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Objectives:
1. Present rationale and legislative requirement for Safety and Violence Prevention Curriculum
2. Define who should conduct the Safety and Violence Prevention Curriculum and how it should be used
3. Understand the concept of non-academic barriers to academic achievement;
4. Identify the cultural considerations indicative of student behavioral health concerns; and
5. Understand professional codes of conduct and opportunity to report.

Materials Needed:
1. A Safety and Violence Prevention Curriculum

Rationale for the Safety and Violence Prevention Curriculum

A Safety and Violence Prevention Curriculum is a project of the Ohio Department of Education and is designed to provide Ohio’s kindergarten through grade 12 school personnel with opportunities to learn about key behavioral and mental health issues that face Ohio’s students. Many children come to school each day with one or more of these issues which effect their learning.

While educators are not expected to provide mental health services to children, they do have an opportunity to effectively identify children who are experiencing behavioral and mental health issues and refer them to the appropriate intervention services.

The objective of this curriculum is to remind school professionals of the important role they play in the early identification of critical issues affecting students. Through identifying student needs and through small interventions, educators can ensure that all students have an equal opportunity to succeed at school. Often students’ unmet social, emotional or mental health needs interfere with their learning. When these needs are addressed, they can learn more effectively.

A Safety and Violence Prevention Curriculum attempts to raise educator and school staff awareness of the warning signs for these mental, emotional and behavioral problems among students and advises educators on ways to reach out to these students and refer them to appropriate assistance.
School educators see children on a daily basis, and may notice subtle changes in behavior that may be early warning signs. It is important to note that educators are not being asked to provide therapeutic interventions. Rather, the curriculum highlights the need for educators to recognize, reach out, and refer young people for help from behavioral and mental health professionals before problems become crises.

**Legislative Requirement**

This curriculum is not intended to be a comprehensive training program covering all topics related to school safety; rather, it is a first step in equipping educators with the information they need for effectively identifying student mental and behavioral health problems and for making appropriate referrals to school and community resources.

Amended Substitute House Bill 276 of the 126th Ohio General Assembly (2007) mandated that the Ohio Department of Education develop a safety and violence prevention curriculum to train elementary school professionals in the prevention of child abuse, violence, and substance abuse and the promotion of positive youth development (ORC 3301-073).

Amended Substitute House Bill 1 of the 128th Ohio General Assembly (2009) extended this requirement to include public middle school and high school personnel. All K-12 school professionals who were employed on the effective date of the legislation are required to fulfill the expanded in-service training requirements by March 30, 2009, and every five years thereafter. New employees must complete the training within two years of commencing employment, and every five years thereafter.

Nurses, teachers, counselors, school psychologists and administrators at public elementary, middle and high schools must take the training. School districts and educational service centers may adopt or adapt the curriculum developed by the Ohio Department of Education for this purpose, or they may develop their own program in consultation with public or private agencies or persons involved in child abuse prevention or intervention.

The previous requirements for these staff members to take in-service child abuse detection training in Ohio Revised Code Section 3319.073 was expanded with subsequent legislation. House Bill 19 adopted on March 29, 2010 added teen dating violence prevention education. House Bill 116, adopted on November 4, 2012, expanded the curriculum to include anti-harassment, intimidation and bullying and House Bill 543, adopted March 22, 2013, added youth suicide awareness and prevention. Substitute House Bill 59, passed in June 2013, added Human Trafficking to the required topics to be covered in the four-hour in-service training.
While not specifically covered in this curriculum, schools are strongly encouraged to conduct training with local fire fighters and law enforcement on their individual school safety and emergency management plans that are required by state law. Through these plans, school staff should know how to keep students safe from both internal and external threats and know how to find help for students in cases of school violence and other crises.

According to experts on mental health issues in schools, “a unifying, comprehensive, multifaceted and cohesive intervention framework” is required for effective systemic changes. *A Safety and Violence Prevention Curriculum* is designed to be one step in the prevention and intervention framework of a district’s comprehensive programming.

**Who should conduct this training?**

*A Safety and Violence Prevention Curriculum* covers behavioral and mental health risk factors. The curriculum focuses on warning signs and intervention protocols for students who may be experiencing alcohol and/or drug use, abuse, or addiction; bullying or violence; child abuse; human trafficking and depression and/or suicidal ideation.

It is recommended that individuals with training in child development, substance abuse, classroom behavior management and or mental health concerns deliver the training to school personnel.

