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Summer Treatment Programs: Counselors and Care Practices

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Summer Treatment Programs: Counselors and Care Practices

A Thesis Presented
by

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of the Degree of Bachelor of Arts

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Introduction

I once worked at a summer camp on a little farm in Washington. The director dedicated
so much of herself to the day care service, running the entire program out of her own
home. The first floor was filled with miniature furniture, toys, games, basic necessities
for the kids. Her pantry always stocked with healthy snacks; she built sand boxes, a
garden, wooden stages in her yard. She was one of the first to show me how to teach kids
how to love and care for those around them and treated each one with great respect.

There were only about fifteen campers with us, and I remember each one of them,
but one little girl left the most meaningful impact. Not, however, because we had a
particularly strong bond or memory together, but because of how and why she left. A
week into the camp, I had just started getting to know all the children: their names,
personalities, favorite games, and how they liked to engage with me personally. Four-
year-old Isadora always wanted me to sit with her during lunch so that she could share
new pretend animal stories and blueberries with me. During playtime, she made a new
friend, and together they would become the rulers of a sand kingdom or sell me plastic
ice cream from their snack stand. They were an adorable pair and clearly enjoyed each
other's company; however, every so often Isadora would lash out in a burst of anger. I
remember a moment when I had to hold her arms and pull her away in order to keep her
from physically hurting her friend. I'm grateful now that a few seconds apart was enough
to calm her down because I would not have known what to do if it wasn't. At the start of
the second week, my director informed me that Isadora would no longer be joining us.
Isadora was autistic, and though this itself had no bearing on her being in the program—
my director accepted her with a willingness to try, and Isadora loved being there

according to her parents—in the end, the director was not sure we had the numbers or the resources to keep her and the other children safe.

A year later, I had the opportunity to intern as a camp counselor at a Summer Treatment Program (STP), a summer day camp designed specifically for children with ADHD (attention deficit hyperactivity disorder), autism, and related disorders, aged 6 to 12 years old. Any onlooker at first glance would observe regular camp activities—bunks (or groups) of children and counselors playing kickball, for example, or making paper airplanes, eating lunch, and etc.—but with time, and good hearing, one might notice a few peculiarities. For instance, a group of campers may be lining up on the field to move elsewhere when one of them intentionally pushes another. The observer would see a counselor directing the child away from the others, but instead of talking to them, they simply turn away and wait as the rest of the bunk leaves. After a few minutes of the child staying calm and relatively still, the pair would head off, as well. If one were to follow the group instead, they might catch a counselor saying, "Mike, you earn ten points for helping! Thank you for bringing Sarah the hat she dropped," after seeing a boy pick something off the ground and hand it to the girl in front of him. These instances illustrate care-giving practices that counselors are trained to adopt in order for the program to create a space that can support children who have been rejected or isolated elsewhere.

Employing a mixed psychosocial and pharmacological approach, STPs offer six to nine weeks of intensive treatment for children deemed to have social and behavioral difficulties. One major asset STPs claim is their natural, fun setting—a true summer camp space for activities and open peer interaction—in which children learn positive behaviors that they can generalize into external social settings. Yet STPs are also highly

structured. Staff, who are often undergraduate and graduate students, are trained in operant learning strategies to promote "positive" and suppress "maladaptive" behaviors, strict activity guidelines, and evaluations for procedural adherence.[1] The program was developed based on the idea that in order to effectively treat problems in peer relationships, therapists must work with children in the settings in which they occur. Extending the practice of care beyond the walls of an office or clinic into a summer camp not only changes the outcome of treatment but transforms the practice itself. The summer camp setting shapes how counselors learn, perceive, and modify the practice of care, as well as what kinds of relationships unfold. This ethnographic study will interpret these transformations through the lens of care primarily as discussed in social and medical anthropology. Specifically, I argue that through an embodiment of the STP's multifaceted interventions, counselors develop a practice and understanding of care that relocates a child and their needs from a position of isolation to one of participating in intimate relationships.

My motivation stems from personal experience working at an STP and my fascination with the clinical and social intersections that I and my fellow counselors had to navigate as we attempted to determine the care each individual child in our bunk needed. The STP is designed for a cooperation between clinical interventions and social interactions, normally addressed by separate sets of institutions and prioritized practices. As my research began, my participants, the STP counselors, shared thoughts, values, and actions that instead revealed a kaleidoscopic relationship. In one instance, the two realms

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[1] Fabiano et al., "A Meta-Analysis of Behavioral Treatments for Attention-Deficit/Hyperactivity Disorder."

meld together well. In the next, they are distinctly separate and clashing. There are even more moments in which the relationship is not quite so discernable.

To make sense of this perpetual shifting, I employ the "ethics of care" as an analytic framework, which proposes that care practices inevitably involve "different goods, reflecting not only different values but also different ways of ordering reality" dealt with together.[2] In their book that brings together care practices from an array of sites and situations, Annemarie Mol, Ingunn Moser, and Jeannette Pols emphasize that the strength and effectivity of care lies in its contextual specificity. They argue that specificity, relational interaction, and attentive practice are at the heart of what constitutes care more so than abstract rules and regulations.[3] Within the STP, this specificity applies, however, applies both to the care created by the guidelines of the program itself and to the particular plan each camper receives and takes part in.

While the "different goods" are variable in each layer of context and emergent care practice at the STP, they have a common purpose: to provide every child with the opportunity and means to form successful relationships, especially friendships, with both the counselors and campers around them. Clinical spaces, by contrast, are not often thought of as the optimal context to make friends. From her position as a clinical psychologist and anthropologist, Elizabeth Fein even shares instances where the noisy sociality of children is explicitly unwelcomed in medical settings.[4] However, making and learning how to make friendships has become a primary component of clinical treatment

[2] Mol, Moser, and Pols, *Care in Practice*. 13.
[3] Mol, Moser, and Pols, *Care in Practice.*
[4] Fein, *Living on the Spectrum*. 173.

for children who have been diagnosed with ADHD, autism, and related disorders, evidenced by the rise of peer social interventions like the STP.

Fein begins her clinical ethnography on autistic youth navigating their identities by defining autism as a "social disorder of the individual, a disorder of aloneness that can never be enacted alone."[5] The social and behavioral difficulties that comprise its diagnostic criteria for disorder, and stigmatize them in the societal eye, only exist in the presence of others. Public and academic discourse highlight the loneliness and isolation that often accompanies differences that these children have. These U.S. based discourses are also equally versed on the importance of friendship, namely the focus on social interventions for children with perceived neurodevelopmental and cognitive disabilities.[6]

Scholarly literature finds that the care involved in friendships is informal: unorganized, voluntary, and reciprocated in indefinite manners and time.[7] In this sense, both the friendships and the care generated within the STP would appear very forced and artificial, unable to provide the social and emotional support that its campers are thought to need. Though the setting is no longer restricted inside a private office, many clinical aspects still remain, such as obvious figures of authority and the strict protocols or expectations that regulate how and when individuals interact. Rather than detract from the formation of friendships, however, I claim that these components are crucial to a counselor's ability to engage in and encourage camper friendships. Furthermore, I will describe how these seemingly formal aspects at least partially cultivate strong connections between campers and counselors that are genuinely reciprocal, though

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[5] Fein, *Living on the Spectrum*. 6.
[6] Benjamin et al., "History of Cognitive-Behavioral Therapy (CBT) in Youth."; Paris, *Children's Nature*., 4
[7] Bowlby, "Friendship, Co-Presence and Care."

perhaps in different ways. In full circle, these relationships also enable or even compel counselors to engage in an "ethics of care," to provide what they determine is the best possible experience for the camper beyond what the STP dictates.

The following chapters will analyze formal and informal interviews from sixteen staff members with varying levels of academic or practical experience in education, psychology, childcare and related fields. All were recruited from the U.S. site I participated in as a camp counselor. One of these participants also holds a position of authority as a head counselor involved with management, training, and clinical consultation for the overall program. Interviewees were recruited on a voluntary basis, informed about the focus of this research, and asked for their oral consent. I also obtained permission to conduct research from this site's program director prior to recruitment. Questions I prepared considered topics such as defining what an STP is, the roles within the program, training and expectations for staff, what activities are included and why, the greatest attributes and inadequacies of the STP model, perceptions of success or improvement, and personal experiences with kids inside and outside of camp. All names used in the following chapters, including participants and the individuals mentioned in their anecdotes, are pseudonyms to protect confidentiality. For the same reason, some experiences may have been slightly generalized if deemed traceable to a specific child.

In Chapter 1, I identify how the recreational environment of the STP allows for the understanding and treatment of social and behavioral difficulties as not a problem of individuals but of interactions. I claim that the STP as a "therapeutic landscape," transforming contexts of spatial and emotional isolation into places of understanding and

acceptance for children whose behavior deviates from the social norm.[8] To do so, I contextualize the approaches of the STP within the grander scheme of the evolution of behavioral intervention for mental disorder and disability throughout time. In American history, the medical model with a focus on the biological basis of illness and disorder has been the center of such treatment. The innovative practices of the STP and its reported effectivity extended the interventions for ADHD once limited to clinics and private homes to public, "normal" settings, specifically the staple of American childhood school vacations: the summer camp. By characterizing why this shift occurred and what happens as a result, both spatially and conceptually, I articulate how the STP becomes a site for healing transformation.

Without the counselors, however, the STP's campgrounds would be the same as any other public setting where a child throwing a tantrum, obsessing over a single topic, or utterly disregarding instructions and conversations would face social reproach and ostracization. The STP prides itself on never rejecting a camper for these "challenging" behaviors. Before healing can take place and friendships can be formed, counselors must learn how to manage the words and behaviors that led to hurt in the first place. In the words of some counselors, the very purpose of the STP is to turn what could be "negative encounters" into "teachable moments." Chapter 2 delves into how counselors embody the specific practices of the STP, especially its foundational point system, in order to cultivate an environment for such "teachable moments." Here, I also illustrate the complexities of social intervention in open peer interactions. Besides a daily consultation with professional leadership, the program's adherence to immediate feedback of a child's

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[8] Gesler, "Therapeutic Landscapes."

behavior leaves room for the counselor's own interpretation and response, especially for scenarios that did not arise from training. These cases present the subtleties of communication that depend on specific personal relationships or often escape conscious thought. The line between a friendly tease and a sarcastic insult, how to engage in a multi-voiced conversation versus a monologue of self-interest; these are lessons that most eventually learn but are not often explicitly taught. Before a counselor is able to break down these moments that could make or break a relationship into teachable steps for children who are often deemed socially inept and difficult, they must understand them themselves.

"The power of the STP lies in how the team implements it." This phrase, borrowed from one of my participants, encapsulates the experience and role of the counselor beyond the training, system and structure. As counselors form the close connections with their campers and become familiar to the practices of the STP introduced in Chapter 2, they bend the rigid protocols and adapt them to suit the perceived needs of the child. However, according to the perspectives of the counselors, these needs are not always fully met by the STP. This final chapter illustrates the meaning and necessity of friendship between counselors and their campers. I claim that only after these close bonds are developed are counselors capable of recognizing and applying the specificity that Mol et al. deem essential to the practice of "good" care. In particular, I will exemplify how the STP experience—both the written mission to instill social appropriateness through behavior and social skill intervention, and the unwritten goals established by leadership—engages with the values and aims of the counselor according to the knowledge they learn from their intimate relationships.

Chapter 1: Theoretical Foundations of the STP

Out of the many childhood programs I've worked at, four of which have been summer camps, Isadora was the first I knew to be dismissed for unmanageable behavior. Although the exact reasons for her exit may be more complicated—I did not have the chance nor the will to ask my director to elaborate—this is a basic conclusion. While it was my first, this incident is not at all uncommon, evinced by the very existence of the STP and other camps for children with so-called special needs. Parent testimonials from any of the program websites reflect the familiarity of "unsuccessful" camp experiences prior to trying an STP: being sent home for some misdemeanor, being kept home out of parental concerns for their child's physical and mental wellness, or the child's unwilling and unhappy attendance.[9] Many of these accounts share their child's newfound excitement and fun times, but they also highlight elements of formal therapy that set the STP apart from other programs for a similar population. Efforts are made to "tailor the intervention" to a child's needs, and children learn "valuable skills" through this program with "highly competent staff" that is "carefully planned and implemented" for "every activity, every rule, every minute of every day."[10] Comparisons are even drawn between the STP and "traditional therapy" programs.[11] The STP is a definitely a place for fun, but the parents and the management team through the publication of these choice testimonies, clearly emphasize that it is a treatment service.

Dr. William E. Pelham Jr., currently a Distinguished Professor of Psychology and Psychiatry and Director of the Center for Children and Families at the Florida

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[9] "Camp Baker | Judge Baker Children's Center."

[10] "Pediatric ADHD Summer Treatment Program | Cleveland Clinic Children's."; "Testimonials."

[11] "Testimonials."

