



School Safety Newsletter

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Resources for Schools Regarding Foreign Travel and Students Abroad

Below are a few resources for schools and campuses to be aware of to help insure the safety of students who are studying abroad and students or staff who are traveling overseas.

U.S. Department of State website (www.state.gov/travel)

- Travel Tips/Scams
- Read Current Travel Warnings
- Students Abroad Website (<http://travel.state.gov/content/studentsabroad/en.html>)
- Sign Up for Email Smart Travel Warnings Program (STEP) (<https://step.state.gov/step/>)

NOTE: STEP is a free service to allow U.S. citizens and nationals traveling abroad to enroll their trip with the nearest U.S. Embassy or Consulate.

- * Receive important information from the Embassy about safety conditions in your destination country, helping you make informed decisions about your travel plans.
- * Help the U.S. Embassy contact you in an emergency, whether natural disaster, civil unrest, or family emergency.
- * Help family and friends get in touch with you in an emergency.

Overseas Security Advisory Council (OSAC) (<https://www.osac.gov>)

U.S. Department of State suggests schools register with this Council if they have foreign travelers and students abroad.

OSAC was created in 1985 to promote security cooperation between American private sector interests worldwide and the U.S. Department of State.

- Issues reports for those studying abroad and living/working overseas
- The OSAC "Council" is comprised of 34 private and public sector member organizations that represent specific industries or agencies operating abroad (Alumni Committee includes Microsoft Corporation, Northwestern University, Walt Disney, among others)

*Protecting our
future through
information
sharing*

In This Issue

- Resources for Schools Regarding Foreign Travel and Students Abroad
- Next Monthly Webinar - May 6, 2015
- National Athletic Trainers Association (NATA) Releases Consensus Statement Guidelines for Developing a Plan to Recognize and Refer Student Athletes with Psychological Concerns at the Secondary School Level
- Study: One in Five Teen Girls Victim of Dating Violence

National Athletic Trainers' Association (NATA) Releases Consensus Statement Guidelines for Developing a Plan to Recognize and Refer Student Athletes with Psychological Concerns at the Secondary School Level

Dallas, March 2, 2015

<http://www.nata.org/NR03032015>

At the sixth Youth Sports Safety Summit this morning, the National Athletic Trainers' Association released an inter-association task force consensus statement, "Recommendations for Developing a Plan to Recognize and Refer Student Athletes with Psychological Concerns at the Secondary School Level." The event was convened by NATA and the Youth Sport Safety Alliance, comprising more than 200 organizations committed to sports safety.

More than 7.7 million secondary school students take part in organized interscholastic sports each year. Of collegiate students who experienced psychological concerns, particularly depression, 21 percent (one in five) reported high alcohol-abuse rates while in high school, according to the statement. Additionally 58 percent of 13 to 17 year olds report having childhood adversity including parental loss, economic hardship or maltreatment. A total of 86 percent of U.S. high school students indicate that some classmates drink, smoke or use drugs during the school day.

"The purpose of this statement is to raise awareness and provide education for the high school athletic trainer, coach, administrator, guidance counselor and parent on the prevalence of mental health issues in secondary school athletes," said Tim Neal, MS, ATC, chair of the inter-association task force. "We have created a roadmap on how to better recognize potential mental health issues and develop a referral system to provide the athlete with assistance. This is the first time a cross section of interdisciplinary professions has collaborated on this type of document for the secondary school setting."

Many student athletes define themselves and their identities as athletes, and when that identity is threatened the athlete may face psychological issues, according to Neal. Triggers can include a struggling performance, a chronic career-ending injury, relationship challenges, academic pressure, an eating disorder or bullying or hazing, among other concerns.

According to the statement, the types, severity and percentages of mental illnesses are growing in young adults aged 18-25. Given that mental illnesses are being reported in this age group, they may well start before or during adolescence. Recognizing the overall numbers of student athletes at the high school level, sports medicine professionals and mental health experts are certain to encounter athletes with these issues.

