Targeted Prevention: Risk Reduction
Three tiered prevention

The fields of education, health and public safety all increasingly rely on a model of three-tiered intervention: primary for universal preventive intervention; secondary for targeted risk reduction; and tertiary for personalized, adaptive intervention after school failure, injury, or anti-social behavior have begun to occur. Ripple Effects’ software-based training program is effective for all three levels of intervention. This guide focuses particularly on secondary prevention: risk factors that affect groups of children, such as injury, health-related problems, and school failure.
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Where to start?

So many prevention issues

So many proven strategies

So many kinds of learners

So few hours
Interlinking variables

School failure, behavior problems, substance abuse, and mental health issues, including depression and Post-traumatic Stress Response (PTSR), have been shown to be interdependent variables that can be linked to each other, as well as to common external risk factors often related to trauma, from poverty, to family discipline patterns, to mental health problems, to racism, to community violence. Teachers report that 25% to as much as 80% of instruction time is spent dealing with problem behavior.

Cause and effect
In some cases, substance abuse leads to multiple problem behaviors, and problem behavior leads to school failure. In others, school failure leads to substance abuse, and substance abuse leads to problem behavior. In still others, anti-social behavior leads to school failure, which in turn leads to substance abuse. Individual mental health problems, especially Post Traumatic Stress Response and depression, may trigger any, or all, of the three responses. Regardless of which is the first presenting problem, they commonly are enmeshed and related to deeper personal, family and community issues, which also need to be somehow addressed.

Proven effective prevention strategies – but one size does not fit all
The field of prevention has developed at the intersection of public health, public safety, and public education.

A range of school-based programs have been developed to separately affect anti-social behavior, school failure, mental health issues and substance abuse. Proven effective strategies include affective, cognitive-behavioral, social skill and attention training, as well as counseling. However, there is not one strategy that works for every child, all the time. A spectrum of evidence-based strategies each work in some situations, with some students. The key to successful prevention is to make the closest possible match between an individual student’s needs and the prevention strategies offered. Ripple Effects’ database structure and library of media rich content bring a whole spectrum of proven effective strategies to each student with the tap of a button. Ripple Effects programs enable a more tailored approach, without adding to the already heavy burden of teachers.
Strengths-based risk reduction

Multiple groups – overlapping risk factors
One challenge with school-based, secondary prevention is that multiple groups are represented, with sometimes overlapping risk factors. Since it’s not possible to address every issue that might be a problem for every student, it makes sense to focus on reducing the risk and increasing the protective factors that affect multiple problems, then selectively offering “just in time, just enough” information and training to provide added protection against specific illness, injury or academic problems that differentially affect groups of students.

Two lists for Scope and Sequence
For this reason, the suggested scope and sequence for each thematic area includes two lists. First, the list of skill training that can be protective in this area and across multiple domains. You will notice that these are drawn from the core, social-emotional competencies that comprise primary prevention (universal promotion) programs. Lack of specific skills are risk factors for specific disorders, such as lack of empathy being tied to bullying or bias activity. But learning those skills do more than protect against a single disorder; they are linked to other positive outcomes. For instance, the ability to empathize with others is also connected with popularity and with test scores. Thus even in secondary prevention, the focus is on building strengths.

A second list is of application areas specifically related to the particular prevention topic of focus, like violence, substance abuse, or HIV. These “challenge topics” are often what students are drawn to in the topic index. As with adults, students are more likely to seek help to alleviate some point of personal pain, than to invest in personal growth.

Easily adaptable to different grade levels
Due to the great variance among groups who might be the same age, or share some of the same risks, there is no set grade-by-grade sequence. However, the Implementation Planning Guide walks you step-by-step through choosing a set of topics that are developmentally appropriate, leverage your students’ (and your own) strengths, and fit into your site-specific goals, constraints, and opportunities. To use our templates and adapt the sample curricula to students in grades 2-5, simply look for the equivalent topic in the Ripple Effects for Kids. If the topic is missing, it may not be developmentally appropriate.

Removing controversial content
To maximize user choice in how to handle sensitive and potentially controversial areas, you can remove any topic you deem inappropriate for a particular group of students, or in a particular context. Just log in with the administrative password provided with purchase. Select “Customizing Topics,” and remove topics to fit your needs.
A comprehensive approach

**Primary: Universal training to build strengths**
Primary prevention is geared toward promoting success and preventing a whole population from developing a disorder. In health, it’s the good diet and exercise approach. In school, it’s the basic reading curriculum. For behavior, it’s universal promotion of abilities that increase the likelihood of school and life success: character education, asset building, positive youth development, social-emotional competence, etc. Instructions for using Ripple Effects programs for primary prevention are included in a separate manual, entitled “Universal Promotion Guide.”

**Tertiary: Individualized intervention to prevent recurrence**
Tertiary prevention is intervention after the fact. It aims to reduce the chance that injury, illness or school failure will continue or reoccur. In health terms, this is the prescriptive approach. In reading it’s remedial tutoring. For behavior, it’s individualized counseling and skill training. In each case, the key to success is individualizing – getting the right match between the student’s need and the intervention offered (See “Individual Treatment Plans” Manual).

**Secondary: Targeted risk reduction**
Between the two poles of universal promotion and individual intervention, lies secondary prevention: targeted efforts for subgroups of people who share one or more risk factors for injury, illness or school failure. It’s the extra support needed for success. For social behavior, it often takes the form of prevention curricula, designed to head off a problem before it occurs; for instance, school violence, substance abuse, or teen pregnancy. Secondary prevention is the focus of this guide.

**Assessment a key factor at every level**
At all three levels, continual assessment and progress monitoring are an important component of success. Ripple Effects Data Manager App is an easy to use tool for assessment at both group and individual levels.

**Ongoing staff development has parallel, tiered levels**
Ripple Effects also provides tiered training for the adults who work with kids: universal leadership training to develop core social-emotional assets, specialized training to respond to students with diverse needs and private coaching for dealing with problems as they come up. Adult training uses the same award-winning learning system as the student program (See Ripple Effects for Staff User Manual).
How it works: easiest vs. more structured

The easiest way
The simplest and also most personalized way to use Ripple Effects as a prevention curriculum is to simply assign the topic in the Ripple Effects program that corresponds to your major concern (like marijuana use, or bullying, or depression) and have students follow the links as far as they can, in whatever direction makes the most sense for them. Just mandate that they complete the interactive parts of the program (“got it,” “brain”/journal and “profiles”). Tutorials can be completed whenever and wherever a student has access to the program.