International University, first developed the STP in 1980 as an improvement upon traditional clinic-based therapies for childhood ADHD. Such approaches were only temporarily effective and often too narrow in scope; a child may make great progress in the clinic or classroom where therapy was engaged only to return to their previous behavior outside.[12] His STP was grounded in the idea that learning positive behaviors in a natural environment of peer interaction—the summer camp—will allow for generalization into external social settings. The summer period was also a deliberate choice to target behavioral problems often exacerbated due to the long stretch of unstructured time outside of school.[13] In the following decades, the STP garnered attention for its observed effectivity in clinical practice, training, and research, earning a variety of professional accolades.[14] A look into surrounding research finds focus on observational benefits, or seeing the effects of normally clinic-based interventions in action, and the potential for lasting skill retention.[15] Fun and genuine friendships, staples of an ideal summer camp experience, are somewhat of an afterthought, added benefits. I claim, however, that they are integral to the successes many STP families proclaim. In this chapter, I explore how the integrative STP environment brings intervention outside the restrictions of clinical settings literally and conceptually, expanding the scope of care from behavioral management to also include perceptional healing. In order to understand what this expansion means, I contextualize the STP within the grander scheme of the

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[12] Pelham et al., "Summer Treatment Programs for Attention-Deficit/Hyperactivity Disorder."

[13] Pelham, Greiner, and Gnagy, "Children's Summer Treatment Program."

[14] Such as the Model Program for Service Delivery for Child and Family Mental Health by the Section on Clinical Child Psychology and Division of Child, Youth, and Family Services of the American Psychological Association in 1993, and the Innovative Program of the Year by CHADD, a national non-profit organization serving people affected by ADHD. (Pelham et al. 2012)

[15] Chronis et al., "An evaluation of the summer treatment program for children with attention-deficit/hyperactivity disorder using a treatment withdrawal design."; Fabiano et al., "A Meta-Analysis of Behavioral Treatments for Attention-Deficit/Hyperactivity Disorder."

evolution of childhood behavioral intervention for mental disorder and disability throughout time.

Analytic Framework

As mentioned, the STP is a convergence of the clinic and the summer camp. The STP's desire to combine these specific settings emphasizes that children experience a lived difference in each context they go through on a daily basis—from home to school, classrooms, sports fields, and more. This difference greatly influences not only how children act but potentially also their sense of self amongst others. Generalizing behavior then requires equalizing the various social contexts or employing the children with a method of self-navigation through each one.

How one comes to associate meaning or attach personal significance with a specific setting may be understood through the Wilbert Gesler's concept of cultural geography. My analysis reimagines the STP as a "therapeutic landscape," defined by Gesler as a "landscape of treatment or healing."[16] In their own study of summer camp experiences for youth with disabilities, Donna Goodwin and Kerry Staples synthesize Gesler's theory as an expansion of the traditional linkage between physical and human processes to include embedded social structures.[17] Settings emanate a strong "sense of place" from the intersection of physical surroundings, historical context, and networks of interpersonal relations,[18] which establishes identity and specific feelings tied to places.[19] For the realms of therapy and healthcare, Gesler distinguishes between "fields of care" and "sick places," which lie on opposite ends of a spectrum concerning security of

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[16] Gesler, "Therapeutic Landscapes.", 736
[17] Goodwin and Staples, "The Meaning of Summer Camp Experiences to Youths with Disabilities.", 162
[18] Ibid., 162
[19] Gesler, "Therapeutic Landscapes.", 738

identity, feelings of independence, and availability of relatives and friends within the environment.[20] In the following sections, I contextualize for the separate clinical and camp components within the grander scheme of the evolution of childhood behavioral intervention for mental disorder and disability throughout time. At the same time, I conceptualize these settings as "sick places," which spatially and emotionally isolate children with perceived social and behavioral difficulties. From there, I introduce the new social context of interpersonal concern that emerges from the STP's design.

Clinical Contexts

Officially, the STP is a clinical care model. With on-going external and internal clinical research trials measuring efficacy, detailed protocols regarding every activity and behavior response, direction by professional providers, there is no question that the psychiatric clinic is the institutional foundation of the program. Just like any other human institution or knowledge practice, clinical approaches and the intentions and values behind them change over time. This section will look into the treatment concepts driving the STP and where they fall in the history of the medicalization of mental illness.

With an absence of interview data from the STP campers and families, I turn instead to the public accounts of two individuals who have perceived social and behavioral difficulties. Here, I acknowledge that these two narratives traverse multiple settings outside of the clinic. But, this multiplicity actually further illustrates the influence clinical models of thinking have on the experience of people with social and behavioral difficulties and the institutional supports they are able to receive.

> A child who, at first glance, looked normal—he said that she 'looked very intelligent'—and yet had little ability or desire to communicate, echoed whatever anyone said to her, repeated words and phrases from videos, and made little or no

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[20] Gesler, "Therapeutic Landscapes.", 738

eye contact….When Isabel was first diagnosed in 1994, our local school system regarded her as if she were from outer space.
—Roy Richard Grinker, *Unstrange Minds*

I struggled through the social landscape of childhood. It happened day by day, bit by bit, during primary and middle school…. Gradually I developed a sense of inferiority, that I was somehow less deserving than other kids. I didn't know why. I had a vague awareness that others were more 'with it than me, they didn't daydream so much, or fidget as much, and found making friends much easier…. I was socially awkward and the ability of others to say the right thing at the right time remained a mystery to me; I had no idea how to be popular like the other kids.
—Michelle Beckett, "Jeff's Story"

Twenty-six years have passed since Roy Richard Grinker's daughter was diagnosed with autism. A professor of cultural anthropology and parent to an autistic child, now woman, Grinker recounts how far American society has come in its understanding and familiarity of the diagnostic condition of "autism" in his 2007 book, *Unstrange Minds*. He writes on how teacher and staff have improved in how to speak to and talk to autistic children, how to encourage peers to interact with them as well, in comparison to when his daughter was diagnosed.[21] From this anecdote, two salient points may be drawn. First the school system's increasing comfortability with and support of children like Isabela is not due to a gradual acceptance of their behavior, but a recognition of the label, the term "autism". Grinker expands on this to say that in the time of his writing, a child diagnosed with autism is presented with countless more services and educational opportunities than one diagnosed with Down syndrome, despite having very similar learning and behavioral characteristics.[22] Following this idea, one might wonder why a label takes priority over behavior in social acceptance—and why this particular label made it so Isabel was no longer treated as an alien of sorts.

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[21] Grinker, *Unstrange Minds*., 16
[22] Grinker, *Unstrange Minds*., 6

Grinker's account was released over a decade ago now, but the questions raised are still undoubtedly relevant. The second quotation comes from a public blog post published in 2017 on a website dedicated to ADHD awareness.[23] Jeff went undiagnosed for over twenty years, and his conditions worsened over time as the childhood sense of inferiority and daydreaming turned into severe depression and anxiety. For Jeff, just as it was for Isabel, no clinically significant label to his behavior meant little to no access to support. In addition, Jeff recalled it was actually a colleague who suggested to Jeff to investigate ADHD after noticing his forgetfulness and constant stress. Though he acknowledges "how ADHD wasn't much recognized 35 years ago," he "can't help thinking if only" he received this diagnosis earlier now that his problems are "much improved" and is no longer "blaming himself."

The changing perceptions portrayed in these two stories illustrate how the disorders of autism and ADHD are socially constructed. As treatment approaches change throughout time and place, what exactly is determined to need treatment also undergoes definitive shifts. Margaret Lock and Vinh-Kim Nguyen in An Anthropology of Biomedicine, that the perceived symptomatic differences between "normal" or "healthy" and diseased or "deviant" bodies depend on the social contexts of specific histories and cultures.[24] This is not to say that there are no bodily or behavioral differences between individuals or even groups of people, but what constitutes as difference does vary. Furthermore, local contexts determine whether these differences require medical attention. The American Psychiatric Association outlines a specific criterion of social and behavioral patterns for autism and ADHD that determine evidence for a disorder to be

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[23] Michelle Beckett, "Jeff's Story."
[24] Lock and Nguyen, *An Anthropology of Biomedicine*., 67

cured or managed.[25] Within the same U.S. society, a rising neurodiversity movement advocates for the acceptance of those same patterns as a normal human difference to be celebrated and welcomed as identity.[26]

The medical model of mental illness and disability has been in place since the mid-nineteenth century, carried by the rise of scientific medicine in the West. From then on, the medical model has been pervasive throughout US society and culture.[27] Richard K. Scotch, a disability scholar and sociologist, writes that

> The medical model defines disability as a product of biology, in which a congenital or chronic illness, injury, or some other departure from "normal" biomedical structure or functioning has consequences for an individual's activities of daily living and, ultimately, for that individual's ability to participate in society. The medical model has led to the development of a variety of schema for assessing and categorizing impairments and the people who have them…. [T]he medical model tends to attribute the problems faced by people with disabilities to their impairments. The medical model conceptualizes disability as a long-term or permanent illness or injury, and proposes to "fix" it, or at least to ameliorate its effects at the level of individual functioning. It is a model based on deficit, with the assumption that impairment affects every aspect of the life of people with disabilities, invariably in a negative manner. Thus, having a disability is associated with the need for medical treatment, financial help, and psychological and social support.[28]

Seeking medical treatment when one is not experiencing pain results from a process of measuring one's capacities and capabilities against a "standard of normal human functioning," a comparison to that of those around them.[29] In the case of childhood behavioral and developmental disorders, oftentimes the decisions to seek treatment are made in schools or other institutions when the child does not accomplish the same tasks

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[25] "What Is Autism Spectrum Disorder?"; "What Are Disruptive, Impulse-Control and Conduct Disorders?"
[26] Fein, *Living on the Spectrum*.
[27] Hogan, "Social and Medical Models of Disability and Mental Health."
[28] Scotch, "Medical Model of Disability.", 602
[29] Linker, "On the Borderland of Medical and Disability History.", 115

as their peers, academic or relational.[30] Essentially, when they are unable to be socialized in the same manner. In most cases, children diagnosed with ADHD also do not meet the necessary criteria to admit them to special education classrooms for needed support.[31] While their differences may not directly inflict physical pain, the potential effect of anxiety, depression or other mental states on the body and the decreased quality of living that likely result from an inability to achieve the societal expectation of success is undeniable.

Medical diagnoses can offer relief in this sense, providing a path towards how to best reach that standard, an explanation or rationalization as to why one cannot, or way to mitigate symptoms and manage a chronic condition. Returning to the examples of Isabel and Jeff from the beginning of this section, ultimately both found satisfaction from the medicalization of their illnesses; however, the medical model also has many limitations, two of which are apparent in their stories. As mentioned before, Grinker comments on how not all diagnoses are treated equally in terms of resources, opportunities, and social acceptance even when they have similar appearances. And, though it will not be discussed here, a diagnosis does not mean all available services, medical or otherwise, are accessible for a variety of reasons. In Jeff's case, he experienced twenty years of failed medications due to a misdiagnosis and disillusionment with the medical profession before finally the ADHD diagnosis and subsequent treatment allowed him to "conquer [his] demons" and "changed [his] life." He wishes that his "ADHD had been spotted during any of these visits going back twenty years. Just once."[32] Medical diagnosis was

[30] Pelham et al., "Summer Treatment Programs for Attention-Deficit/Hyperactivity Disorder.", 215
[31] Pelham, Greiner, and Gnagy, "Children's Summer Treatment Program.", 2
[32] Michelle Beckett, "Jeff's Story."

incredibly important to Jeff's healing journey. I have no intent to overlook this fact; however, it would be nonsensical to assume there is no other care model that could have aided him sooner.

Disability, according to the medical model, is a "product of biology;" a large part of consequent treatment is then also based in biology. Kirmayer et al. writes that "[b]iological psychiatry assumes that mental health problems result from 'broken brains' or 'chemical imbalances' and focuses on drug treatments."[33] Jeff's testimony is case in point; treatment throughout his life included a long list of prescribed medications, most of which failed to ease his burdens and one which succeeded.[34] Trial and error is present in every treatment model give that every person's body and circumstances are unique, but medicinal drugs often carry harmful potential side effects, especially those of prescription strength. Common medications (central nervous system stimulants) for ADHD specifically, the original target of the STP, are found to have limited impact on key domains of functioning and normalization, and a short-lived effect. In addition, some parents balk at using intensive pharmaceuticals and find compliance in their young children difficult.[35]

As pharmaceutical approaches were popularized in psychiatry, psychologists began to develop cognitive-behavioral therapies (CBT). Both interventions still comprise a great portion of recommended treatment in the current medical model for mental illness, often working in conjunction. In youth psychopathology, lone behavioral therapy was first used after the prevailing talk therapy was found insufficient for children with

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[33] Kirmayer, Lemelson, and Cummings, "Introduction.",1
[34] Michelle Beckett, "Jeff's Story."
[35] Pelham et al., "Summer Treatment Programs for Attention-Deficit/Hyperactivity Disorder."

disorders.[36] Popular strategies of operant learning, which facilitate behaviors with environmental contingencies, soon combined with cognitive-mediated approaches that targeted internal processing, especially self-control. This blend of cognitive and behavioral theories of psychopathology with attention to emotional, family, and peer influences represents CBT practices in the present day.[37] CBT and its clinical strategies are also what underlies the intervention of the STP. However, the setting for traditional CBT practice falls to critiques of an isolated clinical environment where social instruction is given but cannot be genuinely practiced. Elizabeth Fein illustrates the inadequacies of the clinic for childhood social interventions in her ethnography *Living on the Spectrum: Autism and Youth in Community*. Despite an institutional desire for a social skills group in a medical center, the psychiatric director and her mission to offer a generative space for friendship was repeatedly met with complaints of noise and unruliness.[38]

Limitations of the common medical model led the STP to follow a psychosocial practice with attention to the social factors of daily life that either influence or slow a treatment's effectivity. An understanding of contextual variation prompted the necessity of intervention outside the sterile, isolated clinic walls within actual social settings amongst same-age peers or potential friends and acquaintances, including classroom and recreation activities. Relationships with parental figures and family, usually the primary agents of care and socialization, are deeply considered through supplemental concurrent parent training sessions. As a multi-modal practice, the bases or components of previous

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[36] Kirmayer, Lemelson, and Cummings, *Re-visioning Psychiatry*, 7; Benjamin et al., "History of Cognitive-Behavioral Therapy (CBT) in Youth."

