



Wiesbaden Students Get SAVVY about Bullying Prevention

Successful bullying prevention programs go beyond teaching children how to treat one another with kindness and respect. They involve parents and community members, and they provide frequent reinforcement of the core bullying prevention message. At Wiesbaden Middle School (WMS), school guidance counselor Dr. Frankie Neilson created a unique bullying prevention program that does all this and more by involving parents, community, and military members as program facilitators and incorporating an anti-bullying pledge into every school day.

The program is called SAVVY (Students Against Violence and Victimization of Youth). The word “savvy” means “to know or understand.” Principal Dr. Susan Hargis explained that the wordplay is intentional. Raising awareness in the community about how to define and respond to bullying multiplies the value of bullying prevention training. “And it shows students that the grown-ups in their community care,” she added.

More than eighty-five community members attended SAVVY Commitment Day last October. During a two-hour train-the-trainers session, they learned how to talk to middle school students about promoting kindness and showing respect at school and home. The program outlines positive behaviors that can prevent bullying, such as refusing to laugh when someone makes a mistake and never “goofing” on others—imitating and exaggerating their behavior, even in jest.



The newly minted SAVVY program facilitators then met with students in small groups to teach the SAVVY curriculum. This included leading hands-on activities that reinforced the twin lessons of kindness and respect. At the end of the session, students and adults signed the SAVVY version of an anti-bullying pledge. (To read the pledge, please turn to page six of this newsletter.)

The SAVVY program did not end there. In order for bullying prevention to be truly effective, it must be reinforced over time. Dr. Hargis explained that students at WMS now start each day by reciting the SAVVY pledge during morning announcements. “There is something powerful about saying those words every day,” Hargis explained. Over time, students began incorporating the SAVVY pledge into their conversations. “When we started overhearing students use statements such as ‘I’ll stand up for you; I won’t stand by,’” recalled Dr. Hargis, “that was when we knew the program was working.” ■

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October Safe Schools Observances and Activities

October brings several opportunities to raise safety and security awareness among staff, parents, and students. Selected observances that DoDEA administrators might consider celebrating include:

- ✓ Fire Prevention Week (October 6-12)
- ✓ Mental Health Awareness Week (October 6-12)
- ✓ National Bullying Prevention Month
- ✓ National Cybersecurity Awareness Month
- ✓ Red Ribbon (Drug Prevention) Week (October 23-31)
- ✓ Breast Cancer Awareness Month
- ✓ Safe Schools Week (October 20-26)

In addition to these observances, The Crisis Management Conference Call series debuts this October. The introductory call will provide an overview of the Safe Schools planning process. This 45-minute discussion will be available for participants in all time zones. For registration and participation details for the upcoming call please contact safeschools@csc.com.

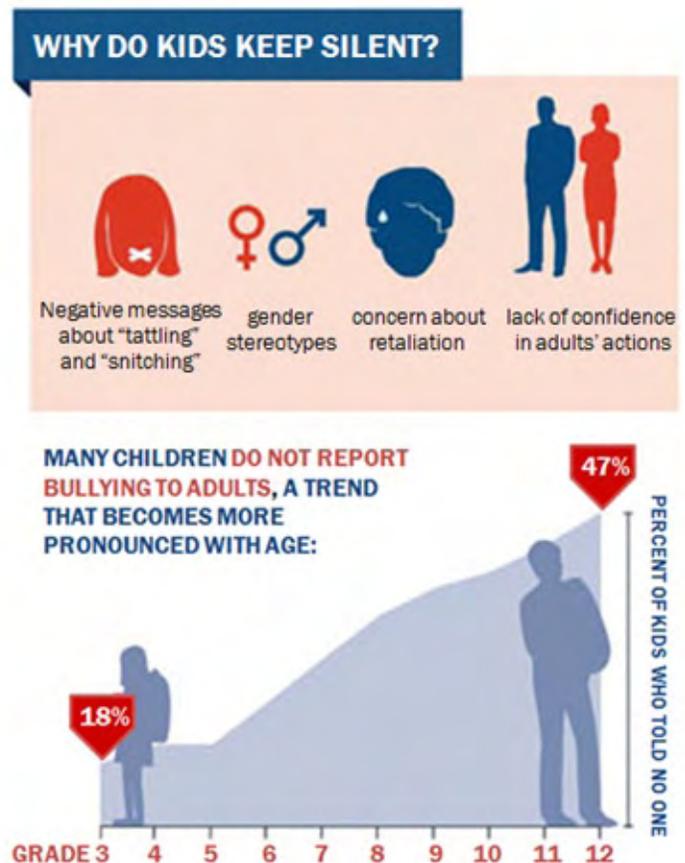
Crisis Management Call schedule:

