



DoDEA Helps Students Express a Grab Bag of Feelings



Learning to express complex emotions, especially in heated moments, can be challenging for children. That is why DoDEA school psychologists, counselors, and administrators at both Fort Bragg and Camp Lejeune recently teamed up to pilot a program that uses colorful pillows, called Kimochis, to teach children a variety of social emotional learning skills including self-expression.

The key to the Kimochis Social Emotional Learning program are “feelings pillows” that bear an illustration of a facial expression on one side of the cushion, and the name of the corresponding human emotion on the other. Children learn to name feelings by playing with the pillows and that vocabulary helps them express themselves.

David Hermann, Ph.D., DDESS Instructional Systems Specialist for Student Services, explained, “Once students can identify emotions and begin to understand them, it becomes possible to communicate with them in a more substantive way about their emotions; and help non-verbal students as well as younger children process their feelings, especially after upsetting incidents.” Fort Bragg school psychologist Mark Pisano, noted that the data collected from the pilot program will be used to fine tune it for other districts. The curriculum, based on the social emotional research, teaches children skills in five categories: self awareness, self management, social awareness, relationship skills, and responsible decision making.

As students learn to recognize and name different feelings, they develop empathy for others. Students practice using self-talk scripts and “cool-down” strategies to manage their response to stressful situations. They also learn when to ask for help from adults if they feel uncomfortable.

Nina Rappaport Rowan, co-founder, notes, “Using the feeling pillows, we can connect with kids in a playful way that makes them feel safe and gives them permission to talk about and understand their feelings.” She added that she is thrilled to share the cuddly cushions with military children. “I feel privileged, and somewhat humbled, to think our ideas could help these children,” she said during a break in the trainings at Fort Bragg. “These families are sacrificing to protect the rest of us.” ■



Dr. Emily Marsh, Superintendent, North Carolina District, and Wendy Sancho, Instructional Systems Specialist, attend Kimochis Training.

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From Energy Boosts to Emergency Rooms

While many people think consuming energy drinks is a harmless way to combat fatigue, emerging anecdotal evidence suggests the story might be more complex. The U.S. Food and Drug Administration (FDA) is currently assessing the relationship between the popular “energy drinks” and numerous reported adverse medical events. In the past few years, health professionals across the nation have seen a steady rise in patients being admitted to emergency rooms with fast or irregular heartbeats, chest pain, anxiety, panic attacks, dizziness, and even heart attacks shortly after consuming energy drinks. In fact, emergency room visits as a result of energy drink consumption have doubled in the United States since 2009.



The long-term risks of energy drink use are not yet understood, and the short-term studies have not provided conclusive evidence of related health risks — yet. Many “energy” products are new to the market and need time to be thoroughly investigated. The FDA has cautioned consumers that these energy drinks or “shots” are not substitutes for sleep and urged potential energy drink consumers to “consult your health care provider to ensure that you don’t have an underlying or undiagnosed medical condition that could worsen as a result of using them.”

While the FDA has not implemented any regulatory changes for these so called “dietary supplements,” the American Academy of Pediatrics recommends that children should not consume energy drinks. ■

A Dangerous Attraction to Magnets

The Consumer Products Safety Commission (CPSC) recently banned the sale of toys, games, and puzzles containing small magnets because of a series of reports that children and adolescents across the United States are accidentally ingesting the magnets. While some children’s games include magnetic balls, many of these magnets are a component of adult “office toys” or geometry puzzles that include hundreds of tiny magnetic ball bearings or magnetic cubes that can be molded together into different shapes.

These toys are not for children, but reports indicate that some adults are ignoring package warnings and giving them to small children who, naturally, put the magnets in their mouths. The risk is not limited to young children. Teenagers have also reportedly started using the magnets to create jewelry that look like tongue piercings and other studs. Swallowing a single magnet may not pose a risk. When more than one magnet is ingested, however, they can become attracted to one another through the intestinal walls. These magnets are so powerful they can rupture body tissue and eventually require surgical removal.



