at camp were regressed upon changes in dependent variables measuring independence, sense of hope, competence in friendships, competence in medication adherence, and loneliness. Of the analyses conducted, only change in independence was linked to one of the camp support variables, support from camp staff. The final model controlled for gender, age, and years at camp while examining the effect of support from camp staff. Support from camp staff was significantly and positively associated with change in independence score ($t=2.098$, $\beta= .243$, $p=.001$, $R^2 \text{ change}=.056$). The total model explained 21% of the variation in change in independence score. Being male was also positively associated with reported changes in independence ($t= -3.639$, $\beta= -.411$, $p=.001$, $R^2=.167$).

Conclusions: Spike-n-Wave

Findings from the Spike-n-Wave portion of the study were fairly limited, but provide some support for the proposed logic model. We were not able to detect any changes in the proposed outcomes measured over the period of camp. However, we did observe several bivariate relationships that supported program theory stipulating that support from peers and camp staff related positively to changes in measured outcomes. Support from camp staff was significantly related to reports of positive change in campers' sense of hope, competence in making friends, and feeling normal. Similarly, support from peers was significantly related to decreases in loneliness and positive changes in feeling normal. It should be noted that these relationships held true for those individuals who reported positive changes in these specific outcomes.

Our ability to detect changes was severely limited due to the nature of the instrument. The questionnaire issued to Spike-n-Wave campers was a revision of the original study instrument, and represented changes in the number of response categories (from 5 to 3 response choices) as concerns related to reading ability and comprehension were expressed by Spike-n-Wave staff. Furthermore, some fatigue related to questionnaire administration was noted by Camp For All staff administering these questionnaires to Spike-n-Wave campers. Some campers were "wiped out" following administration of the questionnaire. This draws into question about the appropriateness of the methods used to collect data from children attending Spike-n-Wave. It may be better to use reports from parents pre- and post-test, asking them to report on specific outcomes related to medication adherence, competence in social relationships, independence, and other behaviors parents observe of their children on a daily basis.

Camp Periwinkle

Camp Periwinkle took place during the week August 1-7, 2009. Campers completed pre-test questionnaires upon boarding the bus to camp, and then post-tests during cabin time during the last day of camp. A total of 52 campers completed either a pre- or post-test questionnaire, and 31 questionnaires (~60%) had complete pre- and post-tests. The racial/ethnic makeup of those

providing complete pre-and post-test data for Periwinkle was 39% White, 36% Latino/a, 16% Asian, 6% African-American and 3% (one case) failing to report this information. Approximately, 52% of the sample was female. Campers ranged in age from 10-15 years old. While 45.7% indicated that it was their first year at camp, 8.6% indicated attending camp once before, 11.4% reported attending camp twice before, 25.7% indicated attending camp thrice, and 8.6% reported attending camp four times.

Pre-test questionnaires featured scales that measured motivation during free time, initiative in free time, sense of hope, hopelessness, independence/competence, competence in medication adherence, and competence in friendships,. Post-test questionnaires featured repeat measurement of pre-test scales along with specific questions related to separate scales measuring responsiveness to camp, support from staff, and support from peers or fellow campers. Based on past administration of these questionnaires, scaled variables were measured on a five-point Likert scale, where 1= "strongly disagree"; 2="disagree" 3="agree/disagree sometimes"; 4="agree" and 5="strongly agree." Data were collected by a Camp For All intern, mailed out and then entered and analyzed by Clifton Watts.

The scales used in analyses were based off past measures used in other studies. However, these measures have not been administered to populations with special needs in the past. As a result, all measures were checked first through factor analysis and then reliability analysis to ensure that scales consistently measured the variables under study. A complete listing of scales with items and reliability coefficients is supplied in the Appendix. Scales reported for Periwinkle represent the most pared down group of items, and it is suggested that future evaluations utilize what exists with this measure in conjunction with the feeling normal measure utilized in the Spike-n-Wave evaluation for 2009.

Generally, scales had acceptable reliabilities. Scales measuring the camp outcomes of independence/competence, intrinsic motivation, amotivation, hopelessness, competence in medication adherence, and competence in friendships has Cronbach's Alpha scores ranging between .63-.93. Cortina (1993) indicates that for scales measuring fewer than six items, Cronbach Alpha scores over .60 are acceptable for measurement. Generally, scores over .70 are acceptable for scales with six or more items. Scales measuring the camp processes of staff support, peer support, and responsiveness to camp had Cronbach's Alpha scores between .85-.90, which reflects good reliability. The scales for amotivation (.54) and initiative (.57) fell below what is deemed acceptable for reliability. However, these scales were derived from a limited pool of items, and fell just short of the .60 standard identified by Cortina.

Table 3: Changes in Outcome Scores from Pre-test to Post-test for Periwinkle

Scale Name	n	Pre-test Mean (SD)	Post-test Mean (SD)	sig.
Intrinsic Motivation in Free Time	28	4.17 (.54)	4.15 (.53)	n.s.
Amotivation in Free Time	29	2.59 (.94)	2.38 (.81)	n.s.
Initiative in Free Time	31	3.77 (.58)	3.84 (.68)	n.s.
Independence/Competence	29	3.54 (.81)	3.71 (.60)	n.s.
Sense of Hope	31	3.90 (.75)	3.98 (.79)	n.s.
Hopelessness	31	2.61 (.84)	2.16 (.67)	<.001
Competence in Medication Adherence	29	3.59 (.67)	3.76 (.88)	n.s.
Competence in Friendships	24	3.96 (.61)	4.07 (.56)	n.s.

*All scales were computed on a five point scale using attitudinal questions ranging from Strongly Agree=5 to Strongly Disagree=1.

We used paired ‘t’-tests to first examine changes from pre- to post-test. The ‘t’ tests detect if change occurred from pre- to post-test. The results should be interpreted carefully as these tests do not explain why change occurred, and do not control for the effect of other variables at work (e.g., past experience with camp, level of illness, etc.). When examining Table 3, we observe that only one outcome significantly changed from pre-test to post-test, Hopelessness. Hopelessness significantly decreased over the period of camp from a mean score of 2.61 to 2.16 at camp’s conclusion ($p<.001$). While there were no other significant changes, all but one of the variables changed in the expected direction. Amotivation or attributing no control over one’s actions in free time was hypothesized to decrease over the time period and did. Similarly, independence, sense of hope, competence and medication adherence, and competence in friendships were theorized to increase, and these scores did over the course of camp. Independence decreased slightly from pre- to post-test, which was not expected.

Bivariate and Multivariate Testing

As with the Spike-n-Wave group, the next battery of analyses involved examining bivariate correlations between variables. Again, these tests were to examine if expected relationships existed between the variables, and what, if any, unanticipated relationships existed.

The correlation analysis included support from staff, support from campers, and responsiveness to camp. Gender, years at camp, and age were also entered into the correlation analysis. Change in outcome scores for intrinsic motivation in free time, amotivation in free time, initiative in free time, independence, sense of hope, hopelessness, competence in medication adherence, and competence in friendships were the last set of variables entered into the analysis..

We first examined if relationships between any of the process and outcome measures existed when examining gender, years at camp, and age of campers. We observed a negative relationship between gender and staff support score by campers ($r=.384, p<.05$). We then performed a ‘t’-test and observed that males (4.34) had higher mean ratings of staff support when compared to females (4.00). Interestingly, years at camp and age of participants was not related to any of the

process or outcome measures. Next, relationships between process measures were observed. Significant relationships were observed between responsiveness to camp and support from peers ($r=.411, p<.05$), and support from staff ($r=.450, p<.01$). As expected, support from peers and support from staff were also positively related ($r=.337, p=.051$).

Surprisingly, none of the process measures related to change in the outcome measures. Even when considering a relaxed confidence interval, associations between processes and change in outcomes could not be observed. This is probably attributed to the relatively small sample size derived from pre- and post-tests. Furthermore, many of the measures experienced very little change from pre- to post-test. Only the score for hopelessness significantly changed.

As these measures are fairly new, the next step in the analysis process was to examine the specific questions utilized to create the process measures to see if relationships existed between individual process items and changes in the outcome scores. Again, this produced very little in the way of results. However, a couple of items related to change in hopelessness score. Positive change in hopelessness score was related to the item “Other campers didn’t push me to do activities I didn’t want to do” ($r=.397, p=.036$), and “As a result of attending this camp, I will be doing more activities like those at camp” ($r=.364, p=.057$). The only other variable linked to change in hopelessness score was change in initiative in free time, which measures persistence in challenges youth face in free time. In this case, the relationship between the two variables did not occur as envisioned, as change in hopelessness score was negatively related to change in initiative (persistence through challenge) score.

Multiple regression analyses were performed using all three process measures to predict change in each outcome score. Consistent with the bivariate analyses, no significant relationships were detected, and no significant predictive model for each change in outcome score was derived. Again, the sample size for these tests was very small (under 30 cases), and this limited the power to detect change or develop a strong predictive model.

Conclusions: Camp Periwinkle Outcome Evaluation

One outcome, hopelessness, demonstrated significant change over the period of testing. Measures of camp processes did not perform as expected, and there exists no strong determinant of why change it occurred when change was observed. Some evidence suggests that the actions of fellow campers and the impact of new activities relate to change in hopelessness score, but this evidence is weak. A negative relationship between change in hopelessness score and change in initiative (perseverance through challenge) was also observed and antithetical to the evaluation’s logic model. The associated case study (follows this section) reports that youth were well supported and were encouraged to take on challenge by choice, meaning that youth could opt out or modify an activity based on their level of comfort. It may be that youth who actually persevered through challenges realized how tough those challenges were, and it impacted how they felt about the future. However, this is purely speculation, and only has implications for future studies. At this point, no conclusion for why this result occurred can be derived.

