



School-wide Harmony Fosters Academic Achievement

Ideally, successful schools foster a positive school climate where students can concentrate on learning, free of distractions and disruptive behaviors. A critical component of this goal is ensuring that all school staff members understand:

- ◆ How to identify the components of problematic behaviors; and
- ◆ How to reinforce positive behavior at the school-wide, classroom, and individual level.

Recently, Dr. David Hermann, the Instructional Systems Specialist for Pupil Personnel Services at the DDESS Area Office, developed a modular training that he has already presented in the Kentucky District. “We know that a school-wide approach works,” Hermann explained in a recent interview. “When all of our educators are using the same language and operating as a team, we can influence meaningful behavioral changes.” He noted that current approaches to Functional Behavior Analysis and Behavior Intervention Planning use several best practices including: an emphasis on prevention; using data-based decision making; starting with high standards for expected behavior; focusing on positive behavior intervention; and documenting and monitoring progress.

Dr. Hermann said that it is easier to design interventions and identify success by using very specific behavioral descriptions. For example, one could replace the general description: “Student is distracted in class” with “Student plays with his pencil/hands when his class is working on solving math problems.” In this framework, student behavior can be described using some or all of five possible dimensions:

- ◆ Frequency – how often it occurs;
- ◆ Intensity – how strongly it is manifested;
- ◆ Duration – how long it lasts;
- ◆ Location – where it occurs; and
- ◆ Timing – when the behavior tends to occur.



“By thinking about behavior in these dimensions, educators have a better chance of predicting when it will occur and identifying opportunities to prevent, reduce, or redirect the behavior,” Hermann explained. He has been encouraged by further inquiries from educators in other districts requesting a presentation, and plans to make this and other training modules available on the DoDEA Blackboard and Intersect. ■

Inside This Issue

News & Updates

School-wide Harmony Fosters Academic Achievement.....	1
Latest on How Teens Get High: 25i and Hand Sanitizer	2
June is National Safety Month.....	2

Safe Schools Planning

Recognizing and Avoiding Strangers.....	3
Defining “Stranger”	3

Education Issues

Study: Bullies More Likely to Engage in Illicit Substance Use.....	4
--	---

Cybersecurity

DoD Helps Military Kids Connect Safely	5
--	---

Prevention Programs

School Nurses Help Students Make Smart Choices	6
Prevention: Parental Involvement Matters ...	6

Latest on How Teens Get High: 25i and Hand Sanitizer

It might sound like an interstate highway in the Western United States, or perhaps the latest Smartphone device, but 25i is actually the synthetic drug behind a recent string of teen overdoses in Virginia. While there have been no reports of 25i use among DoDEA students, school administrators can use this development as an opportunity to remind teenagers of the dangers of taking any illicit substance.

The chemical name for 25i is “25i-NBOMe.” It is related to the hallucinogenic drug 2C-i, which is sometimes referred to as “Smith.” Because the drug is easy to create in home labs, it began appearing on the Internet for sale as a hallucinogenic club drug soon after the drug was developed in 2003. According to researchers, the drug is not active if swallowed. Instead, users smoke, snort, or dissolve the powdery substance between the cheek and gums. Users experience euphoria, hallucinations, and, often increased aggression. Seizures are a common side effect.

For now, it is not illegal to possess 25i, although it is an offense to sell this or any drug for the purposes of “getting high.” The real danger of 25i lies in its potency. Doses of as little as 500 micrograms (half a milligram) are reported to cause seizure activity, hallucinations, and extreme paranoia. This amount is the equivalent of a sliver of a 100 milligram aspirin. One teen in Virginia Beach died after using 25i.

Students Distilling Hand Sanitizer

Yes. It is true. While use of 25i is still limited to a few geographical areas, teenagers in California, Boston, and Washington, D.C. have been hospitalized for ingesting, of all things, hand sanitizer.

Liquid hand sanitizer is 62 to 65 percent ethanol. A few squirts is the equivalent of a shot of vodka. Teenagers have discovered that by “cutting” the gel with salt, the alcohol is more



available for consumption. This practice is extremely dangerous to the internal organs, especially the brain and liver. Some observers recommend the use of foam sanitizers as an alternative to the gel products because they are supposedly less attractive to drink, although the alcohol content is the same.

Teachers, parents, and administrators who hear students discussing either of these substances can use the occasion as a teaching opportunity to help students reconsider what they choose to put in their bodies. Students will usually readily acknowledge that “research chemicals” and substances not tested and intended for human consumption might have adverse consequences.

