DoDEA

Safe Schools Newsletter

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DoDEA News From the Field: Grief Training Guidance

Fort Campbell, Kentucky has provided several grief counseling workshops since September 11, 2001 to teach school staff how to respond to children affected by the news of terrorist incidents, war,

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Safe Schools NEWS

New Handbook and Training

The 1999 DoDEA Safe Schools Handbook, *Safe Schools: A Handbook for Practitioners,* is currently being updated. It will contain additional tools (e.g., worksheets, surveys, etc.) and new information on Risk Reduction Planning, Incident Response Planning, and anti-terrorism. These new Handbooks will provide each school administrator with the necessary reference material for conducting the mandatory Safe School Planning. Handbooks will be available for school year 2003-04 and will be distributed at workshops to each attendee.

Initial workshops are scheduled for DoDDS-Pacific during late September and early October 2003. Workshop sites will be Yokota, Kadena, Seoul, and Guam. DDESS and DoDDS-Europe workshops will follow, with dates and locations to be determined and coordinated between District Superintendents and DoDEA Headquarters.

The one-day workshop curriculum is oriented toward principals, assistant principals, school liaison officers, counselors, psychologists, and district school security officers. Trainers Bob Michela and Paul Hersey use adult learning techniques to provide attendees with "state of the art" approaches to Safe School Planning.

Grief Training . . . continued from page 1

or the loss of family members. The school district also published various brochures to offer parents, teachers and school administrators ways to respond to students suffering from psychological stress.

The "Recommendations for Teachers Coping with Crisis" brochure describes specific behaviors teachers can look for in children experiencing stress, including:

- Fear, a sense of vulnerability or insecurity;
- Grief over the loss of friends and relatives;
- Uncertainty about the security of the country and future violence; and
- Attendance problems.

This brochure offers the following strategies for communicating effectively with troubled children:

- Remain calm and in control -- children take their emotional cues from adults;
- Maintain normal routines;
- Restrict viewing of horrendous events;
- Provide opportunities for developmentally appropriate discussions of the event; and
- Reassure children and talk to students about their situation.

The brochure also outlines Fort Campbell's Crisis Management Plan for casualty notifications.

A second brochure, "Family Tips for Trying Times" prompts parents to give themselves an opportunity to adjust to any difficult news first, before helping their children. For parents who feel their families need extra support, Fort Campbell also publishes phone numbers for school counselors and psychologists.

As DoDEA Director Joseph Tafoya notes in the introduction to School Counseling Services (DoDEA Manual 2426.2) "School counselors are strategically positioned to help students in developing strategies to deal with educational, personal, and social challenges that may interfere with the educational process."

-- Special thanks to Cheryl Adamkiewicz, Assistant Superintendent, Fort Campbell Schools, Kentucky, for contributing to this article.

"When combat casualties become a reality, all school staff need to have some idea how to appropriately respond to the affected child."

-- Charlie Winters, Trained Grief Counselor & Principal, Quantico, High School

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All comments and questions should be directed to Bob Michela at: 703-461-2000 or michelar@dyncorp.com.

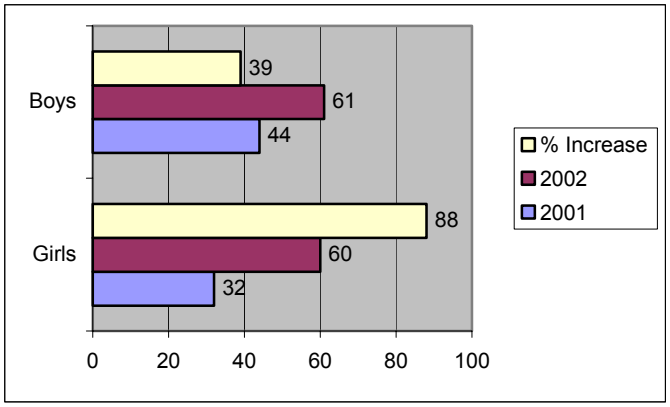
Bullying on the Rise

According to the National Crime Prevention Council (NCPC) the incidence of bullying in schools is on the rise, by almost double, say students. The proportion of students that reported witnessing bullying incidents daily increased from 37 percent in 2001 to 61 percent in 2002.

As students reveal their knowledge of bullying activities through the surveys, one can only wonder how many children are suffering at the whims of a classroom bully. Over half of the respondents said they could identify a student at school whom they felt could harm another student. This is a seven percent increase from the answer to this same question the year before.

NCPC President John Calhoun commented, "While the nation concentrates on defending ourselves from possible external terrorist attacks, we must not forget the threats our children face every day in their school hallways. Policy, resources, and parental involvement must be leveraged to ensure a safe and secure learning environment." For further information, see: www.ncpc.org.