[37] Benjamin et al., "History of Cognitive-Behavioral Therapy (CBT) in Youth."

[38] Fein, *Living on the Spectrum*., 173

approaches deemed beneficial are left in place. Cognitive-behavioral type interactions between the patients or the children and the provider are just extended outside the clinic, and the potential benefits of medications are still integrated into treatment depending on individual programming.[39]

Summer Camps and Stigmas

The summer camp has often been lauded as the optimal site for budding friendships and happy memories; however, traditional campgrounds have not been so welcome to children with perceived disabilities and difficulties.

Today, the summer camp takes on a vast diversity of programs, locations, structures, and purposes. A two-week day program teaching campers the skills of basketball located at an urban fitness center and a month-long overnight nature program at a lodging site two hours away from the nearest city would both fall under the term summer camp. Many available programs, however, do share several common features, such as an emphasis on staying active or experiential learning, which have defined camp in the United States since its inception nearly 150 years ago.[40] Both parents and children readily endorsed the notion of summer camp, transforming it into a mainstay of American culture by the 1920s. A typical brochure advertised the summer camp as "an institution to teach the child to employ [leisure] in a healthful, cultural, and constructive manner and to teach future generations to do likewise."[41] With parents welcoming the idea of a continued form of education alongside personal freedom from the exhaustion of full-time caregiving, the summer camp soon shared the role of school as a macro-level socializing

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[39] Pelham et al., "Summer Treatment Programs for Attention-Deficit/Hyperactivity Disorder.", 216-217
[40] Browne, Gillard, and Garst, "Camp as an Institution of Socialization.", 52
[41] Paris, *Children's Nature*., 3

agent, where a child is taught to behave in a normative way in their society.[42] For children, not only did the summer camp often provide their first experience of community beyond their immediate family and home neighborhoods, it was also a complete break from their normal routine. Camp promoted the development of independence, self-identity, and interest in exploration, and building friendships in a new but still carefully supervised environment.[43] In this space, children were forced, albeit in a way that was often considered exciting and fun, to implement social skills and represent themselves without the familiar guidance of parents or structure of their regular school environments.

Despite active inclusion into these programs that were ever increasing in size and popularity, children with disabilities did not reap the same benefits from the opportunities of the summer camp. Whether mental or physical, with the "inclusion of persons with disabilities in programs originally designed for persons without disabilities, issues of isolation, loneliness, and disempowerment…surface."[44] Rather than encouraging the discovery of self-identity and confidence, the unrestricted, unfamiliar environment and people of the inclusionary summer camp may result in virtually unnavigable social spaces for those who are mentally and behaviorally different. Testimonies of STP parents regarding previous camp experiences express this sentiment, describing how during activities other kids or staff "don't have the patience [so] in the past they would sit out and not learn how to play" and "were becoming more introverted and distracted" or were considered the "odd man out."[45]

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[42] Browne, Gillard, and Garst, "Camp as an Institution of Socialization.", 53
[43] Ibid., 54
[44] Goodwin and Staples, "The Meaning of Summer Camp Experiences to Youths with Disabilities.", 160
[45] "Testimonials."; "Home."

Concerns over the implications of segregated programs, ones that are designed specifically for those with perceived disabilities, are understandable considering how separate but equal public services are considered discriminatory by the Americans with Disabilities Act (ADA). However, a variety of studies concerning relevant issues, such as the internalized stigmatization in inclusionary settings and the empowerment of a like-identity community, leads some scholars to worry that the values of disability-only programs are overlooked.[46] In addition, a closer look into the ADA demonstrates that separate program is not discriminatory if "such action is necessary to provide…opportunity that is as effective as that provided to others," and any integrated service "shall be appropriate to the needs of the individual."[47] In the typical American summer camp, children with perceived disabilities are excluded for their socially different behavior. In order for them to receive the childhood experiences of self-growth, friendship, and simple active recreation they are said to deserve as children growing up in the United States, more measures need to be taken. In part, the STP intends to not only provide behaviorally or developmentally divergent children with such experiences but also to teach them the means to attain them in their daily lives.

Conclusion

Following the STP's collaborative design, once harmful contexts of insecurity and judgement can be transformed into ones of understanding and self-control. By integrating clinical strategies into a recreational summer camp, the STP takes the aspects from both settings most conducive to its goal of fostering a welcome space for the playful and

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[46] Goodwin and Staples, "The Meaning of Summer Camp Experiences to Youths with Disabilities.", 160-162
[47] Americans with Disabilities Act of 1990, AS AMENDED with ADA Amendments Act of 2008.

genuine interaction of children with societally perceived social and behavioral difficulties. The independent freedom of the traditional summer camp led not only to a physical exclusion of those deemed inappropriate in social settings, but an internalized and lasting damage to their sense of self and social capabilities. In the carefully structured environment, counselors are able to monitor the physical and emotional states of children, allowing them to safely challenge circumstances of past trauma with guidance and encouragement. Counselors hope that as the children learn valuable social skills, they also learn that they are capable of applying them successfully through real experiences of friendship and happiness. The following chapters will elaborate upon how the STP counselors are trained in ways to promote and eventually form the positive relationships between campers, and with them, through collective and individual strategies.

Chapter 2: The Backbone of the Program

The entire bunk was out on the field for our daily kickball game. Half the campers were lined up against the fence waiting for their turn to kick, and the others were positioned around the bases. One counselor stood in the center to pitch and lead the game with the rest of us dispersed across the field, equally divided between the kicking and receiving teams. I was in the outfield a few feet away from the campers on first and second base. Stepping up to home plate, one of the campers landed a huge kick and took off running. Though he followed the right directions, he didn't quite make it to each base, cutting a few corners before hitting home. His teammates cheered.

"Hey, he cheated! That's not fair!" Max, who was guarding first base, burst out, glaring at me pointedly with furrowed brows. I made eye contact with him for half a second before looking forward.

"Max, you lose twenty points for Complaining/Whining and 10 points for Poor Sportsmanship." Turning back towards him, I continued, "Maybe Allen just didn't understand the rules. Look, I think Counselor Maria is explaining them to him again." I tilted my head towards the kicking team where Maria seemed to be pointing out the bases to Allen, but Max had already shifted his focus back to home plate where the next camper was gearing up to kick. Besides a quick glance to Ann, another counselor in charge of recording points for this activity, to make sure she caught the exchange, the moment had passed without a second thought.

Though I could not conduct any formal field observations given the timing of my research, this scene derived from my own memories as a STP counselor would have been typical to everyday camp. Overall, it would not be out of place at any other sports camp if

not for one element: the points. Noted equally by both the interviewed counselors and the original STP manual, the point system is the core intervention strategy of the program; the "backbone" or "framework" from which all other formalized camp components (e.g. social peer intervention, recreational skills and activities, group discussions, daily report cards to parents, medication assessment) extend off of or at least are informed by. The manual introduces the protocol as:

> Using a systematic reward/response cost program, children receive points (or tokens) for appropriate behavior and lose points for inappropriate behavior while they engage in activities throughout the day… The points that children earn are exchanged for privileges (weekly field trips), social honors (High Point Kid status), and home-based rewards. Counselors record points taken from and awarded to each child continuously throughout the day… Staff members are trained intensively on the point system to enable them to record with sufficient reliability. Because the point system observations are used as dependent measures for evaluating individual differences, outcome, and response to treatment components, frequent checks are conducted to insure that records of points given and taken are accurate reflections of the children's behavior.[48]

The point system protocol directly stems from the clinical theory of operant learning described in the first chapter. One might assume this practice, especially one so quantitative in nature, is uncaring and even works against intimacy or close personal attachments. Lisa Huebner in her ethnography of nursing, implies that professionalism in a clinical space is thought to be tied to personal detachment. Huebner describes how nurses try to balance strategies of "professional distance" that protect them from conflicts with "a personal, intimate disposition" to avoid seeming too "cold to patients and family members" and disturbing their trust.[49] In the STP, however, intimate relationships form not in spite of professional practices but out of them, at least in part. Rather than creating

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[48] Pelham, Greiner, and Gnagy 2012
[49] Huebner, "Professional Intimacy: An Ethnography of Care in Hospital Nursing.", 119-120

distance between campers and counselors, the point system and its related procedures lay a foundation for closeness and healing.

First, I consider how counselor perceptions of STP campers are shaped by moral understandings of the STP and its unique position as a site of acceptance amidst exclusionary institutions. In that section, I also introduce how the STP facilitates a separation between a child's behavioral difficulties and their innate character through overarching program features. Then, I illustrate how the point system operates as a process of learning for both the campers and the counselor. Prior to entering the STP, camp counselors easily navigate social situations through an implicit knowledge and have little idea of how to instruct children with social difficulties to do the same. Through learning the point system, counselors receive a tool for teaching children how to positively engage with others, and they gain an appreciation for how difficult and complex social situations can actually be. Finally, I describe how point procedures actively maintain an environment for happiness and relationship building through multiple modes of emotional processing.

The "Good" Camper

When I was first introduced to the workings of this program (though this may not be true for all STPs), one of the most surprising features was that general counselors, who comprise the majority of the staff interacting with the kids, would not know the diagnosis of the campers. Despite being a program targeted towards children diagnosed with ADHD, autism spectrum disorder, and related disorders, diagnosis is basically irrelevant to the primary intervention strategy of the point system. According to Megan, who did have access to the children's medical files as a leadership member, "to be honest, you

kind of forget." With the exception of a few unique cases, she couldn't have "pointed out clearly who had what diagnosis or who had none" if I had asked her. The reason behind the lack of disclosure to the counselors is simple and practical. Again, diagnosis has little to no impact on how the point system is used; STP protocols, as trained into the counselors who carry out the intervention, depend only upon exhibited behaviors of the children. The value behind the absence of diagnosis; however, lies in one idea that circulated throughout many of my interviews. One statement from Ariana summarizes it cleanly: "children are children. And, everywhere, they have lots of energy and, you know, want to make friends…and want to fit in."

Counselors recognize that many of the campers under their care are followed by stigma. Defined by Gerhard Falk, this stigma is an "invisible sign of disapproval" that becomes grounds for exclusion by an in-group who unify against those who deviate from their accepted norms. In his analysis of how various groups of people come to be stigmatized by American society, Falk identifies two ways a stigma forms: *societal deviance,* in which a condition is widely perceived as being deviant, and *situational deviance*, where an actual deed committed by the person causes negative feelings.[50] The children at the STP are often afflicted by both, as a result of their diagnosis or their displayed behavior. Counselor Aleah aptly illustrated her understanding of the reproach she imagines her campers must face and how the STP instead offers potential healing.

> *Aleah:* I think points are a great starting point…I think, especially for these kids that may sometimes get ridiculed in their schools and isolated and are or may constantly be told the different complications they may be causing for their peers or for their teachers…just, like, that's proven like people have different biases on them in the classroom…Oh, this kid maybe in the past class has caused a lot of destruction so they're going to be disruptive, so I'm going to keep an eye on them. And that makes them be like, okay, well, you really expect me to do this, so

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[50] Falk, *Stigma*., 22

should I continue to do it, or should I avoid it. I think that those are aspects that I don't think a lot people end up addressing…so, I think that the point system that we use is a way to provide adequate like feedback to the kids.
Christina: So, what do you think the importance of the points at camp—like, what do they do?
Aleah: They provide adequate feedback to the kids, so they know, you know, 'I'm a good student. I am a good camper. I can make relationships, I can talk with other people, I can share. And, sometimes I mess up, and sometimes I curse and swear, or maybe accidentally kick someone or maybe do it on purpose'—and, I can see the publications for that, but knowing that they're able to also do great things, which I think is the important part of the point system.