Meanwhile, the National Institute on Drug Abuse offers a fascinating online prevention and awareness Web site for teens which explains the science behind drug use. For activities, facts, and resources designed to help teens make smart choices about drugs, visit <http://teens.drugabuse.gov>. ■

June is National Safety Month

This June the U.S. National Safety Council (NSC) is offering daily reminders on how to avoid safety hazards during the summer. For downloadable posters with tips on avoiding slips, trips, and falls, visit the NSC at www.nsc.org. ■

DoDEA Headquarters Personnel

Rose Chunik, Chief, Office of Safety and Security
 Adam Bergstrom, Program Manager, Antiterrorism
 Jennifer Jones, Program Manager, Physical Security
 Kim Perino, Program Manager, Emergency Preparedness
 Donald Golaszewski, Program Manager, Safety and Occupational Health

CSC Safe Schools Newsletter Editorial Staff

Sarah Markel, E.J. Brletich, Bert Garcia, Brian McKeon

The material herein is presented for information purposes only and does not constitute official policy of the Department of Defense (DoD), or the Department of Defense Education Activity (DoDEA), nor does it constitute endorsement by DoD or DoDEA of any non-federal entity or its programs. All comments and questions should be directed to safeschools@csc.com.

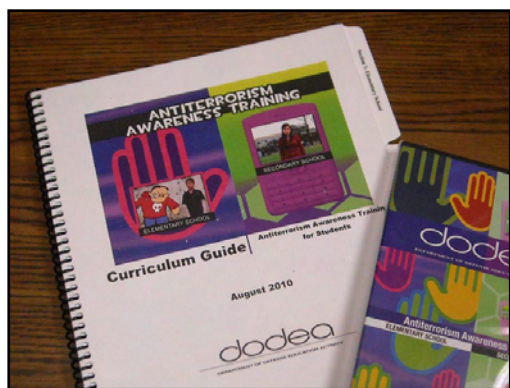
Recognizing and Avoiding Strangers

Reviewing personal security awareness could help keep students safe over the summer. Remind students to avoid strangers, and run, fight, and holler if someone attempts to abduct them.

The National Center for Missing and Exploited Children (NCMEC) analyzed cases where children escaped abduction and found that in 81 percent of the attempts, the child escaped through their own actions. In 53 percent of the incidents, children recognized that “something was not right” and walked or ran away from the situation. In 28 percent of the cases, children actively resisted by yelling and kicking to attract attention or wriggling free and running away.

Police and law enforcement authorities encourage parents to teach students not to talk to strangers or fall for any of the traps that are used to lure children. Typical traps include asking for help, bribing children, telling children that they will have fun or become famous, threatening children, or claiming that a parent said it was okay because this is an emergency.

Unfortunately, not all threats come from strangers. Most schools have programs to teach children the difference between “safe touch” and “unsafe touch.” Children learn that the parts of the body covered by a bathing suit are private and that it is okay to speak up to protect themselves. Children need to assertively say “no” and leave the area whether the person making them feel uncomfortable is a stranger, neighbor, or family member.



The DoDEA Student Antiterrorism Awareness Training DVD and accompanying Curriculum Guide offer a reminder of how to respond if accosted by strangers. If only limited time is available for a presentation, educators can show the 10 minute segment of the

Elementary School video titled: “Section 3: Be Aware.” The video is also available on the DoDEA Office of Safety and Security Web site at http://www.dodea.edu/offices/safety/anti_terror/page.cfm?cld=videos. Each DoDEA school should have received two copies of the DVD and guide. For replacement copies contact safeschools@csc.com. ■



Defining “Stranger”

Ms. Kim Perino, DoDEA Emergency Preparedness Program Manager, recently shared how she clarified her children’s understanding of the term “stranger.” Her nine year old son usually played down at the lake beside their house. One afternoon he did not come home on time, so his mother went down to the lake to find him. Perino looked out, and to her horror, saw that her son was in a row boat with a man she did not know. As the vessel approached the dock, she plucked her son out of the boat and scolded him all the way home for ignoring years of warnings about avoiding strangers. The boy replied, “You mean the man in the boat? He’s not a stranger – that’s Fred. He’s there every day.”