Daily Exposure to Bullying
(Percentage of Respondents)



Enhancing Mental Health

According to the U.S. Department of Education, alert administrators can improve student mental health by providing life-skills programs for the general population of students, authorizing early intervention for groups of students encountering similar life-challenges, and referring students in need of intensive services to the school counselor or psychologist.

Typical sources of psychological stress for K-12 students identified by the National Association of School Psychologists include:

- Worries about being bullied;
- Concerns about sexuality;
- Loneliness or rejection;
- Academic difficulties; and
- Fear of violence, terrorism or war.

So, how can DoDEA administrators improve student mental health? To remember these five suggestions, use the acronym PEACE:

- **P**ublicize and enforce the anti-bullying policies and sexual harassment prohibitions in the student handbook;
- **E**stablish a peaceful learning environment where staff members exemplify non-violent responses in their behavior;
- **A**rrange after-school programs to provide homework assistance to struggling students;
- **C**reate diverse school activities to help all students participate and identify more closely with their school; and
- **E**ncourage staff to identify and refer troubled students for appropriate counseling.

For further information, visit: www.pbis.org/classroom support.htm.

Do you have this policy/program?		Is it acceptable?	
YES	NO	YES	NO
☒	☐	☐	☒
☐	☒	☐	☐

Summertime Safe Schools Action

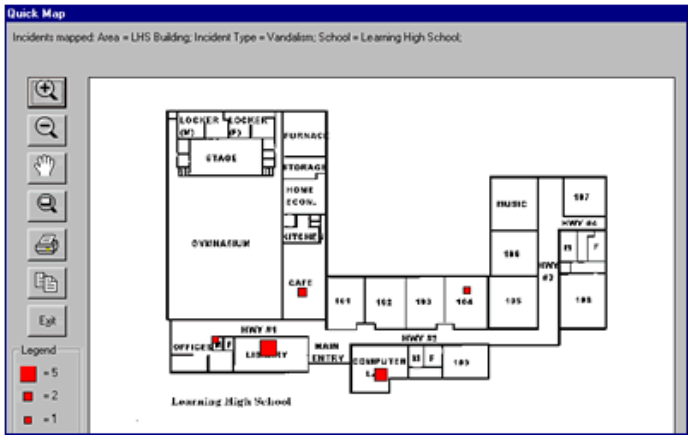
June 2003 is an excellent time to use the Policy & Program Review (PPR Tool 6 in the DoDEA Handbook), and Physical Security Review (PSR Tool 7), to consider new security measures. Have someone assist you in completing these tools. The PPR & PSR worksheets enable you to quickly, yet systematically, consider whether changes in your policy or procedures could address your needs.

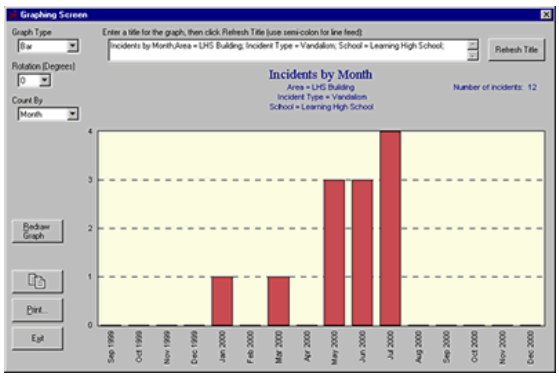
For example, your administrators can answer the PPR questions together and decide whether proactive Risk Reduction requires the purchase of an anti-bullying program or sexual harassment education package to address concerns identified at your school. The completed worksheets allow you to substantiate your FY2004 funding request by providing a written factually-based analysis of your needs. Avoid the temptation to discount certain options too early in the decision-making process because they seem unrealistic or too expensive. You owe it to your school to weigh the options available and then select the relevant measures.

It should be obvious to the superintendent reading your Safe School Plan that several options were evaluated. A careful decision-making process ensures that the security measures recommended will have the greatest impact in addressing your concerns.

Taking Incident Worksheets to the Next Level

If you have the time and the inclination, the Department of Justice's National Institute for Justice (NIJ) provides software that enables schools to enter the information from their Incident Worksheets and compare the results using graphics. Their School Crime Operations Package uses the same categories included on the Incident Worksheets in the DoDEA Safe Schools Handbook: Time Periods, Locations, Perpetrators. Besides providing pie charts and bar graphs to help compare results, the software allows you to create a floor plan for your school and see where groups of incidents are occurring. A CD-ROM with the software is available at no cost from NIJ. For a copy of the software, visit: www.schoolcopsoftware.com or phone Mike O'Shea at: (202) 305-7954.