A positive change in hopelessness score is an encouraging finding for the camps involved. However, limitations to the current study should be considered when interpreting this result.

Without a comparison group, and with little evidence to suggest why this change occurred, camp administrators should seek evidence to determine what led to this change, and if this change can be observed again.

B. Interpretive Case Study: Camp Periwinkle

As part of Camp For All's ongoing commitment to evaluating its program, Camp Periwinkle was chosen as the focus of a case study during the summer of 2009. Camp Periwinkle was selected because of its long-standing association with Camp For All (Camp For All), its willingness to participate in an evaluative case study, and involvement of the lead researcher of this portion of the study (Ann Gillard) in the overall Camp For All program evaluation since 2007.

In 2007, an initial assessment was undertaken in which four partner camps of Camp For All (including Camp Periwinkle) were evaluated to understand outcomes associated with camp participation. The results of this evaluation were used to develop and implement pre-, post-, and follow-up questionnaires for campers in 2008. While the outcomes that were identified were relevant to Camp For All as a whole, it also appeared that there were qualitative differences between partner camps, and additional questions were generated about the outcomes of camp for youth, and the processes by which they occurred.

The purpose of this portion of the study was to understand how participation at a barrier-free camp serves as a developmental support for young people with cancer. Specifically, this study addressed the following research questions: (1) what are the outcomes of participation in camp; and (2) what are the processes that facilitate those outcomes?

An interpretive case study framework was used to investigate the research questions (Yin, 2003). The case was a week-long camp for 182 youth with cancer and siblings ages 7-15. Data in 2009 were gathered through interviews with 10 campers ages 12-14 who had or previously had cancer, 10 adult staff members (Periwinkle administrators, activity specialists, medical staff, and counselors), 4 junior counselors (former campers and cancer patients); unstructured participant observations conducted during camp; and artifact review.

An original goal of the case study was to interview patient and sibling pairs in order to compare and contrast answers to the research questions from these different populations. However, because only 53 campers had consent to participate in the study, matched pairs in the appropriate age range were not available. In order to maintain consistency of data, only campers with cancer were selected to participate in interviews. Additionally, many of the younger campers with consent to participate in the study provided sparse answers and insights into the outcomes and processes of camp. Therefore, four Junior Counselors (ages 18-20) who were former campers were chosen to provide more detailed interviews.

Additional data from a related study in 2007 were analyzed, and consisted of 3 focus groups with a total of 9 staff members, and 6 focus groups with a total of 21 campers. Observational data came from unstructured and informal observations in the cabin and activity areas, and during all-camp events. Additionally, "artifacts" in the form of staff manuals, websites, meeting agendas

and notes, and gifts (t-shirts, medals, etc.) were observed and examined. Please see Figure 1 for a summary of data sources.

Interview and observational data were transcribed, coded, and organized according to the two guiding research questions in an iterative process using Atlas.ti qualitative data analysis software. Themes were developed that were grounded in the data and related to the research questions. The process of constant comparison was used to ensure that different data sources reflected themes that converged onto the research questions. The themes discussed below emerged because they were reflected in data from all sources. Throughout the study, several steps were taken to assure validity and reliability. These steps included collecting multiple sources of evidence (interviews and observations; campers and staff), constant monitoring of potential researcher bias, and member checks with the Camp Periwinkle Executive Director and Board members.

Figure 1. *Data sources.*

Data Collection Site	Individual and focus group interviews with campers	Individual and focus group interviews with staff	Individual Interviews with Junior Counselors	Observations
July, 2007 Camp Periwinkle (Camp For All)	6 focus groups with 21 youth ages 10-15	1 formal interview with camp director; 3 focus group interviews with 9 staff members	None	Informal, 10-20 minutes in dining hall and activity areas (3 people at 2 activities each)
July, 2009 Camp Periwinkle (Camp For All)	10 individual interviews with campers ages 12-15	2 formal interviews with counselors; 1 focus group interview with 3 health care professionals; 1 focus group interview with 3 arts & crafts specialists; Informal discussions with 2 Periwinkle staff	4	Participant observations in an assistant counselor role, artifact review, unstructured observations
Total:	31 campers	20 staff	4	7 days as participant observer

Findings

The findings from the Camp Periwinkle case study are organized according to research question. Following the brief outline below are quotations and context for each of the themes and sub-themes.

1. *Research Question 1: What are the outcomes of participation in camp?*
 - a. Connection to a caring community
 - i. Desire to maintain involvement with camp and pride in length of involvement
 - ii. Dedication to common goals

- b. Feeling of reprieve
 - i. Freedom and escape
 - ii. Striking a balance in life between “just being a kid” and managing difficult cancer issues
 - iii. Feelings of flow, involvement, and engagement
 - c. Increased positive attitudes.
 - i. Increased extraversion and socialization skills
 - ii. Perseverance and confidence
 - iii. Awareness of ability to exert autonomy
 - iv. Feelings of gratitude and appreciation
2. *Research Question 2: What are the processes that facilitate those outcomes?*
- a. Spatial and social proximity to others
 - b. Full accommodation for campers
 - i. Integrated and accessible facilities and activities
 - ii. Opportunities to be physically active.
 - c. A habitat of fun
 - i. Abundance
 - ii. Opportunities for transgressions

Research Question 1: What are the outcomes of participation in camp?

Theme 1: Connection to a Caring Community

The social norms in camp emphasized caring, which was evidenced through listening, treating campers as capable, providing sympathy, and creating closeness. Many campers discussed how appreciative they were of the counselors giving their time to come to camp: “They want to bond with you too; they’re not just here to get credit for a college course or something like that. They’re here to be with you,” (focus group participant). Campers also discussed the high levels of caring they received from their counselors: “They don’t look at you like you’re a cancer patient; they look at you like you’re a person. They don’t give you that pity. (Does that help you?) It does make me feel better about myself,” (focus group participant). A Junior Counselor explained what it was about camp that made her feel cared for:

“And it was great for someone to always listen to me and to believe everything I said. Like if I was tired: here’s a Gatorade, take a nap. Like it was fine, there were no worries about it, it was just everything I wanted to do. The counselors were ALWAYS fun and energetic and wanted to make sure you were feeling good and wanted to make sure you were having fun. It was the most important things all the time. You would think that at such a big camp some kids would fall to the back, if they’re quiet. But no, every single kid was made to feel unbelievably special in their own way and their own right. Whether sibling or patient, finished treatment, in treatment, everyone’s made to feel special, like the carnivals and the morning aerobics, and every activity.”

Observational data also supported the theme that counselors cared for campers. For example, at the dances, counselors would move around the perimeter of the dance floor and invite shy “wallflower” campers to dance, and were almost always successful. For many of these shy campers, it was the first time that anyone had asked them to dance.

Campers cared for each other in many ways, especially as noted by staff members. For example, a counselor shared a story of one girl who was very ill: “But all week long the girls rallied, she was sick, having breathing treatments, they all did her hair, she went to the dance for one song, so weak, went back and rested. It was magical to see them do that for her, and the time that she had.” An arts and crafts director shared the story of some boys who donned pirate eye patches in solidarity with another boy who had sustained an eye injury during camp. A caring community was also evidenced by the special bonds that emerge between people experiencing cancer. A Junior Counselor shared that:

“Friends at home don’t really understand the whole bond between two cancer patients I guess. It’s there because you went through it together and you know what it’s like. And a friend at home doesn’t truly understand how the hospital works and how chemo works and how the IV pole works. But the camp friends do.”

Another Junior Counselor explained bonding in a more general sense:

“It’s unique because it’s a community, like you come back and you recognize your counselors, you recognize your friends, you meet new friends. What does a community feel like? It’s all love. And everyone embraces everybody. Half the time you’ll be walking around and saying hi to people you don’t even know. And it’s just being able to feel, to feel love, you really can.”

Theme 1, Sub-theme 1:

Desire to maintain involvement with camp and pride in length of involvement

At Camp Periwinkle, it was clearly evident that participants (campers and counselors) felt part of a phenomenon with a past and a future. For example, a DVD film of the previous year is made each year and given to potential participants, viewed by past participants, and shown on the first night of camp. This helped people reflect on past experiences through shared collective memory, and inspired people to make the camp experience even better in the future. Importantly, there was no sense that previous summers were compared as either inferior or superior to the present summer. Rather, the videos seemed to spark creative solutions to camp activities that could be made better, and for new activities. Additionally, several efforts were made to create films, songs, and other artifacts that would be seen in the future, such as cabin videos and crafts.

A strong value in the Camp Periwinkle community is length of involvement. For example, during staff training, people cheered the loudest for those who were sharing that they had been involved for over 20 years. A health care staff member shared more about this value:

“I think it’s a lot of the camaraderie; it’s very tight, the camaraderie amongst the group of us who come here the day before everyone gets here. We’ve all been doing this forever. Each year has incredible emotional impact on ALL of us. We’ve all done this work. On average, people have probably been here 10 years. And many many more years than that. Each year you take something for yourself from it. It’s huge.”

Another health care staff member expanded on this idea:

“I think when you live this closely with people for a week, we’ve all known each other forever and there are a lot of people here who’ve known each other forever, you just continue these really tight relationships from the previous year and it never feels like it’s been a year since you’ve last been together.”

A third health care staff member described the long-lasting bonds between campers who attended Camp Periwinkle: “They talk about it and they want to come back, and the numbers have grown in the past few years exponentially because they feel this sense of acceptance and camaraderie... They’re really using this as a kind of connection to each other, and to becoming young adults.”