The task force was spearheaded by NATA and supported by the American Academy of Pediatrics; American Medical Society for Sports Medicine; American Psychological Association, Division 47: Exercise and Sport Psychology; American School Counselor Association; Association of Applied Sports Psychiatry; and International Critical Incident Stress Foundation.

Athletic trainers (ATs) and team physicians are in positions to observe and interact with student athletes on a daily basis. It is imperative to remember that the student in most cases is a minor; therefore collaboration with the secondary school administration is a must.

Consensus Statement Recommendations

To develop a plan that recognizes and refers student athletes with psychological concerns at the high school level, the task force developed the following guidelines:

1. Be aware of stressors and the importance of education: A critical component is raising the awareness of the prevalence of mental health issues affecting secondary school student athletes. ATs, coaches, school nurses and others are in positions to observe and interact with students on a daily basis. They should be aware of behaviors to monitor including injury and effects of concussion; substance and alcohol abuse; eating disorders, bullying and hazing; and effects of ADHD, among other considerations. Educating students on stress management strategies and services available to the athlete can help improve his or her ability to function.

2. Refer the student athlete for psychological evaluation and care: Ensure a team approach. It's important for the AT, school nurse, school counselor and team physician to collaboratively identify a potential psychological concern, and refer the athlete to the appropriate mental health professional (clinical psychologist, psychiatrist or licensed social worker). The pre-participation physical examination is an optimal time to ask about a history of mental health problems and to screen for related conditions.

Monthly Webinars!

First
Wednesday of
Every Month
at 10 am.

Next Webinar
- May 6, 2015

Each webinar has a round table discussion at the end. Questions are always welcome!

To participate, you must be a vetted member. For more information please email schoolsafety@isp.state.il.us

National Athletic Trainers' Association (NATA) Releases Consensus Statement Guidelines for Developing a Plan to Recognize and Refer Student Athletes with Psychological Concerns at the Secondary School Level (Continued)

3. Build a plan for recognition and referral of the athlete with psychological concerns: Establish the need for the plan with the secondary school administration and athletic department. Draft and share the plan for feedback and approval by the school district. Once approved, share it accordingly with all those involved including the AT, coach, school nurse, school counselor and team physician. Review annually and update as appropriate.

4. Approach the student athlete with a potential psychological concern: While approaching the student athlete with a concern may be uncomfortable, remember that the health and wellness of that individual is critical. Be sure to have accurate facts before meeting with the student, and remain empathetic when the meeting occurs. Encourage the student to talk about his or her situation and to have a mental health evaluation.

5. Discuss confidentiality issues: In approaching student athletes with questions of concern, it is important to notify them of the limits of confidentiality. The AT should emphasize that informing a parent or coach who may be concerned about the athlete is advisable but not mandated unless there is a threat of harm. The AT and school district should check their state laws relevant to confidentiality and minor children.

6. Schedule a referral for a mental health evaluation: Once the student athlete has agreed to undergo psychological evaluation, he or she should be referred as soon as possible to the mental health care professional. If possible, the AT should help that individual make the appointment.

7. Know when emergency mental health referrals are necessary: If a student athlete demonstrates violence or imminent threat to himself or herself, to others or to property; or reports feeling out of control, unable to make sound decisions or incoherent or confused, an emergency mental health referral is recommended.

This includes possible suicide attempts or threats: Approximately 4,700 young people between the ages of 14 and 24 die by suicide each year in the U.S. One in six high school students seriously considers suicide, and one in 13 students attempts it one or more times.

8. Address emergencies and catastrophic incidents: The authors recommend the development of an Emergency Action Plan that can be implemented in the event of an emergency stemming from a mental health incident and possible attempted harm to the athlete or others. Catastrophic situations may require support, time and resilience. Early intervention can be helpful in resolving traumatic stress. The collaborative approach to care may be most beneficial with the AT providing initial support until the mental health expert is identified.