New Crisis Management Guide

According to the U.S. Department of Education, the goal of Crisis Recovery should be to resume learning as quickly as possible and re-establish a caring and supportive school environment.

On May 16, 2003 the U.S. Department of Education published a guide to assist schools with Incident Response Planning. *Practical Information on Crisis Planning: A Guide for Schools and Communities* defines four phases of crisis management: Mitigation/Prevention, Preparedness, Response, and Recovery. The guide includes a narrative and checklists for each area.

Administrators planning for smooth recovery from a Crisis Incident are encouraged to make counselors available to students, staff and first responders. Counselors provide psychological debriefings to help individuals affected by the incident understand their emotional response and avoid Post Traumatic Stress Disorder.

Other actions recommended for Crisis Recovery include:

- Repairing damage to the physical facility;
- Publicizing available counseling and follow-up interventions;
- Measuring the effectiveness of curricular activities that address the crisis;
- Discussing lessons learned and incorporating them into your Incident Response Plan.

To obtain your free copy of the guide, visit: www.ed.gov/emergencyplan.

Social Norming Reinforces Healthy Behavior

Researchers note that students often think that the majority of peers in their school abuse alcohol or experiment with drugs, even if they personally avoid these behaviors. Brian Dietz from Lynchburg College conducted a social norming pilot project in Virginia high schools to test student perceptions of substance abuse.

Student safety groups at each school assisted Dietz with surveying students in their high school. They calculated the results and learned that 76 percent of the students at their schools avoided drugs.

The groups then printed t-shirts publicizing the statistic that eight-out-of-ten students did not use drugs. Dietz found that often "drug-free" students reported feeling a sense of relief when they learned the difference between their beliefs and reality, and discovered that they were in the majority.

The students surveyed their peers later to measure the recognition of their "drug-free" message among students. The follow-up study showed that alcohol consumption decreased from three times per week to once a week among students who reported drinking alcohol regularly. For further information, contact: dietz@lynchburg.edu.

DoDEA Successfully Ministers to Student Mental Health Needs

Despite challenges including geography and tight budgets, DoDEA schools usually succeed in counseling troubled students early, and forming School Crisis Teams to prepare for emergencies. Providing mental health services to students through schools improves academic achievement and addresses students' psychological needs before they result in stresses that could lead to violence. DoDEA ministers to students' mental health by committing resources to provide school counselors in each school and make a school psychologist available to every DoDEA student.

The National Association of School Psychologists' position paper states: "The effect of mental health on school success and achievement is well-documented in recent reports by the U.S. Surgeon General. Factors such as healthy self-esteem and positive relationships are critical to student success."

Keys to successful mental health services in DoDEA schools include:

- Providing DoDEA counselors and school psychologists to address students' psychological needs on an on-going basis;
- Establishing relationships with community services to expedite referrals of troubled youth; and
- Planning ahead and recruiting counselors from faith-based and community organizations who can assist students and staff in recovering from a crisis incident.

The DoDDS-Europe guide, *Crisis Management in the Schools* notes the importance of preparing for major incidents: "The response must deal with the concerns and anxiety experienced by the people who are in crisis. Appropriate interventions can minimize long-term effects on individuals, schools and communities."

Planning ahead to provide counseling as part of your Incident Response Plan minimizes the psychological harm to students and adults involved in crisis incidents. Sustaining daily mental health services equips students with the coping mechanisms needed to survive psychological stress in school and later in life.

DoDEA specific resources include:
A Guide for Crisis Management in the Schools, DoDDS-Europe, December 2001.

DoDDS School Action Plan for Crisis Intervention and Response to Death, February 1, 1990 (D.S. Manual 2943.0).

DoDEA Intervention Strategies Guides, February and July 2002: www.odedodea.edu/schools/ISGuides.htm.

Additional resources include:
National Association of School Psychologists: www.nasponline.org.

American School Counselor Association: www.schoolcounselor.org.

The Center for Mental Health and Health Care in Schools: www.healthinschools.org/mentalhealth.asp.

A special relationship with George Washington University makes it possible for DoDEA to present a series of articles by prevention program experts from the University of Hawaii.

Guest Article

Promoting Mental Health in Schools

When discussing the mental health needs of children in schools, the tendency is to focus on disorders, dysfunction, and mental illness. By some estimates, as many as 12 to 15 percent of children experience psychosocial and mental health problems significant enough to interfere with school learning. These include emotional difficulties such as anxiety and depression, behavior problems, attention and motivational deficits, family distress, substance abuse, delinquency and gang involvement, and a myriad of other concerns that negatively impact school performance. Moreover, these problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure. The reality is that school personnel have primarily focused their intervention efforts on the reduction of these negative behaviors while, unfortunately, losing sight of the school's role in positive development of social and emotional functioning.

