



### Students Take The Lead on Behavioral Change

Last spring, Kathy Downs, Principal at Ashurst Elementary School in Quantico, Virginia was looking for a way to increase real world skills in her students when an opportunity arose. Her third grade students, led by one particular girl named Jessica, asked if they could “slime” her at the end of the year. “I thought, well, let’s see if they can earn it,” recalled Mrs. Downs, who privately wondered how her hair would survive the trend made popular by children’s cable television. Thus the “Slime Mrs. Downs Initiative” was born. Students sat down with school psychologist Ken Kirk to learn real world skills such as how to conduct research, develop goals, and measure outcomes.



Jessica began by surveying her peers at recess. The survey revealed a perceived need for improvement in behavior. A further survey, developed with guidance from teacher Joan Daily and Mr. Kirk, helped the students create measurable goals for behavioral improvement. “They settled on measuring the number of times they heard students saying ‘please’ and ‘thank you’ and giving compliments to one another,” said Mrs. Downs.

Jessica then led her peers in creating a “good manners thermometer” for the bulletin board so students could see their daily progress. She also appeared on the school cable channel (WKID) to promote the initiative. At the close of each school day, third-graders filled out a two-question survey about their behavior and recorded their progress on the thermometer. Jessica also started a manners club at recess.

DATE	NO. PLEASES	NO. THANKS	TOTAL
Monday, April 23, 2012			
Tuesday, April 24, 2012	30	27	57
Wednesday, April 25, 2012	33	20	53
Thursday, April 26, 2012	35	58	93
Friday, April 27, 2012	35	78	113
Saturday, April 28, 2012	30	84	114
Sunday, April 29, 2012	30	85	115
Monday, May 1, 2012	42	83	125
Tuesday, May 2, 2012	44	84	128
Wednesday, May 3, 2012	44	84	128

Mrs. Downs noticed a clear shift in positive school climate and growing leadership skills. She says the personal benefits to the students were equally important: “Jessica has autism. For her to put such a big focus on how kids are treating each other was a huge leap developmentally.”

By June 1, the school was giddy with anticipation of the last day of school. Mrs. Downs arrived wearing a shower cap (“to protect my dye job,” she admitted.) Maby, a painfully shy student who had never before taken a leadership role at school, had researched and made the batch of lime-green slime. Together, Jessica and Maby poured the gooey mass over Mrs. Downs as 300 children cheered them on.

“It was a lot of fun to see these two little girls blossom,” recalls Mrs. Downs. “And it was just as much fun to see the children calling each other out on inappropriate behaviors at school.” ■

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## Avoid a Trip (to the ER) by Following These Safety Tips!

Slips, trips, and falls are the leading source of injury accounting for more than 8.7 million emergency room visits annually in the United States. Fortunately, schools can decrease the number of these injuries by raising awareness among students and staff of the dangers of slippery surfaces, uneven walkways, and protruding objects.



According to Donald Golaszewski, DoDEA Safety and Occupational Health Program Manager, the key to preventing injuries involves focusing on “hazard elimination.” Mr. Golaszewski offers the following tips for minimizing injuries:

- ▶ Avoid allowing loose cords to dangle across walkways.
- ▶ Ensure puddles are cleaned up immediately.
- ▶ Arrange to have “wet floor” signs distributed around the school in areas where they will be ready for use.
- ▶ Replace worn carpeting.
- ▶ Practice weather awareness – work with host installations to make certain that parking lots are ploughed during snowfalls, and the cleared pavement is treated.
- ▶ Wear appropriate footwear, particularly during inclement weather.
- ▶ Place ladders and step stools in areas where one would expect to need them.

To start a “Slips, Trips, and Falls Awareness Campaign,” concentrate on a specific objective such as preventing

wet or slippery floors by cleaning up spills quickly. Then ensure school staff members are familiar with the location of warning signs to call attention to hazards. Pre-position mops to help limit the extent and duration of spills.

For additional information contact your Area’s Safety and Occupational Health Manager. Mr. Golaszewski is available at [Donald.Golaszewski@hq.dodea.edu](mailto:Donald.Golaszewski@hq.dodea.edu). ■

## Students Need to “Be Here” to Learn

As Benjamin Franklin said, “Ninety percent of life is just showing up!” DoDEA is emphasizing the critical role that regular attendance plays in helping students achieve academically and develop the leadership traits of responsibility, determination, and respect for rules that enable them to succeed in college, the military, and the work place.

