



Administrators in Japan Coordinate Response to Disasters

The difference between a natural disaster and a catastrophe is the level of preparedness beforehand, and the way leaders respond. When an earthquake that measured 9.0 on the Richter scale shook Japan at 2:47 p.m. local time on March 11, 2011, DoDEA administrators had contingency plans in place. They used their crisis management procedures to verify that everyone was okay. Since the initial earthquake, tsunami, and aftermath, school officials, families, and installation officials have worked together to coordinate their response efforts and share critical supplies with the emergency shelters in the host nation community.

Fortunately, schools had dismissed when the earthquake occurred. Some students were on their way to athletic events, but administrators managed to account for everyone and arrange for alternative transportation home. For example, some students riding a bullet train south had the adventure of pulling into a station and riding home later on buses. By Monday morning, Diana Ohman, the DoDDS-Pacific Area Director, was able to reassure everyone: "At this time, DoDEA Pacific personnel in Japan, Okinawa, and Guam are safe."

There were numerous examples of generosity throughout the DoDEA community. Service personnel and families in Japan conserved fuel, electricity, and water, and rushed bottled water to support members of the Japanese community. In addition, American families donated clothes, food, and supplies to the relief efforts in Sendai, and volunteered in the Red Cross disaster clean-up efforts.

Former DoDEA students in the United States have also offered to help their teachers. In a video-taped message to DoDEA students, families, and school staff, Acting Director Marilee Fitzgerald shared that former DoDEA students living in the United States had asked how they could assist. "You have touched their lives in ways that are hard to understand, and now they see this as an opportunity to reach out and give back to you," she explained. To view the message from Ms. Fitzgerald, as well as updates from DoDEA on the situation in Japan, visit www.dodea.edu/home/japan-evacuation.cfm.



Inside This Issue

News & Updates

- Administrators in Japan Coordinate Response to Disasters..... 1
- White House Anti-Bullying Summit Emphasizes Support for Victims..... 2
- DoDEA Establishes Action Center to Assist Families from Bahrain 2

Safe Schools Planning

- Talking with Children About Disasters..... 3

Education Issues

- CPR Lets Everyone Breathe Easy 4

Cybersecurity

- Measuring Cybersecurity Awareness 5

Prevention Programs

- Distinguishing Suicidal Behavior from Self Injury 6

White House Anti-Bullying Summit Emphasizes Support for Victims

First Lady Michelle Obama opened the first White House Conference on Bullying Prevention on March 10, 2011 by encouraging parents, teachers, coaches, and “anyone who is involved in our children’s lives” to share responsibility for being there when students need support. She noted that does not mean merely recognizing and rewarding students who are doing the right thing, “it means thinking about our own behavior as adults as well.”



President Obama emphasized that the goal of the day-long anti-bullying summit was to “dispel the myth that bullying is just a harmless rite of passage, or an inevitable part of growing up. It’s not.” He noted that one third of all middle and high school students report being bullied, and three million students per year report being, “pushed, shoved, tripped, even spit on.” The President added that bullying is more likely to affect students who feel different, “whether it’s because of the color of their skin, the clothes they wear, the disability they may have, or sexual orientation.” The President observed that, “Today, bullying doesn’t even end at the school bell – it can follow our children from the hallways, to their cell phones, to their computer screens.”

In addition to raising awareness of the issue, the White House summit unveiled resources to help educators

respond to bullying, such as a new government web site, www.stopbullying.gov, that provides resources to guide educators on how to respond to bullying. The President added, “The PTA is launching a new campaign to get resources and information into the hands of parents,” and “MTV is leading a new coalition to fight bullying online.”

Portions of the summit were broadcast in a webinar format, including appearances from Secretary of Education Arne Duncan and Secretary of Health and Human Services Kathleen Sebellius. The President acknowledged that sometimes students make mistakes, but encouraged educators to remember that “it’s our job to be there for them, to guide them, and to ensure that they can grow up in an environment that not only encourages their talents and intelligence, but also their sense of empathy and their regard for one another.” To view the remarks at the anti-bullying summit, visit www.whitehouse.gov/blog/2011/03/10/president-obama-first-lady-white-house-conference-bullying-prevention. ■

DoDEA Establishes Action Center to Assist Families from Bahrain

As unrest in Bahrain prompts eligible family members to consider voluntary departure, DoDEA established a center to help families and staff members exchange information with the school. The center is staffed around the clock.

