



DoDEA

SAFE Schools

NEWSLETTER



Volume VII - Issue 9 May 2007

The Important Role of School Nurses

May 9 was National School Nurse Day. According to the National Association of School Nurses (NASN), this day celebrates “what they do on a daily basis to keep kids healthy and ready to learn.” Nurses educate students about diet, hygiene, and exercise. Nurses also assume significant responsibilities during incident response as described in the *DoDEA Crisis Management Guide* available at www.dodea.edu/instruction/crisis/resources/docs/DoDEA_Crisis_Manag_Guide_07.pdf. In addition, nurses care for students with health problems such as asthma, diabetes, and allergies. For more information on school nurses, visit the NASN Web site at www.nasn.org. ■

Review Protective Action Procedures

In the wake of the recent tragedy at Virginia Tech, administrators across the U.S. are asking what they can do to improve school security. Practicing protective action procedures, such as lockdown, ensures that staff and students can effectively implement these procedures to better protect everyone during a crisis incident.

The recently published *DoDEA Crisis Management Guide* and *DoDEA's Safe Schools Handbook* describe four protective actions that administrators can use to protect their students from all hazards. Practicing lockdown, shelter-in-place, take cover, and evacuation ensures that during a crisis incident, administrators have procedures they can implement routinely and effectively. Also, providing annual refresher briefings early in the school year, and talking staff and students through lockdown procedures, increases the likelihood that they can implement the protective action effectively and in a timely manner.



Specific steps required to ensure schools are prepared for lockdowns include: 1) coordinating lockdown plans with local security officials; 2) performing a joint tabletop exercise; and 3) conducting a practical exercise with staff and local security officials annually. Actions required in a lockdown are described in DoDEA Regulation 4700.2, “Internal Physical Security,” Section E2.2.1.3, available at www.dodea.edu/foia/iod/pdf/4700_2.pdf.

Other resources available to assist administrators include *DoDEA's Crisis Management Guide* available at www.dodea.edu/instruction/crisis/resources/docs/DoDEA_Crisis_Manag_Guide_07.pdf. Finally, pages 2-15 to 2-17 of *DoDEA's Safe Schools Handbook* provide a description of the four protective actions. There is still time to practice lockdown during this school year. Contact safeschools@csc.com for information on preparing for lockdown drills or teaching students lockdown procedures. ■

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The Choking Game

Despite warnings from parents and educators, students across America continue to play the choking game. In March, a 12-year old boy in Columbus, Ohio died playing the game. According to “Games Adolescents Shouldn’t Play” (GASP), a not-for-profit organization, deaths have occurred nationwide and in other countries around the world. In December 2005, the *DoDEA Safe Schools Newsletter* reported that the choking game involves restricting the supply of oxygen to the brain by either choking or ligature strangulation. The reasons teens play this game range from accepting dares, to seeking a quick high, to the pleasure of watching others act erratically. All too often the result is brain damage or death.

In an informal on-line survey of visitors to GASP’s Web site, about a quarter of teen respondents claimed to have played the choking game at some time in the past. Ten percent of teenagers in the survey claimed to still be playing the game. The following are physical signs or indicators that teenagers may be playing the choking game:

- ✓ Unusual marks on the side of the neck, sometimes hidden by means of a turtleneck, a scarf, or a permanently turned-up collar.
- ✓ Changes in personality.
- ✓ Headaches, sometimes excruciatingly bad ones.
- ✓ Questions about the effects, sensations, or dangers of strangulation.
- ✓ Reduced concentration.
- ✓ Facial flushing.
- ✓ Bloodshot eyes or any other noticeable signs of stress on the eyes (i.e., red dots in the iris).

Additionally, parents should be alert to the presence of unexplained straps, ropes, or belts. One mother whose

son died playing this game noticed, too late, that several of his belts were disproportionately stretched and torn in places. Students suspected of playing the choking game should be referred to a qualified mental health professional for evaluation and treatment. Though little research has been conducted, experts believe this practice is addictive.

Teenagers use a variety of terminology to describe the choking game. These terms appear to vary by geographic location. Common names which educators should be aware of include:

- ✓ Airplaning
- ✓ American Dream
- ✓ Blackout
- ✓ Buzz
- ✓ California High
- ✓ Fainting Game
- ✓ High Game
- ✓ Pass Out Game



Sharon Grant, whose son Jesse died playing the choking game in 2005, founded GASP to prevent future deaths by raising awareness among students, parents, and educators. According to Grant, educating children about the dangers of this game is crucial to preventing tragedies such as those her family has experienced. Grant said:

“I truly believe if [Jesse] saw the information that is available today, he would never have put himself in harm’s way. We need to try to help make sure that these children understand that it is really not a game they are playing but more like tempting death.”