The CPSC has received 22 reports of magnet incidents involving children between the ages of eighteen months and fifteen years since June 2009. Half of those incidents required surgical intervention to remove the magnets from damaged internal organs. Educators who see or hear of children playing with tiny magnets should warn them of the dangers of ingestion. To learn more, visit www.cpsc.gov/PageFiles/116560/5221.pdf. ■

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; Melissa Reeves, Ph.D.; Brian McKeon; Patrick Feeney

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Creative Problem Solving at DDESS Tabletop Exercise

Whenever emergency response officials from an installation meet with school leaders for a scenario-based role play of an incident, some insights and actions result. During the January 23, 2013 tabletop exercise at Fort Bragg, North Carolina, participants reviewed not only how school and department of emergency services responders would coordinate actions to ensure physical safety, but also how installation and school mental health responders would address mental health needs of students and staff members following the incident.

School psychologists, counselors, principals, and mental health professionals from Army Community Services, the hospital, and other installation organizations explored how they could coordinate their response. The dedicated, high caliber professionals in attendance went beyond the stated objective of identifying areas for future planning; they tackled and solved some of the tough coordination challenges.

Lisa Briggs, Strategic Planner for the Directorate of Family Morale, Welfare, and Recreation, described the psychological triage capability that the installation maintains. She explained that mental health professionals from Army Community Services have a plan and are prepared to set up and provide staffing for a temporary center to make counseling services available to adults for the first week following an incident. The group agreed it would be helpful to have these resources available to help school personnel process their own emotional response so they could concentrate on supporting students.



Shughart Elementary School crisis management team members discuss creative solutions. Left to right: Mark Pisano, school psychologist; Stuart Wheelless, administrative officer; and Dawn Fields, counselor.

Part of the challenge of psychological recovery involves educating parents about the normal responses their children might exhibit, as well as warning signs that might suggest further attention is warranted. Shughart Middle School Counselor Dawn Fields solved the problem of how to notify parents/sponsors about normal responses and warning signs by suggesting that a template could be prepared in advance to send home with parents when they pick up their child from the parent-child reunification site. The template could be stored in the office grab and go kit along with supplies for the parent-child reunification site. School staff can tailor the prepared template as needed. Ms. Fields also asked, “During a lockdown can teachers put name tags on students if they go to the hospital?” She added, “name tags can be placed on a sheet for administrators’ reference.”

Maria Cain, a school psychologist serving Holbrook Elementary School and Butner Primary School, observed, “I have been an Army spouse for nine years and was not aware of some of the resources described today by Army Community Services.” She noted that although military families hear about thousands of programs and resources, it is sometimes difficult to determine the 10 to 50 of these programs that are relevant to that family. She suggested identifying the ten programs used most by the Fort Bragg community and acquainting military families with those programs when they funnel through the annual Defense Enrollment Eligibility Reporting System (DEERS) and TRICARE enrollment process.



Maria Cain (top, center) describes Fort Bragg programs and resources.

Participants noted the value of convening in person. Two groups of participants made plans to continue the conversation with follow-on sessions. For a list of tips on planning a meeting between school and installation mental health professionals to coordinate psychological recovery actions, contact safeschools@csc.com. ■

Tips from the Crisis Management Guide

Occasionally, educators must deal with the sudden death of a staff member, parent, or student. These heartrending events can be incredibly painful for the school community. Students and staff will need help coping with the loss and readjusting to their routines. The *DoDEA Crisis Management Guide* offers a section devoted to helping administrators and crisis management teams cope with a death in the school community. Reviewing the guide on a regular basis can help schools stay prepared to respond with compassion and diplomacy should a tragic event happen.