More structured approaches
If you prefer to have all students follow the same scope and sequence, you can use the outlines suggested in the following pages. Allow 15 minutes per student, per topic, with extra time for personal exploration. Sessions can consist of various combinations of independent exploration and directed discussion. One model is to introduce a topic to the group, then have individuals pursue the topic in their preferred style of learning, followed by group role plays and discussion to share insights. Another model is to assign a scope and sequence for all to complete, but have them do it privately, with or without discussion after completion. Research on Ripple Effects shows clearly that, at least with teens, students who use the program with adult monitoring, but not any adult mediation of content, have better social and academic outcomes than those who have adult mediation.
Facilitating Ripple Effects prevention programs is different from presenting other prevention programs. It takes much less up-front preparation on your part. You don’t labor over lesson plans. You don’t present the content. You don’t design or grade the assessments. Nonetheless, your role is vitally important. You ensure that students receive the intervention. You reinforce key concepts throughout your other instruction time.

**Do not overdirect – Every way is a right way**
There is no wrong way for a student to complete a particular topic. They do not need to complete the activities in any particular order.

**Do enforce compliance and monitor completion**
All students need to complete the interactive “Got It,” “Inside Your Mind” (assisted journal writing) and “Profile” elements. This interactivity is key to program success. Monitor completion of the assigned topics by having students show you their score cards, or by using the Data Manager App to view student scores by group.

**Respect student privacy**
Again and again we have seen that students are more open to the program when they can explore it privately. Younger children will need more guidance than older children, but even young children often prefer some privacy in dealing with sensitive issues.

**Remember: be the guide on the side, not the sage on the stage**
It may be a new role for you to not be the content expert. Enjoy it. Spend the extra time investing in your relationships with students and you’ll both benefit from it.
Child abuse: physical, emotional, sexual

Child abuse – physical and sexual – are serious problems that cross lines of race, religion, ethnicity and income. Among children, the combined rate of abuse is higher than for serious car accidents, being in a fire, or drowning. Rates of sexual abuse appear to have decreased over the last decade, but (because they are taken from CPS files) may not take into account abuse by people outside the family, or child trafficking victims. They definitely don’t take into account the emerging phenomenon of “compliant victimization,” that is the unforced participation of children in sexual activity, as a result of their intensive exposure to imagery, language and music that presents children’s sexual acting out as a positive cultural norm.

Why address child abuse at school?
There are rare instances when teachers are abusers, but unlike with bullying or bias activity, child abuse almost never happens at school. Schools are not in the business of child welfare. So why should child abuse be addressed at school?

Children who are abused at home are disproportionately represented as aggressors in antisocial behavior at school. They are more likely to bully others, and to transfer onto teachers anger they have toward other adults. They are also more likely to withdraw, drop out, become involved in substance abuse, and be victimized again in peer relationships. Perhaps most importantly, school-based prevention appears to be partly working. Decreased rates of abuse since the 1980s, when these programs became popular, are testimony to that.

Effective prevention programs provide children with basic safety information about people and touch in the same context that they learn about water, fire and traffic safety. They provide older children with appropriate training to avoid being either victims or victimizers, promoting self-efficacy, decision-making and connection to community.

Some people may decide some of these topics are inappropriate for a particular group. The customization feature allows adult implementers to easily delete any topic they choose. Simply log in with the admin password provided at purchase.

Handling disclosure
After exposure to abuse prevention programming, affected children may disclose abuse to you. Consult the Ripple Effects for Staff program for training in how to handle disclosure. The gist is: stay calm; assure the student you will do what is needed to keep her or him safe; remember you are a mandated reporter; don’t promise to keep it secret; and do reassure students that it is not their fault and that nothing they tell you will go beyond the chain of command needed to keep them safe.
Goals of intervention

Students will:
• Understand that personal safety can be approached like water, traffic and fire safety
• Distinguish between legal discipline styles and illegal abuse
• Recognize, resist when it is safe, and report
• Understand that it is never their fault and never too late to tell
• Manage feelings of anger or shame in constructive ways
• Avoid the use of alcohol or drugs, as a response to abuse
• Develop core social-emotional competencies that are tied to resilience:
  assertiveness, problem solving and connection to community

A suggested scope and sequence

SKILL TRAINING TOPICS

Decision making
Safety

Recognize
Touch
Discipline

Resist
Assertiveness
courage
Saying no

Report
Asking for help

Feelings
Shame
Guilt
Anger
Fear

Note: Blue titles indicate one of Ripple Effects’ “Five Key” subjects (core social-emotional abilities)

Reminder: Due to the sensitive nature of this issue, some implementers, in some situations, will want to delete some topics. To do so, simply log in with the admin password supplied at purchase.
Bias offenses

Effective preventive Intervention for bias activity necessarily includes policy formulation and staff training, as well as direct intervention with students. Ripple Effects for Staff addresses both policy issues and unconscious, implicit personal bias that can express itself in uneven discipline practices. Ripple Effects for Kids and Teens addresses behavior of offenders, their victims and bystanders at the individual student level. Students’ bias activity usually consists of taunting, hitting, socially excluding or otherwise harassing students, based on those students’ race, ethnicity, religion, gender, sexual orientation, or physical or mental disabilities. Rarely does this activity escalate to meet the standard of proof for hate crimes, but it stresses and can fracture the whole school community. Often perpetrators hope their acts of violence will earn respect from their friends. Being unsure about oneself and wanting desperately to belong to a powerful group can lead some young people to commit hate crimes, just as it leads others to join gangs. But young people’s strong desire for power and respect can also become a powerful motivator for learning positive skills to connect with community.

Promote respect, build community
The best way to prevent bias activity is to have high expectations for all students, build a strong sense of shared community and promote respect for all of the similarities and differences among people. Diversity appreciation training for students and teachers alike can aid in this effort, but no amount of individual training can compensate for an unsafe, unfair or hostile environment. Ripple Effects for Staff provides training in how to create a safe, fair, disciplined environment.

Have a plan for restorative justice
If teens are surrounded by a community filled with prejudice toward particular groups and if they have no personal experience of people different from themselves, they may be unable to empathize with potential victims. They may see them as objects, or stereotypes, not human beings. Regardless of the reason for the action, once a bias offense has been committed, restorative justice requires both making things right and reconnecting the offender with the community. See the Individual Treatment Plans manual for a scope and sequence for intervention after the fact.