Missing just five school days can dramatically impair a student’s chance of succeeding academically. Parents can help by ensuring they schedule medical and dental appointments outside of school hours, refrain from planning vacations when school is in session, and whenever possible, schedule permanent change of station moves during school breaks or at the end of the school year.

To help administrators implement the “Be Here” campaign, DoDEA created a Be Here Tool Kit. Access downloadable copies of DoDEA’s attendance policy, a flier for parents, and a tri-fold brochure describing the benefits of regular attendance at [www.dodea.edu/attendance](http://www.dodea.edu/attendance). Administrators and teachers can download materials to support DoDEA’s “Be Here” campaign from the DoDEA Web site at [www.dodea.edu/attendance/index.cfm?cld=toolkit](http://www.dodea.edu/attendance/index.cfm?cld=toolkit). ■

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## Establishing the Crisis Management Team

“We would have been dead in the water if we did not already have the team in place,” school psychologist Andrea Lucero, Colorado Springs, Colorado, told the National Association of School Psychologists’ Summer Conference. Lucero was describing the impact on schools as wildfires raced up Waldo Canyon. “With 32,000 residents displaced, the schools were called upon to serve as emergency shelters and provide assistance. We at least had contact information for the team and all team members knew our roles, so we implemented our crisis plan.”

As challenging as it is to make time to convene the School Crisis Management Team at the start of the school year, it is better to organize before the first incident occurs. The tips below can help school administrators build the right team and quickly initiate planning.

### Select the Team

Invite resilient individuals to serve on the team. During an incident, the principal needs people who will persevere in fulfilling their roles despite adverse circumstances. Schools can adapt the roles identified in the Incident Command System (ICS) to their situation, though typically, individuals from the following positions are included:

- ✓ Principal and Assistant Principal (if available).
- ✓ School Secretary or Administrative Officer.
- ✓ Counselor and/or School Psychologist.
- ✓ School Nurse.
- ✓ Custodian, Supervisory Management Services Specialist (SMSS), or an individual familiar with the physical systems of the school, such as alarms, gates, and locks.



*Crisis Management Team reviews procedures at Dexter Elementary School, Fort Benning, Georgia.*

### Review Roles and Objectives

During a brief initial meeting, ensure all team members understand that the purpose of the Crisis Management Team is to coordinate the school’s response to a critical incident. Educate all team members including the school nurse, counselor, custodian and personnel who work in the school office, to be certain individuals know what is expected of them during an incident. Give team members an opportunity to request help from others in preparing their supplies and updating plans. One goal for the first meeting should be to gather contact information for all team members.

### Review Plans

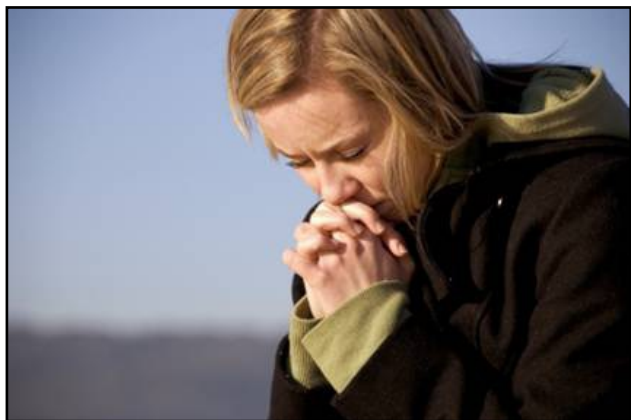
Schools need both a comprehensive plan at the school office level as well as tools and reminders of emergency procedures at the classroom level. When reviewing plans, start with what is already in place and enhance those areas that the team determines need additional attention based on data or lessons learned from previous drills and exercises.

### Communicate with Students and Parents

Let parents/sponsors know that the school is prepared to respond to any type of incident and that their children are safe. At Back to School Night, reassure parents that this school has a thorough school security plan in place and describe how the school will communicate with them in the event of an incident.