***Theme 1, Sub-theme 2:
Dedication to common goals***

There was a strong ethos of focus on the enjoyment of campers. For example, in staff training, a director stated very clearly, “We’re here for the campers. Our job is to focus on campers. If you do that, at end of week you will say you had a great experience... This week is supposed to be THE BEST week of these kids’ lives.” Put into context, a health care staff member explained why this was so important: “camp is often sometimes, the last experience a kid’s gonna have before they lose the fight. So, one of the better places to be at besides with your family is to create new friends and experiences before that day comes.”

These messages were also perceived by the campers. For example, a male camper shared about the counselors: “I feel like they’re part of my family because they treat you really cool. They’re always making sure you’re all right, and always try to make you have fun. And even if you don’t want to do something, they try to put fun into it.” Additionally, campers were aware that the camp staff provided for their needs. A Junior Counselor explained that “your physical needs are taken care of, your fun is taken care of.”

A staff member focus group participant described the shared vision of camp:

“The hospital takes care of the physical and the medical needs, but the emotional and psychological needs, which are a lot of time ignored in the hospital, need to be met in a different arena and I think that’s what Camp For All provides in the activities in the fact that they can do them, they can all participate in them, they don’t have to be left out or limited, makes them feel that good so I think that’s the reason we come here because it meets our needs for the physically and mentally

challenged that they can participate in all these programs and get a rewarding experience out of it, which is what the whole mission of our foundation is.”

There were several specific ways that evidenced the shared goals of camp. Observations during meal times in the dining hall resulted in data that reflected counselors’ deference to campers. If a camper joined the end of the cafeteria line, a counselor would typically invite the camper to go ahead. Counselors would open doors for campers in a chivalrous fashion. When a counselor would pass a camper, the counselor would typically give the camper a high five or a smile.

Theme 2: Campers Experienced Reprieve.

Reprieve was achieved through feelings of freedom and escape, striking a balance in life between “just being a kid” and managing difficult cancer issues, and feelings of flow, involvement, and engagement.

Theme 2, Sub-theme 1: Feelings of freedom and escape

Feelings of freedom and escape were especially important for this population because of the stresses of cancer treatments. A Junior Counselor explained “They’re free, they’re more free than in the hospital. (What are they free to do here?) They’re free to run around, they’re free to get outside and have some fresh air, they’re free from the IV pole, free to have fun I guess.” Several campers discussed feelings of freedom and escape from their families:” Relax and spend time away from my family. I get to relax and not have to worry about my brother.” A focus group participant shared that “I think this place is like a home away from home for all of us, like, a haven.” A Junior Counselor explained her role in helping campers feel freedom:

“My job here is to make sure these kids are as much kids as they possibly can be and that they DON’T have to grow up at all, that they can be silly and goofy and talk loud and cheer. Like when we went to Horseshoe Junction, they were being all loud on the bus and I remember being ‘oh we should tell them to be quiet, the bus driver [might get mad].’ And I’m like wait; they don’t ever get a chance to do this. Let them cheer, let them sing along.”

Theme 2, Sub-theme 2: Striking a balance in life between “just being a kid” and managing difficult cancer issues

A health care staff member described how camp helped campers to gain perspective:

“I think it’s just a really big safe zone. You don’t have to worry that you have enough money to pay the bills, you don’t have to worry about your parents worried about you, you don’t have to worry about homework, you don’t have to worry about arguments. Sort of, all that daily stress we all deal with...it’s a huge getaway.”

Another health care staff member shared a heartbreaking story of a boy who was very ill:

“It was movie night, and he was sitting with me at the movie and he looked at me and he had all these tumors pop up along his neck and his jaw, and he goes “Dr., are these tumors? Do I need to worry about this?” and I said “Nope! This is camp so we don’t need to worry about anything.” And he just put his head in my lap and he just fell asleep.”

A third care staff member shared that “I think it’s a protected environment for them and lets them close the world to all the badness that’s going on around them. Especially if kids are near the end.” Throughout camp, several campers were advised by counselors and other campers to relax, just have fun, and to be a kid.

***Theme 2, Sub-theme 3:
Feelings of flow, involvement, and engagement***

Throughout camper and staff interviews and observations, it was clear that a major purpose of camp was to have campers put their illness to the back of their minds. Due to the tightly scheduled days, constant activity, and high levels of excitement, campers were often too busy to focus on the negative aspects of campers. Rather, cancer was intentionally situated as something to deemphasize for a week. A health care staff member shared that

“It’s just part of a daily routine that they’re doing right now. Right now the focus is on for you to have fun and do whatever you want to do to be a kid. In the meantime we’ll take the break to get your central line flushed or take your medication. But that’s just part of our daily routine, but other than that we’re going to have fun, go on ropes courses, the pool, horseback, mountain biking.”

A staff focus group participant shared that while getting a spinal tap, one camper discussed his counselor: ““He’s the coolest guy ever! We like played ball the whole time and I forgot I had cancer.”” Activities in camp were designed to be fully engaging. For example, the Winter Olympics provided opportunities for high levels of involvement, some more than others. Those activities that provided the most involvement, flow, and engagement were those that had fewer rules, more randomness, more messiness, and less emphasis on skill or luck to succeed, such as the water fight game.

Theme 3: Increased Positive Attitudes

Campers developed: Increased extraversion and socialization skills, perseverance and confidence, awareness of ability to exert autonomy, and feelings of gratitude and appreciation.

Theme 3, Sub-theme 1: Increasing extraversion and socialization skills

These outcomes were frequently mentioned by campers and staff, and observed. In nearly every staff interview, staff members would discuss specific examples of campers they knew who came to camp quiet and shy, but left camp laughing and hugging others. A Junior Counselor shared her experience:

“I was super nervous and shy ‘cause I was bald - being a girl and bald it does not work that well! But she made me come and it was the BEST thing that could have ever happened to me. After I left camp I wasn’t shy.”

Staff members who interacted with campers in the hospital also noted that campers would frequently return from camp and maintain their higher levels of extraversion in the hospital setting, especially with other youth who had not been to camp.

Camp also seemed to influence the outcome of socialization over time, as one camper shared how he had changed over the years: “A lot more open to talking to people and stuff. I used to be really shy when I first came here - you can ask any of my old counselors that.” A Junior Counselor reflected:

“It definitely pulled me out of my shell because I was a pretty shy guy and then once I came here honestly it was kinda a turning point, the dances got me out of my shell. I never really danced as wild and crazy and as non-caring what people thought of me as I did when I got to camp, and that’s the honest truth...At the time, I was off treatment, so I guess it made me come out of my shell. So when I went back to school the following fall after camp I was more open about things, I talked more, I guess I was louder, I made more friends when I went back to school. I guess I can thank camp for that.”

The increase in extraversion and socialization was especially important for campers with cancer because many had lost friends or become more distant from old friends because of illness due to treatment and missing school. Camp provided additional opportunities to make new friends.

Theme 3, Sub-theme 2:

Development of perseverance and confidence

A camper focus group participant explained his feelings about camp, “I think it makes you more confident with yourself. You can do things even if you have a disability. I think it just gives you more self-confidence in yourself.” A Junior Counselor explained how she developed confidence at camp:

“At camp they go swimming every day and I didn’t like going in the pool because I was overweight from the steroids but it wasn’t a big deal. Glamour shots - not concerned about anything. I have a scar from my port of cath that always freaked me out wearing tank tops so it’s no issue at camp and it gave me a lot of confidence back and it gave me a lot of courage to continue fighting and to know that being sick, it’s not the best thing in the world, but it’s not the worst if you look at it the right way.”

The ropes course was frequently cited as a location for the development of these outcomes. A staff focus group participant shared that:

“I think they take a sense of independence. For some of these people, they’re very sheltered and they’re parents don’t let them do anything and they’re climbing rock walls and going down zip lines and the fact is that they’re overcoming their fears and obstacles. Which, here, the rock wall is high but there’s no way you’re going to fall off and hurt yourself but in real life there’s more challenges and things that are more difficult, but if you start with the easy stuff and you build yourself up you can face those more difficult challenges of being ostracized because they’re different, having to go through chemotherapy, if you can start with the small things and conquer those I think it gives you confidence to move through those more difficult challenges and obstacles.”

A counselor explained that

“The ropes course changes people’s lives who have missing limbs or are so sick, and they work it, and they’re so cheered on, and they do that zip line. When they see the pictures, the parents say ‘He never would have done that. He wouldn’t have. Is that my kid?’ and the kids come home and the parents call and say ‘I can’t get my kid to stop crying ‘cause he wants to live at camp.’”

There were strong consistencies between what staff and campers discussed about increasing confidence and perseverance, and they often used similar wording. Confidence was gained by persevering through challenges, which seemed to carry over to other situations that required successful coping skills, such as enduring painful cancer treatments.

***Theme 3, Sub-theme 3:
Campers’ awareness of their abilities to exert autonomy***

At home, campers were typically coddled, and deterred from engaging in many activities, especially risky and social activities. A focus group participant explained that camp was “An opportunity to get away from home and do stuff that you usually aren’t allowed to do at home.” Another focus group participant discussed how at camp he used fewer excuses to refrain from participating in activities: “You mean do we play the cancer card here? Yes, yes we do. We tell the counselors to get us drinks. [But] I haven’t done that in a while.” Campers discussed how counselors treated them:

“They’re not over protective. If something’s wrong they’ll be like ‘Well, do you want to do this or go here?’ They give you a choice.” This encouraged campers who had physical limitations to become independent: “I like the pool because that’s the only where we can be totally independent. I can swim, I can walk in the pool. It’s cool ‘cause I can be totally independent in the pool.”