Aleah takes the point system as not just a vehicle for kids to learn how to communicate or behave in socially appropriate manners, but as a way to transform their self-perception; to reverse the internalization of negativity that others may have instilled through their judgements and responses to certain behaviors; to recognize that they are not inherently a problem or a challenge that the public eye often labels them as. Rather, the kids are allowed and encouraged to identify as a "good student" or a "good camper."

Counselors wholly believe and embody this positive perception of the campers. I asked Ariana what she liked about the STP, just in general. Her first response was how kids are "automatically loved by their counselors." She went on to illustrate how much that aspect mattered to her team as a whole.

One of our children who was actually like so sweet and very pro-social, like he had been kicked out of multiple camps before, and, like that was just kind of surprising for me to hear…I was just like Oh, that's crazy, he honestly seemed to be, he was usually so sweet. And, of course, I saw that he did have these things that he struggled with, but I guess just at [camp] we had the resources, and it was designed to be totally supportive.

Ariana went on to share more favorite camp stories that reiterated this narrative of her children struggling outside of the program, and then being welcomed, playing games, and forming friendships within. Throughout her retellings, she never focused on the troubling behaviors that the kids displayed, though she "of course" experienced them. Instead, she

repeated and illustrated how "sweet" the kids were to her and others during camp. This statement, in particular, also indicates how the child's struggles were simply things that he had while "sweet" and "pro-social" were used to define who he was.

Both Aleah and Ariana illustrate a very fascinating and fundamental component of the STP: the separation of behavior from the child. I also emphasize a difference between the alignment of perceived positive and negative behavior with the character of the child. To be exact, there is a prominent distinction between the detachment of behavior that generates a negative affect from the person's innate character and will, while behavior producing or presenting positive is emphasized. In the eyes of these camp counselors, prevailing stigmas do not apply to the kids they care for. This is not because once negative behaviors are suddenly deemed acceptable at camp. Instead, Aleah and Ariana both point towards the resources that the camp provides them with.

Aleah definitively promotes the feedback of the point system. In a stigmatizing school setting, Aleah imagines how these kids are "ridiculed" and "isolated" for their behaviors. They could come to understand what is considered wrong, "constantly [being] told the different complications they may be causing," but why they are in the wrong or what they are supposed to do instead are not addressed. In this sense, the point system directly counteracts exclusion by attempting to answer these questions. Providing feedback implies that a child can learn and change; their behaviors and how are not indicative of their personality. This is furthered by the fact that the point system is not fundamentally reasoned through an evaluation of intention. Aleah exemplifies both incidents of accident and purpose as equally considered negative behaviors under the point system—though, they are under separate categories to provide more specific explanations of fault for

reasons that will be elaborated upon in the following section.[51] Following the healing argument from Chapter 1, the point system recognizes that a "kick" is a problem that originates from both the child and the interaction. The child is meant to understand that neither an intentional nor and unintentional act of physical harm is acceptable, but neither will attribute the child with a lasting image of violence or anger, for example.

While Aleah provides a concrete procedural way the campers are made to create and maintain a positive sense of self through the point system, Ariana gives a more abstract and affective one. Though Ariana's affirms a counselor's positive perspective of a camper, she also suggests that the child's "sweetness" is enabled through the "totally supportive" design of the program. She points out an "automatic" love that is characteristic of every counselor, a feature of the STP itself, and contrasts that with the other camps that have instead rejected her camper. Whether the campers actually perceive themselves differently cannot be fully verified without their own insights; however, if the counselors view of the manifestation of such internal positive as children doing "great things" like "making relationships" and being able to share, than I suggest that they certainly do feel acceptance and self-accomplishment. Both of these accounts illustrate that the visceral separation of behavior and being from the perspectives of both counselors and campers is facilitated through an institutional standardization of response.

A New Social Awareness

While diagnosis plays no role in treatment, many counselors did acknowledge that they were working with kids who have disorders or disabilities. One question I liked to ask to those who raised the term themselves was what they think is important to understand or

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[51] See "Unintentional Aggression" and "Intentional Aggression" in Figure 1 for example.

do when working with kids labelled as neurodivergent. Emma, a counselor of two years now working as a behavior technician, replied, "They're just kids like everyone else." She describes to me the stigma she believes they face, a heightened expectation to never be ill-behaved and the attribution of any emotional outburst to their neurodivergence.

> It could just be that they're just kids and kids when they're upset, they tantrum. And, so, I guess kind of where I'm going at is, I think a lot of these like social emotional learning and social skills and all of these kinds of softer skills that are taught to quote-unquote neurodivergent kids, I think they should just be taught everywhere…[Campers] don't have the skills because…they're not necessarily taught in school. I mean, at least like for me, I was never taught those things…If these skills were viewed as important as like reading and science and math. It's kind of like, I mean, well how would things be different?

For Emma, camp is a place that compensates, or at least tries to compensate, for the lack of formal social support she finds in our education systems. Self-management and emotional intelligence are skills that are expected by the society we live in, but not explicitly taught. At the STP, the point system becomes a tool for counselors to interpret and provide that explicit feedback during social situations both they and the kids are immersed in.

Megan, a head counselor who has been with the program for several years, attributes the point calls—verbally labelling behavior and their assigned values—as key to raising the child's own awareness to "how they're doing, what's going well for them and what is challenging for them." She says, "I'm a firm believer that it's helpful to name behavior. So rather than saying what you did was wrong...or whatever. I think that kids learn from naming. And when you specifically identify that for them, they pick up on it really, really quickly and quickly come to learn what counts as a certain category and what doesn't." The specificity and application of the point system categories shares a

revelation to the counselors of what is missing in not only other specialized programs but also the ways we typically learn social behavior.

In his ethnography accounting the weekly meetings of a small group of autistic university students, anthropologist Ben Belek relays the difficulties the students found in their daily lives. He conveys the "obligatory standards of neurotypical communication…[How] convention seemed to dictate that one's desires, intentions, or misgivings remained unspoken…Yet the problem with such an indirect approach…was that utterances, gestures and actions, when left implicit, were utterly confusing."[52] The style of communication the students adopted within themselves to combat these social struggles is referred to by Belek as the *explicitation of social etiquette*, adapted from translation theory:

> Mesa-Lao has defined it as "a translation technique consisting of making explicit in the target text information that is only implicit in the source text" (2011, 45). Explicitation, she adds, includes such procedures as the "addition of modifiers, qualifiers and conjunctions to achieve greater transparency; addition of extra information and insertion of explanations; or specification of meaning, among others" (45) …Explicitation, in my use, refers to that process in which structures are easily accessible to some, but are vague and ambiguous to others, might be made meaningful following certain modifications to form and content…likened, in this way, to the elucidation of subtext, rationale, and context in social interaction.[53]

At the STP, explicitation is equivalent to what counselors call "feedback," which encompasses both the actual point call and the short explanation that often follows (exemplified in my response to Max's outburst in the prior anecdote). By breaking down how counselors respond to these two aspects in conversation with Belek's theory, a shift in their perceptual understanding of social interaction is made known.

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[52] Belek, "Autism and the Proficiency of Social Ineptitude."
[53] Belek, "Autism and the Proficiency of Social Ineptitude."

Prior to the arrival of campers, counselors typically undergo one week of intensive training. (Training lasted for two weeks virtually and in-person over the past summer.) One priority of the week is learning what the point system is and how to use it. At the base level, making immediate point calls as the program dictates requires memorization of the behavior categories, their associated values, and a thorough understanding of when to use them. All three are detailed at length in the program manual, which counselors are assigned to read. Most of the categories sound self-explanatory: "Complaining/Whining," "Intentional Aggression Towards a Peer," "Helping a Peer," for example.[54] Even before training, one would likely have an idea of what would fall into each category. Multiple case scenarios are provided in the manual—along with instructions specific to the logistics of running activities; for example "Attention" points are awarded to campers who correctly answer a specific question asked by the counselor about the on-going game—however, there is a clear expectation of counselors' prior social knowledge. For instance, counselors are assumed to understand when an act of physical engagement would be considered "a function of *appropriate* game play" or meet the requirements for "Intentional Aggression."[55] For time-sensitive questions assessing attention during a group discussion, counselors reward points for a late response if "a child makes a *reasonable and appropriate effort* to answer."[56] Phrases like these are pervasive throughout the operational guidelines of each category.[57]

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[54] See Figure 1 at end of chapter for a full list
[55] Pelham, Greiner, and Gnagy, "Children's Summer Treatment Program.", 23
[56] Ibid., 17
[57] Ibid., 16-45

The social rules underlying the categories and "typical" behavior patterns exemplify what Belek refers to as structures that are "easily accessible to some but are vague and ambiguous to others."[58] According to Belek's argument, this knowledge should be "easily accessible" to the counselors and not for the campers. However, even for the counselors, it is not so simple. The are able to act or respond in a normal or societally acceptable manner, but before learning the point system, this social knowledge was an unconscious one. Pierre Bourdieu sources this tacit understanding to one's *habitus*, which generates practices and strategies based on one's first-hand experience of the social world over time and enables adaptation in ever-changing situations. Rather than expressing mastery over intentional response to social rules, the habitus merely anticipates consequences from actual outcomes of past conditions.[59] This level of knowledge is easily accessed in that it requires no conscious processing of what is the expected response of others, and, therefore, whether one's behavior would be deemed appropriate or inappropriate; they would simply know. In order to teach campers how they should or should not behave, however, STP counselors must be able to clearly express what is normally a very internalized process: to make the implicit explicit.

At the STP, the point system and other specific strategies provide a mechanism to break down social interactions for instruction. For many counselors, adopting this practice is initially difficult. One participant, Sophie, recounts her first training experience:

> It was like, oh, this is a lot like how, how is my brain going to like manage to figure this out in like a real setting because real settings are always more challenging than simulated ones. But, it was also like this kind of excitement of

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[58] Belek, "Autism and the Proficiency of Social Ineptitude."
[59] Bourdieu and Nice, "Structures and the Habitus.", 72-73

like the challenge, I guess, of being able to do that and feeling like we were being given the tools to be able to think through these various situations and we were encouraged to, like, you know, ask various questions about situations and what to do in those situations.

Other counselors reiterate similar feelings, expressing how the learning process was "overwhelming," "intimidating," or just "so much information" to handle. Sophie's question over how her brain will manage in "real" over "simulated" settings exemplifies the unawareness of the social knowledge that is actually constantly in use. The struggle STP counselors face in learning how to teach what they implicitly know follows Bourdieu's theory that "commonsense" as validated by their own successes in the social world "goes without saying because it comes without saying."[60] For many of these counselors, training week marks the first time they receive explicit teaching on social interaction.

From a retrospective point of view, Emma compared how the STP gave her the ability to teach and apply soft skills when she couldn't pinpoint her own learning as mentioned at the beginning of this section.

> *Emma:* Oh, I think so. I think so, and I think it's, it's the natural environment that it provides for me. It made me more mindful to very, very seemingly trivial interactions between kids or interactions with me and a kid, and it's like things that I think previously doing a program like this would have just those interactions, or me like noticing something, would have just gone over my head…So, then you can use those interactions as just a natural way to teach.
> *Christina:* Could you expand more on what you mean on what you mean by trivial interactions?
> *Emma:* A small thing like even just walking back a, back up to the field, and they're talking to you. And, it's not the most appropriate thing for camp, being able to kind of switch to that counselor mode, I guess, and be like, "Oh, like we're not talking about that right now. Let's talk about like dinosaurs." And, they're like, "Oh, I want to talk about dinosaurs!" [Emma redirects the conversation from a topic she deems inappropriate for camp, like violent war stories based on my

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[60] Bourdieu, *Outline of a Theory of Practice*., 167

own experience with a camper who loved sharing fun facts about World War II, to a more mild subject of dinosaurs.]

Christina: Why do you think you're able to notice these things more at [camp] versus in other spaces?

Emma: Because you have to call points. Being completely honest, like you have to, you have to call points. You have to notice like complaining and whining or name calling and teasing, and you have to have full ears, essentially to pick up on some of these things.

Emma recognized how prior to learning the point system, some behaviors she would not commit herself "would have just gone over [her] head." However, the STP did not teacher her anything new; it merely gave her "full ears" to consciously notice and act upon interactions she, to an extent, already knew how to judge. The counselors are able to manage themselves given their implicitly built social processing but instructing others in that same process is a "challenge," requiring new "tools to be able to think [it] through," as Sophie put it. Instruction in the point and feedback system serves as one of these tools.