DoDEA personnel, and parents/sponsors of DoDEA students, can access the Action Center at evacuation.bahrain@eu.dodea.edu. To view updates on the situation, visit the DoDEA Headquarters Web site at www.dodea.edu/home/bahrain-evacuation.cfm. ■

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Talking with Children about Disasters

News of natural disasters, such as the recent earthquake and tsunami in Japan, can have an emotional impact on students. Adults can help students keep events in perspective by understanding how children are affected, watching for signs of emotional distress, and adjusting their response to the maturity level of the child.

Some students are more likely to be upset by news of disasters than others, depending on their proximity to the event and their life experiences. For example, if students have experienced an earthquake themselves they might remember how frightening that experience felt. If a student has recently suffered a loss, such as the death of a parent, the news of loss of life in the disaster might trigger a significant emotional response.

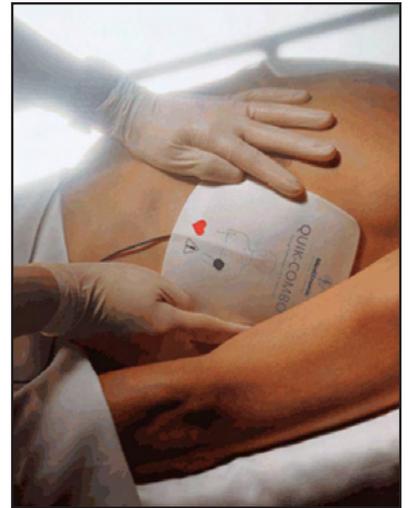
The table below summarizes indicators that a student might need further support, as well as age appropriate responses, from the National Association of School Psychologists, the Association of Child and Adolescent Psychology, and the U. S. Department of Health and Human Services.

Grade Level	Indicators	Responses
Pre-K to Grade 2	<ul style="list-style-type: none"> ▶ Regressive behavior – clinging, bed-wetting, or thumb-sucking. ▶ Changes in eating or sleeping patterns. 	<ul style="list-style-type: none"> ▶ Provide opportunities for children to express their feelings through artwork or play. ▶ Reassure children. ▶ Maintain a schedule to help students regain a sense of structure.
Grades 3-5	<ul style="list-style-type: none"> ▶ Regressive behavior. ▶ Sudden discipline problems. ▶ Attention-seeking behavior. 	<ul style="list-style-type: none"> ▶ Create a safe opportunity for students to ask questions or talk about their fears: “How do you think other children might feel?” ▶ Answer questions honestly, in age-appropriate language.
Grades 6-8	<ul style="list-style-type: none"> ▶ Withdrawing from family or peers. ▶ Reluctance to participate in group activities. 	<ul style="list-style-type: none"> ▶ Facilitate a discussion of the incident. ▶ Encourage empathy for those affected. ▶ Ask students how they could help victims. ▶ Acknowledge that some answers are not yet known.
Grades 9-12	<ul style="list-style-type: none"> ▶ Sudden increase in risky behavior ▶ Withdrawing from family and/or peers. 	<ul style="list-style-type: none"> ▶ Convert angst over the disaster to concern for victims. ▶ Discuss how students could help those affected – taking action helps restore an individual’s sense of control. ▶ Encourage students to take CPR and first aid courses to prepare for an emergency.

Additional information useful for talking to students about disasters is available from the *DoDEA Crisis Management Guide* (pages 61 to 65) available on the DoDEA homepage at www.dodea.edu/instruction/crisis/. A parent/educator fact sheet is available from the U.S. Department of Health and Human Services at www.samhsa.gov/MentalHealth/Tips_Talking_to_Children_After_Disaster.pdf. The National Association of School Psychologists offers a Web page specifically dedicated to crisis resources for Japan, including the article “Global Disasters, Helping Children Cope,” available online at http://nasponline.org/resources/crisis_safety/japan/index.aspx. ■

CPR Lets Everyone Breathe Easy

Cardiac arrest is the leading cause of death in the United States. According to the American Heart Association (AHA), emergency medical technicians currently respond to an average of 300,000 cardiac arrests outside of the hospital each year. Sadly, many of those people do not get the help they need in time because bystanders often do not know how to perform Cardiopulmonary Resuscitation (CPR) or are not trained in the use of Automated External Defibrillators (AEDs). The American Heart Association is urging secondary school students to learn CPR for the benefit of their schools, communities, and the general public.