Health care staff had a more thorough understanding of why this outcome was so important in campers’ lives:

“Typically, in the hospital, they regress and they get very used to having everything done for them. Moms will give me this whole list, ‘Well they take

their medicine, it has to be broken into pieces and mixed with this' and at the end of the week I'm like 'What happened to so-and-so' and you ask their counselor and they're like they watch all the other kids just gulp their medicine down and so they just start doing it. Even some things as typical as something as that, they just kind of grow back up a little bit and catch back up to their more level age group instead of going backwards."

**Theme 3, Sub-theme 4:
Gratitude and appreciation**

A Junior Counselor shared that the camp experience developed appreciation in her:

"Once I did see how great it was and how great I would survive and how blessed I am, I think it did mature me a lot more in a sense. From an early age I knew I wanted to be in the medical field and help others and come back to this camp and do stuff. I knew I wanted to do that, and go to school for. I learned that I can't take life for granted. I think it did mature me and make me realize how important life was and how it can change very fast and be affected very fast."

Campers gained appreciation as they compared themselves to others as well: "I see so many different things here, like if it's cultures or kids that have had worse than you. It makes you appreciate what you've had." A Junior Counselor explained how she developed compassion:

"Like to not take anything for granted, like not saying hurtful words...have more care and compassion in everything you say and everything you do because every moment of your life is important. At the other camp, there's a saying that you only live once. And that's an amazing motto because it's so true."

Staff and campers also indicated that feelings of appreciation and gratitude encouraged them to "pay it forward" by planning to return to camp to help, enter into a helping profession, and/or applying care to their interpersonal relationships. An adult counselor who had had childhood cancer and worked at Camp Periwinkle for many years shared that he strove to "Really have a good time no matter where I went because I had everything taken away for a while and it was brought back and it just was something I didn't want to throw away, take for granted." Camp provides youth with opportunities to increase their positive attitudes toward life through the social proximity, exposure to long-term survivors, and appreciation of the good things in life, which carried over into other life domains.

Research Question 2: What are the processes that facilitate those outcomes?

The previous outcomes were influenced by several camp processes: spatial and social proximity to others, full accommodation for campers, and a habitat of fun.

Theme 1: Spatial and social proximity to others

Living in an intentional community for one week, people at camp engaged in cooperative living efforts in close physical proximity. Outside of camp, it is typically uncommon to see youth with visible effects of cancer, such as missing limbs or baldness. Being in the presence of other people who were bald, missing limbs, or spent time at the cancer hospital was comforting and a means to improve self-regard as well as social connections. Especially, campers were exposed (especially by the health care staff) to older youth and counselors who were long-term survivors of cancer, and this provided hope and encouragement. An arts and crafts director shared that “We live in very close quarters. And granted it is really only a week. But a lot of really intense things happen. I think [another director] referred to it as an Olympiad. The people that are sort of at your side in those kinds of things are occurring.”

Baldness was a trait that was often considered. A Junior Counselor discussed how baldness was understood by campers:

“Some of the girls will get off [the bus] wearing wigs. And they see other kids. They’re not around other children with cancer, right? Maybe in clinic, but that’s very very different. And they’ve been made fun of in school, and people just stare at them in public. And they get here and they see other children wearing do-rags, but at the pool they see the bald kids. And by the end of the week...I’ve only had one kid who has not taken off their wig. And being a kid again, and feeling that acceptance I think is tremendous for their self esteem.”

Discussing the ways that camp is different than life at home, a Junior Counselor explained that at home,

“You aren’t surrounded by people who are going through the same things you are and you’re around a whole group of kids who are all normal and your age and they just don’t understand what you’ve gone through, what you’re going through, why you might fall, or have an amputation. I feel like this camp has a lot of support in that and that they all can understand, or even as a sibling understand what you’re going through in your life. So I feel it’s more different in that sense.”

As a result, a health care staff member explained that campers “Don’t have a pity party for themselves any more ‘cause they see other kids that way. Just ‘poor me, I have no hair.’ They come here and some of the little ones they lost their hair and stuff and they’re doing whatever.

However, social proximity can also be related to negative feelings. A Junior Counselor described an interaction she overheard with another counselors and a young camper.

“This little girl the other day was crying to this other counselor “Hey I don’t like how they say ‘I made it, I’m the world’s greatest’ [i.e., “World’s Greatest” by R. Kelly]. It makes me sad.” The counselor was like ‘why? You made it! You are the world’s greatest.’ But she was like ‘Some kids DON’T make it.’ And she’s only 8 years old, and it’s amazing that she can be so young and understand something like that.”

More often however, feelings of social proximity tended to unite campers. A staff focus group participant explained how camp opportunities for bonding influenced camper outcomes:

“You see people with similarities. All these things bring out a chance for them to bond together and, like you said, I think a lot of it is doing everything together and having chants and cheers that you do in your group and do things with your group, like raiding the candy in the chow hall that you come together as a team, all those things build a team spirit, once you have a team spirit even those outliers or those shy people who are on the fringes get drawn in and then everybody becomes one unit and functions together, they talk together, they open up more.”

Theme 2: Full accommodation

“Full accommodation” was evidenced by: integrated and accessible facilities and activities and opportunities to be physically active. Camp provided a culture of ensuring that all campers were warmly encouraged to expand their beliefs about what they could do.

Theme 2, Sub-theme 1: Integrated and accessible facilities and activities

The facilities philosophy of Camp For All is to make camp “barrier-free.” Camp Periwinkle medical staff members are well-aware of the health needs of individual campers, and ensure that appropriate staff and equipment are on hand to facilitate their participation in camp. Staff members pride themselves on being able to accommodate nearly every camper. For example, a health care staff member shared the story of a young boy with a kidney tumor:

He was my patient, and he was not in good shape. And his parents brought him up...and taking him around on the golf cart to show him what he could do, and what might be dangerous; well, he could do this blob thing where he jumps on this thing, but that could rupture one of his tumors and that could make him really sick and even possibly cause him to die. And [his parents] said ‘HE wants to go to camp and HE wants to do what he wants to do, so he needs to be able to do that.’ And he did *everything*.

A counselor explained how the equipment and facilities promoted participation, which was in contrast to campers being constrained at home:

They make the wall so everybody can do it, they make sure everybody can get in the pool, everybody can participate. Even if it’s in the bikes, they have special bikes everybody can use. You’re all together in a unit, like all together doing stuff together. You’re not being ostracized or being put off.

“Challenge By Choice” is a programming philosophy used by Camp For All and Camp Periwinkle, and was described by counselor:

“I think the big thing is it’s your choice if you want to do anything. And you have the ability to do whatever you want. As we go to each activity, they’re not gonna force you to do anything you don’t want to do, but if you want to do it, you can do, you will be able to do it, you’ll be able to find some level of satisfaction that you completed the task that we’re working on at that time.”

Compared to limitations faced at home, at camp it was easy to participate in activities and daily living. A health care staff member explained that “When they’re at home they’re trying to take them to the grocery store, trying to take them here, trying to take them there; they know that it’s not really a safe environment for them because of [germs] or something like that. They know here they’re safe.”

In some facilities, “accessible” means separate but unequal. For example some facilities place one wheelchair-accessible restroom a long distance from the main gathering areas. At Camp For All, all bathrooms are accessible to everyone and are located in or very near to locations where campers converge. At Camp For All, accessibility was not made to be a big deal, was treated discreetly, and easily blended into the facility design and activity instructions. Another form of accessibility was the provision of clothing, bedding, and other supplies to campers financially unable to provide for their own. Additionally, approximately 20 golf carts were brought to Camp For All by Camp Periwinkle due to the high numbers of campers who get fatigued.

***Theme 2, Sub-theme 2:
Opportunities to be physically active***

Camp provided many opportunities to be physically active at camp instead of being more sedentary at home. This was especially mentioned by campers in their interviews. One camper explained that camp was different from home

“Because it’s stressful because you can’t do everything everybody else can do, even though you kind of have to. You just need a break. Like it’s easier for other people to get stuff done because I fatigue really fast, and here, it doesn’t really matter, they’ll like, wait up for ya. [Do you still get fatigued here?] Yeah, but it’s not as bad.”

Another camper shared that it’s easier to do activities at camp because “people don’t really care what you look like when you’re doing it.” Another focus group participant explained that he learned from camp that “Even if you’re going through chemo you can still do stuff.”

Theme 3: “A habitat of fun”

This habitat consisted of abundance and opportunities for transgressions, which were grounded in an unceasing focus on campers’ enjoyment and engagement. A Junior Counselor described what made camp special:

“I think it’s unique because you’re in a setting with so many kids and you’re in a setting where you’re scheduled to have fun constantly and you don’t have as much

down time as at home so it creates a habitat of fun and constantly going that you don't get anywhere else."

***Theme 3, Sub-theme 1:
Abundance***

The theme of Camp Periwinkle in 2009 was "More than you can imagine." This theme of abundance was evidenced in multiple ways, such as with prizes and gifts during the Carnival event, food, and numbers of staff members. When asked what had changed about Camp Periwinkle over 25 years, a long-term staff member replied "more, and better." A counselor shared about a girl in her cabin:

"One girl in there is like 'I've never got so many SHIRTS!' It's excess, it's eat as much as you want. Some of these kids don't get a full meal, or maybe they get free lunches at school. It's really, with boundaries, from the standpoint of fun, there's not cap to how much fun you can have."