"Magical" Counselors

For decades, studies have shown the increased levels of stress and frustration in parents and teachers managing children with ADHD and related disruptive disorders.[61] When obedience and attention are expected from an authoritative position, a child's protest or disregard, regardless of the reason, are quickly considered defiant and challenging. Introduce the pressures of a shared space, like classrooms and grocery stores, and (mis)behavior is amplified in both awareness and range of any action that may interrupt or potentially endanger others. A very common response for caregivers is falling into what family psychologist Jeffrey Bernstein calls the "Yelling Trap": disciplining a child by raised, angry voice. While Bernstein notes how it may become a habit or intentional

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[61] Bernstein, *10 Days to a Less Defiant Child.*; Podolski and Nigg, "Parent Stress and Coping in Relation to Child ADHD Severity and Associated Child Disruptive Behavior Problems."; Stanforth and Rose, "'You Kind of Don't Want Them in the Room.'"

strategy, at its core, yelling in this context is an "expression of anger" where one has "lost control" of their ability or desire to remain calm.[62] Throughout schools and programs for children, exclusion is frequently seen. A child with repeated disruptive behavior may be removed from the program or facility as a whole. However, the negative consequences of such responses are manifold: disturbed relationships with family and peers, serious mental health concerns, worsening behavior, amongst others. With these outcomes in mind, this STP instilled values and practices in its counselors to cultivate an environment for happiness and friendship.

Throughout my conversations, counselors were proud to share how no child would be turned away from the program for any behavioral reasons. Ariana was the first mentioned, but all my participants subscribed to the same message. Recalling the difficult start one of her campers had, Kerry told me about how he had been dismissed from multiple regular camps before and "really wanted to get kicked out" of this one, too. Despite the child's efforts, displaying "explosive" behavior on day two, throwing tantrums and adamantly refusing to participate for hours on end, Kerry expressed how "you can't get kicked out of camp, like, we don't do that here." And, she felt "really good about the fact." Every day at work, counselors expect and come to face situations that most would find extremely frustrating or want to abandon. However, they persist through those intensive encounters with a cool neutrality and are even able to return to the happy, energetic summer camp counselor role without hesitation.

> A kid could be screaming out at a counselor—yelling, swearing, kicking—and that counselor is trained and ready to move on as soon as that camper is ready to have a calm body and follow expectations. They're ready to flip a switch and praise that child for their behavior, celebrate that success, and that's really unique. You really don't see that to the same extent in school settings or in home settings.

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[62] Bernstein, *10 Days to a Less Defiant Child*

> Adults tend to hold grudges and there's something really magical about [camp] counselors. And, I think it creates a really powerful bond. Kids know what to expect from the adults at [camp], and what they expect is really consistent expectations and a whole lot of love and encouragement and enthusiasm.

For the many summers Megan has worked at camp, the "magical" ability of counselors to control their expressions and wholeheartedly embrace the kids whom others often deem problematic has never faltered. When I asked where she thinks this character comes from, she decided that "part of it is the culture that is established…every year it's a whole new staff, right? And, there's really, there's a culture that seems to continue on year after year." By culture, she meant "creating an environment that accepts kids for where they are and who they are, and also challenges them…and where kids feel successful in what they do." Megan's description of mindset and culture is outlined by emotional ideals. These expectations reflect a necessity for an equally affective space carefully crafted to minimize the internal and external negativity that disciplining a child may incur. While seeing a behavioral change is considered important, the emotional well-being of the children is just as valued and even seen as crucial to the treatment's success as a whole.

Though flexibility in practice exists, the condition of consistency is prominent in Megan's statement. "Love and encouragement and enthusiasm" are subjective in expression and acceptance. Becoming a "magical" counselor, in part means subscribing to the ethos of the program: a process Paul Brodwin outlines as achieving technical proficiency and conforming to collective ideals.[63] Brodwin's ethnography, *Everyday Ethics: Voices from the front line of community psychiatry*, reveals how caseworkers navigate through ordinary difficulties and the micropolitics of work as they strive to

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[63] Brodwin, "Expert Knowledge and Encounters with Futility.", 56

achieve their agency's highest goals.[64] In a similar manner, learning the ethos of this STP offers avenues for counselors to manage their emotions and maintain environments of positivity required for therapy and recreation. Counselors are "trained," clinically compelled to deliver negative point calls consistently and neutrally, minimizing the potential harmful impact of discipline on the children. However, they are also motivated by the collective desire to uphold the STP's culture of love and support for kids who have faced repulse countless times before. As counselors share their experiences undergoing the trials of daily camp, they reveal how clinical practices once again shape the social landscape of the STP to protect and even advance close connections.

The expectations of what a loving and supportive environment for the kids should be is set by example, reinforced by formal and informal structures of power. On the first day of training each year, the program director gives a presentation on what the camp stands for, the culture of supportive acceptance that Megan specified, and the counselor's duty to uphold it for both the campers and fellow staff members. The attitude expected from all staff is set from day one by those with definite titles and places of power, and the heavy influence of their voices is apparent throughout my conversations. Besides Megan, who is a part of this high-profile group, many counselors recalled specific phrases or ideas from orientation day and claimed them as the values that drive their camp performance. First, the idea that no child will be dismissed or "kicked out" from the program, as Kerry and others phrased it, is not written in any manual but introduced by leadership during training. Another prominent motto is the assumption that "everyone is trying their best." While other lessons are also present, this is one most explicitly

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[64] Brodwin, "Expert Knowledge and Encounters with Futility."

mentioned at some point during our interviews and that "leadership always says,"

according to Skylar, another counselor. Mottos like these set the overarching tone of

camp, acting again like collective ideals or principles that counselors refer to when

needed.

The way this assumption manifests in the actual events of camp is exemplified by Emma

as she deals with the frustrating moment of a child stubbornly throwing a tantrum:

> They just don't have the skills to communicate what they need. And I think when you flip it around that way and view it as they're trying to tell you something, and they just can't tell you in a way that you want them to tell you, it kind of humanizes them. It's just like, okay, like they're trying their best right now and I think that's a thing that [camp] set up really well in their training and something that I kind of carry through in other aspects of my life. It's just that aspect of, you know, like everyone's trying their best, and their best might just be being on the floor and yelling.

With the saying in mind, Emma's understanding of this interaction underwent an

interpretative shift. Rather than characterizing the child as disobedient or perpetually

angry, Emma viewed the child's emotional outburst as an attempt to relay a message of

discomfort or disapproval to her. In a moment of difficulty, the guiding principle of

assuming "everyone's trying their best" reset Emma's attitude and presented a new

framework that minimized the perceived negativity in her interaction with the camper.

Earlier, the held knowledge that this program would never "kick out" a camper preset

Kerry's response to a similar situation. Given the firm expectations established by those

in charge, counselors are aware of their responsibilities and able to align their actions and

perspectives with the morals of the program.

These broader moral ideals of good care were also articulated in the delivery,

tone, and body language attached to every call. Neutrality when responding to any

negative behavior and liberal positivity towards any socially appropriate or good

behavior are specially emphasized. During training, a few days are dedicated specifically to role playing. Staff-in-training take turns acting out situations as either counselors or campers while leadership team members assess and later facilitate group discussions to provide feedback. Once camp begins, fidelity checks are carried out by head counselors observing teams with their campers throughout the day to ensure standards are being met.

The in-person role plays and check-ins were particularly useful to counselors who found these standards rather unusual. For Adriana, the ways she was supposed to interact with the campers felt "almost like counterintuitive." She pointed out that her conversations were "almost scripted in terms of if a child was doing something wrong or just like the way that we gave praise…like give him a lot of praise when he's doing what he's supposed to be doing…when you're just sitting quietly I'm obviously not going to say anything." But, for that child, sitting quietly was exactly the type of behavior she needed to outwardly celebrate according to her head counselor. Adriana learned when and how she would meet the expectations of her verbal and physical expression partially through the direct advice of her superiors but also through observation of other counselors and children's responses. "Seeing my lead go through something really difficult with a child, and then as soon as they come back, seeing her interacting super positively with this kid…I was kind of like, whoa, that's such a huge contrast from five minutes ago, but then just learning, 'Oh, this is what we do.'" Eventually, though the tactics opposed her natural intuition, she "came to appreciate it…sort of like trusting in the system." There were two main factors when I asked her what was behind this change of heart. The first was that she could "see certain changes in the children" she worked with for the "things that we were told to do or not to do." Targeted negative behaviors

decreased, and positive behaviors increased accordingly. The second was she felt that camp was truly run by "professionals…who were very, very knowledgeable," evidenced by "the way they presented information before [camp] started" and the many answers they had to particular situations.

Ultimately, the underlying reason for regulating the expression of STP counselors is clinical. Proper delivery of points is written directly in the manual, in which counselors "should indicate approval" when awarding points and use "statements *matter-of-factly*…and maintain a neutral tone of voice when taking points from a child directing negative behaviors toward them."[65] The controlled emotional switching (and the point system as a whole) in behavioral intervention is considered an evidence-based-practice in clinical psychology, meaning the effectivity is backed by studies following the scientific method. Counselors also recognize this emotional management as a professional skill required to produce the environment of encouragement rather than hostility.

> *Ariana:* I think you just always have to be on, and you always have to be putting on that face, and like, that's not to say that it's fake, because I think it is genuine. I think we genuinely do really love the kids… So, I think it's that desire, but I also think it is a lot of just training yourself to just be almost, I want to say like professional…This is what we're doing because this is what the program demands. So, I think it's a combination of just like wanting to have those positive interactions with the children, but then also knowing that this is just what we do, and this is what's best.

In order to properly care for the campers by maintaining a positive relational space, counselors are performing an "emotional labor," what sociologist Arlie Hochschild defines as a labor that "requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others…[calling] for a

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[65] Pelham, Greiner, and Gnagy, "Children's Summer Treatment Program.", 61

coordination of mind and feeling."[66] Hochschild explains how flight attendants are groomed by their agencies to put on smiles while eliminating fatigue and irritation in order to generate customer contentment; and, these smiles are "part of the job" and "reflect the company's disposition."[67] To this extent, the STP counselors perform a similar labor, trained to put on "that face" of excitement or neutrality for the sake of the campers' emotional well-being and an established attitude of care. However, the artificiality and costs of emotional labor that Hochschild finds in her study is complicated in the context of the STP.[68]

First, counselors "genuinely do really love the kids." The counselors see their work not as a service in exchange for monetary payment but a care practice, motivated by their morals and sense of responsibility as someone who understands the emotional hardships their campers have faced in the past. The counselors regulate their emotions because it is "what the program demands" but also because they believe it "is what's best" for their kids. At the STP, what is considered "best" for the campers is creating a happy space for them to willingly participate and have positive interactions with peers and counselors. Even though counselors desire these positive instances, they are not always easy to create. As documented by the many families Bernstein has counseled, the relationship between an authority figure and a "defiant child" can quickly become mutually combative with attempts to correct behavior.[69] Hence, the necessity to perform emotional labor. However, the point system does not only call for the regulation of emotion, it provides ways to do it.

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[66] Hochschild, "Exploring the Managed Heart.", 7
[67] Ibid. 8
[68] Hochschild, "Exploring the Managed Heart.", 6
[69] Bernstein, *10 Days to a Less Defiant Child*.

Skylar's explanation of the importance of point calls in the STP reveal how potential conflicts between counselors and campers are evaded:

> If you just call the point—like this is the fact, this is what happened—it's the point system, like it is not you [the counselor] doing it. It is the point system. They did a behavior. This is what happens with the point system when this behavior occurs. And, if you're not confident with it, it can, it could come across as like, "Oh, I'm deciding what the result of this is. I'm deciding what the consequences or the what happens after this behavior." And, it can seem inconsistent, or like it's your decision, when it's really just this is a behavior that falls under this point category.

From Skylar's perspective, the point system replaced herself as the locus of judgement and control. Therefore, even when a counselor is the one expressing disapproval of a certain behavior and the child protests or feels slighted, the child's negativity is not directed towards the person but the system. This is not to say that the counselors feel no emotion when a child throws potentially hurtful comments or refuses to stop a negative behavior, like yelling or running away. Skylar mentioned how "it is hard if you are feeling frustrated or overwhelmed…to remain neutral." However, she also emphasized how it's "really important to not put your own emotions or frustrations into it because you don't want the kid to think you're mad at them." Though the child may be upset in the moment of the point loss, the goal is to prevent those feelings from dampening the impression of their counselor as a friendly and fun figure and from damaging their self-esteem. Immediately after a child calms down from a difficult encounter, counselors are encouraged to find a way to reward them with points and positive reinforcement, hopefully minimizing any lingering resentment.[70]

Skylar presents a somewhat mixed scenario, in which the point system gives her a way to associate a child's negative emotions to the overarching authority of camp rules

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[70] As modelled and advised by Ariana's lead on page 42

instead of herself, but she still experiences frustration at times. However, for some counselors, having the point system actually greatly reduces or eliminates the emotions they would otherwise have to suppress to maintain neutrality. As Emma walked me through her learning process with the point system, she noted how it helped her "become more deadpan" because she "already knew what [she] was going to say." She continued on, "I think it helps me stay calm in difficult situations because it's just kind of like, yeah, I mean you lose 20 points for—like [laughs] like it doesn't really affect me at all." When I asked her to elaborate on what she meant by "difficult" and how her training has helped her through such situations, she took a moment to think before responding:

> It's hard because it's not really frustrating. I think we've been trained in a way to again respond the same way to whatever happens. Yeah, I did not have a ton of behaviors this year. Last year, I wasn't involved in time-outs, but there was like this thirty-minute timeout. From what I heard, like, I think it would be frustrating, but it ended up just being funny. Like, the counselors found it funny because they already knew what they were going to say. So, it's kind of like they were able to separate out the behavior from the kid.