- ◆ How to Build an All Star Crisis Management Team (Oct 23, 2013).
- ◆ Emergency Protective Actions Review: Lockdowns Simplified (Nov 19, 2013). ■

Why Kids Keep Mum About Bullying . . . and More

When bullying incidents occur at school, adults are often the last to know. Despite efforts to encourage reporting of bullying incidents to a trusted adult, children, and particularly, teenagers, are still often reluctant to ask for help. Reasons can include shame, confusion, a feeling that adults cannot help or will not understand. Raising student awareness of the prevalence of bullying and

the value of reporting incidents can reverse the trend. The following infographic is part of a much larger poster developed by Stopbullying.gov to raise awareness of these and related issues. To download the full poster for use in school bullying prevention and awareness raising efforts, go to www.stopbullying.gov. ■



Click the button above to view and download the entire stopbullying.gov infographic.

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Emotionally Intelligent Full Scale Exercises



Just as the physician’s oath states: “Do No Harm,” exercise planners can ensure they do not unnecessarily traumatize the students or staff members the exercise is designed to protect. The following three actions can help stakeholders ensure full scale exercises allow emergency responders and school officials an opportunity to practice coordinating their response, while minimizing the traumatic impact on participants: 1) scale the exercise to the objectives, 2) use only volunteers, and 3) provide abundant communication including orientations before, and debriefings following, the exercise.

Scale to Objectives

Matching the exercise activity to the objectives requires that the emergency responders, school officials, and installation personnel agree on the learning objectives and the level of complexity needed. For example, using “moulage” or make up that simulates injuries, allows fire/rescue personnel to practice confronting a realistic situation and determining the priority in which casualties should be treated. If prioritizing casualties, known as “triage,” is a stated exercise objective, brief all participants in advance on the purpose, consequences, and benefits.

Similarly, PMO/law enforcement personnel might prefer to have role players shouting to simulate confusion or fire blanks to simulate the sound of gunfire. Balance the desire for realism with the need to take a “crawl, walk, run” approach to make certain the special effects contribute to productive training.

Use Only Volunteers

Limiting participation to volunteers allows the exercise controller to screen participants in advance to discover whether special effects might make personnel feel particularly uneasy. Consider prior medical conditions and or trauma histories that can be triggered by full scale exercise participation as the intensity of the full scale exercise can lead to unanticipated reactions.

Full scale exercises do not need to involve students to achieve objectives. Emergency responders can practice responding to a perpetrator using an adult role player as the perpetrator. If a select group of student volunteers can contribute to the realism, consider including drama students who are familiar with acting roles or Junior ROTC students.

Communicate Frequently

Installation officials usually publicize the exercise through several redundant communication vehicles. In addition, school administrators can brief faculty several weeks in advance to ensure everyone understands the purpose, benefit, exercise scenario, and opportunities for participation. Explaining what to expect, during a 20 minute segment of a faculty meeting, allows questions to be addressed prior to the exercise.



Hold a meeting with staff members after the exercise so they can talk about their experiences and provide feedback on strengths and needs that they observed. This helps staff to cognitively process the event, which can minimize negative reactions to exercise participation. Sharing experiences also deepens participants’ involvement and fosters support for future exercises. Repeat this process in a separate meeting with students who participated.

Ensure the activities and special effects contribute to preparedness while minimizing psychological impact to participants. For additional information on participating in full scale exercises, contact your local District or Area Safety and Security Officer or safeschools@csc.com. ■

Teen Prescription Drug Use: Two Trends Adults Should Know

According to the National Institute on Drug Abuse (NIDA), every day in the United States, an average of 2,000 teenagers use prescription drugs without a doctor's guidance for the first time. U.S. Department of Health and Human Services researchers at NIDA report that teenagers who abuse prescription drugs are most likely to use drugs that fall into two distinct, but very different, classes of medication. The first are the opioid pain medications which include Oxycodone and Hydrocodone. The second are stimulant medications such as Dextroamphetamine or Methylphenidate. These stimulants are frequently prescribed for children and adults with attention disorders.