Although incidents often happen without warning, being prepared pays dividends. For assistance organizing the Crisis Management Team and updating plans, contact your District or Area Safety and Security Officer or visit the DoDEA Web site at <http://www.dodea.edu/Americas/loader.cfm?csModule=security/getfile&pageid=101592>. ■

## Before It's Too Late, Raise Awareness of the Dangers of the Choking Game



The Choking Game is the practice of self-strangulation to achieve a brief high or tingling sensation, or, as described by the Centers for Disease Control and Prevention (CDC): “self-strangulation or strangulation by another person with the hands or a noose to achieve a brief euphoric state.” Often, students experimenting with this game are the popular, athletic, and academically successful students, ages nine to 16, who calculate they are not doing anything illegal. Unfortunately, students can die from just one attempt.

Parents of victims have expressed frustration that although they worked hard to protect their children from drugs, they did not hear about the Choking Game until it was too late. Cutting off the air flow or blood flow to the brain brings students to the point of losing consciousness. This starves the brain of oxygen and causes dizziness. As the blood rushes into the head again, it causes another brief tingling sensation that has been compared to the feeling of “pins and needles” experienced when interrupted blood flow returns to an arm or leg.

In 2012, the CDC released a survey of students in Oregon that found that one in three children had heard of the Choking Game, while one in 20 reported having participated. Although Choking Game deaths are often reported in other categories such as suicide, a 2010 CDC report, compiled anecdotal evidence that suggested the game is more common and more deadly than adults suspect.

Losing consciousness while playing alone can easily result in death because there is no one there to release the pressure. Strangling each other in pairs or groups has also resulted in fatalities and injuries when students fall down and hit their heads against a hard floor or pavement, or when the pressure is not released in time.

Typical warning signs that might indicate children are playing the Choking Game include:

- ✓ Bloodshot eyes – particularly red dots in the iris of the eyes.
- ✓ Marks or bruising on the neck (or a child suddenly wearing scarves to cover up marks).
- ✓ Frequent and severe headaches.
- ✓ Ropes, scarves, or cords tied to closet racks or bed posts.

Parents who overhear children talking about Rush, Space Monkey, the Fainting Game, Purple Dragon, Blackout, or similar terms can use the opportunity to warn other parents and discuss the danger with their children. In Santa Monica, California, the local school district asked for help developing a presentation for middle schools that was not overly graphic. Judy Rogg, the mother of a Choking Game victim, worked with a professional counselor to develop kits and a modular presentation that are available on the Internet.

For more information and resources that address this issue, contact [safeschools@csc.com](mailto:safeschools@csc.com). In addition, the CDC report, *Unintentional Strangulation Deaths from the Choking Game* is available at [www.cdc.gov/mmwr/preview/mmwrhtml/mm5706a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5706a1.htm). ■

### Preparing a Snappy Response in Advance Helps Students Resist Peer Pressure

The same refusal skills that students use to resist peer pressure to use drugs work for the Choking Game as well, including:

- ✓ Humor: “No thanks, I need all the brain cells I’ve got.”
- ✓ Walk Away: Leave if asked to do it.
- ✓ Give a Reason for Refusing: “It’s stupid and can kill you.”

## DoD Mobile Apps for Stress Management and More!

The National Center for Telehealth and Technology (T2) offers several Mobile Apps designed specifically for military veterans. These apps give users tools with which they can manage stress and insomnia, track their moods, and schedule time for relaxation. Educators and students who are experiencing stress may benefit from downloading one or more of these Mobile Apps. Four T2 Mobile Apps which may be particularly beneficial to the DoDEA community include:

- ▶ **LifeArmor:** This portable resource allows users to access information about numerous military mental health topics simply by touching a button on their phone. Topics include sleep, depression, relationship issues, and post-traumatic stress.
- ▶ **Breath2Relax:** This mobile app teaches deep breathing techniques to help users learn to breathe and relax.
- ▶ **Positive Activity Jackpot:** This mobile app uses a behavioral therapy called “Positive Event Scheduling.” It reminds users to make time for relaxation and uses GPS technology to locate local resources.
- ▶ **T2 Mood Tracker:** This award-winning mobile app allows users to track their moods over a period of time. They can track a variety of their moods including depression and anxiety, as well as their responses to stress.