School Safety and Respect for Persons Profilers
Ripple Effects offers clients who have purchased the staff training software use of an Internet-based survey tool for measuring school climate, with a focus on respect for persons. Teachers and students complete it separately. It thus provides a window into differences of perception about school climate that may exacerbate race-based feelings.
Goals of intervention

Students will:
• Understand their shared identity with people they might consider “different”
• Value diversity as a positive factor in their school community
• Avoid the use of bias slurs
• Appreciate their own background, as well as that of others

A suggested scope and sequence

SKILL TRAINING TOPICS

Knowing yourself
Family background
Cultural background
Power
Strengths

Connecting with others
Empathy
Identifying with others
Perspective taking

Getting respect

Connecting to community
Respect – showing
Appreciating diversity
Culture
Ethnic differences
Physical disabilities
Mental disabilities
Gender
Sexual orientation
Restorative justice

CHALLENGE TOPICS

Bias incidents
Bullying
Discrimination
Ethnic slurs
Gay baiting
Hate crime victim
Hate crime - you do it
Prejudice
Racial conflict
Sexual harassment
Teasing

Bias Activity “info” screen
Bullying

Bullying is a “gateway” problem behavior and a pervasive one. Students who bully others during their school years, especially middle school, are much more likely than other students to get in trouble with the law as adults. Many are bullied themselves. Bullies often come from homes where physical punishment is the norm. This punishment may have crossed over into actual abuse.

Contrary to what used to be believed, research has shown bullies demonstrate little anxiety and report strong self-esteem. They lack empathy for their victims. Often they blame the victims for “asking for it.” A substantial number of bystander students actually agree with this analysis.

Because bullying is primarily about power dynamics, the most successful bully prevention programs are school-wide ones that address these power dynamics from all three directions: bully, target and bystander.
Goals of intervention

Students will:
• Understand the part they play in the bullying dynamic
• Internalize norms against bullying
• Identify with others
• Stand up for themselves and those who are weaker
• Manifest greater self-control (both feelings and behavior)
• Redirect desire for power and dominance
• Understand reasons behind their anger or fear

A suggested scope and sequence

SKILL TRAINING TOPICS

Self-efficacy
Courage
Strengths
Power

Connecting with others
Bystanders
Perspective taking
Predicting feelings

Assertiveness
Assertive body
Assertive words
Ignoring

Controlling yourself
Self-control
Stopping reactions
Consequences

Managing feelings
Body sensing
Self-talk

Decision making
Problem solving
Resolving conflict
Connection to community
Making friends
Responsibility
Getting help
Solidarity

CHALLENGE TOPICS

Anger
Bully – you do it
Bully – target
Bystander
Fear
Isolation
Online bullying
Online harassment
Online hate
Teasing
Threats
Turning someone in
Vulnerable
Sexual harassment

Uninvited, sexually oriented comments, snapping girls’ bra straps, unwanted touching, and applying pressure for a romantic relationship after an invitation is declined are all forms of sexual harassment in school settings.

Some students make inappropriate sexual comments for no other reason than that is what they have seen modeled – in the media or at home. For them, changing their behavior is mostly a matter of consciousness-raising and norm setting.

For other students sexual harassment is a form of bullying. The common theme is the use of intimidation as a means to exercise control. Because it is primarily about power dynamics, as with bullying, the most successful sexual harassment prevention programs are school-wide ones that address these power dynamics from all three directions: bully, target and bystander.

Bystanders may be fulfilling gender stereotypes, or getting vicarious satisfaction from aggression. They may have convinced themselves that sexual harassment is a victimless prank. They may be engaging in veiled, anti-gay activity.

Both boys and girl are targets of harassment, but girls are more frequently targeted. Girls who share one of three characteristics are at higher risk: early development, lack of assertiveness, sexualized acting out. Less often young girls are targeted by boys who have a crush on them, but don’t know other ways to express it, and vice versa.

Some of these students – both perpetrators and compliant victims – may have experienced sexual abuse at the hands of an older child or adult, usually someone well known to them. They may act out sexually, in a failed effort to resolve prior abuse. These students need to be directed to counseling resources. If they disclose abuse to a teacher or other mandated reporter, that abuse must be reported to the proper authorities.

Regardless of why students who sexually harass others end up at this point, they need to recognize the behavior is wrong, learn to practice self-control, and – as with all bullies – develop empathy that would preclude their treating other people as their potential victims.
Goals of intervention

All students will:
• Internalize norms against sexual harassment
• Recognize and reject gender stereotypes

Potential targets of sexual harassment will:
• Stand up for themselves and demand respect
• Know who to ask for help and how

Potential perpetrators will:
• Empathize with others
• Manifest greater self-control (both feelings and behavior)
• Redirect desire for power and dominance
• Understand reasons behind their anger or fear

A suggested scope and sequence

SKILL TOPICS

<table>
<thead>
<tr>
<th>All students</th>
<th>Potential bully</th>
<th>CHALLENGE TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Connecting to community</strong></td>
<td><strong>Empathy</strong></td>
<td>Anger</td>
</tr>
<tr>
<td>Gender</td>
<td>Understanding feeling</td>
<td>Child abuse</td>
</tr>
<tr>
<td>Solidarity</td>
<td>Perspective taking</td>
<td>Date rape</td>
</tr>
<tr>
<td><em>(Avoiding) Stereotypes</em></td>
<td>Predicting feelings</td>
<td>Dating abuse</td>
</tr>
<tr>
<td></td>
<td>Apologies</td>
<td>Gay or lesbian</td>
</tr>
<tr>
<td><strong>Potential target</strong></td>
<td><strong>Impulse control</strong></td>
<td>Harassment</td>
</tr>
<tr>
<td><strong>Assertiveness</strong></td>
<td>Stopping reaction</td>
<td>Isolated</td>
</tr>
<tr>
<td>Asking for help</td>
<td>Predicting consequences</td>
<td>Molested – victim</td>
</tr>
<tr>
<td>Courage</td>
<td></td>
<td>Online harrassment</td>
</tr>
<tr>
<td>Respect</td>
<td></td>
<td>Online - rude</td>
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<tr>
<td></td>
<td></td>
<td>Sexual harassment</td>
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<td></td>
<td></td>
<td>Shame</td>
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<td></td>
<td>Victimization</td>
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<td></td>
<td>Vulnerable</td>
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</table>
Youth violence

Today’s violence – complex and pervasive
With the continuing occurrence of high profile, school shootings, there is renewed interest in violence prevention, especially as it pertains to adolescents. But the violence that affects today’s students is both more complex and more pervasive than the headline grabbing, but statistically rare, multiple shootings on school playgrounds. Bullying, fighting, and dating violence, as well as family violence and drug-related parental violence are far more common forms of violence than school shootings for today’s students. Fewer students are faced with gang violence, but it does account for a large proportion of deadly violence in poor, urban neighborhoods.