Research shows that when individuals are trained in CPR, they are more likely to recognize the signs of cardiac arrest, call 911, and successfully provide resuscitation. Studies have repeatedly shown the importance of immediate bystander CPR plus defibrillation within five minutes of collapse.

Bystander intervention can dramatically affect survival rate. For example, in cities where CPR awareness is high, the survival rate for witnessed cardiac arrest is about 30 percent. By contrast, in locations where very few victims receive bystander CPR, the survival rate for cardiac arrest is in the low single digits.

According to the AHA, increasing the number of people who are CPR certified and AED aware will save more lives. While AEDs are designed to be used by lay persons, familiarity with the equipment ensures that it will be used effectively in a crisis situation. Military installations probably have the highest saturation of cardiac-trained individuals in the U.S., outside of hospitals.



In DoDEA, school nurses, PE teachers, coaches, and “selected staff members” all receive annual CPR/AED training. Many lives have been saved by timely response from DoDEA nurses. In some cases, school nurses have even responded at community events and saved lives. However, nurses cannot be in all places at once. While there is no substitute for the school nurse/AED combination, encouraging students to become CPR certified and reminding adults to take the refresher courses will help save lives in a crisis situation.

Every installation offers CPR training, some of which can be completed online. The Red Cross offers CPR certification for students as part of a babysitter certification course. Life guard training includes CPR and AED training. Administrators can increase the number of CPR certified individuals in their school by posting information about local courses and reminding student groups that CPR certification can count as a public service activity. In so doing, they also raise awareness of the value of this skill and communicate appreciation to students who take on the training independently.

To learn more about CPR training, contact the local chapter of the Red Cross or visit the web site at www.redcross.org. For copies of fact sheets describing how to recognize the signs of cardiac arrest contact safeschools@csc.com. ■

Measuring Cybersecurity Awareness

Recent warnings have highlighted the harm that can result from failure to protect personal computers, and the impact that an individual's decisions can have on national security. Fortunately, computer security awareness is improving, although there are still specific areas that require emphasis.

In September 2010, Deputy Secretary of Defense William J. Lynn revealed a previously classified incident that he described as "the most significant breach of U.S. military computers ever." In an article published in the September/October 2010 edition of the journal *Foreign Affairs*, Lynn stated that the incident began when "an infected flash drive was inserted into a U.S. military laptop at a base in the Middle East." Lynn stated that the malicious code spread to classified and unclassified systems, and allowed information to be uploaded to servers under foreign control. Although U.S. personnel executed an operation to counter the attack, the incident illustrates how a personal choice affected not only the individual's security, but also the mission of the military community.

A recent study indicates that individuals understand the need for security, but require "a nudge" to take proper precautions. The October 2010 Online Safety Study, conducted by Zogby International for the National Cybersecurity Alliance, asked 3,500 Americans about their computer security behavior. The survey revealed that Americans accept personal responsibility for protecting their computers. In response to the question, "Who is primarily responsible for ensuring your computer is safe and secure," 84 percent of respondents answered, "Me."

Respondents also agreed that the burden of teaching computer security should not fall on the shoulders of school administrators and teachers. In response to the question "Who is primarily responsible for teaching children to use computers safely and securely," 90 percent of respondents answered, "Parents."

Vulnerabilities became evident, however, when researchers asked how individuals protect their computers. Approximately one third of respondents still save their passwords on their computer, so that they do not need to reenter the passwords each time they access an application. Although nine percent back up their data monthly, and 16 percent perform back-ups quarterly, 33 percent of respondents admitted they had not saved their data anywhere except on their hard drive. This could be catastrophic in the event of a widespread virus, because more than a third of respondents acknowledged storing banking information, tax returns, and other personal records.

The explanation for the difference between respondents' understanding of security, and their failure to implement protective measures, stems from their perception that an attack would not happen to them. Eighty-five percent of participants in the survey said that their computer was safe (61 percent "somewhat safe," 24 percent "very safe"). Although 58 percent of respondents claimed they had protection installed on their computer, when telephone interviewers asked them to check, only 37 percent found that antivirus software was actually installed.