While the long term benefits of these applications are unknown, they underscore the very important message of self-care during times of stress. Although these applications were designed specifically for veterans, they are in the public domain and can be downloaded by the general population. To learn more about the extensive range of online wellness tools and mobile apps available from the T2 site, visit <http://t2health.org>. Click on “portfolio” to see the full list of resources. ■

### Too Young for Email? Safe Options Exist.

Most teenagers are able to make smart decisions in order to protect their identity online. Young children are another matter. Elementary school students may not be cognitively ready to understand the potential impact of the actions they take online. When parents of young children express concern about the safety of allowing children access to email, educators can let them know about the existence of “child-safe” email technologies. While these programs do not replace parental supervision, they can provide an additional layer of security when young children communicate online.

There are a range of programs available. Parents can research the programs to determine which one offers the right level of security and flexibility for their family. Some programs are available at no cost. Others require a nominal subscription fee. The types of options also vary. Some programs limit the individuals to whom children can send and receive email to those people in their contact list. Parents set up the contact list ahead of time.

One software application sends a copy of all incoming emails to the parent’s account and the parent must approve the email before it goes to the child’s account. Another program allows parents to remotely delete emails from the child’s account. In addition, most of the applications offer profanity and personal information filters.

These programs offer an alternative for concerned parents of elementary-aged children. By entering “child friendly email” into an online search engine, parents and teachers can discover available options. For additional help, contact [safeschools@csc.com](mailto:safeschools@csc.com). ■

## New Signs of Suicide (SOS) Kits Available

The Signs of Suicide (SOS) curriculum, currently in use in all DoDEA middle and high schools, is designed to teach middle and high school students to Acknowledge, Care, and Tell (ACT) if they suspect a peer might be depressed and/or considering suicide. A 2007 study found that when properly implemented, SOS led to a 40 percent reduction in self-reported suicide attempts. Recently, the kits were updated and expanded to include new materials and information specially designed for military teenagers.



The cornerstone of the SOS kits is an educational video entitled “Friends for Life: Preventing Teen Suicide.” When DoDEA and military impacted schools order an SOS kit from Military Pathways, they will receive a special military version of the video. The video comes with a discussion guide that school counselors can use to facilitate group discussions about recognizing the signs of suicide in teenagers. The SOS Kit includes:

- ◆ An Implementation Guide. The guide includes training materials, tips on partnering with installation agencies, case studies, and lesson plans.
- ◆ An Educational DVD and Discussion Guide, titled *Friends for Life: Preventing Teen Suicide*.
- ◆ The Brief Screening for Adolescent Depression (BSAD). A student version of this tool is included as well as a version for parents to fill out based on the behaviors they have observed in their child.
- ◆ The SOS Student Newsletter which reinforces the program content of the SOS curriculum in a teen-friendly format. The newsletter addresses topics such as bullying via social media, stress management, and alcohol abuse.
- ◆ The SOS Parent Newsletter. This resource seeks to raise awareness among adults of the signs of teen suicide. One study found that 86 percent of parents were unaware of their child’s intention to commit suicide. The newsletter helps parents identify the differences between a moody teen and a depressed teen.
- ◆ “After A Suicide,” an intervention for schools dealing with suicide.

### How to Order Updated SOS Signs of Suicide Kits

The Department of Defense (DoD) offers the Military Pathways’ Signs of Suicide (SOS) prevention curriculum at no cost to DoDEA middle and high schools. In 2008, OSD distributed copies of the SOS kits to all DoDEA high schools. Since that time, the kits have been expanded.

Administrators who would like to order new or additional kits can do so by clicking on the “military only” link at <https://register.mentalhealthscreening.org/Intro.aspx?MEID=27>. Administrators can also request copies of the kits by calling Military Pathways direct at 781-239-0071. ■



The materials in middle school kits are designed for a younger audience. The middle school video is entitled “Get into the ACT (Acknowledge, Care, Tell.)” The middle school kits also include the parent newsletter and a middle school version of the student newsletter, plus a host of posters in English and Spanish, wallet cards, and brochures. In addition, the Military Pathways program offers a self-harm component for high schools called “Signs of Self-Injury.” This program can be used in conjunction with SOS or as a stand-alone curriculum. ■