Needs are diverse
Since not all schools or classes experience the same forms of violence, they are not all helped by the same violence prevention program. In addition, not all teaching conditions are the same. Some schools have shorter class periods, some longer ones. Some districts mandate violence prevention and allow a significant number of classroom hours for it. Many don’t.

Individual student needs differ as well. Some are more at risk to be perpetrators of violence, others to be victims, and many have a “dual status,” where they are victims in one situation (often at home), and then become perpetrators in another situation. Many adolescent boys clearly need training in empathy. Many adolescent girls are made more vulnerable by their exaggerated sense of empathy at the expense of assertiveness and a solid sense of self. Peers are most often the targets of adolescent violence, but increasingly teachers are targets of student aggression as well. Classroom teachers are routinely subjected to disruptive, anti-social behavior that forces attention away from teaching and the needs of other students. Beyond that “routine” aggression, some 200,000 overt acts of aggression are committed against teachers each year. In addition to the programming for students described here, Ripple Effects for Staff offers parallel, digital training for teachers to reduce their chances of being targets, inadvertent precipitators, or unconscious escalators of violence.
Goals of intervention

Students will:
- Master skills of assertiveness, decision making, problem solving and conflict resolution
- Develop the core abilities of empathy, impulse control and anger/fear management
- Know basic strategies for making friends and asking for help
- Understand the criteria for deciding whether to break a confidence and turn someone in

A suggested scope and sequence

<table>
<thead>
<tr>
<th>SKILL TRAINING TOPICS</th>
<th>CHALLENGE TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potential offender perspective</strong></td>
<td>Aggression</td>
</tr>
<tr>
<td><strong>Empathy</strong></td>
<td>Beat up – victim</td>
</tr>
<tr>
<td>Identify feelings</td>
<td>Beatings (child abuse)</td>
</tr>
<tr>
<td>Predict feelings</td>
<td>Bully – offender, victim</td>
</tr>
<tr>
<td>Stereotypes</td>
<td>Discipline</td>
</tr>
<tr>
<td>Take perspective</td>
<td>Family violence</td>
</tr>
<tr>
<td><strong>Impulse control</strong></td>
<td>Fighting</td>
</tr>
<tr>
<td>Predict consequences</td>
<td>Guns</td>
</tr>
<tr>
<td>Stop reactions</td>
<td>Guns (weapons, shooting)</td>
</tr>
<tr>
<td><strong>Managing feelings</strong></td>
<td>Hitting</td>
</tr>
<tr>
<td>Anger</td>
<td>Hurting animals</td>
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<tr>
<td>Body sensing</td>
<td>Loner</td>
</tr>
<tr>
<td>Fear</td>
<td>Online bully</td>
</tr>
<tr>
<td>Letting go</td>
<td>Online harassment</td>
</tr>
<tr>
<td>Sadness</td>
<td>Online hate</td>
</tr>
<tr>
<td>Self-talk</td>
<td>Police</td>
</tr>
<tr>
<td><strong>Resolving conflict</strong></td>
<td>Rape – offender, victim</td>
</tr>
<tr>
<td><strong>Potential victim perspective</strong></td>
<td>Revenge Selling</td>
</tr>
<tr>
<td><strong>Self-awareness</strong></td>
<td>drugs Sexual harassment</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>Stalking – offender, victim</td>
</tr>
<tr>
<td><strong>Assertiveness</strong></td>
<td>Snitch</td>
</tr>
<tr>
<td>Getting respect</td>
<td>Threats</td>
</tr>
<tr>
<td>Resisting pressure</td>
<td>Violence</td>
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</tbody>
</table>
Dating abuse

Relationship abuse is a significant problem among adolescents. Estimates of prevalence vary widely, from less than 10% to more than 50%, with many researchers documenting a level of at least 20% among girls and boys, gay and straight. It can include both psychological and physical expressions. Psychological abuse includes public or private humiliation, controlling behavior, rage, and fits of jealousy. Physical abuse can take both sexual and non-sexual forms. Unlike with adult domestic violence, rates of dating abuse are about the same for boys as for girls. However, girls are more likely to be physically injured than boys. They are more likely to be subjected to unwanted sex. Girls who are in abusive relationships are more likely to become pregnant than other girls. Boys and girls in gay relationships are neither more – nor less – likely to be victims of relationship abuse than other students.

Why it is a school concern
Certain risk factors have been correlated with abuse, for both boys and girls. Substance use, depression and anti-social behavior are among them, though it is difficult to know which is cause and which is effect. Regardless of which are causes and which are effects, all of these risk factors are also predictors of school failure. Mental health, social behavior and school achievement are related variables. As in any ecological system, disturbance in any one of them can have profound effects on the other two.

Different needs for perpetrators, potential victims and friends of both
As with other exploitation-related behavior, dating abuse needs to be addressed from the separate perspectives of the perpetrator and the victim. Both need to understand the different forms of dating violence, the dynamics of power and control, early warning signs, and aspects of healthy and unhealthy relationships. Both are likely to need skill building in effective communication and conflict resolution. But as with other forms of violence, perpetrators are more likely to need training in empathy, impulse control, and management of feelings, especially feelings of jealousy and anger. Their victims are more likely to need help with assertiveness, decision-making and use of community resources. The relationship of third-party peers to dating violence is important. Unlike with bullying, where there may be a large group of bystanders, only close friends may be privy to what is happening. An effective prevention program provides training for these friends on how to offer help and when to make a report to a trusted adult.
Goals of intervention

Students will:
• Understand the dynamics and early warning signs of dating violence
• Understand and value norms for healthy relationships
• Use effective, non-abusive methods of communication and conflict resolution
• Develop assertiveness skills to avoid abusive relationship
• Learn constructive ways to manage feelings of anger and jealousy
• Learn who and how to ask for help
• Understand how to offer help to a friend who might be in an abusive relationship