To download prevention materials or read survivor stories, visit GASP at www.deadlygameschildrenplay.com. The Dylan Blake Foundation, also started by bereaved parents of a choking game victim, offers additional flyers, resources, and contact information for presenters at www.thedbfoundation.com/preventionandraisingsawareness.html. A DVD that educates parents and students about the dangers of the choking game is available from the Dylan Blake Foundation. ■

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This is an unofficial publication produced by CSC on behalf of the Department of Defense Education Activity Office of Safety and Security. The material herein is presented for informational purposes and does not constitute official policy of the Department of Defense. All comments and questions should be directed to safeschools@csc.com.

Access Control - The First Line of Defense

“A critical aspect of an effective response to any threat to your school is the ability to control entry. Once a threat has entered a school, it becomes much more difficult to deal with that threat.”

— Dennis Ryan, DoDDS/HDSO Security Officer

Access control includes procedures and physical security measures designed to limit access to those persons with a legitimate purpose for visiting the school. DoDEA Regulation 4700.2 “Internal Physical Security,” Enclosure 4, describes procedures for visitor and access control. The regulation states: “A positive personnel identification and control system must be established and maintained in order to prevent unauthorized entry to offices or schools” (Section E4.1). The following measures can strengthen access control:

- ▶ Make entry possible only through the main entrance. Limit entry during the school day.
- ▶ Restrict the number of entrances to the grounds and the school. Exterior doors that are open for convenience should be locked to prevent entry from the outside.
- ▶ Post signs directing visitors to the main entrance. These signs steer people unfamiliar with the school to the school office and provide staff a legitimate reason to challenge visitors who are not wearing a visitors’ badge.
- ▶ Provide security awareness briefings for staff. Encourage staff to greet visitors who are not wearing a badge or who are unescorted with an assertive “May I help you?”
- ▶ Post signs warning that unauthorized trespassers are subject to arrest and vehicles are subject to search.
- ▶ Require vehicle parking stickers or decals. Warn visitors that vehicles found on the school grounds are subject to being ticketed or towed.
- ▶ Station greeters or monitors at all open entrances to the school.
- ▶ Use school dress code policies to isolate and identify outsiders.
- ▶ Fence the perimeter of the school. Fencing will discourage casual intruders and better define school property boundaries and control zones for weapons and drug-free areas.



Administrators in U.S. public schools have found that if they explain security procedures to parents through all of the communication channels available to them, the parents who initially resist sign-in procedures or locked doors, wind up becoming the strongest advocates. Keep door locks, signs, fences and other physical security equipment in good repair to ensure all of your security measures work as expected. For help expediting security related repairs contact your facilities manager or your Area/District Safety and Security Officer. ■

Addressing PTSD in Students

Post Traumatic Stress Disorder (PTSD) was first formally recognized in 1980. However, many people are not aware that this condition, usually caused by psychological trauma, can and does affect children as well as adults. Understanding the causes and signs of PTSD in at-risk students can help educators refer them to appropriate assistance.

PTSD Affects Cognitive Development

Unfortunately, PTSD appears to affect brain development in children. A study conducted at Stanford University, and published in the March 2007 issue of *Pediatrics*, found that children who experience severe PTSD showed a decrease in the size of the hippocampus, a brain structure crucial to memory and emotion. The children in the study, all of whom had experienced some sort of childhood trauma, demonstrated reduced cognitive functioning.

Causes of PTSD

According to the National Center for PTSD, “a diagnosis of PTSD means that an individual experienced an event that involved a threat to one’s own or another’s life or physical integrity and that this person responded with intense fear, helplessness or horror.” The types of traumatic events that have been shown to cause PTSD in children include natural disasters, exposure to violence, physical or sexual abuse, and vehicle accidents.

Treatments

The two methods of treating PTSD in children include cognitive-behavioral therapy (CBT) and play therapy. According to the *Journal of the American Medical Association*, during CBT, “a trained psychiatrist, psychologist, or other professional can help change emotions, thoughts, and behaviors associated with PTSD and can facilitate managing panic, anger, and anxiety.” Alternatively, during play therapy, therapists use games and other techniques to help children process their trauma. Mental health professionals also help children develop a narrative for dealing with their trauma.

Symptoms

According to the American Academy of Child and Adolescent Psychiatry, children with PTSD might exhibit the following symptoms:

- ▶ Concern about dying at an early age.
- ▶ Loss of interest in activities.
- ▶ Physical symptoms such as headaches and stomach aches.
- ▶ Sudden and extreme emotional reactions.
- ▶ Problems falling or staying asleep.
- ▶ Irritability or angry outbursts.
- ▶ Difficulty concentrating.
- ▶ Acting younger than their age.
- ▶ Repeating behavior that reminds them of the trauma.

Elementary-aged children also “mis-remember” the sequence of events in a traumatic incident — a symptom called “time-skew.” According to the National Center for PTSD, time-skew is not seen in adults or teenagers.