Field notes taken during the Carnival event described it as "Sensory overload, smell of cotton candy, taste of snow cones, glittery prizes, sounds of Brazilian music and fans, so many prizes – a riot of color." A Junior Counselor explained other efforts at creating a feeling of abundance for campers:

"It's hard to put into words; it's just amazing, heartwarming, swelling feeling. And it's hard to say on paper, seeing a kid smile, just HOW much that means. Like little activities of going to the pool or making a cabin video and feeling like a movie star. That makes them feel awesome and incredible and people have big lists of things I want to accomplish in my life and you can accomplish those, through imagination and little things. Like people say I want to be a movie star, well make a video and you're your own movie star. And Camp Periwinkle does it all."

***Theme 3, Sub-theme 2:
Transgressions***

Another sub-theme of a habitat of fun was the opportunity to transgress camp rules, especially through the use of the “Chow Hall Challenge.” A health care staff member described this camp tradition:

“We call it Chow Hall Challenge because it used to be set up in the chow hall. We literally had lasers and smoke so you could see the laser beams, the beams would come down to the box and you’d have to sneak in, and the police ready to arrest them. So the challenge was to get the candy and run out without being caught and of course we would never catch them because what would we do with them? So we made it a challenge, could they get the candy without us catching them? And it was in the chow hall, hence the name and it’s a challenge - can you get by [the directors]?”

The Chow Hall Challenge served as a teambuilding opportunity for cabins, and provided a sense of exhilaration and healthy risk taking for campers.

One of the counselors in an older girls’ cabin brought to camp fake vomit and a fart machine to play tricks on people in the cabin and in neighboring cabins, and these transgressive jokes were well-received by the campers. Often, the counselors modeled ways to transgress rules in camp, such as advising a group to go after another group during an obstacle course in order to be able to observe the other team’s strategy. Still, counselors placed boundaries on transgressions, such as drawing limits at invading individuals’ personal spaces. Being able to transgress rules provided campers with an opportunity to exert autonomy and challenge, which was especially important for those whose lives were tightly regulated and controlled because of their illnesses.

A staff focus group participant summarized what it was about camp that made it so special:

“I think it’s probably a combination of the atmosphere, the fact that you’re there together and the fact that the counselors at this camp are very into camp, they’re participating in everything and doing things, the staff here is always into things. I think all of that thing, it just naturally comes together. Kids want to be part of a group, they want to have an identity, they want to have something they can say ‘This is mine and these people care about me and this is where belong, this is where I fit in’ so I think some of that comes just naturally being divided into cabins, but a lot of it is just the atmosphere and the environment and the people that are around them.”

Recommendations from the Camp Periwinkle Studies

The findings of the outcome and interpretive case study suggest several recommendations for Camp For All and Camp Periwinkle to consider in future strategic planning efforts in order to optimize outcomes for campers.

1. Camp administrators are urged to strategically plan for opportunities for campers to share concerns and issues about cancer, particularly during informal time in cabins, such as by training counselors to facilitate the inevitable discussions. These discussions emerged, yet some counselors appeared to feel ill-equipped to handle these out-of-the-blue questions and discussions, especially if the counselors were not medical professionals. While formal education workshops about cancer are not necessary or appropriate to the goals of camp, more attention could be paid to the informal opportunities for staff to support campers in discovering meanings in their lives. For example, nightly debriefing sessions about the activities of the day could be conducted by counselors in the cabins before bedtime. This could be followed by one or two developmentally appropriate guided questions that could be answered verbally or by journaling or artistically (i.e. what does camp mean to you? What is a challenge you are working on overcoming?).
2. Camp should provide structured and facilitated activities so that campers can reflect on their challenges and successes in camp and in life. Given that campers increased their positive attitudes, perseverance, feelings of freedom, and socialization skills, camp could provide more intentional and structured opportunities for campers to reflect on the changes in their lives, especially for older and returning campers. This would further reinforce and strengthen the outcomes that campers develop.
3. Special consideration should be paid to activities that are only offered to boys or girls. For example, one older girl expressed dismay that she would not be able to play sports in the safe and supportive environment of camp; at her school, she was frequently made fun of for her weight and had been looking forward to the opportunity to try accessible sports at Camp For All. Camp administrators may consider providing more choices among opportunities that can promote the positive development of all youth, such as offering a variety of expressive arts activities to boys and sports programming to girls. For example, if some girls are not interested in putting on makeup, there could be alternate games or activities.
4. Finally, camp should consider strategies to extend the power of a one-week camp session into campers' lives throughout the rest of the year. While many health care staff members mentioned interacting with campers in the hospitals or clinics, there appeared few opportunities for campers to reunite after camp outside of chance encounters (except for Camp YOLO for older campers). Perhaps camp could offer gatherings for campers such as at a basketball game, picnic, or other events in the Houston area. This would provide campers with more opportunities for positive social interactions, and could increase their feelings of hope and perseverance throughout the year.

C. Summary of Findings for Camp Periwinkle

The outcomes of participation in camp included: increased positive attitudes (including increased extraversion and sociability, perseverance and confidence, removal of barriers to exert autonomy, and gratitude and appreciation), reprieve (including striking a balance between childhood fun and cancer, feelings of freedom, and enjoyment and engagement), and feeling valued (including desire to maintain connection). Processes that facilitated these outcomes included: intentional programming (including a habitat of fun), full accommodation (including integrated and accessible facilities and activities and opportunities to be physically active), and spatial and social proximity to others. Given that camp contains processes that support these and other potential developmental outcomes, and that youth with cancer are especially at risk of negative outcomes such as anxiety, depression, and isolation (Apter, Farbstein, & Yaniv, 2003), in this study, youth with cancer experienced profound meaning and benefit from camp participation. It is not surprising that the major significant outcome found in the quantitative data, hope, could be considered the overarching outcome theme in this study.

Only one outcome - hopelessness - demonstrated significant change over the period of testing. Other measures of camp processes did not perform as expected, and there exists no strong determinant of why change occurred when change was observed. Some evidence suggested that the actions of fellow campers and the impact of new activities related to change in hopelessness score, but this evidence was weak. A negative relationship between change in hopelessness and change in initiative (perseverance through challenge) was also observed and antithetical to the evaluation's logic model. Qualitative data suggested that youth were well-supported and encouraged to take on challenges by choice, meaning that youth could opt out or modify an activity based on their level of comfort. It could be that youth who actually persevered through challenges realized how tough those challenges were, which influenced how they felt about the future. However, future work is needed to examine this issue. A positive change in hopelessness scores is an encouraging finding for Camp Periwinkle. However, limitations to the current study should be considered when interpreting this result. Without a comparison group, and with little evidence to suggest why this change occurred, camp administrators should seek evidence to determine what led to this change, and if this change can be observed again.

V. Future Recommendations

The following recommendations are made to Camp For All, its board and associated partner camps:

- 1. Engage partner camps to review the current assessment model and its alignment with their program goals and activities. Articulate the purpose of camp for each partner camp and align Camp For All's activities to support that mission.**

A central question that emerged in this evaluation, but was beyond its scope, was related to the place and function of camp within a series of supports that typically serve youth with chronic illnesses and disabilities. This evaluation kept coming back to the same question: What is the function of camp within the lives of youth? There is some evidence to suggest why camp works and what is unique about camp, but until each camp explains its vision of camp and how it fits within a broader series of supports that work to assist and empower youth, Camp For All and its partners will be limited in what each can attribute to their respective camps. Partner camps and Camp For All need to work together to identify what each camp hopes to achieve and be explicit about the specific outcomes desired by each.

- 2. Support long-term evaluation of activities through focused data collection efforts and refinement of measures.**

If this evaluation's model is to continue, Camp For All will need to focus outcome measures to capture outcomes related to camp connectedness, satisfaction with camp, sense of hope, hopelessness (or the lack thereof), and global measures of competence. Some of the issues related to fatigue and comprehension can be traced to the length of the questionnaire used to capture outcomes associated with camp. Camp questionnaires should be limited to two pages (front and back) and should be completed in the span of 10 minutes. The questionnaires used in this evaluation were designed to match the logic model derived from the assessment year. After two years, and several revisions, it is clear to the evaluation team that the instrument needs further refinement. Dr. Watts has indicated that he will update the instrument to share with Camp For All and its partners.

- 3. Generalizing across camps may be desirable, but is it feasible? Understand what each camp does well and capture that. A uniform approach to evaluation appears to have limited application with Camp For All and its partners. Camp programs are tailored to meet partner camp needs, evaluation of these efforts need to be similarly designed.**

A critical examination of the logic model used to guide this evaluation needs to occur. One of the challenges of this evaluation related to the push to seek what was common about the experience of campers from the partner camps served by Camp For All. The outcome measures (with some revisions) seem to capture outcomes across camps; however, it is clear that processes occurring within camp need to be better defined.

What is clear from the Periwinkle and Hope studies is that there are different factors at work in each camp, and that these processes cannot be measured uniformly.

4. **Focus on experiential outcomes such as satisfaction, sense of hope (and its antithesis, hopelessness), global competence, and camp connectedness when seeking to understand “common experiences” related to involvement with Camp For All.**

Continue to make Camp For All a barrier-free, challenge by choice venue with activities that all youth wish they could do. While it might be advantageous to seek out common practices that lead to common outcomes, the strength of the partner camp approach is that it allows staff to be responsive to the unique needs of each population. This is a strength of the Camp For All system. It is difficult to perform outcome measurement in traditional programs, and even more difficult to do this with special populations. Each partner camp in conjunction with Camp For All should outline strategies that are specific to partner camps and how these align with program outcomes. Experiential outcomes such as satisfaction, sense of hope, global competence, and camp connectedness can be linked to this new set of unique goals to form a comprehensive assessment of camp.