A suggested scope and sequence

<table>
<thead>
<tr>
<th>SKILL TRAINING TOPICS</th>
<th>CHALLENGE TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Victim perspective</strong></td>
<td>Abuse–boy/girlfriend</td>
</tr>
<tr>
<td><strong>Knowing yourself</strong></td>
<td>Abuse–sex offender</td>
</tr>
<tr>
<td>Risk factors</td>
<td>Abuse–sexual</td>
</tr>
<tr>
<td>Strengths</td>
<td>Aggression</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Beat up–victim</td>
</tr>
</tbody>
</table>

| **Offender perspective** | Beaten Broken |
| **Knowing yourself**  | heart Cold-hearted **Dating abuse** |
| Power  | Depression |
| Risk factors  | Emotional abuse |
| Strengths | Feelings–communicating |

| **Empathy** | Feelings–confusing |
| Gender  | Feelings–depressed |
| Identifying feelings | Fighting |
| Perspective taking | Immaturity |
| Stereotypes | Insecure |

| **Managing feelings** | Isolated |
| Anger  | Let-down |
| Jealousy | Love |
| Letting go | Substance abuse |

| **Impulse control** | Vulnerable |
| Stopping reactions | |

| **Connecting with others** | |
| Communication skills | |
| Getting help | |
| Support-getting | |

| **Friend perspective** | |
| Help-giving | |
| Secrets | |

| **Offender perspective** | |
| **Knowing yourself**  | |
| Power  | |
| Risk factors  | |
| Strengths | |

| **Empathy** | |
| Gender  | |
| Identifying feelings | |
| Perspective taking | |
| Stereotypes | |

| **Managing feelings** | |
| Anger  | |
| Jealousy | |
| Letting go | |

| **Impulse control** | |
| Stopping reactions | |

| **Connecting to community** | |
| Joining a group | |
| Legal rights | |
| Making friends | |
Online exploitation

The internet has become the major socializing force for today’s youth, surpassing the telephone and television in influence. More than 75% of the U.S. teens use the Internet. Unfortunately, so do sexual predators, pedophiles, hatemongers, and plain old bullies who have expanded their sense of school yard to include cyberspace.

With very young children, proper filtering tools and parental supervision can usually shield them from danger, but as children get older their access and interest widens, and their risk of exploitation increases. Thus, knowing how to recognize, avoid, and report exploitation is their best defense.

Digital sexual harassment can include lewd comments, inappropriate photo sharing or “sexting,” badgering for relationships after they have been declined. Many children are sexually propositioned on the Internet, but social bullying is a faster-growing phenomenon. As in live settings, it may not be possible to shield them from all potentially harmful contact, but it is definitely possible to reduce the risk of their being victimized.

As with many kinds of abuse, certain individual factors are correlated with increased chance of online sexual exploitation. Children and teens who have been sexually abused offline are more likely to get tricked or lured by online “friends.”

The Internet has literally thousands of hate sites and even more blogs and forums devoted to organized hate. Hate-driven people are getting reinforced online and are looking for new recruits. Children who feel disconnected from the community are more likely than others to respond to hate-driven messages.

Ripple Effects’ approach to online hate and exploitation is to address both the safety issues and the issue of democratic rights.
Goals of intervention

**Students will:**
- Understand basic personal internet and digital safety rules
- Understand how to command and show respect online
- Recognize, avoid, and report sexual exploitation
- Recognize and report hate mongering
- Respect civil rights

A suggested scope and sequence

**SKILL TRAINING TOPICS**
- Being respectful
- Safety - online
- Expressing yourself
- Meeting offline
- Personal information
- Reading people

**CHALLENGE TOPICS**
- Bullying - online
- Courtesy - online
- Friends - online
- Harassment - online
- Hate - online
- Isolated
- Rude - online

Online exploitation “how to” screen shot
Tobacco use is a major health problem that affects children. In 2014, nearly 25 of every 100 high school students, and nearly 8 of every 100 middle school students used some type of tobacco product. And while numbers of new teen smokers have gone down, use of electronic cigarettes or “vaping” increased among middle and high school students. Nearly 9 out of 10 cigarette smokers first tried smoking by age 18. But research shows if kids and young adults can be kept tobacco-free, most will never start using tobacco.

Adolescents with lower levels of school achievement, with weaker refusal skills, with friends who use tobacco, and with lower self-images are more likely than their peers to use tobacco. Poorer kids are more likely than their middle class peers to use tobacco related products.

**Media analysis critical**
Mass media often show tobacco use as normal and cool. Thus media analysis is an important part of most effective tobacco prevention programs. Every Ripple Effects tutorial in both the kids and teens program has a media analysis component included right in the program.

**Strengths-based approach**
Ripple Effects tobacco-prevention program, like all its prevention curricula, is based on developing strengths that can reduce risks. It builds a stronger sense of self, stronger refusal skills, critical thinking skills, and skills in managing feelings like anxiety, fear, or anger that students may be using tobacco to sublimate. The program strengthens norms against smoking by appealing to things young people think are important: not long-term health risks, but immediate effects on appearance, and aversion to being manipulated by cynical corporations.

**Prevention over cessation**
Teens for whom tobacco is functional, who use it to accomplish something they otherwise feel they couldn’t, can become the most strongly addicted and have the hardest time quitting. Most adolescents report that they want to quit, but can’t. Cessation programs usually don’t work for them. They experience relapse rates and withdrawal symptoms similar to adults. Thus prevention is key. Students who already have developed a tobacco habit are likely to need more support to quit than they can get from Ripple Effects program. Nonetheless, the benefits they gain from correcting false images, identifying their own motivation, and developing core social-emotional abilities can be a valuable supplement to group support, a nicotine patch or other methods they may be using.
Goals of intervention

**Students will:**
- Develop a stronger, firmer sense of self
- Understand their risk factors
- Internalize norms against use of tobacco
- Develop refusal skills
- Master cognitive-behavioral techniques for managing uncomfortable feelings
- Learn and use stress management techniques
- Practice critical thinking skills in analyzing media

A suggested scope and sequence

**SKILL TRAINING TOPICS**

**Self awareness**
- Goals
- Grit
- Norms
- Self efficacy
- Self image
- Strengths
- Resilience
- Risk factors

**Assertiveness**
- Refusing
- Resisting pressure
- Standing up for beliefs

**Decision-making**
- Predicting consequences

**Managing feelings**
- External triggers
- Handling stress
- Physical sensations
- Relaxing
- Self-talk

**Impulse control**
- Quitting habits

**Connecting to community**
- Getting help
- Making friends

**CHALLENGE TOPICS**
- Chew
- Depression
- Nail biting
- Nervous habits
- Relapse
- Smoking
- School failure

Tobacco “how to” screen shot
Alcohol & drug abuse

Wide range of problems and solutions
Different communities and different individuals within communities have different issues around drugs, and thus need a wide range of options to choose from in dealing with their specific drug and alcohol problems. Both prevention and cessation are important strategies.

Where designer drugs are a problem, resisting peer pressure is an important intervention technique. Kids using depressants are more likely to need help managing their feelings. Kids involved in selling drugs need help in predicting consequences. Regular marijuana users need to learn how to relax and relate to others without drugs. Meth users need to be alerted to the serious short-term dangers of that drug. Heroin users need to access community resources to deal with their addiction.

Ripple Effects programs are comprehensive. The teen program includes 90+ topics directly related to substance abuse. You decide what does and doesn’t fit for your group of students. This way all students and communities can be assured they are getting best practices in prevention regardless of what their particular emphasis is.