Once again, the point system relieves counselors from aspects of discipline. In this example, Emma focuses on how learning the point system prepares the counselors to expect negative behaviors. Part of being frustrated, which was supplemented to me by Mae, a first-time counselor, is "just because you don't really know how to react." Already knowing what to say indicates also already knowing what a child might do. The campers come to an STP accustomed to a certain kind of response to their outbursts and disobedience; as mentioned at the beginning of this section. Usually, it's one that matches their own intensity or severity, potentially leading to the deterioration of a relationship. However, at the STP, no matter what the campers do, they will not be able to provoke the

typical outrage and attention from the counselors. Instead, their tantrums would be met with dispassion.

Internally, there likely is still an accumulation of stress for the counselors who must engage in these encounters; however, the dissonant picture of an enraged child with a bored and unaffected adult becomes laughable to Emma and her co-counselors. This method of coping and adaptation through laughter is not unique to the STP. Anthropologist Tanya Luhrmann describes a similar situation of psychologists laughing under the stress of managing the paradoxical and contradictory situations they experience in the clinic. The mechanism of "foxhole hilarity," as Luhrmann terms it, adapts to different clinical environments and models of treatment.[71]

It is helpful here to also re-emphasize how knowledge of the point system is tied to the STP's culture of acceptance: the separation of behavior from the child. Though she did not make this distinction herself, competency in the point system, having preset ways to respond to negative behaviors, allowed the counselors in Emma's anecdote to "separate out the behavior from the kid." Skylar's perspective implies how the neutrality of a point call may assist in preventing lasting negative emotion within or surrounding a child after an inappropriate behavior. The child is meant to perceive the behavior as a mistake that will pass and not leave a distasteful impression on the counselor. They are still a "good camper," as Aleah described, who can continue to do "great things" and be acknowledged for them with subsequent encouragement from the same counselor who made the negative point call. This final point alongside a reminder of how Skylar shifted the blame of discipline from herself to the point system, also suggests that beyond the

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[71] Luhrmann, *Of Two Minds*., 119

separation of negative behavior from the child within the STP, the same could be said for counselors. The point system's aid in preserving an affective space of care is furthered by this potential dual realignment between behavior and character from the perspectives of both campers and counselors. Separating behavior from being then serves as another mechanism by which the point system complicates the determination of necessary emotional labor by counselors.

Reappraising Emotion

In a medical or clinical setting, emotional involvement or expression is often perceived as a lapse in professionalism. Literature on the training of medical students into full practitioners suggests the desire for "detached concern," for emotion to be socialized out of students, with the idea that emotion pollutes rationality and that a face of confidence and neutrality will instill the most reassurance in their patients. Rachel Prentice critiques this principle in her ethnography of surgical training and how residents come to embody the disposition of a medical professional. Drawing on philosophical theories of emotions as "'ways of defining and negotiating social relationships and the self in a moral order,'" Prentice argues that emotion is "necessary for the formation of judgement."[72]

Thus far, I have indicated how negative emotions—frustration, anger, disappointment, etcetera—are largely concealed by counselors in front of their children. In Emma's case, these emotions were not even existent in response to behaviors that would be troubling outside of the camp context. Building upon Prentice's argument, however, STP counselors often utilize emotional reasoning within the point and feedback system to supplement intervention strategies. As important as it is to minimize feelings of

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[72] Prentice, *Bodies in Formation.*, 131

negative emotion in campers, it is equally important for them to understand that which of their actions may induce negative reactions in others and to recognize that as socially detrimental.

When I first introduced the point system, I noted how categories for calling points were defined by whether a specific behavior would *typically* result in a negative response. Sometimes, counselors were conflicted over call decisions. For example, Skylar raised that "this past year, we had a lot of situations whether it was unclear if something really fell under Name Calling and Teasing…like, it sounds hurtful, but it doesn't fall under what we know is the description. And, I think we ended up saying like, if it sounds hurtful, we're going to explain why that sounds hurtful but, it's also going to be Name Calling and Teasing." My own team of counselors once debated a case of potential "Name Calling/Teasing," in which one child taunted another during a baseball game with something along the lines of, "I bet you're gonna lose! We have the best batter on our team!" At the time, the counselor present made no call considering that the two campers considered each other friends, and it sounded like a case of playful teasing with no outward negative response from the recipient child from her perspective. She did, however, raise concern knowing that it might have still resulted in hurt, or in an interaction between non-friends, it likely would. Holistically, the purpose of the point system is to clarify and instruct children in behaviors that would damage or advance their ability to be socially productive. Bourdieu writes that in making implicit social rules explicit, bringing the "undiscussed into discussion, the unformulated into formulation" raises "possibility objective crisis."[73] It would be unreasonable to assume that every

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[73] Bourdieu, *Outline of a Theory of Practice*., 168

possible interaction and behavior can be cleanly categorized or interpreted given the complexity of social relationships and contexts. As strict as the manual may seem on calling points, there is certainly still ambiguity. And, one way counselors fill those gaps is by being in touch with their sense of empathy and own emotional responses. Though negative emotions cannot always be outwardly expressed, Skylar indicated that they are often still explained to help the child recognize whether their behavior is socially acceptable or not.

When using that strategy, counselors tread a careful line to share emotions in a way that will allow the child to understand the consequences of their behavior but not internalize or experience them as a reflection of their entire being. One example of this arose during my conversation with Kerry about one camper:

> *Kerry:* He had a really big tantrum, where he was, he pushed like all the papers that we were working on with kids. And he was like, threatening other kids that he would kick their backpacks or like take their backpacks, and he was like throwing stuff at us. And, we were just trying to protect the kids…The next morning we had like a reparations discussion and all of the kids kind of shared their feelings and then we saw for the rest of camp like no friendships were broken because of that event really.
> *Christina:* What you mentioned during the example, like the kids sharing feelings, how did you all or how did that come about?
> *Kerry:* We definitely did a lot of planning before that, because we wanted to make sure that the kids felt like safe to say I was scared or I didn't like this, but without really calling out the camper who had the time out super directly because we didn't want to like add increased shame.

In this case, the basic point call and feedback would not have been adequate response to this child or to maintain an atmosphere of positivity for all the campers. Much of the value of the point system lies in its directness, immediacy, and standardization of response; however, these attributes may also be limitations. The scripted point call simply does not always match the intensity of a behavior and the depth of the affective response that counselors believe kids should be aware of in order to foster a desire for change.

Managing emotion within the STP has multiple meanings: regulating one's voice and body to adhere to clinical protocols and preserve favorable relationships, filtering one's emotional response for the purpose of instruction, navigating affective spaces to promote learning and empathy. These meanings all come together under the purpose of the STP as felt and replicated by the counselors: to recognize and reverse the immaterial injuries of a child's social encounters, then teach children how to do so themselves.

Conclusion

Over the course of this chapter, I emphasize the point system as a multifunctional care practice of the STP. While acting as the primary mode of clinical intervention, the point system also plays an integral role in shaping the meaning and standards of love and encouragement; ideals that the counselors take great pride and effort in expressing. As counselors embody the procedures of the STP, new and specific modes of thought are opened. As they prepare to instruct children in social skills and emotional awareness of the society outside the STP, the counselors are also learning how to navigate interactions within the STP. While the point system and its explicit instructions provides a helpful guide on how to coach the campers through social situations, counselors still encounter many situations of uncertainty, especially as they begin to understand the individuality of each camper. The final section of this chapter introduced emotional reasoning as a guiding force in circumstances counselors deem the point system inadequate as an intervention. The next focuses on how close and genuine connections between counselors and campers emerge and sometimes re-shape what is considered the best mode of care within the STP.

Positive Categories	Points Awarded
Interval Categories[a]	
1. Following Activity Rules	50 points
2. Good Sportsmanship	25 points
3. Behavior Bonus	25 points
Frequency Categories[b]	
4. Attention	10 points
5. Compliance	10 points
6. Helping a Peer	10 points
7. Sharing with a Peer	10 points
8. Contributing to a Group Discussion	10 points
9. Ignoring a Negative Stimulus	25 points
Negative Categories[b]	**Points Deducted**
1. Violating Activity Rules	10 points
2. Poor Sportsmanship	10 points
Negative Physical Categories[b]	
3. Intentional Aggression Toward a Peer or Toward a Staff Member	50 points[c]
4. Unintentional Aggression Toward a Peer or Toward a Staff Member	50 points
5. Intentional Destruction of Property	50 points[c,d] and reparation[e]
6. Unintentional Destruction of Property	50 points and reparation[f]
7. Noncompliance	20 points
8. Repeated Noncompliance	20 points[c]
9. Stealing	50 points[d] and reparation[e]
10. Leaving the Activity Area Without Permission	50 points
Negative Verbal Categories[b]	
11. Lying	20 points
12. Verbal Abuse to Staff	20 points
13. Name Calling/Teasing	20 points
14. Cursing/Swearing	20 points
15. Interruption	20 points
16. Complaining/Whining	20 points

Notes:

[a]Children earn points for each fixed interval during which they do not violate criteria; points are awarded at point checks conducted at the end of each activity (see section 2.7).

[b]Points are awarded or deducted when the behavior occurs.

[c]Time out is assigned in addition to a point loss.

[d]Points are deducted when the behavior occurs or when the damage or theft is discovered and responsibility is determined.

[e]Reparation for Intentional Destruction of Property and Stealing is determined by a group reparation discussion. See Chapter 9, section 9.6 for reparation discussion procedures.

[f]Reparation for Unintentional Destruction of Property is determined by a discussion between the child and a counselor. See Chapter 9, section 9.6 for procedures.

Figure 1. List of point system behaviors[74]

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[74] Pelham, Greiner, and Gnagy, "Children's Summer Treatment Program.", 15

<u>Chapter 3: Closeness and Caring</u>

As an STP counselor, one occupies a role and relationship to the children that is as uniquely integrative as the program itself. During one of our conversations, Skylar differentiated her behavior around a single child she works with both within and outside of camp.

> I think there are probably some differences in how I interact with them, just based on being in their home and like being comfortable with their family. There's more room to be like goofy and make jokes and have more of that goofy laid-back time.

When I asked her where she thinks this difference originates, she struggled to come up with an answer, pausing for an extended period of time with her gaze turned away. I followed with a more specific question, "How about…what would you say like the relationship between the campers and counselors is, or how would you describe it?" She responded,

> I don't know, I feel like that's maybe why I'm having a hard time putting my finger on the difference because it is different than like any other area where you're interacting with kids. It's like, I mean, there's a level where it's like the professionalism of teachers…And working in their home for a specific family is super different than working for a group that sends their kids to this group. I think that's part of because you know the expectations of the one family…It's also like a camp counselor for any summer camp, but then there's the added aspect of the system and social coaching, which is a different role than just a camp counselor.

She circled around her answer for a while longer before sighing with a little laugh,

> I don't know why I can't define this. I've done it for three years, and I like it because it's like a weird middle ground of a ton of different aspects. Because it's not the same as a therapist. And it's not the same as a counselor, and it's not the same as a teacher, and it's not the same as a nanny. But it's like kind of somewhere in a weird middle ground, and I've never really thought about how it relates to other roles. I just kind of do it, and it feels more natural than trying to define what it is.

Relying on her past experience or sense of more standard occupations working with kids, Skylar was confined by the responsibilities and expectations of those contexts. The best

description of a STP counselor, borrowing more relatable career terms, is a "camp counselor with some added responsibilities." This is what she would use to explain her summer job to those unfamiliar with the program, but this definition still fails to capture the right feeling of being a STP counselor.

Following literature on emotional socialization in medical schools, Underman defines affect as the "capacities to feel, to sense, and to be embodied" that is "produced and circulated in social relationships."[75] In particular, her own study on simulated patient encounters showed the mechanisms of learning and practicing affective disposition, "a particular way of feeling embedded in a cultural context."[76] Rather than attempting to define the role of the STP counselor through a job description, I choose to illustrate their role through affective dispositions formed in relationship to the children. These dispositions can, however, represent what Viviana Zelizer would call "intimate" relations, a fittingly broad term for

> relations as intimate to the extent that interactions within them depend on particularized knowledge…knowledge and attention that are not widely available to third parties. The knowledge involved includes such elements as shared secrets, interpersonal rituals, bodily information, awareness of personal vulnerability, and shared memory of embarrassing situations. The attention involved includes such elements as terms of endearment, bodily services, private languages, emotional support, and correction of embarrassing defects.[77]

Though there is a systematic therapy in place, anyone involved with the STP comes to realize how individual each child and their needs are. Skylar aptly answered one question near the beginning of our interview with "It can be pretty individual. Like everything. That's my answer for everything is that it's individual, because every kid is super

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[75] Underman, "Playing Doctor.", 181
[76] Ibid.
[77] Zelizer, "Encounters of Intimacy and Economy.", 14-15

different and everyone's circumstances are different." As they spend more time caring for an individual camper within the STP, counselors form close personal relationships. The closeness of these bonds and how they achieved them are heavily perceived through a dichotomy of freedom and restriction, reflecting the STP's merged recreational and clinical social realms. Like Skylar described earlier, her interactions with a child are shaped by how "laid-back" she can be around them and her understanding of what she is and is not responsible for in particular moments of time and space. However, I argue that the intimate connections that develop counselors and campers are apparent throughout the camp even as they move through more or less regulated interactions and activities. Rather than focusing solely on how counselors "try to get to know" their campers, I will analyze how counselors feel and embody knowledge that indicates their growing relationships. These connections then shape or re-shape the responsibilities counselors feel bound to and the subsequent successes and failures of care that they experience.