VI. Research Presentations and Publications

By funding this evaluation, Camp For All’s impact goes beyond its collaborative efforts with its partners in serving the needs of campers and their families. Research conducted through this project has been accepted and presented at several refereed conferences at the regional and national level. In addition to these presentations, two research manuscripts published in blind-review journals (*Qualitative Health Research* and *Journal of Park & Recreation Administration*). A third manuscript is in development for submission to *Leisure Sciences*. Finally, work performed under the auspices directly contributed to the doctoral study of Dr. Ann Gillard, whose dissertation emerged as part of this project. This list of publications and prepared manuscripts is current as of August 2011:

1. Gillard, A.M., Witt, P.A., & Watts, C.E. (2011). Outcomes and Processes of a Camp for Youth with HIV/AIDS. **Qualitative Health Research**, 21(9), 1-19.
2. Watts, C.E., Gillard, A.M. & Witt, P.A. (2011, February). Evaluation of a camp for youth with disabilities and chronic illnesses. Poster accepted for the **2011 American Camp Association Camp Research Symposium**, San Diego, CA (National, Refereed)
3. Gillard, A.M., Witt, P.A. & Watts, C.E. (2010). An examination of staff-Level stakeholders and organizational culture at a camp for youth with HIV/AIDS. **Journal of Park and Recreation Administration**, 28, (3), 61-78.
4. Gillard, A.M. & Watts, C.E. (2010, April). Gender Issues at a Youth Camp presented at the **2010 Northeast Recreation Research Symposium**, Bolton, Landing, NY (Regional, Refereed)

5. Gillard, A.M. & Watts, C.E. (2010, February). Outcomes and Processes of a Camp for Youth with Cancer. Paper presented at the **2010 American Camp Association Research Symposium**, Denver, CO. (National, Refereed)
6. Gillard, A.M., Witt, P.A., & Watts, C.E. (2009, October). Program Processes at a Youth Camp. Paper presented at the Leisure Research Symposium, Presented at the **2009 National Recreation and Park Association Annual Congress**, Salt Lake City, UT. (National, Refereed)
7. Gillard, A. M., Witt, P. A. , & Watts, C. E. (2009, March). *Organizational Processes and Issues at a Camp for Youth with HIV/AIDS*. Paper presented at the **2009 Northeast Recreation Research Symposium**, Bolton Landing, New York. (Regional, Refereed)
8. Watts, C. E., Gillard, A. M. , & Frandsen, A. P. (2009, March). *Supports for Autonomy, Relatedness and Competence at Summer Camp and Associations with Developmental Outcomes for Youth with HIV/AIDS*. Presented at **2009 Northeast Recreation Research Symposium, Bolton Landing, New York**. (Regional, Refereed)
9. Gillard, A.M., Witt, P. A., & Watts, C. E. (2009, February). *At Home, I'm Clark Kent. At Camp, I'm Superman.'* Outcomes and Processes of a Camp for Youth with HIV/AIDS. Paper presented to the **2009 American Camp Association Camp Research Symposium**, Orlando, Florida. (National, Refereed)
10. Gillard, A.M. (2009) Outcomes and Processes of a Camp for Youth with HIV/AIDS. Unpublished Doctoral Thesis, **Texas A&M University**.
11. Gillard, A.M. & Watts, C.E. (2008, February). Initial Findings from a Program Evaluation of a Camp for Youth with Disabilities. Paper presented to **the 2008 American Camp Association Research Symposium**, Nashville, TN, February 12-15, 2008. (National, Refereed) .

Pending or in Review

12. Gillard, A.M. & Watts, C.E. (in preparation) Outcomes and Processes of a Camp for Youth with Cancer. **Leisure Sciences**.

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VIII. Appendix:

Measurement Resources

Scale Development

Example of Study Instrument

Measures Used in the Outcome Evaluation

Data type	Source	Pre-test Questionnaire	Post-test Questionnaire
Background and Demographic Information	Investigator developed	Questions 1-12	
Free Time Activity Profile/Leisure Repertoire	Watts & Caldwell, 2008; Watts, Kelly-Cronan, 2006	12A.-12V.	
Free Time Motivation Scale for Adolescents (FTMS-A) (Self-Determination in Free Time)	Baldwin & Caldwell, 2003	13A. – 13N.	1A. – 1N
Initiative in Free Time Scale	Watts & Caldwell, 2008; Watts, Kelly-Cronan, 2006	14A. – 14F.	2A – 2F
Perceptions of Competence in Free Time	ACA, 2006	14G. – 14N.	2G – 2N
Perceptions of Independence	ACA, 2006	15A. – 15 G.	3A – 3G
Friendship and Social Skills	ACA, 2006	15I. – 15U.	3I – 3U
Sense of Hope	Snyder et al., 1995	15V, 15W	4A – 4B
Hopelessness	Paschall & Flewelling, 1997	15X-15CC	4C – 4H
Medication Adherence*	Thompson et al., 2000	15DD – 15HH	4I – 4M
Self-Efficacy and Medical Adherence*	Ogedegbe et al., 2003	15II – 15MM	4N – 4R
Parenting Practices in Free Time	Watts & Caldwell, 2007	16A-16K; 17A-17K	
Camp Climate Support for Competence, Relatedness and Autonomy*	Gillard et al., (2009)		5A – 5R
Interest in Camp and Camp Activities*	Gillard et al., (2009)		5S – 5V
Camp Qualities*	Investigator Developed from Phase I		5U – 5DD; 6

Scale Items and Reliabilities

Note: “ α ” stands for Cronbach’s Alpha, a measure of internal consistency or reliability. If scales are more than six items, Cronbach’s Alpha values over .70 are generally considered reliable. For scales with fewer than six items, Cronbach’s Alpha values over .60 may be interpreted as reliable (See Cortina, 1993).

Feeling Normal ($\alpha = .60$)

Note: This measure reported only for Camp Spike-n-Wave only.

I felt like I could be myself at camp.
I felt like there were others like me at camp.
I felt like people understood me at my life at camp.

Staff Support ($\alpha = .90$)

Camp staff gave me choices.
Camp staff gave me the chance to increase my skills.
Camp staff made sure I really understood the goals of camp.
Camp staff made sure I really understood what I needed to do.
Camp staff took the time to get to know me.

Peer Support ($\alpha = .85$)

Other campers helped me in learning new skills.
I was able to be open with other campers during camp.
Other campers showed that they were confident that I could do well at camp.
I could express myself to other campers.
I felt like people understood me at my life at camp.

Responsiveness to Camp/Camp Satisfaction ($\alpha = .85$)

As a result of attending camp, I am very interested in attending this camp in the future.
Camp was a great experience I’ll never forget.
I really enjoyed the activities at this camp.

Intrinsic Motivation ($\alpha = .67$)

I do what I do in my free time because I enjoy what I do.
I do what I do in my free time because I like what I do.
I do what I do in my free time because I feel a sense of freedom.
I do what I do in my free time because I want to.

Amotivation ($\alpha = .54$)

I do what I do in my free time because a lot of times, I am not sure why I do things.

I do what I do in my free time because I don't know, I have never really thought about it.

I do what I do in my free time because I don't know, but it doesn't matter, because I don't do much of anything.

Initiative ($\alpha = .57$)

In my free time if I don't do well at first in an activity, I'll keep trying to do better.

In my free time when I start something, I stick with it.

Independence ($\alpha = .74$)

I am comfortable being away from my family.

I can make good decisions even when members of my family aren't around to help me

I don't need adults to help me do most things.

I can do things on my own.

I am independent.

Sense of Hope ($\alpha = .82$)

I am doing just as well as other kids my age

I can think of many ways to get the things in life that are most important to me.

Hopelessness ($\alpha = .63$) Note: Camp Periwinkle only

I usually find myself worrying about something.

All I can see ahead of me are bad things, not good things.

I don't think I will have any real fun when I grow up.

Competence in Medication Adherence ($\alpha = .93$)

I am usually good about taking my medications.

When I am at home, I know I can remember and take my medications.

When I am outside of the home, I feel confident that I will remember and take my medications.

When I am out with friends, I know I can remember to take my medications.

I can carry my medications with me and do not miss a dose.

Competence in Friendships ($\alpha = .89$)

I am good at talking to friends about things that are important to them.

I am good at listening carefully to things that my friends tell me.

I am good at talking to friends about things that are important to me.

I am good at finding out more things about my friends.

I am good at understanding my friend's feeling.

**Evaluation of Camp For All
Questionnaire 1**

(TO BE READ ALOUD)

PLEASE READ FIRST



You are taking part in this study will help Camp For All better serve other campers. We thank you for help and time. This questionnaire should take no more than 30 minutes.

There are three important things you should know before you begin:

1. All answers are **confidential**. This means that we are not sharing your answers with anyone. All of your answers will be combined with others at camp to help us know what life and camp is like for all kids.
2. Answering these questions is **voluntary**. This means you can choose not to answer any question that makes you feel uncomfortable. You can also stop the interview at any time. However, we would really appreciate it if you could fill out as much of the question form as possible.
3. We would appreciate it if you answered your questions **honestly**. There are no right or wrong answers to these questions. We want to learn about you and others at camp. This will help make camp a better place.

Do you understand this? If you have any questions, you will be given time to ask them before we start the questionnaire. You can also raise your hand at any time during the questionnaire if you have trouble understanding a question and someone will help you.