As an important first step, the guide recommends that the crisis management team at each school discuss and develop a plan for dealing with death so the school is prepared to respond. In addition, it provides a vehicle for preventing and treating delayed stress reactions among students and staff members. Crisis management teams should meet immediately following news of the death to determine what level of intervention is required. Some recommended procedures include:

1. Notify the school principal immediately so that he or she can convene the crisis management team and contact the installation commander. The designated person should also contact the public affairs office.
2. Arrange for faculty to receive a briefing before they meet with students. In some situations, especially given the speed of modern communication technology, this is not always possible. Educators can work together to attempt to anticipate student questions and develop answers so that faculty members, who may also be emotionally shaken by the news, can be prepared to offer appropriate responses. The *DoDEA Crisis Management Guide* warns educators not to use the public address system to announce a death. Rather, a team of designated individuals can visit classrooms to announce the news. Ideally, the classroom teacher who knows the students can read a prepared statement, while a school psychologist, counselor, or other mental health professional observes students. This mental health professional can identify which individuals seem affected by the news.
3. Verify all facts before releasing information and work as a team to control rumors. The *DoDEA Crisis Management Guide* stresses that staff members should always remain mindful of the family's right to privacy when discussing a death in the community. Sometimes several staff meetings may be required to dispel rumors, review facts, and manage concerns staff members may have about the crisis, especially if new information emerges over time.
4. Not everyone reacts to a crisis incident in the same way. The guide reminds educators that it is "very important" to be on the lookout for unusual behaviors or changes in behavior from students during the week following a death.
5. Finally, the guide offers a recommendation that is sometimes overlooked in recovery. Send a thank you note to agencies and individuals who helped the school community return to normal operations. Such acts of gratitude strengthen relationships and help provide a sense of closure for the crisis management team.



The guide also includes a checklist for responding to a death in the school community and a template for Parent Notification letters. The *DoDEA Crisis Management Guide* is available at www.dodea.edu/crisis/index.cfm. ■

Don't Get Stuck With a Bad Pin

When it comes to selecting four-digit codes to access ATM machines and mobile devices, people are astonishingly predictable. That is the overall finding of analysis conducted by a private cyber security firm that examined 3.4 million four-digit passwords recovered from data breaches around the world. When statisticians examined this collection of Personal Identification Numbers (PIN), they found a significant portion were entirely predictable.

There are 10,000 possible four-digit combinations from the numbers one through nine. That means that if a criminal finds a debit card, he should only have a one in 10,000 chance of guessing the correct PIN. Unfortunately, many people use PINs that are easy to remember and also easy to guess. For example, approximately 11 percent of the PINs in the 3.4 million PIN database were 1-2-3-4. This sequence appeared more frequently than the 4,200 least popular PINs combined. Repeating numbers such as 1-1-1-1 and 4-4-4-4 were also common. In fact, a quarter of all the PINs could be guessed if a hacker attempted just the twenty numerical combinations listed at the right.

	PIN Frequency	
#1	1234	10.71%
#2	1111	6.05%
#3	0000	1.88%
#4	1212	1.20%
#5	7777	0.75%
#6	1004	0.62%
#7	2000	0.61%
#8	4444	0.53%
#9	2222	0.52%
#10	6969	0.51%
#11	9999	0.46%
#12	3333	0.42%
#13	5555	0.40%
#14	6666	0.39%
#15	1122	0.37%
#16	1313	0.30%
#17	8888	0.30%
#18	4321	0.29%
#19	2001	0.29%
#20	1010	0.29%

Several other interesting patterns in PIN selection emerged from the analysis. A high number of PINs starting with the digits one and nine indicate that many people use important years as their PIN. One of the more popular year codes was 1-9-7-2. Others included 1-9-9-9 and 1-9-8-4, suggesting that people choose PINs based on musical and literary references, too. For example, James Bond-related PINs (0-7-0-0 and 0-0-0-7) appeared often enough to leave cyber security experts shaken, not stirred. The trouble with clever PINs is they can easily be predicted by equally clever hackers.