Modeling Friendship

"I'm the only academic psychologist in the country who gets to come to work every day in the summer wearing shorts and t-shirts because that's what you wear when you're running a Summer Treatment Program." Amidst a montage of smiling children playing in bouncy houses and painting, this is how Dr. Pelham Jr. begins a video introducing his original program.[78] True to its summer camp label, the STP heavily promotes fun and friendship. Interactions between campers and counselors then sensibly follow this emphasis and the STP's recreational camp-based activities alongside its treatment components. As mentioned before, an essential part of care at the STP is creating a safe

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[78] FIU CCF, *CCF Summer Treatment Program*.

and happy space for friendship building. According to Claire, genuine friendships between campers is success. "Do you remember Dustin and Alex? Do you remember how they exchanged phone numbers and chose when they were going to play at night? That is success. I mean, of course there's other ways of looking at success, too, but if you're looking at the big success. That's what it is." The idea of needing or wanting friendship is a debatable norm; however, this is the principle behind the STP's model and the counselors' general understanding of care in the camp context.

Quoting William K. Rawlins from his foundational *Friendship Matters*, Lisa Tillman-Healy defines a friendship as "an interpersonal bond" in which one has "somebody to talk to, to depend on and rely on for help, support, and caring, and to have fun and enjoy doing things with."[79] She later continues that "friends come and stay together primarily through common interests, a sense of alliance and emotional affiliation." Friendships are most often perceived between peers of equal standing.[80] And, once again, peer friendships or having the skills to make them are the ultimate purpose of the STP. In this section, however, I show how counselors become "friends" with the campers. First, this friendship may be an act to fulfill their responsibilities for care determined by the STP's model, but for most counselors this act becomes a genuine personal bond that re-shapes the care they give and perhaps even betters it.

The last chapter was all about the clinical strategies of the STP and how they allow counselors to create, moderate, and instruct social spaces of happiness and interaction. However, the success of intervention relies upon the children's own motivation to follow its rules and procedures. The STP strives for inclusion and fun

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[79] Tillmann-Healy, "Friendship as Method.", 730
[80] Tillmann-Healy, "Friendship as Method.", 731

experiences; however, not all campers want to be included in sports games or social interactions, even positive ones. For example, in the last chapter, Kerry mentioned how one of her campers "tried to get kicked out" of camp. Sometimes, especially during the start of the program, the first challenge is convincing children that camp is a place that they want to be a part of. Sophie illustrated a similar idea when I asked her how her bunk worked with their campers:

> I guess with all of our campers. We were trying to figure out, you know, what were their interests. What do they really like. What were their personalities. This one camper really really liked Five Nights at Freddy's [a video game] and really enjoyed telling people about it…so even just getting into a conversation about that or like about, you know, we might be getting some prizes in about that…things that would actually interest them instead of, you know, continuing to throw a tantrum on the floor.

Finding an interest and incorporating it into the point system as a prize to discourage behaviors that would result in point losses is not necessarily an act of friendship. However, in many cases, counselors make a conscious effort beyond what they would normally exert to build a connection with a child using a newfound interest. Emma described it as "extending that hand":

> It's really just adapting yourself to meet the camper where they're at. So, for instance, two years ago…one camper wanted me to make all of these different paper things every morning. And, so it's just, even though it's just doing it, even though you don't really want to uh [laughs] do it, it's recognizing that that's really important for that kid. And it's consistency…I think it's being consistent in your interactions with them.

An anecdote from Mae shares a similar sentiment:

> I remember one instance he was talking about how he really thought what was cool was like scuba diving sign language…And so one of the other counselors and I were teaching him some of the sign language. I was sneakily looking up on my phone, like "Oh, have you seen this kind of fish?" And, that was super cool because he was super into it.

In these last two scenarios, both counselors attempted to fabricate a semblance of
friendship in terms of a genuine mutual bond developed through common interests. It is
clear that neither counselor internally shared the same interest as the child. However,
both felt obligated to appear as if they did. Emma's "consistency" in this case I took to
mean showing the same enthusiasm and willingness to fold those papers for her camper
day after day. In the second example, Mae went out of her way to not only learn
information, but she also took added care to ensure that the child was unaware of her
efforts. Mae's craftiness implies a belief that pre-existing shared interests would
somehow be better than just listening well to his hobby. In addition, Mae and Emma
clearly intended for the children to perceive that they were having fun and enjoying these
activities together, whether the counselors felt the same way or not. Finally, to clarify,
though the shared interest and feelings may not be entirely genuine, the intent of care is.
Neither Mae nor Emma were obligated to partake in these activities with a pretend
enjoyment or knowledge; yet, they chose to with the thought that it would make a camper
feel happier. Following the ideas of care from Chapter 2, counselors again try to instill a
sense of acceptance and contentment in the campers through their interactions. In these
examples, they use strategies of recreation and friendship instead of the point system.

Unintentional Attachments

When I asked Mae to actually describe the relationship between counselors and campers,
she replied:

> At first, it was kind of like a teacher and student relationship where the kids
> thought of you more as an authority figure. Like, the little boy that was kind of
> trying to be friends with the other counselor, calling him like "Mr. Blank" but like
> his first name. That was—we were like you don't have to do that [laughs]. He's
> not a teacher but will be doing stuff like that…it's kind of like we're fun
> teachers…You're still an authority figure, but they still want to play with

you…which is great. I think that's one of the best kinds of dynamics you can have with kids because I personally don't like to be a strict authority figure. I want to get to know and I want to play with them. And, they open up and then you can see more of their personality and can be friends with them. Then, they actually grow more as an individual instead of like what you perceive them to be like…I really enjoy it because I feel like it's important for them to make friends with the people around them, but I think it's also important for you to make friends with the kids. It's way more fulfilling.

Mae actually defines her intention to "make friends" with campers and implies that she succeeds in doing so, finding it "way more fulfilling" than just being an authority figure. Given that the levels of power and position between counselors and campers are markedly unbalanced, the idea of friendship seems almost nonsensical. As Mae stated, counselors are an "authority figure," able to reward and retract points, give command and instructions. But Mae suggests that a choice is made in how counselors portray their power to campers. She could have been a "strict authority figure," but she wasn't because she wanted to "play with them" and have them "open up" to her, to see them "grow more as individual." Not all counselors defined their relationship as distinctly, but many expressed the formation of similar strong mutual attachments between campers and counselors over the course of camp. However, the development of this relationship shifts through different contexts within the camp itself given the multifaceted dynamic and choice of portrayal that Mae introduces. Counselors seem to divide their connection with a child into two realms: practice and play, structured and unstructured time, restricted and free.

Some moments where a mutual closeness can be witnessed are when counselors express a self-centered happiness. By self-centered, I mean when a counselor is not influenced by a moral pressure of care or any other external reason to feel or act a specific way. This does not mean that their expression of closeness does not further any

mission of care just that that action was not obligated by it. Frequently, counselors simply expressed how much they enjoyed conversing and playing with the kids. Aleah's eyes lit up as soon as I asked her a general question about favorite camp moments. "I really loved playing—what was it called? Treasure Island?"

I corrected her, "Oh, Forbidden Island?"

"Forbidden Island, yes!" She clapped her hands together before continuing, "I loved, like I actually enjoyed those times. And, what I really love about connecting with these kids is I don't need to act like superficial, 'teacher always happy' with them. I think there was a moment were the kid was like, 'Why, why is this like this? Why is this island full of water? It's no supposed to be like that. The whole point is that we're surrounded by water!'" She laughingly imitated the fast-paced exclamations of the boy, before finishing her story. "I was like, yeah, you should talk to them, like the producers or manufacturers about it. There's a number here you want to call them?'" This conversation arose during a relatively "unstructured" occasion. Borrowing the quoted term from a counselor named Madeline, I mean occasions during and outside of the official that are unregulated by some part of the program—including but not limited to the point system, a planned sports or board game, or group discussions. Aleah's moment of closeness comes from a one-on-one game time reward for a camper who met the goals of a specialized home program. She recorded a light-hearted interaction with no conscious intentions outside of finding and feeling joy

Another counselor, Claire, remembered a continuous experience throughout camp two years ago:

> I had a kid who liked to brush and play with my hair, like he was very into that.
> That's how he showed his affection, I guess [laughs]. I don't know…but we got

really close. He was, um, he was a child with a lot of behaviors, and I didn't let him get away with any of those behaviors. I gave him a lot of positive reinforcement, like I was really using the program really well. We had developed a really good relationship because of that. I was able to see him as, you know, a good kid, whereas a lot of people had kind of a different viewpoint of that because they had gone through so many negative interactions…so, we've gotten really close, and he always sat next to me on the bus, and I loved having my hair played with. It was fun. We chatted and everything.

Claire specifically claims that her closeness with a camper developed because of her competence in the clinical strategies. However, moments of intervention were described as developing a "good" relationship, where a positive image of the camper was crafted. Closeness was proven by the child's unprompted desires to play with her hair and sit with her on the bus, and her enjoyment of it. Here, we see a personal bond that formed as a result of structured acts of care as dictated by the overarching STP model but was verified in the "unstructured".

To characterize another shift from the model of friendship to a genuine closeness between counselors and campers, I turn to Kerry's perception of closeness in her bunk as a whole and then her own experience. We began this conversation following a question of how her team divided basic roles, like leading a sports game or being in charge of point recording, throughout camp. She responded with how there was a rotational schedule in her bunk, but certain people ended up primarily in one role or another based on preference, which led me to a new question:

> *Christina:* I was wondering, do you think that the different roles people had affected the way they were able to connect with the kids?
> *Kerry:* That's a good question. I think…everyone kind of was able to click with certain kids based on what they liked to do. So, like one of the counselors always ran drawing time so she was closer to kids who like to draw. And then we had a counselor who, like, the kids loved when they pitched so they were close to like the really athletic kids.

Christina: And then, I guess for you like, I'm assuming you also felt closer to some campers over other ones? [Sarah nods.] Like, how do you think that happened for you? Just your own experience with it.

Kerry: Um, well, I ran—well, I don't actually remember how this happened, but somehow when we were splitting up the responsibilities we had in the beginning…I was the one running an individualized program for one kid…And, I think that's, yeah, that was kind of how that relationship formed.

Christina: Oh, I see. So, for that one early on, do you think that you were able to like "click" with that camper or…

Kerry: Um, I definitely had to put some extra effort in…but my camper was one that was pretty, like, open about his interests [outer space] and how you can become friends with him is if you share that interest, so it wasn't super hard…

Christina: So, like, did you, or was it one of your goals at the time to kind of become friends with them?

Kerry: Um, not really. I think it just kind of happened over time. Yeah, and we all—I mean for all the campers in my bunk as time went on, and as all the counselors would discuss the kids. Like, if you're spending a day, every day, at least an hour talking about these kids and how can we make their lives better. You kind of just become like, oh, I actually really like these kids now, and I don't want to leave them.

Again, a connection with an individual camper was initiated through shared interest.

Though, in this case, while Kerry follows the adoption of a child's interest in the last

section, other counselors "click" with certain campers through mutual activity preference.

Next is the truth that for many of the STP counselors an intimate relation will form

gradually over time, regardless of intention as noted by Kerry's admittance of "it just

kind of happened." The camper Kerry was speaking about was one that she actually did

not gravitate towards initially, but early on she was placed in charge of an individualized

program for him. If STP interventions do not produce desired behavior changes for a

child, clinical staff members develop individualized programs which may include

modifications or added components after careful evaluation. Normally, a counselor whom

the child has a closer attachment to is chosen; however, Kerry's program was

implemented too early to determine this. The children counselors noted feeling closer to

often corresponded to those officially distributed to their care, which also directly

increased the amount of time they spent together. In the same manner, the counselors and campers who spent more time based on preferred activity, like drawing, also grew closer to each other in comparison to others.

Another particular aspect of the camp that contributes to increased time is the small two campers to one counselor ratio, and also the actual length of camp itself. While these components are set by clinical reasoning to run intervention effectively, Aleah found a different significance:

> I think that usually like in my other experiences working with kids, it was one week at a time with all different kinds of kids—like 200, 300 kids, and then a new week with a new 200 to 300 kids. And, I think the experience I had here with this program is that I really have been able to get to know these kids more than I get to know my kids in our usual camp for a week. I get to know some of their struggles and also their passions and the things they want to do. I get to make those connections with them and learn their stories, and I get to tell them different kinds of stories of experiences I've had. I think it really emphasizes the connection that kids can have both with their counselors and with each other.