Thanks again for your help.

PLEASE STOP, and wait for further instructions. _____

SECTION 1: BACKGROUND INFORMATION _____

1. Are you (circle one): Male or Female

2. How many years have you been coming to this camp: _____ # of years (put 0 if this is your first year here)

3. What is your age? _____ years old

4. Who are the adults that live with you and raise you (your parents/guardians or caregivers) during the school year? (Circle one)
 - A. Both my mother and my father in the same house
 - B. Only my mother
 - C. My mother and stepfather
 - D. Only my father
 - E. My father and stepmother
 - F. Sometimes with my father and sometimes with my mother
 - G. Other relatives
 - H. A guardian or foster parent
 - I. Other arrangements: _____

5. How do you describe your ethnic background? (Circle one. If your ethnic background is not listed or is made up of two or more of those listed, circle "E. Other" and describe)
 - A. African American
 - B. Asian or Pacific Islander
 - C. Latino/Hispanic
 - D. White
 - E. Other (please describe): _____

6. What language is USUALLY spoken at home?
 - A. English
 - B. Spanish
 - C. Both English and Spanish
 - D. Other language(s): _____

7. How many children (including you) are in your family? (write number) _____

8. Which number child are you (example oldest=1, second child=2, etc.) _____?

SECTION 2: CHOICES IN FREE TIME _____

In this survey, we are asking you to think about your free time. Free time means things you do outside of school. These can include after-school activities like sports or clubs, and activities like 4-H, music, spending time with friends, reading, using the internet, and watching TV.

11. For each activity listed, please circle the number of hours a week that you usually participate in these activities.

How many hours a week do you...?	Number of Hours Per Week						
	None	Less than 1 hour	1-2 hours	3-4 hours	5-6 hours	7-8 hours	9 or more hours
11A. Exercise or workout (lift weights, run or bike for fitness)	0	<1	1-2	3-4	5-6	7-8	9+
11B. Play school-sponsored sports	0	<1	1-2	3-4	5-6	7-8	9+
11C. Play organized sports through a City/Town Recreation dept., local league or other non-school organization.	0	<1	1-2	3-4	5-6	7-8	9+
11D. Play an instrument for the school band	0	<1	1-2	3-4	5-6	7-8	9+
11E. Play an instrument outside of school and school-sponsored events	0	<1	1-2	3-4	5-6	7-8	9+
11F. Participate in a school-based club or after-school program.	0	<1	1-2	3-4	5-6	7-8	9+
11G. Participate in Boy Scouts or Girl Scouts	0	<1	1-2	3-4	5-6	7-8	9+
11H. Participate in other organized groups outside of school (like a church-based group, 4-H, FFA, or some other youth group)	0	<1	1-2	3-4	5-6	7-8	9+
11I. Engage in a hobby (like model building, baseball card collecting, sewing, needlepoint)	0	<1	1-2	3-4	5-6	7-8	9+
11J. Read books, magazines or newspapers	0	<1	1-2	3-4	5-6	7-8	9+

How many hours a week do you...?	Number of Hours Per Week						
	None	Less than 1 hour	1-2 hours	3-4 hours	5-6 hours	7-8 hours	9 or more hours
11K. Watch television or movies	0	<1	1-2	3-4	5-6	7-8	9+
11L. Play video games	0	<1	1-2	3-4	5-6	7-8	9+
11M. Use the internet (for chatting, internet gaming and e-mail)	0	<1	1-2	3-4	5-6	7-8	9+
11N. Listen to music only	0	<1	1-2	3-4	5-6	7-8	9+
11O. "Hang out" at the mall, movies, arcades, and other public areas	0	<1	1-2	3-4	5-6	7-8	9+
11P. "Hang out" at your home or other people's homes	0	<1	1-2	3-4	5-6	7-8	9+
11Q. Spend time in the outdoors, hiking, birding, fishing, hunting, or just enjoying nature	0	<1	1-2	3-4	5-6	7-8	9+
11R. Work for money outside of the home (like baby-sitting, paper route, working at a store, etc)	0	<1	1-2	3-4	5-6	7-8	9+
11S. Stay at home alone	0	<1	1-2	3-4	5-6	7-8	9+

11T. Name your favorite thing to do in your free time: _____

11U. Name your least favorite thing to do in your free time: _____

11V. Are there other activities you do that weren't listed? (circle one) YES NO

11W. Please list those other activities below:

12. Circle the answer that best reflects WHY you do what you do in your free time.

I do what I do in my free time because...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
12A. I would get in trouble if I don't.	SD	D	N	A	SA
12B. I don't know why I do my free time activities, and I don't really care.	SD	D	N	A	SA
12C. I am supposed to.	SD	D	N	A	SA
12D. I enjoy what I do.	SD	D	N	A	SA
12E. I don't know, I have never really thought about it.	SD	D	N	A	SA
12F. That is the rule in my house.	SD	D	N	A	SA
12G. I like what I do.	SD	D	N	A	SA
12H. I don't know, but it doesn't matter, because I don't do much of anything.	SD	D	N	A	SA
12I. I feel a sense of freedom.	SD	D	N	A	SA
12J. My parents expect me to.	SD	D	N	A	SA
12K. I want to earn rewards, medals, trophies or certificates.	SD	D	N	A	SA
12L. I want to.	SD	D	N	A	SA

13. For the next set of questions, please circle the answer that best describes you in your free time.

IN MY FREE TIME...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
13A. If I don't do well at first in an activity, I'll keep trying to do better.	SD	D	N	A	SA
13B. I give up easily if things don't go my way.	SD	D	N	A	SA
13C. When I start something, I am able to focus on it for long periods of time.	SD	D	N	A	SA
13D. When I start something, I stick with it.	SD	D	N	A	SA
13E. I am good at thinking of new things to do in my free time.	SD	D	N	A	SA
13F. I am good at understanding new information.	SD	D	N	A	SA
13G. I am good at doing art projects.	SD	D	N	A	SA
13H. I am good at doing recreation activities.	SD	D	N	A	SA
13I. I am good at doing recreation activities with other people.	SD	D	N	A	SA
13J. I am good at meeting new people.	SD	D	N	A	SA
13K. I am good at taking care of myself.	SD	D	N	A	SA
13L. I am good at learning new things.	SD	D	N	A	SA

14. For this next set of questions, please explain how you feel about making decisions and choices.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
14A. I am comfortable being away from my family.	SD	D	N	A	SA
14B. I can make good decisions even when members of my family aren't around to help me.	SD	D	N	A	SA
14C. I don't need adults to help me do things.	SD	D	N	A	SA
14D. I can do things on my own.	SD	D	N	A	SA
14E. I am independent.	SD	D	N	A	SA
14F. I can solve problems without help from my friends.	SD	D	N	A	SA
14G. I can make decisions by myself.	SD	D	N	A	SA
14H. I can make decisions without adults helping me.	SD	D	N	A	SA
14I. I am great at choosing good friends.	SD	D	N	A	SA
14J. I am good at talking to friends about things that are important to them.	SD	D	N	A	SA
14K. I am good at listening carefully to things that my friends tell me.	SD	D	N	A	SA
14L. I am good at talking to friends about things that are important to me.	SD	D	N	A	SA
14M. I am good at finding out more things about my friends.	SD	D	N	A	SA
14N. I am good at understanding my friends' feelings.	SD	D	N	A	SA
14O. I am good at trusting my friends.	SD	D	N	A	SA
14P. I am good at being trusted by my friends.	SD	D	N	A	SA
14Q. I am good at enjoying being with my friends.	SD	D	N	A	SA
14R. I am good at helping my friends to have a good time when they are with me.	SD	D	N	A	SA
14S. I am good at finding ways to meet people who I want to be friends with.	SD	D	N	A	SA
14T. I am good at getting to know people who I might want to become friends with.	SD	D	N	A	SA
14U. I am good at finding friends who like many of the same things that I like.	SD	D	N	A	SA

14.2. This next set of questions is about things you feel you can and cannot do.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
14.2a. I am doing just as well as other kids my age.	SD	D	N	A	SA
14.2b. I can think of many ways to get the things in life that are most important to me.	SD	D	N	A	SA
14.2c. I worry about my health.	SD	D	N	A	SA
14.2d. I usually find myself worrying about something.	SD	D	N	A	SA
14.2e. All I can see ahead of me are bad things, not good things.	SD	D	N	A	SA
14.2f. When I grow up I think that I will be happier than I am now.	SD	D	N	A	SA
14.2g. I don't think I will have any real fun when I grow up.	SD	D	N	A	SA
14.2h. I will have more good times than bad times.	SD	D	N	A	SA

15. This next set of questions is about taking your medications, or following your treatment plan.

15A. I sometimes forget to take my medications.	SD	D	N	A	S
15B. I am careless about taking my medications.	SD	D	N	A	SA
15C. When I am feeling good, I sometimes stop taking my meds.	SD	D	N	A	SA
15D. Sometimes my medicine makes me feel worse, and I stop taking it.	SD	D	N	A	SA
15E. I am usually good about taking my medications.	SD	D	N	A	SA
15F. When I am at home, I feel confident that I can remember and take my medications.	SD	D	N	A	S
15G. When I am outside of the home, I feel confident that I will remember and take my medications.	SD	D	N	A	SA
15H. When I am with friends, I know I can make time to take my medications.	SD	D	N	A	SA
15I. I can carry my medications with me and do not miss a dose.	SD	D	N	A	SA
15J. When I am stressed, I don't feel confident that I can remember to take my medications.	SD	D	N	A	SA

16.A WHAT IS YOUR NAME: _____
FIRST LAST

16.B WHAT IS YOUR ADDRESS: _____
STREET APT#

ADDRESS#2 (IF SPACE IS NEEDED)

CITY STATE ZIP CODE

16.C DATE FORM COMPLETED: ____/____/____ and day of the week: _____

16.D On a scale of 1 to 10, how easy was this survey to read?:

Extremely Easy			Not easy, but not hard				Difficult to Read		
1	2	3	4	5	6	7	8	9	10

16.E Were there any questions that were particularly difficult to answer? (Circle Yes or No)

YES NO

16.E.1 If you answered YES to 16.E, please list the question numbers for those questions you had difficulty understanding or reading, and comment what was tough about the question.