Three actions that immediately enhance an individual's resilience to attack include:

- 1) Change passwords on personal computers at least quarterly.
- 2) Establish a plan for backing up data monthly on an external hard drive or memory stick.
- 3) Use different passwords for each online account.



For a summary of the Online Safety Study or for additional practical tips on cybersecurity measures for personal computers, contact safeschools@csc.com. ■

Distinguishing Suicidal Behavior from Self Injury

Do you know the difference between suicidal behavior and self injury? Suicidal individuals seek to end their suffering by terminating their consciousness, while people who injure themselves do so because it makes them feel better. This insight was just one of the concepts shared by self-injury expert, Barent Walsh, Ph.D., and licensed social worker Diane Santoro, program manager for the Signs of Suicide (SOS) program during a Military Pathways webinar on March 3, 2011. This article discusses the high school version of the Non-Suicidal Self Injury (NSSI) prevention program; the May newsletter will include an article on the SOS program for suicide prevention.

“The two types of behaviors are different, but they are also linked,” explained Dr. Walsh. He said that suicidal individuals usually stick with the same method in their attempts (i.e., pills, gunshot, jumping, or poison) but individuals who self-injure usually use several methods. Dr. Walsh suggested a good question to ask students who are cutting themselves is: “What other ways do you use to injure yourself?”

Students who intentionally cut themselves feel immediate relief because it releases pent up emotional stress, Dr. Walsh explained. He noted that suicidal individuals usually feel hopeless, but self-injuring students are not hopeless: they have found a way to regulate their stress.

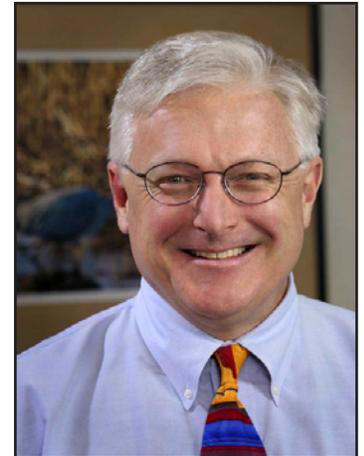
Dr. Walsh said that usually, practitioners “restrict the means” to commit suicide (i.e., prevent access to guns, pills, high places, or poison). Restricting the means is not always practical with self-injuring individuals because they can usually find some type of instrument sharp enough to scratch themselves.

Dr. Walsh cautioned, however, that the two behaviors are linked when individuals who self-injure say that they want to commit suicide. “People who say that they self-injure to kill themselves, are more likely to go on to kill themselves,” said Walsh.

Self injury is “epidemic in our culture,” Dr. Walsh warned. He noted that surveys consistently find that 6 to 25 percent of respondents admit resorting to self-injury at some time in their lives, often during early to middle adolescence. A survey of 3,000 college students at Princeton University and Cornell University found that 17 percent of the respondents reported committing self-injury during their lifetime. “We would consider these students ‘highly functioning individuals’” observed Dr. Walsh, noting that the discovery removed some of the stigma surrounding NSSI because it was no longer considered a debilitating psychosis.

Two of Dr. Walsh’s comments related directly to school officials. Prevention programs showed no “iatrogenic effects.” In other words, talking about cutting would not plant the idea in students’ minds and cause additional incidents. Also, school officials are justified in asking students to do two things to limit contagion, or copy cat incidents: wear clothes that cover their injuries, and talk about self-injury with trusted adults instead of their friends.

Dr. Walsh helped design a prevention program that teaches students how to manage their behavior, and encourages them to seek help. This NSSI prevention program uses the same refrain of “Acknowledge, Care, Tell” (ACT) that is used in the SOS suicide prevention program. Dr. Walsh spelled out the mantra for emphasis: “**A**cknowledge your friend has a problem, **C**are enough to let your friend know you want to help, and **T**ell a trusted adult.” To view the webinar visit Military Pathways at www.mentalhealthscreening.org/programs/military/resources/past-webinars.aspx. For additional information contact ntery@mentalhealthscreening.org. ■



Dr. Barent Walsh said that 16 percent of middle school students report “cutting.”