A full range of proven strategies
Experts agree that a range of strategies can be effective with substance abuse prevention:
• Social skill training, especially in assertiveness so students are able to resist peer pressure
• Cognitive-behavioral training in managing feelings so they are not as tempted to use alcohol or drugs to manage emotional discomfort
• Training in decision-making skills so they can realistically predict consequences and develop viable options
• Bonding students to their schools and families so that they have a net of support that reduces the chances they’ll turn to drugs and alcohol
• Training in norm setting so students recognize drug and alcohol use as something that is wrong
Goals of intervention

Students will:
• Strengthen norms against use of drugs or alcohol
• Improve social skills, especially in assertiveness
• Master cognitive-behavioral techniques for controlling self-talk
• Learn stress management techniques
• Develop stronger bonds to community
• Develop decision-making skills and problem solving strategies
• Adopt an exercise program matched to their temperament and body type

A suggested scope and sequence

SKILL TRAINING TOPICS

Self awareness
Goals
Strengths
Risk factors
Resilience
Self-efficacy
Norms

Assertiveness
Refusing
Resisting pressure
Standing up for beliefs

Decision making
Predicting consequences

Managing feelings
Physical sensations
Self-talk
External triggers
Handling stress
Relaxing

Connecting to community
Making friends
Getting help
Quitting habits

CHALLENGE TOPICS

Alcohol
Alcoholic
Alcoholic parent
Depression
Driving drunk

Drugs (by street & technical names):
[antidepressants, date rape drugs,
depressants, designer drugs, hallucinogens,
inhalants, marijuana, opiates, ritalin,
stimulants, ice, meth/crank, oxycontin, synthetic
drugs, ecstasy, crack, cocaine, steroids]

Expectations
Nervous habits
Nail biting
Parent drug dealer
Quitting drugs
Relapse
Recklessness
Smoking, chew
Synthetic drugs
Selling drugs
Eating disorders and obesity

Eating disorders among children and teens have reached an epidemic level. They include a continuum of eating-related behavior, including compulsive, continuous overeating, binge eating with throwing up (bulimia), and starving oneself (anorexia). These disorders can eventually lead to morbid obesity on the one end, or starvation on the other. Over the past three decades, the share of children who are overweight has doubled, from 15 percent in the 1970s to nearly 30 percent today, while the share of children who are obese has tripled to from 5 to 15 percent.

Eating disorders can result in depression, anxiety, low self-esteem, increased health risks and even death. Obese kids get diabetes, bulimic kids end up with rotten teeth, anorexic kids can suffer irreversible damage to internal organs, especially the liver. All of these children are vulnerable to psychological disorders that can be a cause and/or effect of their eating problems.

Eating disorders impact school both directly and indirectly. They are linked to greater absenteeism, decreased ability to concentrate and learn, and decreased interpersonal functioning. Ideally, food and nutrition issues are handled as part of a comprehensive health curriculum that also includes training in cognitive-behavioral strategies and social skills that can reduce the risk of falling victim to eating disorders. However, many schools are now unwilling to devote instruction time to comprehensive health education, for fear of compromising achievement on standardized tests in academic areas.

The feeling is largely unfounded, since the core social-emotional abilities that are part of health education have been linked to higher academic achievement.

Secondary prevention can be effective with students who are obese through life style “defaults” such as lack of exercise, high fat, fast foods, or a pattern of eating to sublimate feelings. They are not likely to be effective with students who are morbidly skinny. Students who have become anorexic almost always need professional help. Ripple Effects programs can’t give that level of help to them, but it can prompt disclosure to trusted adults who can see that they get it.
Goals of intervention

Students will:
• Understand the basic components of a health diet
• Understand how their eating patterns are linked to emotional health
• Correct an unrealistic body image
• Understand their body type
• Examine and exercise control over their television and video game use
• Identify a kind of exercise they can like
• Use cognitive-behavioral strategies for dealing with emotional needs directly

A suggested scope and sequence

**SKILL TRAINING TOPICS**

- Knowing yourself
  - Body type
  - Body image
  - Exercise type
  - Strengths and weaknesses
  - Set goals

- Manage feelings
  - Body sensing
  - External triggers
  - Self-talk

- Control impulses
  - Stop reactions
  - Predict consequences

- Problem solving

**CHALLENGE TOPICS**

- Anorexia
- Afraid
- Angry
- **Bulimia**
- Depression
- Expectations
- Obese (fat)
- Sad
- Television
- Video games

Eating disorder “info” screen shot
Depression and suicide

Depression is one of the few equal opportunity illnesses. It cuts across ethnic and class lines. It is not restricted to adults. It affects adolescents and increasingly, younger children as well. Between 10 and 15% of teenagers have some symptoms of teen depression at any one time. Children under stress, who experience loss, or who have attentional, learning, conduct or anxiety disorders are at a higher risk for depression. Depression also tends to run in families. Less than half of depressed teens get any treatment for it. Untreated depression is highly correlated with substance abuse. Regular exercise is one of the most effective self-help strategies for both depression and substance abuse prevention. Use of alcohol and drugs as a response to depression predicts school failure, behavior problems, and more depression. In extreme cases, it can lead to suicide.

Suicide is the third leading cause of death in youth 10-24 years of age in the U.S. Rates of youth suicide have risen dramatically, after steadily decreasing in the previous decade.

Teenagers often talk about suicide before attempting it. Thus an effective suicide and depression prevention program targets peers as well as potential victims. Statistically, peers provide the most help in preventing suicidal youth from completing suicide. Thus the Ripple Effects program teaches students to recognize signs of suicidal inclinations in their peers, so they can seek help for their friends.

By the time they are actually considering suicide, depressed students need more help than they can get in the Ripple Effects for Teens program. Thus Ripple Effect’s prevention program gives potential victims a clear message telling them to ask for that help and pointing them to community resources where they can get it.