Aleah's comparison showcases a mutual and voluntary exchange of personal information not often expected or found in most professional relationships. Here, Aleah also uses "connections" to illustrate two different aspects of the closeness she perceives with the campers. The second emphasizes the notion of exchange of stories and emotions between kids and other kids, and kids and counselors. The first illustrates a connection within the child's own stories, between their struggles, passions, and "things they want to do. She implies through "get[ing] to make those connections with them," that she not only learns about the child's stories, she gets to do something with that knowledge. Relationships between the kids and their counselors are strengthened through the recognition of an "intimate" knowledge and their ability to care in particularized ways. Kerry recognized her own genuine emotional attachment to her campers due to a similar process, spending

"every day, at least an hour talking about these kids and how we can make their lives better." However, she was also surprised by its development, "actually" really liking the kids after a point in time, illustrating once more how the STP's clinical strategies and purpose can cultivate very personal relationships without prior intention.

The Responsibility of "Intimate" Knowledge

As counselors both simulated and felt genuine personal bonds with their campers, a body of "intimate" knowledge formed that through examples of particular modifications to or desires to modify aspects of the STP reveals both the powerful effect of closeness and the new understandings of how to care for the campers that emerge from it.

To preface, these new individual acts of care do not minimize or replace the old, the care as collectively and structurally established in the STP. Rather, counselors engage in what Annemarie Mol describes as a "matter of practical tinkering, of attentive experimentation," a constant adjustment and re-adjustment of how they utilize and understand the care practices they have become well-versed in. The many factors and feelings counselors come to be aware of through their embodiment of the STP and their "intimate" relations can be understood as "different 'goods', reflecting not only different values but also involving different ways of ordering reality [that] have to be dealt with together."[81] Equipped with and motivated by their trained and intimate knowledge, counselors go beyond what the STP requires them to care about, adjusting the program, their actions or mindsets.

Earlier, I described how getting to know a child's personality and interests is a crucial part of motivating them to participate in the STP's planned activities. Skylar

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[81] Mol, Moser, and Pols, *Care in Practice*., 13

raises a case where this same knowledge led her to a different idea of success within the

STP:

> One of the things that running an individualized program and dealing with bigger behaviors is like, the success, the small successes just feel so exciting. Like everything, every single good thing feels like the biggest achievement…The first day that the camper got everything on his individualized program, he was so excited, and I was so excited. It was just like the best day ever…or like having the little moments, when he's still having fun like playing, like just coloring in the hallway. It's like whatever. I don't care. This is not considered a success by most people's standards, but he's having fun, and he was having a really hard time earlier. And now we're having a fun time. And that is…I really enjoyed that experience, too.

Skylar's decision to let a child be alone, separated from the rest of the group was more important to her than challenging his asociality. To be exact, her actions are not out of line with the STP clinical protocol or collective ideal. She did not clarify, but it can be assumed that as the child sits out of activities, he is still losing points related to not participating. In addition, Skylar mentions how she wanted the child to be "having fun" after "having a really hard time earlier." Previously, Claire suggested that the "ultimate success" of camp was peer friendships, which is also the STP's written mission, "to effectively treat problems in peer relationships."[82] Here, Skylar implies that success is equivalent to the child "excited" and "having fun," which follows this particular STP site's desire to maintain positivity in and surrounding the child with a culture of "love and encouragement and enthusiasm." There are already different valuations and manifestations of success within the STP itself. Skylar's personal knowledge of the child is which of these values she aligns herself with in different moments of time according to her perception of the child's emotional state.

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[82] Mol, Moser, and Pols, *Care in Practice*., 13

Madeline, on the other hand, described a situation in which the point system was re-evaluated for a single camper after I asked her what she thinks of its categories:

> I think it was hard to punish kids, in that sense [where] there were times where good intentions got kids in bad situations…There was a kid in our bunk who was having some trouble with hearing…and so he was continually losing points for "Interruption." But I think it became clear to me after like a couple of days that he was genuinely trying to formulate a connection with his peers, but he just like couldn't hear what was going on. So, I think that was one of the tougher cases where, you know, we were trying to reinforce social communication and things like that. And there probably are situations in his everyday life where he can't hear and interrupts, as well.

Madeline identifies how the point system's neglect of intention accounts for the likelihood of a negative societal response to a child's interruption but implies worry over taking points away over what is to her an obvious intention for a positive interaction. She then goes over how "justification is a huge part of the point system" and that "the power of the STP is in how the team implements it." Her bunk together decided which conditions to call "Interruption" and which to only work with the child "on a social level rather than taking points" by explaining why his interjections may be taken badly by others and how he might try to avoid those situations. Madeline and the other counselors in this scenario demonstrate how the point system is not always the best way to instruct a child even if it will induce socially appropriate behavior. Once again, the counselors consider the feelings of the child, but even more than that Madeline wants to insure understanding.

One final example illustrates how the close bond that forms between a counselor and her campers sparks a critical awareness of the conditions of the culture that the STP strives for:

> *Christina:* I wanted to also ask everyone if there were any hardships or difficulties about being an STP counselor?

Amanda: Well, it's very difficult. But it's very rewarding…so, um, hardships. I wouldn't call it necessarily a hardship, but I guess some of the frustrations that I had, um, and it's hard because I don't know if this is like limited to certain counselors…or like a wide, camp-wide thing. I don't know. But I was really frustrated on the, um, not stigma, but kind of the people who turn their nose up at the older bunks and like the counselors and the older bunks…like a couple times where people would be like, "Oh, like you're letting—like a kid wants to play *Chutes and Ladders*[83]? Like, my kids got super tired of that." Now, I'm ranting…but it's like…we're supposed to be in an environment that is quote-unquote inclusive of everyone...Why are you making the snap judgements about what these kids like and don't like when you have no idea, you have no idea who they are?…I felt myself becoming very defensive of the bunk…and I think it made me appreciate the bunk even more just because…like I actually know these kids, and they're going through a lot of stuff…and I think listening to some of the negative self-talk that they were saying…that's why I keep harping on, like, the importance of that age is because just cultivating that self-identity.

Though I condensed much of her statement here, Amanda's reflections spanned over eight minutes without prompting. What I want to bring attention here is the inarguable emotional alliance to her own campers Amanda's frustrations are driven by. Amanda's response highlights how an "intimate" knowledge not only impacts her notion of care for the individual that knowledge pertains to but also her judgement of the STP as a whole. Even when the comment of the other counselor would have no direct effect on the camper who wanted to play *Chutes and Ladders* or their treatment within the STP, especially given the separation of bunks, Amanda felt a visceral impulse to defend not just her camper but "everyone" who is to be included in the STP's culture of acceptance. The inclusion of this quote is not to devalue the successes and the pride other counselors have in their campers and relationships, or the STP itself, but to emphasize how

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[83] A classic game where players try to reach the top of the game board by spinning a spinner and moving the required number of steps. Stated for kids aged 3 and older as a way to practice counting without needing to read. ("Amazon.Com: HASBRO GAMING:Chutes and Ladders Board Game: Toys & Games" n.d.)

important an intimate knowledge is to a counselor's ability to evaluate embedded care practices in themselves and the establishments they act within.

Conclusion

From the STP's integrative setting and practices established in the first two chapters, this final piece illustrates the complexity of relationships and relational perceptions that emerge between counselors and their campers. This complexity is both compounded and demystified through an understanding of through the clarification of simply close, personal relationships and how they inform the counselor's understanding of how best to care for their camper. In many institutions for social instruction and intervention, there is an established practice of care. However, the caregivers within them operate according to different values and standards of societal, institutional, communal, and personal realities. The STP and its counselors, in this sense, operate in the same way.

Conclusion

Within a larger narrative of clinical intervention as the optimal therapy for children with social and behavioral difficulties, STP counselors reveal the importance of creating and understanding intimate, social connections. It is through these relationships that they come to recognize how "good care" requires both an adoption of the program's pervasive ethos and specific knowledge of each child. The established purpose of the STP is to build the social skills of their campers, to imbue manners and mindsets that will allow them to succeed or be accepted in settings outside of camp. However, the underlying mission present in every action and decision of the counselors and the STP's very design is to provide healing by transforming a child's perception of themselves and of the space or people around them. Before, or perhaps more so, than being successful, the STP counselors strive to make campers feel successful.

To echo the words of counselor Mae for one last ethnographic detail, "Kids absorb so much from their surroundings." There are moments when counselors recognize that what is considered the standard in other settings is not what should be according to the values and understanding they develop throughout their individual camp experiences. This tension appeared first as an acknowledgement that society is not kind to the kids who the STP was created for. Certain behaviors are clearly detrimental to those around them. Tearing another child's paper airplane or endlessly speaking over others may justifiably face initial negativity; however, lasting exclusion is a socialized and institutionalized response that exacerbates the difficulties these children struggle against internally and externally. While such measures may offer a kind of relief to those affected, they fail to recognize that the so-called perpetrator is a child whose affronting

behavior may be misunderstood, unintentional or coming from extenuating circumstances. It discounts how the child, but more notably here, the people around that child can be taught how to respect and support in ways they were not aware of before. Both authority figures—teachers, parents, therapists—and other kids are included. At the STP, this idea is inherently fundamental. The point system and social skills instruction combined respond to behaviors not as isolated instances but as parts of an interaction that effects and was potentially caused by two or more people. Intervention may have an end goal of changing a camper's behavior, but it requires the counselors to first modify their own, adopting a very particular composure with unfamiliar patterns of speech and thought. Within the recreational camp context, counselors are also tasked with helping children realize that positive social connections are fun and personally beneficial, not just an imposed requirement, if they have not yet themselves. To an extent, counselors learn to care for children with a perceived social or behavioral difficulty, and campers for their peers, via a self-modification.

With that, this ethnography also indicates the complexity of self-awareness, an ability to recognize how one's actions and language are understood and their affect on others. Specifically, how it is valued and expected but not always taught in accessible ways. How one engages in socially appropriate behaviors is a learned process. For those who are able to partake in society without offense, effective self-management apparently comes implicitly through a mainstream method of socialization, like school experiences. This method, however, has obviously failed to support the STP campers. Throughout this paper, I largely avoided discussions of neurodivergence because it is not a concept defined or explicitly recognized by the STP or all those working within it. However, the

persistent efforts of counselors to find out how they can instill the same knowledge and feelings of accomplishment in each child through individualized revisions promotes a similar understanding that not all people learn and communicate in the same way. Even with its adaptability, the STP is also not the ultimate approach to social intervention or other therapeutic purposes. STP programs, personalized or not, are still grounded in the point system and a particular mode of explanation that not every child will understand. While counselors know when their attempts to care for a child within the STP are ineffective, and have the devotion to amend them, they may lack the means to do so. In addition, before entering the camp children are still screened for certain requirements, the likes of which were not within the scope of this study. Regardless, for those campers who do benefit from these relationships and interventions, the STP is one example of an alternative accommodating practice for social skill building. Besides research into more diverse programs—which would likely be limited to some sub-population or criteria of need—some STP counselors simply call for school systems to recognize their role and responsibility in explicit social and emotional instruction for every child as a primary place of socialization.

In treating children with social and behavioral challenges, who may or may not be diagnosed, the STP is a fascinating convergence point that remedies and employs the strategies of a multitude of disciplines. It is a clinical health service using scientifically verified practices for an improvement in social and academic settings.[84] More notably, sociality is an inseparable component of clinical success within the STP and vice versa. Counselors celebrate a child not necessarily because they are correcting certain behaviors

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[84] The academic component was less of a focus at this site given logistical changes due to COVID-19 protocols and the general experiences of my interview participants.

but because they are making friends, finding relationships that bring them happiness, and challenging themselves to pursue goals once thought to be unachievable. However, I acknowledge that I could not cover every aspect of the STP. Throughout my own experience as a counselor, I encountered instances of biological and physiological conditions that brought my campers discomfort and myself and fellow counselors worry over them. In addition, one major point of the STP's treatment model that I neglected to comment on in this study is the implications and effects of medication. Multiple counselors raised instances where their observation and intimate knowledge of a camper offered implications for potential pharmacological treatment. Finally, and perhaps most significantly, the perspective of the campers, the children who are the focus and the reason for the STP, is also heavily missed. My arguments relied upon a counselor's use of affective strategies, spaces, and relationships to practice their care. Whether the campers feel the products of that labor and the connections I claim are mutual would be a valuable place for future study.

What shone through every one of my interviews, and hopefully my analyses of them, is the counselors' devotion to care for their campers to the best of their mental and physical capacity. This, in part, is a collective mission from a top-down culture of acceptance and understanding at this particular STP, though hopefully it is present at all. It also, however, comes from the close bonds that form, the powerful motivation of personal responsibility and compassion for the well-being of a child who one has journeyed through struggles, successes, and happy little moments of companionship with.

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