Opioid Misuse

When Oxycodone was approved by the FDA as a pain management medication in 1995, it was believed to be non-addictive because of its time-release formula. Physicians initially used the drug for post-operative pain, cancer, and palliative care. Later they began prescribing it to people with injuries. Recreational (or 'street') users, however, quickly learned that crushing the pills instantly releases a full dose of narcotic pain relief which causes an intense feeling of euphoria. Taken this way, Oxycodone is highly addictive and the consequences can be devastating; in 2010, nearly 3,000 young adults (under age 25) died from prescription drug abuse. According to the CDC, the majority of those deaths involved opioids.

Unfortunately, these drugs are not difficult to obtain. Teenagers can buy pain pills from dealers, but they frequently find them in the medicine cabinets of parents, neighbors, and grandparents.

Stimulant Medication

Unlike opioids, the second most commonly misused prescription drug does not produce a high. Physicians prescribe stimulant medications such as Ritalin and Adderall for attention disorders. They are increasingly misused, however, by students without attention disorders who desire to benefit from the improved focus and mental clarity these drugs provide. Twelve percent of high school seniors admit to having used one of these so-called "study drugs" at least once in the past, according to the 2012 Monitoring the Future Survey. Many students mistakenly think swallowing a friend's Ritalin is a harmless practice, akin to taking a "brain vitamin." However, using stimulant medication for nonmedical purposes can cause physical and mental changes, including psychotic episodes, insomnia, anxiety, heart failure, and seizures.

Awareness Is Important for Prevention

The best prevention for teen prescription drug misuse involves educating teenagers about the dangers of taking medication not prescribed to them and educating adults in the community about the warning signs that a teen is misusing medication. Caution students about the risks of taking medication prescribed for others, including friends and family members. Encourage all adults to secure their medications and appropriately discard any unused pills. The federal government offers a wealth of resources to prevent teen prescription drug misuse, including a Web site just for teenagers. To learn more, go to www.drugabuse.gov/. ■

A Drug By Any Other Name . . . Is just as Dangerous



Opioids

Source: NIDA

Chemical Names for Popular Opioids:

Oxycodone, Propoxyphene, Hydromorphone, Methadone

Street Names:

Hillbilly heroin, oxy, OC, oxycotton, percs, happy pills, vikes



Stimulants

Source: NIDA

Chemical Names for Prescription Stimulant Medication:

Dextroamphetamine, Methylphenidate

Street Names:

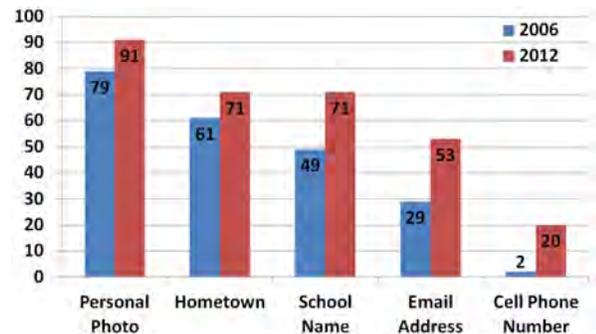
Skippy, the smart drug, uppers, bennies, Vitamin R, speed, black beauties, roses, hearts

Teens' Evolving Sense of their Online Habitat

Adolescent Internet use is approaching full saturation in the United States, with 95 percent of 12 to 17 year olds now online. Of those online teens, an estimated 80 percent use one or more social media platforms. Last May, a research center released analysis on “Teens, Social Media, and Privacy,” a follow-up report to the previous 2006 research analyzing the online habits of teens. Parents/sponsors, teachers, and other care givers can use this information to discover how today’s youth are using and interacting on social networks.

According to the report, teens are treating social networking Web sites as a form of social interaction. Today teens have larger networks of friends and share substantially more information online than teens had just a few years ago. This trend, the increasing amount of data social media users share, increases with age as well. The report highlighted what teens are sharing via social media:

- ◆ 92 percent share his/her real name
- ◆ 91 percent post pictures of themselves, up from 79 percent in 2006
- ◆ 82 percent share real date of birth
- ◆ 71 percent share city or town name, and current school
- ◆ 53 percent post real e-mail addresses, up from 29 percent
- ◆ 20 percent have their cell phone numbers listed, compared to just 2 percent in 2006



What teens are sharing on social media in 2006 (left columns) compared to teens in 2012 (right columns).