Likely candidates to facilitate this training may include teachers, school counselors, school social workers, school psychologists or other qualified behavioral or mental health professionals from the community. The facilitator should work with district and building administrators to determine the format that will work best for current school staff. Facilitators who have behavioral and mental health training and experience should be present throughout the training because they are best equipped to respond to questions.

Training participants should be aware that there is significant overlap in the topic areas addressed in this curriculum. The various mental and behavioral health issues that young people experience tend to manifest themselves similarly. Each issue should be discussed within the overall context of student behavior, rather than as isolated or unrelated traits. Possessing an awareness of the characteristics of distress, or of individual mental health disturbances, will help educators recognize, reach out, and refer.
A *Safety and Violence Prevention Curriculum* is specially designed to heighten educators’ awareness of student mental illness, alcohol and drug abuse, depression and suicide, and violence against children, including bullying, teen dating violence, child abuse, and human trafficking. While it is not designed to provide an in-depth and comprehensive training on mental health for educators, this curriculum will complement existing resources currently used by schools.

Each module is designed to build upon the previous module. You will find that each lesson is set up to include the following:

- Learning objectives;
- Materials needed;
- Background review for the facilitator;
- Step-by-step lesson implementation;
- Scripted PowerPoint presentation slides;
- Handouts for participants; and
- Resource and referral information.

A section of each learning module is available as a PowerPoint presentation. Facilitators may use the PowerPoint handouts provided for each lesson to present the curriculum content to session participants. This curriculum is a flexible set of tools that provides educators with an overview of several issues related specifically to student mental and behavioral health and safety.

This curriculum is designed to be delivered in its entirety in a four-hour time period. However, each topic can be presented on its own in a one-hour presentation. Regardless of the delivery modality, it is important to note that the curriculum must be presented in order, starting with Module One.

### Personalizing Information for Your School: Resources and Referrals

*A Safety and Violence Prevention Curriculum* is designed to cover topic areas that are general in nature and applicable to a variety of demographic groups throughout Ohio. You may notice trends that are specific to your locale that may not be highlighted in this curriculum.
The facilitators of this program should prepare for the curriculum delivery by taking an inventory of the local school, district and community and their needs, and then tailoring the presentations to meet those needs.

For example, your school or district may have existing policies and procedures that should be publicized during this training. There may be connections with certain agencies or organizations that already exist and that should be highlighted and disseminated to the staff in the school. Acknowledging any particular community-specific issues will help you to provide accurate, timely and relevant information throughout the training.

For example, the facilitator is encouraged to gather information on:
- Suicide rates in the county from the Ohio Department of Health or local corner;
- Student alcohol and drug use, including rates of discipline related to substance use from local district or school building discipline data;
- Prevalence of school and community violence, including gang violence from local district or school building discipline data and local law enforcement;
- Local mental and behavioral health resources and agencies; and
- District policies on dealing with student suicide, student violence, bullying, substance use and child abuse.

The resource lists accompanying this curriculum include state and national information, but may not include all resources specific to local areas. Prior to distributing the resource lists to educators within districts, please ensure that local agencies and organizations are included.

**Important Considerations for the Facilitator**

Abuse, suicide, alcohol and drug use, human trafficking, bullying and violence affect many thousands of people every day. Personal experiences with safety or violence-related issues? or those of friends, family members or acquaintances? dictate, in part, how we approach these problems in our personal and professional lives. It is important that you reflect on each topic area presented in this curriculum, in order to identify personal feelings about the issue. If a loved one was addicted to drugs or alcohol, or experienced interpersonal violence, this personal history will impact how you approach and teach others. Similarly, the training could bring up personal issues for participants, but due to time constraints you may need to limit discussion of individual stories. If a participant in a training session expresses the desire or exhibits the need for counseling, a referral to local mental health or counseling professionals would be appropriate.
**Group Dynamics**

During each of the training settings, it is ideal to allow participants to interact, to engage in conversation and to process their experiences with these important issues. These group dynamics are natural and healthy expressions of engagement with the topics; thus, time has been built into the training to facilitate this discussion. It is important to note, however, those points at which this interaction might dominate the training and would become counterproductive.

Additionally, you may find that you are expected to deliver this curriculum to a very large group in a lecture hall. This delivery modality will impact your ability to interact with participants, and you may find that strictly adhering to the script will be most beneficial.