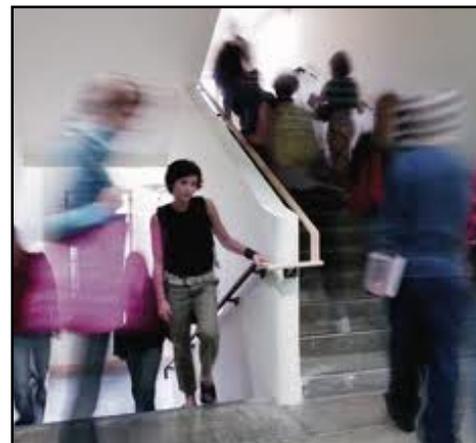
Experts recommend that individuals avoid personally identifiable information when choosing a PIN. Avoid combinations of phone numbers, important dates, Social Security numbers, and favorite British spies. Instead, select a series of randomly generated numerical codes that can be distributed over a variety of devices and accounts. Remembering a series of impersonal PINs can be difficult, however. The following memorization tips can make randomly generated PINs easier to recall:

- ▶ Several studies have found that including sensory experience in the memorization process helps the brain code and retrieve information efficiently. For this reason, actors often memorize lines while pacing back and forth. Learning a new PIN right before sleeping can help, too.
- ▶ Setting new information to well-known music is a time-honored memorization technique. This is why the Alphabet Song is sung to the tune of “Twinkle, Twinkle, Little, Star.” Most four-digit pin numbers can be sung to the tune of “Baa-Baa-Black Sheep” or “Alouette.” Ten digit pass codes fit the meter of “This Ol’ Man” particularly well.
- ▶ Convert numbers to their corresponding letters on a telephone keypad and create an acronym or a word with them. For example, 3-2-1-4 can be converted to F-E-A-H which can then be remembered by using the mnemonic “Father Eats at Home.”
- ▶ If all else fails, break the pin number into two double digit numbers. For example, twenty-five and nineteen are usually easier to recall than 2-5-1-9.

Unfortunately, there are instances when the best way to remember a PIN is to write it down. For tips on how to create an encrypted file for storing rarely used PINs and other security codes, email safeschools@csc.com. ■

Six Steps for Stairwell Safety

The ability to navigate stairwells is something most people take for granted. However, the Centers for Disease Control and Prevention (CDC) reported that approximately 8,000 children are treated in U.S. emergency rooms every day for fall-related injuries. Many of those injuries occur on stairs. Adults are also vulnerable. In fact, according to the National Safety Council, falls on steps and stairs account for over a thousand U.S. deaths per year. Taking time to review the following six “safe stairwell” techniques can reduce stairwell accidents and increase safety at school and in the home:



1. Hold on to the handrail. This simple act gives you two points of contact and balance at all times.
2. Never read or check electronic devices while using stairs.
3. Always look straight ahead when using stairs.
4. Get help if you have to carry something up or down stairs.
5. If the steps are located outside or near the school entrance, be on the lookout for puddles and ice especially during winter and early spring.
6. Notify the facilities manager of broken handrails or any lighting problems.

The most important advice is to never jump or run on steps, not even in an emergency. For more tips on stairwell safety, contact your Area Safety Manager or visit www.lanl.gov/safety/videos/safetycinema/stairs-handrails.shtml and click on “Stairs and Handrails.” ■

Children Exposed to Violence: Tips for Teachers

Research sponsored by the Department of Justice indicates exposure to violence can seriously impact a child’s physical, emotional, and academic development. The Safe Start Center, a national resource center funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), offers a tool-kit to assist educators in supporting children exposed to violence. According to the Safe Start Center, a caring adult can make a difference in the long term well-being of children exposed to violence by taking the following actions:

- ◆ Know (and watch for) the signs of exposure to violence.
- ◆ Respond appropriately to children’s disclosures.
- ◆ Refer children to school psychologists for appropriate screening.
- ◆ Support the healing process in the classroom.

Elementary-aged children who have been exposed to violence may show some of the following eight behavioral signs:

- | | |
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| ◆ Difficulty paying attention | ◆ Fighting with peers or adults |
| ◆ Acting quiet, upset, and (often) withdrawn | ◆ Showing changes in school performance |
| ◆ Becoming tearful and sad | ◆ Eating more or less than usual |
| ◆ Talking about scary feelings and ideas | ◆ Getting into trouble at home or school |

Source: Teacher Tip Sheet, www.safestartcenter.org/pdf/Tip%20Sheet%20-%20For%20Teachers.pdf. The Safe Start Center offers resources and materials specifically designed to support children exposed to violence. To learn more, visit the Safe Start Center at www.safestartcenter.org. ■