How to Stop the Madness: The Case for a Social Vaccine
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I think we all agree on what the madness is—we’re all here seeking solutions for the bullying issue. But we’ve been putting band-aids on this festering sore for over two decades.

As Dr. Wiliam Nicoll of Florida Atlantic University says, “Bullying is not a problem itself; rather it’s a symptom of a larger, systemic problem.” The larger, systemic problem is the lack of social-emotional competency.

When there is an epidemic or a disease that is destroying our population, we normally seek to develop a vaccine to immunize our children at a young age. This vaccine strengthens their immune system and prepares it to defend itself against a known threat.

Our known threat is bullying. Research now points to social-emotional competence as being the single best predictor of both occupational and social success in life, and also the best way to reduce bullying. But social emotional learning programs have been around for over two decades. What has grown exponentially in the last two decades? That’s right, bullying.

So what is missing from social emotional skills equation to create an effective social vaccine?

From the teachers’ point of view – convenience! Teachers do not have time or energy to take boxes and boxes of well-intentioned curriculum and spend their weeknights and weekends lesson planning. No staff member wants to spend hours and hours in training only to go back to school with the burden of teaching the rest of the school what was learned.

From the staff perspective – it must be cost effective! With today’s budgets, a program needs to have a long shelf life, so that you can use it year after year, so the costs are pennies, not dollars per child.

It must be constant and consistent! When we teach our children a new skill, we teach it, and then teach it again and again and again. A social vaccine needs a constant booster. Social emotional skills must be taught every week and all year round. Repeat. Reinforce. Repeat. Reinforce.

It must be comprehensive and current! It must incorporate all social emotional skills. Not just anti-bullying, but character, diversity, manners, sportsmanship, conflict resolution, community service, etc. It has to be relevant. It must address the world that our youth is submerged in: Instagram, staring, Twitter, “selfies”, “rates”, excluding. etc.

To keep the student’s attention, the vaccine has to be captivating and a bit crazy at times! The visuals must be up to date and attention grabbing. It has to be delivered in compact units of time and not interfere with instructional minutes. It has to appeal to the younger grades yet
challenge the intellect of the older grades. It has to offer teachers choices to tailor it to the class culture and needs.

It has to be circumelementate. This is completely a made up word, but made out of necessity. There wasn’t a word to describe the way the vaccine must surround our elementary students from every angle on their terms, with their favorite forms of entertainment – TV, internet, eye-catching graphics, and good old fashioned hands on fun. The vaccine must be administered to every elementary school child. Not just the targets or the aggressors. Not just the special interest groups. Not just the kids whose parents take them to the bullying event. Not just the kids that happen to be watching that TV channel at that certain time. Not just the kids that take the time to go on to the website. Every child must be vaccinated.

Most importantly, there has to be a Catalyst for Change. We can’t allow our youth to endure this epidemic much longer. The future of our nation will be negatively altered unless we successfully engineer a social vaccine.

To further demonstrate the need for a social vaccine, I will apply our current solutions for the bullying epidemic to the polio epidemic from over 50 years ago.

If we handled polio like we are handling bullying, we would first have meetings at every level to set policy and create laws against polio. Many would pat themselves on the back and say, “Job well done!”

When polio still raged on, we would send a representative from each school to hours and hours of training of how to recognize polio and report it.

The wealthier schools would bring in a team of professionals that will survey and measure everything imaginable, treat the symptoms, measure everything again, and produce a very thick report.

We would insist each school hold meetings to decide locally how to fight polio. They would put up posters and make t-shirts that say, “Just say no to Po-li-o.”

We would gather the best and brightest students and train them to empathize with polio victims.

We would bring in someone to administer a short-term vaccine in the form of a pep rally or assembly. The efficacy of the short-term vaccine would be a few days to a week.

We would rally around and donate wheel chairs to every child crippled by polio. For every child that was killed by polio, we would mourn and say why?

Not one of the above actions would provide a long-term vaccine for polio. Polio would have continued to spread and grow. Thankfully, our leaders didn’t tackle the polio epidemic the way we are handling bullying. They sought out a vaccine. With the whole scale vaccination of our nation’s youth, polio was reduced from over 35,000 cases to 61 in the course of 20 years.

What are we waiting for? Dr Nicoll developed the concept of a social vaccine and as an engineer, I gathered a team of professionals to develop a vaccine that can be easily administered on a grand scale. Check out ReachTV at wwwReachTVonline.com.