Perhaps the most important use of Ripple Effects for Teens in preventing suicide is addressing the whole range of issues that lead students to lose hope in the first place. Sexual identity and sexual abuse issues are high on the list of depression and suicide precipitators for adolescents. Although it is possible to censor these topics out of the program, removing them reduces the chance that those students most at risk for suicide will get help with the issues that are leaving them so hopeless.
Goals of intervention

Students will:
• Understand that depression is an illness, not a character flaw
• Recognize common signs of depression in themselves and their friends
• Identify a form of exercise that they are likely to enjoy and stick to
• Know who and how to ask for help if they are depressed
• Avoid the use of drugs or alcohol to handle uncomfortable feelings
• Use proven-effective cognitive, behavioral strategies to manage feelings
• Talk to a trusted adult if they have suicidal feelings
• Tell a trusted adult if a friend expresses suicidal feelings

A suggested scope and sequence

SKILL TRAINING TOPICS

- Knowing who you are
  - Temperament
  - Body image
  - Sports and exercise type
  - Beliefs and values
  - Strengths and weaknesses
  - Resilience
  - Setting goals
  - Dealing with criticism
  - Self-esteem

- Managing feelings
  - Physical sensations
  - Self-talk (triggers–inside)
  - External triggers
    - Sadness
    - Shame
  - Disappointment
  - Relaxing
  - Letting go
  - Practicing happiness
  - Learning to laugh

Connecting to others
- Talking to parents
- Getting help
- Giving help

CHALLENGE TOPICS

- Alcohol family
- Anti-depressants
- Broken heart
- Bummed out
- Counselors
- Cutting yourself
- Death
- Depression
- Failure
- Family violence
- Grief
- Hopeless
- Isolated
- Losing a pet
- Pressure (stress)
- Sexual abuse
- Sexual orientation
- Sleeping problems
- Suicide
- Vulnerable
Traumatic stress response

Natural disasters, the constant threat of terrorist violence, exposure to pervasive and persistent discrimination, these “big picture” stressors impact many children, often falling hardest on the poor. Physical and sexual abuse, neglect, neighborhood violence, bullying, divorce, chronic illness, death in the family – are harsh realities closer to home that affect more than half the nation’s children, and often trigger a stress response in their wake. The more traumatic experiences children have, and the longer they last, the more likely to impact their learning and behavior. Just four adverse experiences in childhood can result in 32x more likely chance of a child having learning and behavior problems. Teachers often see the effects of traumatic stress without ever knowing its cause.

Signs of traumatic stress response
Signs of traumatic stress include: a heightened startle-response, extreme withdrawal, disruptive behavior, inability to pay attention, regressive behaviors, irrational fears, irritability, outbursts of anger and fighting, stomach aches or other physical symptoms without a medical explanation, declining grades, depression, anxiety, a flat, non-responsive affect, substance abuse, and problems with peers.

The role of teachers: creating emotional safety and support
Teachers can adapt their teaching style to create a safe, predictable supportive atmosphere, where vulnerable children are supported and thus feel less threatened, without accepting aggressive behavior. Review the “Trauma” topic in Ripple Effects for Staff to learn specific strategies.

Direct support to students
Children also need direct support to address their very personal serious stressors. Many children are helped by talking about the traumatic event right after it happens, but forcing discussion or repeatedly bringing up the catastrophic event may re-traumatize children. Any many children have strong family or cultural prohibitions against talking about “private” things in school settings. Trust the program to match each student’s context to the most relevant set of evidence-based strategies for addressing them and be super careful about respecting student privacy in the process.

Sometimes – but not always – professional help needed
Those kids who show avoidance behavior, such as refusing to go places that remind them of the place where the traumatic event occurred, and emotional numbing that lasts more than two weeks, or whose externalizing behavior is chronic and escalating may need the help of a professional to heal. The Ripple Effects program encourages them to ask for that help and provides training in how to get it, while still safeguarding their confidentiality.
Goals of intervention

Students will:
• Develop the strengths to handle many forms of adversity
• Recognize that hard things happen to people, and can be survived
• Master skills for controlling self-talk and managing anger and fear
• Know who and how to ask for help
• Develop greater flexibility and optimism, two components of resilience
• Develop problem solving skills

A suggested scope and sequence

<table>
<thead>
<tr>
<th>SKILL TRAINING TOPICS</th>
<th>CHALLENGE TOPICS</th>
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<tbody>
<tr>
<td>Knowing your strengths</td>
<td>Abandoned</td>
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<td>Optimism</td>
<td>Addiction</td>
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<td>Resiliency</td>
<td>Anger</td>
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<td>Self efficacy</td>
<td>Anxiety</td>
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<td>Controlling yourself</td>
<td>Depression</td>
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<td>Humor</td>
<td>Fear</td>
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<td>Relaxing</td>
<td>Grief</td>
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<td>Self-talk</td>
<td>Guilt</td>
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<td>Problem solving</td>
<td>Hate</td>
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<td>Change</td>
<td>Hope</td>
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<td>Staying connected</td>
<td>Isolated</td>
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<tr>
<td>Asking for help</td>
<td>Numbness</td>
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<tr>
<td>Keeping faith*</td>
<td>Recklessness</td>
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<td></td>
<td>Sadness</td>
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<td></td>
<td>Sleep problems</td>
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<td>Somatic disorders</td>
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<td>Substance abuse</td>
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<td>Trauma</td>
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<td>Terrorism</td>
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<td>Vulnerable</td>
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<td>Witness to violence</td>
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* Faith has been shown to be a protective factor for both children and adults who undergo trauma. This lesson does not promote a specific faith, but describes what faith is, and how it can take many forms. Like all topics in Ripple Effects programs, it can easily be deleted using the administrator’s “back door.”
STDs/pregnancy/HIV-AIDS

Adolescent health still seriously endangered by sexual behavior
While rates of teen pregnancy has dropped, STD rates are much higher in the United States than in most other developed countries, with teenagers at the highest risk. HIV remains a serious health problem for young people, accounting for about 25% of all new cases. African American and Latino young people are disproportionately represented in all three groups: more pregnancies, more STD’s and higher HIV rates.

Effective prevention: accurate information, norm setting, skill building, personalization
Prevention research shows that accurate information, norm setting and skill building are all needed to change sexual behavior. NIDA has defined as a principle of effective programming that prevention interventions must be personalized. This means tailoring programming to reach diverse students, with their unique strengths, learning abilities, interests, histories and risk factors, while still taking community values into account.

No consensus on norms
Sexuality is a matter of public health, public safety, and private morality. Nothing is as apt to ignite controversy in a school settings as discussion of sex. Differences in perspective create a wide spectrum of perceived needs, mandates, local values and policies. In diverse communities, there simply will not be consensus about what combination of information and skill training is best for every group, every student, every situation.