**Non-Academic Barriers to Student Learning**

Students experience a variety of barriers that negatively affect their learning. Some of these are academic barriers, such as learning disabilities or difficulty with specific subjects in school. However, many students experience non-academic issues that have a direct impact on their learning. These non-academic factors may include pre-existing mental or physical health conditions, family poverty, family violence and violence in the student’s neighborhood. Other factors may include a family member who lives with chronic physical or mental illness, substance abuse in the family, lack of adequate nutrition, physical neglect and lack of sleep. Students come to school with a constellation of personal, social and familial issues that they cannot ‘check at the door’ on their way into the school building. Their experiences at school and at home affect both their interactions with others and, ultimately, how they are able to perform in the classroom. Anticipating student challenges and being prepared adequately to address those challenges is vitally important in an educator’s quest to help all students learn.

One theory that presents a helpful way to understand needs and barriers to learning is found in Maslow’s Hierarchy of Needs. In his basic five-part model, Maslow articulated a common sense approach to understanding needs.

People fulfill their needs in a stepwise fashion, starting with the lowest level and then moving ahead in the hierarchy as each level of need is attained. The most basic level is for survival (food, water, clothing, shelter); the second level is safety (knowing that our survival needs will be consistently met); the third level is social (belonging to a group); the fourth level is significance (achieving recognition in that group); and the fifth level is self-actualization (feeling that one has achieved one’s potential).

When our students come to school without the most basic needs of survival (food, clothing, shelter), safety (confidence that their home will be there when they are out of school for the day), or social (knowing that their families will be there when they are
out of school), their ability to achieve their potential is seriously compromised. Students whose basic needs are not met face serious barriers to learning.

Awareness of students’ challenges in meeting their basic needs has prompted a statewide conversation about ways that schools could and should become involved in helping all students learn by addressing these non-academic barriers to learning. In July 2007, Ohio’s State Board of Education approved A Comprehensive System of Learning Supports Guidelines. In this document, the Ohio Department of Education outlined statewide expectations that provide “best practices and resources to build the capacity of schools and districts to meet the needs of students.” Both academic and nonacademic issues are addressed in the guidelines, and schools are called upon to provide student support interventions that address non-academic barriers to learning. These interventions can “promote success in school and in life by encouraging and supporting physical, social, emotional and cognitive development.”

In the broadest view of intervention, the document calls on schools to enlist the support and assistance of community partners, community agencies and parents to support student learning and ensure their success. Team strategies, in which community, familial and school resources are integrated, will be used to address these needs in applying research-based and best-practices.

According to the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services, schools that promote mental health report higher academic achievement, lower absenteeism and fewer behavior problems. Examples of these community agencies include preschools, libraries, after-school and summer programs, boys and girls clubs, faith-based programs and service organizations that provide physical and mental health services. As schools begin building intervention strategies, inventories of community and family resources will assist in aligning all service providers to support students.

**School Climate**

The way that a school “feels” has a direct effect on learning. In schools where students feel safe, cared about and respected, learning increases measurably. For the purposes of these training modules, school climate is defined as an environment in which students experience a sense of connection to others and to the school, a sense of belonging and an awareness of responsibility to and for others.
This is an environment that is characterized by respect, empathy, role modeling, communication, fairness, choice, connection, responsibility and cooperation. Diversity is welcomed, intellect is nurtured and creativity is fostered.

### Classroom practices that enhance learning include
- academic safety (freedom to question)
- emotional safety (resiliency)
- social safety (belonging)
- behavioral safety (discipline and cooperation)
- physical safety (attending to the whole person)

In terms of school climate, the National Research Council found that effectively designed learning environments are learner-centered (culturally sensitive), knowledge-centered (focusing on competency and skills), assessment-centered (providing formative and summative feedback) and community-centered (emphasizing cooperative learning and norms of respect). School climate is described as the “relationship-centered framework for teaching” by Rogers and Renard (as cited in Bluestein, 2001).

### Cultural Considerations

It is extremely important to consider the culture, socioeconomic and other individual characteristics of an individual or group of people when making determinations regarding typical or atypical behavior. Mental illness and social, behavioral and disruptive disorders must be considered within the context of cultural factors. Appropriate expressions of emotions vary dramatically among cultural groups, and a problem in a specific child might be either overlooked or unnecessarily viewed as abnormal according to the cultural lens of the educator.

When working with diverse students, consider the behavior within the context of the family, peers, school environment and the community at large. It is imperative that the socio-cultural environment be considered when assessing mental health in children and adolescents.