Once it was established that “Fred” was a stranger because the child’s mother had not met the man or approved contact with him, she used opportunities as the family drove around town doing errands to ask both her children to answer the question: “Who is a stranger?” The children soon learned that there were certain safe people whom they could run to for help: police officers, fire fighters, or the person at a store cash register. Others, however, were strangers until proven otherwise, usually via an introduction from their mother. ■

Study: Bullies More Likely to Engage in Illicit Substance Use

In the past, bullying has been associated with anger, violence, hyperactivity, delinquency, depression, and suicidal ideation. Recently, a study by researchers at Ohio State University identified a link between bullying involvement and substance abuse. The Ohio research examined bullying and substance abuse among 74,247 students in public and private middle and high schools. The study confirmed what many administrators have observed anecdotally: students who bully others are also at risk for illicit substance abuse and behavioral problems.

The researchers used the standard U.S. Department of Education definition of bullying: a relationship in which an individual or group uses power aggressively to cause distress to another. The survey explored several forms of bullying including: physical bullying, verbal bullying, relational bullying, and cyberbullying. Physical and verbal bullying are easier to understand and recognize than the other two. Excluding others from the group, ignoring and shunning, spreading rumors, or setting up others to look foolish are all examples of relationship bullying. The use of e-mail, social network sites, cell phones, webcams, text messages, and Internet sites to embarrass or humiliate, verbally harass, socially exclude, or threaten physical or psychological harm are all examples of cyberbullying.

Two advantages helped the research team identify the correlation between bullying and the use of substances such as marijuana, alcohol, and tobacco. The 152 question survey included eight questions about bullying that explored how often students “told lies or spread false rumors” about others, “pushed people around to make them afraid,” or “left someone out of a group to hurt them.” The responses were sorted into three categories:

- ▶ “Bullies” – those who admitted they were perpetrators of bullying.
- ▶ “Bully-victims” – a special category for students who were both perpetrators of bullying as well as victims.
- ▶ “Victims” – those who were solely victims.

The researchers found that middle and high school students who self-identified as bullies, and individuals who admitted they were both bullies and victims, were more likely to use substances such as alcohol, tobacco, and marijuana. “The findings suggest that one deviant behavior may be related to another,” said Kisha Radcliff, lead author of the study and assistant professor of school psychology at Ohio State. Students who bully others might be more likely to experiment with illicit substances. Radcliff explained that the reverse could also be true: “Youth who use substances might be more likely to bully others.”

While bullying was more common in middle school than high school, substance abuse was more frequent in high school. Students involved in bullying were two to three times more likely to use marijuana. For example, 1.6 percent of middle school students who were not involved in bullying used marijuana, compared to 11.4 percent of middle school bullies.

Of high school students not involved in bullying, 13 percent used marijuana, while bullies’ usage climbed to 31.7 percent. Percentages for all categories of bullying involvement are included in the accompanying table.

Students Involved in Bullying
(Percentage of Students Involved in Bullying)

Category	Middle School	High School
Bullies	11.4%	31.7%
Bully-Victims	6.1%	29.2%
Victims	2.4%	16.6%

Radcliff suggested the results could help identify students in need of additional support. “If we can intervene with bullies while they’re in middle school, we may be able to help them before they start experimenting” with illicit substances. DoDEA has joined the U.S. Department of Health and Human Services to support the federal campaign to prevent bullying called “Stop Bullying Now.” For information on “Stop Bullying Now” visit www.dodea.edu/stopbullying. In addition, the Partnership for a Drug Free America offers several drug and alcohol prevention programs. To learn more visit www.drugfree.org/prevent. ■

DoD Helps Military Kids Connect Safely

Research has shown that military children and families with strong support systems are better able to handle a caregiver's deployment. Communication with parents downrange benefits both the children and the parents, and can ease reintegration after a deployment. Until recently, children have had to use adult e-mail and social networking sites for this purpose. Now, thanks to a new initiative, children of deployed personnel have a safe online environment which they can use for keeping in touch with their parents and as a virtual social community for meeting other military children.



The website, Military Kids Connect, was developed by the National Center for Telehealth and Technology (T2), a Department of Defense Center of Excellence dedicated to applying innovative technology to issues of mental health and brain injury. The Web site launched January 18, 2012 and is open only to military personnel. The site exceeds all recommended child Internet safety standards. The Web site is designed with several safeguards, for example, young children cannot look at the content designed for teenagers. In addition, videos with emotional content require users to enter their date of birth before viewing. Message boards require parental permission.

Military Kids Connect covers all phases of the deployment cycle from pre-deployment through reintegration. It contains informative videos, educational tools, games, and activities for three age groups: ages 6 to 8; ages 9 to 12; and ages 13 to 17. The content targets these three specific age groups because the ways children respond to deployment differ by age. Teenagers might act out and engage in risky behaviors when they are under stress, while young children might regress developmentally.