- Respond with empathy and support
- Enact the school crisis plan
- Notify the school crisis team
- Identify the level of intervention or referral needed
- Ensure safety and err on the side of safety
- Collaborate with colleagues
- Mobilize the student's support system (including family)
- Connect immediately with the appropriate resources
- Follow up on the referral

9. Determine need for crisis counseling for student athletes: Student athletes may be exposed to a variety of traumatic stressors in the course of their athletic participation and daily life. Traumatic events may include the death of friends or family or exposure to suicide or violence, among other considerations. Providing appropriate care and referral to a mental health expert should be considered on a case by case basis.

10. Consider legal issues: The majority of student athletes at the high school level are below the legal age of 18. The individual must be considered of minor age, and appropriate measures must be practiced to comply with state laws. Secondary school district policies should be adhered to. ATs and others should be apprised of their respective state laws.

“The key factors in helping a student athlete with psychological concerns are education, early recognition, effective mental health referral and addressing potential risks within the secondary school system,” concludes Neal. “These protocols help ensure the best plans are in place for immediate action and care of the student athlete. Putting these steps in place can help the athlete excel at sport, have appropriate support to manage his or her psychological challenges and continue to thrive in life and school.”

In its continued commitment to youth sports safety, NATA released an inter-association consensus statement on “Developing a Plan to Recognize and Refer Student Athletes with Psychological Concerns at the College Level” in 2013.

Study: One in Five Teen Girls Victim of Dating Violence

March 2, 2015, USA Today, By Liz Szabo

<http://www.usatoday.com/story/news/2015/03/02/teen-dating-violence-study/24127121/>

Twenty-one percent of high school girls have been physically or sexually assaulted by someone they dated -- a figure twice as high as previously estimated, a new study shows.

Ten percent of high school boys also report having been physically or sexually assaulted by a dating partner, about the same rate reported in earlier surveys, according to a study led by the Centers for Disease Control and Prevention published today in *JAMA Pediatrics*. Authors of the new report note that the CDC has changed the way it phrases its questions about teen dating violence, leading more students to report assaults.

Teens who have experienced dating violence are at much higher risk for a variety of serious problems. For example, they're more than twice as likely as others to consider suicide. Boys who have faced dating violence are nearly four times as likely to have been bullied online; girls are more than twice as likely.

Boys and girls who have been victims of dating violence are more likely to get into fights, carry a weapon, use alcohol, use marijuana or cocaine and have sex with multiple partners the study says.

Researchers don't know if any of these events causes the others, however. While it's possible that dating violence could cause thoughts of suicide, it's also possible that children who are depressed are more likely than others to fall into abusive relationships, says Adiaha Spinks-Franklin, a developmental and behavioral pediatrician at Texas Children's Hospital in Houston who was not involved in the new study.

Assaults by romantic partners often aren't isolated events. Many teens reported being assaulted multiple times, according to the study, based on the CDC's Youth Behavior Risk Surveillance System using questionnaires answered by more than 13,000 high school students.

"If there is violence once, there is likely to be violence again," Spinks-Franklin says. "It has to be taken very seriously." Spinks-Franklin says she has seen violence even among relationships between 10- and 11-year-olds.

"If a parent is concerned that a child is in an unhealthy relationship, they need to address it, but do it in a way that doesn't make the child shut down," she says. "They need to feel safe telling a parent."

Teens often hide the abuse from their parents, Spinks-Franklin says. Teens may not be able to confide in friends, either, because abusers sometimes isolate their victims from loved ones. Teens are sometimes more willing to talk to doctors, especially if their parents are not in the room.

Pediatrician Claire McCarthy says she talks about healthy relationships with her adolescent patients and asks if sex is consensual, but she says it is hard for doctors to find time to delve into such intimate issues, given that most pediatric appointments last only 15 minutes.

Doctors might be able to bridge this gap by providing additional information for parents through handouts in the waiting room, she says. She praised a high school for holding an assembly about dating violence; it featured a woman who told her story.

"This study makes it even more important for parents to ask lots of questions and get to know their teen's friends and significant others, and not ignore anything that makes them uncomfortable," says McCarthy, a pediatrician at Boston Children's Hospital. "They also shouldn't ignore any changes in their teen's behavior."

School Safety Newsletter

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