For more information, visit the National Center for Post Traumatic Stress Disorder at www.ncptsd.va.gov or the National Institute of Mental Health/Anxiety Disorders Education Program at www.nimh.nih.gov. Additional resources are available from the National Association of School Psychologists (www.nasponline.org) and the International Society for Traumatic Stress Studies (www.istss.org). ■

DoDEA Schools Help Reassure Students with Deployed Parents

DoDEA recognizes the important role schools play in helping students cope with deployment and works hard on all levels to support military families. The recent extension of service deployments to Iraq and Afghanistan to 15 months will increase the stress experienced by students and employees with deployed family members. Numerous programs and initiatives are helping families stay in touch, cope with uncertainty, and remind individuals that they are not alone in their struggle with the difficulties of deployment.

The Bavaria Digital Video Initiative is one program which has several components designed to keep students in touch with parents during deployment. This program, run by the Bavaria District Superintendent's office, was initially conceived by a teacher at Ansbach High School who was looking for ways to send DVDs of students to their



deployed parents. Larry Bruce, Educational Technology Leader for the district, quickly realized that the files, which they call video postcards, could be converted to e-mail video clips and sent “down-range” instantly. “Usually within twenty minutes of sending one of these files,” reported Bruce, “we get e-mails from grateful parents saying they have already watched the videos several times.” The program is also an example of community-wide involvement because students often film the video postcards. Even non-DoDEA community members have been able to send video postcards to loved ones.

At Fort Bragg, DoDEA students, as well as dependents who attend public schools, create video postcards. Reuben Reyes, Lead Psychologist for Cumberland County Schools, North Carolina, the public school district adjacent to Ft. Bragg, points out that the benefits of the video postcards are not just emotional. Reyes noted that there are tangible benefits to these communication endeavors. They keep students motivated to perform well academically, especially in families where the deployed parent is the one who would usually help with homework or insist on standards of behavior. Students also have less anxiety, and feel a closer bond with their deployed parents.

Since teachers recognize the benefit of parent involvement, even if it is from afar, many teachers take the time to regularly e-mail deployed parents about student progress. One math teacher at Heidelberg Middle School, for example, sent the homework of a struggling student to Iraq via e-mail every afternoon so that student's father could tutor him in the evenings.

DoDEA also understands that when a service member returns home, families can face transitional issues. Most schools offer Transitional Support groups. Additionally, the Reintegration Block Leave program, offered by DoDDS Europe, is designed to ease that transition by allowing students extended time off from school when parents return. Students take their class work on leave and have extra time to complete their assignments.

While nothing can replace the ongoing presence of a loved one, the support and compassion that DoDEA schools are showing to students and staff with deployed family members is going a long way toward helping ease the strain of these experiences. For more information about helping students and staff manage deployment stress, visit the Web site of the American Pediatric Association (APA) at www.apa.org. This site offers the most comprehensive list of links to DoD and civilian support programs on the Internet and was created by military medical professionals with funding from the APA. ■



Resources to Help Students with School Transitions

Making the transition between elementary school, middle school, high school, college, and joining the workforce can be a high-risk time for young people. Research conducted by the nationally recognized non-profit Hazelden Foundation shows that when young adults face a life transition, like starting college, they are particularly vulnerable to the risks of alcohol and drug abuse. Similarly, before “moving on” to middle school or high school, teens often face social challenges, such as learning to get along with new or different groups of peers. At this stage of early adolescence, students are likely to encounter alcohol or illegal drug use for the first time.

To relieve the stress of transitions that students experience while growing up, Hazelden has developed the *Moving On* behavioral health video series. This series can be used in classrooms, the guidance office, student orientation programs, or parent-student open houses. Each of the videos in the collection is designed to target different stages in a child’s life when they might be most vulnerable – “the transitions between elementary, middle, and high school.” The videos and facilitator’s guide provide discussion topics for the following areas:



Moving On to Middle School and *Moving On to High School* discuss:

- ▶ The kinds of changes to expect in middle or high school.
- ▶ How to handle new responsibilities, choices, and peer pressure.
- ▶ Who to turn to for help and support.
- ▶ What to do when students feel overwhelmed.
- ▶ Why it’s important to be involved in different activities.

Moving On from High School discusses:

- ▶ What it really means to be more independent.
- ▶ Why it’s important to set personal goals.
- ▶ How teens handle choices about sexual activity, drug use, and friendships.
- ▶ Who students rely on for help and support.
- ▶ What stresses students out and what they can do about it.

The *Moving On* series is comprised of three videos. With each video, Hazelden includes a facilitator’s guide that features a parent newsletter, transition planning activities for students, and discussion questions. More information about the *Moving On* series, or the Hazelden Foundation’s other behavioral health resources is available at www.hazelden.org/OA_HTML/ibeCCTpSctDspRte.jsp?section=10311.

For additional resources see the School Transition Environmental Program (STEP) created by Helping America’s Youth at <http://guide.helpingamericasyouth.gov/programdetail.cfm?id=428>. The program, endorsed by the White House, is geared towards helping at-risk students. ■