All of the content and activities are designed by psychologists with the intent of helping youth sharpen their coping skills. The activities also help students remain busy during a parent's absence. Many of the activities are sensitive to the issues military children face during deployment. For example, the site's daily "newspaper" recently featured a story entitled "So Now My Big Sister Thinks She's in Charge."

Children can build virtual scrapbooks and share these pages with friends and family. There are cultural activities so that kids can learn about the places where mom or dad is serving. They can even try out new recipes from these countries. The message boards provide a moderated (both human and electronic) forum where military youth can chat with others in similar circumstances and reach out to friends from a previous school. The site is still growing. In the future there will be games children and deployed parents can play online together. For now, one of the most popular features on the Web site allows children to select the weather and time of day at any one of six deployment locations. When they log on to the site, the weather in their parent's general location appears on their homepage.



A special section of the site offers resources just for educators. For instance, one activity involves tips for holding positive conversations about deployment. A module for educators helps educators recognize in-school behaviors that may indicate deployment-related anxiety. There are also links to resources for helping military kids affected by grief, trauma, or loss. To learn more visit <https://militarykidsconnect.org/>. ■

School Nurses Help Students Make Smart Choices

The number of American youth abusing prescription drugs continues to rise. Some estimate that one in four American teens has experimented with drugs, or “gotten high,” by taking drugs prescribed for someone else. Most often, the drugs involved are pain medications, anti-anxiety drugs, and stimulants, such as treatments for ADHD.

This rapid rise in teen abuse of prescription pain relievers was the topic of a May 9, 2012 presentation to school administrators by Special Agent Craig Le Cadre from the Pennsylvania Attorney General’s Office. Describing the increase in abuse of pain medications such as OxyContin, Demerol, and Fentanyl (the pain patch), Le Cadre said, “This happened very quickly and very silently.” He added, “We have 300 percent more youth deaths due to the misuse of prescription drugs than we have from firearms.”

Fortunately, the National School Nurses Association has developed a “tool kit” for raising awareness about prescription drug abuse in the school community. The Smart Moves Smart Choices tool kit capitalizes on the skills and experience of school nurses to help teens understand the dangers of prescription drug abuse and misuse. The tool kit includes tips for planning an assembly, lesson plans, and follow-on activities to maintain awareness in the school. Most of the information offered in the kit is broad-based and could be repurposed for other substance abuse awareness campaigns, such as alcohol abuse.

The tool kit is currently only available to middle and high school nurses. To learn more about Smart Moves Smart Choices visit www.smartmoves.org/smartchoices.org/school-tool-kit. ■

Teen Prescription Drug Use in Perspective

- ◆ Teens abuse prescription drugs more than any other illicit substance, except marijuana.
- ◆ Unintentional poisoning deaths involving narcotics and hallucinogens increased 55 percent from 1999 to 2004.
- ◆ Of teens who abuse prescription pain relievers, 65 percent say they get the medications from friends and relatives.

Prevention: Parental Involvement Matters

While prescription drug abuse is a widespread problem among adults, teenagers are especially vulnerable to overdose and the long term costs of addiction. On national surveys, teens consistently report that they can obtain prescription drugs in their parents’ and neighbors’ medicine cabinets. According to the U.S. Army Surgeon General, more than 110,000 active-duty Army troops were prescribed antidepressants, narcotics, sedatives, antipsychotics, and anti-anxiety drugs in 2011. Nearly eight percent of the active-duty Army has a prescription for sedatives and more than six percent use antidepressants.

Parental awareness of the risks of teen prescription drug abuse and its dangers is a crucial component of prevention. The best way parents can limit prescription drug abuse is by ensuring that teenagers do not have access to prescription or over-the-counter medications. In addition, parents should discard any unused medications through a drug return program. Finally, parents and educators should be aware of changes in behavior that might indicate a student is using prescription drugs. These include drowsiness, sudden hyperactivity, changes in grades, changes in friends, and loss of interest in hobbies and regular activities.

The U.S. Drug Enforcement Administration now holds a National Prescription Drug Take-Back Day every few months. The most recent event was April 28, 2012. In its first 13 months, the initiative removed 995,185 pounds (approximately 500 tons) of medication from circulation. To learn more about safely disposing of unwanted prescription drugs, visit www.deadiversion.usdoj.gov/drug_disposal/takeback/. The Food and Drug Administration offers a campaign to raise awareness among parents of teen prescription drug abuse. For details, visit www.fda.gov/downloads/ForConsumers/ConsumerUpdates/ucm048796.pdf. ■