Historically, schools along with the family physician and, in some cases, community service agencies have been viewed as the primary agents for identifying and treating mental health concerns among students. School counselors, psychologists, nurses, and social workers employed by school districts are often the first line of defense and are instrumental in delivering a range of mental health services including assessment, consultation, individual and group interventions, and other school-based strategies. More recently, it has been suggested that schools function in a more comprehensive, multifaceted manner, in essence becoming the "clearinghouse" for a broader range of services involving not only school personnel but others from mental health agencies, family centers, medical facilities, and other nonschool-based entities. At the same time, it has been suggested that schools refocus their efforts toward mental health by boosting the social and emotional competence of all students. Building emotional strength, resilience, and coping are common themes associated with this movement.

This expanded view of service delivery emerged in the early 1990s as "full-service" schools and describes an integrated service delivery system, housed within the school, designed to promote the academic, physical, social, and emotional growth of children and their families. In a full-service school, existing student support services, such as counseling, are integrated with additional services from community providers, and all are woven together to provide a seamless system of care to promote health and reinforce the behaviors that prevent future problems. In addition, there is an emphasis on positive youth development as opposed to an exclusive focus on addressing problem behaviors and psychological deficits. In short, the focus becomes one of promoting mental health for all rather than treating mental illness.

Models for Provision of School-based Mental Health Services

Implementing a comprehensive mental health system involves the development of a clear and specific strategic plan along with a workable delivery mechanism and format. Several models of delivery systems are described in the literature. The school-financed student support service model tends to be a combination of centrally based and school-based services, while the school-district mental health model tends to include centralized clinics with outreach capability to schools. Several kinds of formal connections with community mental health services are described, starting with the simple co-location at schools of community agency personnel and services sometimes in the context of school-based health centers partly financed by community health organizations. Other kinds of

connections include formal linkages with agencies to enhance access and service coordination and formal partnerships or contracts with community providers to deliver needed student services.

Classroom-based curricula and special "pull-out" interventions are also prevalent. These models include integrated instruction as part of the regular classroom content and process, specific curricula or interventions by specially trained personnel, or a curriculum as part of a multifaceted set of interventions designed to enhance positive development and prevent problem behavior. The comprehensive, multifaceted, and integrated models are often parts of larger school reform agendas and reflect a broader orientation to mental health in schools that emphasizes the school's role in the positive development of social and emotional functioning.

Implementations

A number of states have committed themselves to addressing the mental health needs of large numbers of students and have done so in creative and progressive ways. Schools in California, Florida, Kentucky, and New Jersey lead the way in establishing comprehensive mental health centers within the school site. One such program is at Hanshaw Middle School in Modesto, California, which operates, in addition to a full slate of academic programs, a family resource center on campus. The center remains open well beyond the regular school day and offers an array of classes for the entire family that includes art, aerobics, and computer instruction. The center also houses a dental clinic, primary care medical facility, and a mental health clinic that provides parent education and counseling for both children and their families. In addition, the school is the center of a neighborhood outreach program that involves parents in a variety of activities from sports to tutoring with their children after school.

Conclusions

Full-service mental health programming (FSMHP) is a valuable component in the quest for high academic achievement for all students. FSMHP allows for the mental health needs of students to be met more consistently. It allows students to enjoy an enhanced capacity to attend to developmentally appropriate issues and fosters heightened academic success. The cultivation of a community focus on student success through positive mental health behaviors will result in schools becoming more familiar to parents, community agencies, and citizens. Schools will reap the rewards of enhanced parent and community support, and students will benefit from more efficient use of school and community resources. If schools are to expand their role to develop positive mental *health* for children and families, some significant changes in philosophy, attitude, and the manner in which services are delivered will be necessary. First, schools must make a commitment to educating the "whole child" and include instruction in social and emotional development in addition to the usual emphasis on academics. Second, there must be better cooperation and collaboration between professionals from education, mental health, medicine, and social services. Schools must, in many ways, become more inviting environments for those professionals who have historically worked outside the school setting. Finally, efforts to enhance the mental health status of all students must refocus on building emotional competence, resiliency, and other protective factors as an antidote to the many stressors experienced by large numbers of today's students.

For more information, read *Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations* available at the website of UCLA's School Mental Health Project at http://smhp.psych.ucla.edu/policy.htm.