Today’s youth have become increasingly comfortable sharing a variety of personal data online. However, most teens are making some effort to control who has access to their information. While the typical teen is connected to 300 “friends” online, 85 percent of users set their profiles to either private or semi-private. In fact, 74 percent of teens have removed an individual from their network and have taken “other steps to shape their reputation, manage their networks, and mask information.”

Some teens harbor a false sense of security because they apply privacy controls and believe their data is protected. Nearly 89 percent of teens surveyed claim that it is “not difficult” or “not too difficult” to manage online content through privacy controls. In addition, only nine percent of teens are “very concerned” that third-parties can access their data. As one youth stated in a focus group: “Anyone who isn’t friends with me cannot see anything about my profile except my name and gender.”



Parents/sponsors, educators, and teens should keep in mind that online services, including social media platforms, are often free because of the user’s valuable profile. Ultimately, the collection and sale of profile data fuels a lucrative online advertising market. Whether users’ online information is used for unintended purposes by Web sites and data firms, is difficult to determine. The assumption that profile information is handled responsibly could leave users vulnerable to a variety of consequences, such as embarrassment or theft.

Social media is a convenient tool for youth to use to connect and share information with one another. Young Internet users, however, should always remember that once information is posted on the Web it becomes public information. This lesson seems to be a tough sell for a generation coming of age at a time when interacting with friends online is the norm. For more information on the findings or to obtain the report, please send an e-mail to safeschools@csc.com. ■

BodyWorks Toolkit: Obesity Prevention Through Education

Childhood obesity has more than tripled among adolescents in the past 30 years. In 2010, more than one third of children and adolescents were overweight or obese. In addition to being at greater risk for heart disease due to high blood pressure and high cholesterol, youth who are obese are at greater risk for bone and joint issues, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem. In an effort to raise awareness among teens, particularly girls, of the importance of exercise and healthy diet, the Office of Women’s Health in the U.S. Department of Health and Human Services has developed a school and community-based prevention program called BodyWorks.

While the program is taught in group settings, BodyWorks: A Toolkit for Healthy Teens and Strong Families helps individual parents and caregivers of adolescents improve family eating and activity habits. Available in both English and Spanish, the program and accompanying materials focus on parents as role models and provide practical advice for helping their teenagers prevent obesity and maintain a healthy weight. The BodyWorks Toolkit also encourages teenagers to adopt small lifestyle changes that can positively impact health and wellness. These include snacking on fruit and vegetables, including physical activity in social events, and adopting stress management techniques to avoid food cravings.

The BodyWorks Web site offers a number of additional resources. These include food and fitness journals, how-to guides for parents, and even information for teenage boys about nutrition, exercise, and goal setting. In addition, a recipe book is available. This resource offers practical tips for making meals that are both affordable and nutritious while still appealing to teenage tastes and preferences. Other resources, such as refrigerator magnets and videos are only available for registered program facilitators.

The BodyWorks toolkit uses a train-the-trainers approach. The Office of Women’s Health offers a searchable database which includes a list of individuals trained to facilitate the program. The program developers are currently planning to expand the reach of the BodyWorks toolkit by offering several training events around the United States. To learn more, visit www.womenshealth.gov/bodyworks/. For a list of important resources for schools working to prevent childhood obesity, visit www.cdc.gov/healthyouth/obesity/facts.htm. ■

Wiesbaden Middle School’s SAVVY Pledge (from page 1)

Reinforcing the message of bullying prevention programs is a best practice for reducing bullying behaviors at school. To reinforce the bullying prevention message, every morning, students at Wiesbaden Middle School recite the following pledge:

- “I pledge to be SAVVY in my words and actions.*
- I will demonstrate respect for my fellow students and for all people by acts of kindness and courtesy.*
- I will take a stand against bullying.*
- I will not start or repeat a rumor.*
- I will not exclude someone to be mean.*
- I will not make fun of other students for any reason.*
- I will not call people unkind names.*
- I will not engage in cyberbullying on Facebook or any social media.*
- I will not be a bully with my words or actions.*
- I will not stand by and watch another student get hurt, be left out or humiliated.*
- I will be part of the community of caring at WMS. I will take a stand to stop bullying at WMS!”* ■