In the same way that culture can impact behavior, it can also impact the help-seeking behaviors or acceptance of mental and behavioral health services in a particular group. Utilization of intervention services and mental health resources is not universally accepted and may be considered a sign of weakness for some. Additionally, the tendency to keep family business within the family may account for a lack of follow-through for services; some families feel the need to maintain privacy and a perceived integrity supersedes the need for public or school-based assistance. It is important for the facilitator to be aware of his or her own culture, biases and experiences as they relate to the delivery of this educational curriculum and to be mindful that one’s own worldview can impact the transmission of information and the approach used when educating others.
Facilitators of training sessions should consider their own backgrounds and those of their audience members that are related, but not limited to, the following characteristics:

- Racial and/or ethnic origins;
- Age and gender;
- Education and literacy levels;
- Urban/rural/suburban community settings;
- Socioeconomic status;
- Faith/religious/spiritual beliefs;
- Health and mental health disparities and/or history;
- Family structure (single, two parent or grandparent-raising households).

**Professional Codes of Conduct**

In every profession, codes of ethics and conduct inform professional behavior. These codes of ethics and conduct for teachers, counselors, principals, social workers, psychologists and school nurses emphasize respect for student privacy, respect for the family and the importance of professional conduct. The students’ barriers to learning may be sensitive issues, however the information should be shared with the building principal or designee carefully, with consideration to the potential harm versus the potential benefits that could accrue to the student upon disclosure. Reporting of child abuse or neglect is mandated by legislation. Aligned with requirements from the Jason Flatt Act, students experiencing suicidal ideation should not be promised confidentiality, because assistance needs to be sought. The need for referral based on student behavior is predicated on educator awareness of a barrier to learning and his or her desire to help the students involved. Any and all referrals or reports must be made in accordance with state and federal law. School professionals should seek legal advice should there be any questions regarding reporting requirements under state and federal law.

As an educator in the state of Ohio, you are a mandated reporter of suspected child abuse in any form. According to the Ohio Revised Code, you must report knowledge or suspicion of any form of child abuse to your local child protective services agency.

Such reports, which can be made anonymously, should be made following your school district’s policies and procedures.

Note that the Ohio Revised Code states that an educator’s failure to report suspicion of child abuse is a first degree misdemeanor, punishable by up to six months in prison and up to a $1,000 fine.
So is referring all you can do? No. There are school wide efforts to ensure schools are safe places – places where kids who are depressed or suicidal get help, where kids who are using alcohol and drugs are noticed, and where students who bully and those who are bullied or living in abusive homes are helped. This is the kind of school our children deserve and that we can all work to achieve. We hope that you will work with your school improvement team to create schools like this.

We have talked about many important issues that affect our students among the non-academic barriers to learning, including depression, suicide, violence, and substance use and abuse. It is important to recognize the inter-connectedness of these topics and ultimately know what to do if you believe that a student is experiencing any of these emotional, behavioral or mental health issues.

While you may not feel like an expert on each topic, the most important thing you can do is to recognize in students the signs and symptoms of distress, reach out to them, tell them you care and make the appropriate referral so that they can get the help they need to be successful in school and in life.

Resources

To assess a school’s readiness to improve their health and safety policies and programs the CDC offers the School Health Index: Self-Assessment & Planning Guide 2012. The School Health Index: Self-Assessment & Planning Guide 2012 is an online self-assessment and planning tool that schools can use. It’s easy to use, completely confidential and can be accessed at http://www.cdc.gov/healthyyouth/shi.

The School Health Index was developed by CDC in partnership with school administrators and staff, school health experts, parents, and national nongovernmental health and education agencies to:

- Enable schools to identify strengths and weaknesses of health and safety policies and programs
- Enable schools to develop an action plan for improving student health, which can be incorporated into the School Improvement Plan
- Engage teachers, parents, students and the community in promoting health-enhancing behaviors and better health

Restrictions and Authorization for Use of This Curriculum
The Ohio Department of Education authorizes the use of the Safety and Violence Prevention Training Curriculum for educational purposes by all Ohio public and nonpublic schools under certain conditions that are specified below:

- The curriculum must be presented in compliance with Ohio Revised Code Section 3319.073;
- If any additions or modifications to the curriculum are made by local presenters (except when specific Ohio Department of Education text specifies the addition of certain local information), presenters must make clear in writing that any additional or modified text is not part of the original curriculum;
- Copies of materials may be provided free or at duplicating cost for individuals participating in the program. No presenter may use or copy the curriculum materials for any other purpose.

References

Adelman and Taylor (2002). Building comprehensive, multifaceted approaches to address barriers to student learning Childhood Education, 78, 261-268.