Example: Question #13.D - I did not know what 'check-in' meant.

Please include any other comments on the back of this page. THANK YOU!!!



**Evaluation of Camp For All
Questionnaire 1**

(TO BE READ ALOUD)

PLEASE READ FIRST

You are taking part in this study will help Camp For All better serve other campers. We thank you for help and time. This questionnaire should take no more than 30 minutes.

There are three important things you should know before you begin:

4. All answers are **confidential**. This means that we are not sharing your answers with anyone. All of your answers will be combined with others at camp to help us know what life and camp is like for all kids.
5. Answering these questions is **voluntary**. This means you can choose not to answer any question that makes you feel uncomfortable. You can also stop the interview at any time. However, we would really appreciate it if you could fill out as much of the question form as possible.
6. We would appreciate it if you answered your questions **honestly**. There are no right or wrong answers to these questions. We want to learn about you and others at camp. This will help make camp a better place.

Do you understand this? If you have any questions, you will be given time to ask them before we start the questionnaire. You can also raise your hand at any time during the questionnaire if you have trouble understanding a question and someone will help you.

Thanks again for your help.

PLEASE STOP, and wait for further instructions. _____

SECTION 1: BACKGROUND INFORMATION _____

1. Are you (circle one): **Male** or **Female**
2. How many years have you been coming to this camp: _____ # of years (put 0 if this is your first year here)
9. What is your age? _____ years old
10. Who are the adults that live with you and raise you (your parents/guardians or caregivers) during the school year? (Circle one)

- J. Both my mother and my father in the same house
- K. Only my mother
- L. My mother and stepfather
- M. Only my father
- N. My father and stepmother
- O. Sometimes with my father and sometimes with my mother
- P. Other relatives
- Q. A guardian or foster parent
- R. Other arrangements: _____

11. How do you describe your ethnic background? (Circle one. If your ethnic background is not listed or is made up of two or more of those listed, circle "E. Other" and describe)

- F. African American
- G. Asian or Pacific Islander
- H. Latino/Hispanic
- I. White
- J. Other (please describe): _____

12. What language is USUALLY spoken at home?

- E. English
- F. Spanish
- G. Both English and Spanish
- H. Other language(s): _____

13. How many children (including you) are in your family? (write number) _____

14. Which number child are you (example oldest=1, second child=2, etc.) _____?

SECTION 2: CHOICES IN FREE TIME _____

In this survey, we are asking you to think about your free time. Free time means things you do outside of school. These can include after-school activities like sports or clubs, and activities like 4-H, music, spending time with friends, reading, using the internet, and watching TV.

11. For each activity listed, please circle the number of hours a week that you usually participate in these activities.

How many hours a week do you...?		Number of Hours Per Week						
		None	Less than 1 hour	1-2 hours	3-4 hours	5-6 hours	7-8 hours	9 or more hours
11I.	Exercise or workout (lift weights, run or bike for fitness)	0	<1	1-2	3-4	5-6	7-8	9+
11J.	Play school-sponsored sports	0	<1	1-2	3-4	5-6	7-8	9+
11K.	Play organized sports through a City/Town Recreation dept., local league or other non-school organization.	0	<1	1-2	3-4	5-6	7-8	9+
11L.	Play an instrument for the school band	0	<1	1-2	3-4	5-6	7-8	9+
11M.	Play an instrument outside of school and school-sponsored events	0	<1	1-2	3-4	5-6	7-8	9+
11N.	Participate in a school-based club or after-school program.	0	<1	1-2	3-4	5-6	7-8	9+
11O.	Participate in Boy Scouts or Girl Scouts	0	<1	1-2	3-4	5-6	7-8	9+
11P.	Participate in other organized groups outside of school (like a church-based group, 4-H, FFA, or some other youth group)	0	<1	1-2	3-4	5-6	7-8	9+
11T.	Engage in a hobby (like model building, baseball card collecting, sewing, needlepoint)	0	<1	1-2	3-4	5-6	7-8	9+
11U.	Read books, magazines or newspapers	0	<1	1-2	3-4	5-6	7-8	9+

How many hours a week do you...?	Number of Hours Per Week						
	None	Less than 1 hour	1-2 hours	3-4 hours	5-6 hours	7-8 hours	9 or more hours
11V. Watch television or movies	0	<1	1-2	3-4	5-6	7-8	9+
11W. Play video games	0	<1	1-2	3-4	5-6	7-8	9+
11X. Use the internet (for chatting, internet gaming and e-mail)	0	<1	1-2	3-4	5-6	7-8	9+
11Y. Listen to music only	0	<1	1-2	3-4	5-6	7-8	9+
11Z. "Hang out" at the mall, movies, arcades, and other public areas	0	<1	1-2	3-4	5-6	7-8	9+
11AA. "Hang out" at your home or other people's homes	0	<1	1-2	3-4	5-6	7-8	9+
11BB. Spend time in the outdoors, hiking, birding, fishing, hunting, or just enjoying nature	0	<1	1-2	3-4	5-6	7-8	9+
11CC. Work for money outside of the home (like baby-sitting, paper route, working at a store, etc)	0	<1	1-2	3-4	5-6	7-8	9+
11DD. Stay at home alone	0	<1	1-2	3-4	5-6	7-8	9+

11T. Name your favorite thing to do in your free time: _____

11U. Name your least favorite thing to do in your free time: _____

11V. Are there other activities you do that weren't listed? (circle one) YES NO

11W. Please list those other activities below:

12. Circle the answer that best reflects WHY you do what you do in your free time.

I do what I do in my free time because...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
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12M.	I would get in trouble if I don't.	SD	D	N	A	SA
12N.	I don't know why I do my free time activities, and I don't really care.	SD	D	N	A	SA
12O.	I am supposed to.	SD	D	N	A	SA
12P.	I enjoy what I do.	SD	D	N	A	SA
12Q.	I don't know, I have never really thought about it.	SD	D	N	A	SA
12R.	That is the rule in my house.	SD	D	N	A	SA
12S.	I like what I do.	SD	D	N	A	SA
12T.	I don't know, but it doesn't matter, because I don't do much of anything.	SD	D	N	A	SA
12U.	I feel a sense of freedom.	SD	D	N	A	SA
12V.	My parents expect me to.	SD	D	N	A	SA
12W.	I want to earn rewards, medals, trophies or certificates.	SD	D	N	A	SA
12X.	I want to.	SD	D	N	A	SA

13. For the next set of questions, please circle the answer that best describes you in your free time.

IN MY FREE TIME...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
13M. If I don't do well at first in an activity, I'll keep trying to do better.	SD	D	N	A	SA
13N. I give up easily if things don't go my way.	SD	D	N	A	SA
13O. When I start something, I am able to focus on it for long periods of time.	SD	D	N	A	SA
13P. When I start something, I stick with it.	SD	D	N	A	SA
13Q. I am good at thinking of new things to do in my free time.	SD	D	N	A	SA
13R. I am good at understanding new information.	SD	D	N	A	SA
13S. I am good at doing art projects.	SD	D	N	A	SA
13T. I am good at doing recreation activities.	SD	D	N	A	SA
13U. I am good at doing recreation activities with other people.	SD	D	N	A	SA
13V. I am good at meeting new people.	SD	D	N	A	SA
13W. I am good at taking care of myself.	SD	D	N	A	SA
13X. I am good at learning new things.	SD	D	N	A	SA

16. For this next set of questions, please explain how you feel about making decisions and choices.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
14V. I am comfortable being away from my family.	SD	D	N	A	SA
14W. I can make good decisions even when members of my family aren't around to help me.	SD	D	N	A	SA
14X. I don't need adults to help me do things.	SD	D	N	A	SA
14Y. I can do things on my own.	SD	D	N	A	SA
14Z. I am independent.	SD	D	N	A	SA
14AA. I can solve problems without help from my friends.	SD	D	N	A	SA
14BB. I can make decisions by myself.	SD	D	N	A	SA
14CC. I can make decisions without adults helping me.	SD	D	N	A	SA
14DD. I am great at choosing good friends.	SD	D	N	A	SA
14EE. I am good at talking to friends about things that are important to them.	SD	D	N	A	SA
14FF. I am good at listening carefully to things that my friends tell me.	SD	D	N	A	SA
14GG. I am good at talking to friends about things that are important to me.	SD	D	N	A	SA
14HH. I am good at finding out more things about my friends.	SD	D	N	A	SA
14II. I am good at understanding my friends' feelings.	SD	D	N	A	SA
14JJ. I am good at trusting my friends.	SD	D	N	A	SA
14KK. I am good at being trusted by my friends.	SD	D	N	A	SA
14LL. I am good at enjoying being with my friends.	SD	D	N	A	SA
14MM. I am good at helping my friends to have a good time when they are with me.	SD	D	N	A	SA
14NN. I am good at finding ways to meet people who I want to be friends with.	SD	D	N	A	SA
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