Ripple Effects software maximizes options
The “uncensored” version of Ripple Effects for Teens offers reading independent, accurate information, sensitively presented, about a whole range of topics related to sexual behavior. It offers dozens of skill-training tutorials that can strengthen a sense of self, while increasing sensitivity to others and building decision-making skills in the process. Teachers or administrators can delete any topics they consider inappropriate. Students can follow links to a built-in scope and sequence, explore an assigned set of tutorials, or follow their own interests. Ultimately any path will lead to training to stand up for their values, ensure their own safety and protect the safety of whomever they relate to.
Goals of intervention

Students will:
• Act in accordance with their moral beliefs
• Demonstrate good decision-making skills
• Be able to control impulses
• Command respect for their decision to abstain from sex
• Understand the safety issues involved in sexual activity
• Know how to protect themselves and others from unintended consequences
• Manifest greater self-control (both feelings and behavior)

A suggested scope and sequence

SKILL TRAINING TOPICS

Knowing yourself
- Assertiveness
- Identifying your values
- Setting goals
- Standing up for your beliefs
- Resisting pressure
- Refusing sex

Being aware of others

Controlling yourself
- Practicing sexual restraint
- Predicting consequences
- Managing feelings
- Mixed feelings

Decision-making

Connecting with others
- Getting help

CHALLENGE TOPICS

AIDS
HIV
Pregnant
Sexual diseases (STD’s)

Abstinence (celibacy)
Abuse-sexual
Abusive relationship (dating abuse)
Acquaintance rape
Baby–yours (teen parent)
Birth control
Body image
Condoms
Date rape–drug
Date rape–victim
Fondling (petting)
French kissing
Gay (homosexual, lesbian)
Gender
Hormones
Intercourse
Kissing (making out)
Masturbation Molesting–offender and victim
Period (PMS, cramps)
Prostitution
Puberty
Rape–victim and offender
Sexual harassment
Sexual safety (safer sex)
Academic failure

Ripple Effects’ suggested curriculum to promote school success combines strength-based asset development – including executive function, cognitive-behavioral strategies, social skill development, training for focusing attention and developing study habits with specific problem solving strategies for both academic and social problems.

It addresses the domains of the individual, teacher, peers, and family. It targets the process of learning itself, with tutorials on learning styles, kinds of intelligences, learning and attention disorders, grades and testing.

Studies have shown that Ripple Effects can be an effective tool for raising grades and reducing remedial summer school referrals, without any content being mediated by adults.

The tutorial on learning style differences has proven to be the most popular one in the program with students from every demographic group.

Learning styles “profile”: Results for a feeler-doer
Goals of intervention

**Students will:**
- Be motivated to perform well in school, both socially and academically
- Understand their learning style and how to use it to their advantage
- Know their personal risk factors and identify resources for addressing them
- Have the skills to constructively handle conflict with teachers
- Have general problem solving skills
- Be able to control their impulses in classroom situations

A suggested scope and sequence

<table>
<thead>
<tr>
<th>SKILL TRAINING TOPICS</th>
<th>CHALLENGE TOPICS</th>
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</thead>
<tbody>
<tr>
<td><strong>Knowing yourself</strong></td>
<td><strong>People problems</strong></td>
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<tr>
<td>Goals</td>
<td>Bullied</td>
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<tr>
<td>Mindset</td>
<td>Friends (problems)</td>
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<tr>
<td>Mindfulness</td>
<td>Teased</td>
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<tr>
<td>Thoughts</td>
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| **Controlling yourself** | **Teacher conflict** |
| Effort                   | Blurt out         |
| Feelings                 | Cheating          |
| Luck                     | Cutting class     |
| Sensations               | Picked on (discrimination) |
| Study habits             | Talking back      |
| Success-phobia           | Making a complaint|

| **Learning** | **Family (background)** |
| Attention problems | Alcoholic parent |
| Disabilities Grades  | Discipline (abuse) |
| Instructions–following | Embarrassed about family |
| Styles               | Hard things (trauma) |
| Smarts               | Parents sell drugs |
| Tests                |                   |

| **Connecting with others** |                  |
| Friends–choosing          |                  |
| Friends–making            |                  |
| Getting help              |                  |
| Honesty                   |                  |
Match of Ripple Effects to NIH/NIDA
Principles of Effective Prevention

Principle 1 – Prevention programs should enhance protective factors and reverse or reduce risk factors (Hawkins et al., 2002). Ripple Effects programs build internal protective factors (strengths/”assets”) and strengthen children’s ability to cope with risk factors (reasons for problems).

- The risk of becoming involved in anti-social behavior or drug abuse involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support) (Wills et al., 1996). Ripple Effects addresses both risk and protective factors in five domains and provides an interactive profile for students to assess their own level of risk and protection.

- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent (Gerstein and Green, 1993; Dishion et al., 1999). Ripple Effects for Kids focuses more on family issues (such as divorce); the program for adolescents focuses more on peer issues.

- Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child’s life path (trajectory) away from problems and toward positive behaviors (Lalongo et al., 2001). Ripple Effects provides targeted intervention for aggression and lack of impulse control, starting at 2nd grade level.

- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person’s age, gender, ethnicity, culture, and environment (Beauvais et al., 1996; Moon et al., 1999). Ripple Effects provides more than 300 tutorials on various risk and protective factors. Implementers can choose the most relevant to address, based on their unique situations.

Principle 2 – Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs (Johnston et al., 2002). Ripple Effects covers legal drugs, including caffeine, tobacco and prescription drugs, as well as alcohol, and a range of illegal drugs, including marijuana, meth, club drugs, cocaine and heroin.
Principles 3 & 4 are not applicable to Ripple Effects programs

Principle 5 – Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information (Ashery et al., 1998). Ripple Effects provides training to strengthen family bonds, including training in talking to parents, and transfer training to friends and family for each of hundreds of tutorials.

Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (Kosterman et al., 1997). Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting, techniques for monitoring activities, praise for appropriate behavior and moderate, consistent discipline that enforces defined family rules (Kosterman et al., 2001). Ripple Effects training manual for parents include simple instructions for open communication and appropriate, consistent discipline, “showing care,” and becoming involved in children’s learning.

- Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman et al., 2001). Ripple Effects prompts students to initiate this conversation with parents.

- Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse (Spoth et al., 2002). Family-focused intervention pieces include parental substance abuse, discipline, curfew, family background, etc.

Principle 6 – Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton, 1998; Webster-Stratton, et al., 2001). Ripple Effects’ early learning program, Bouncy’s You Can Learn, trains Pre-K to Grade 1 students in self-efficacy; a key mediator of health, mental health and school outcomes.
Principle 7 – Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills (Conduct Problems Prevention Research Group, 2002; Lalongo et al., 2001):

- self-control
- emotional awareness
- communication
- social problem solving
- academic support, especially in reading

Ripple Effects includes all of these areas, starting as early as Pre-K with Bouncy’s You Can Learn program.

Principle 8 – Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills (Botvin et al., 1995; Scheier et al., 1999):

- study habits and academic support
- communication
- peer relationships
- self-efficacy and assertiveness
- drug resistance skills
- reinforcement of anti-drug attitudes
- strengthening of personal commitments against drug abuse

Every one of these issues is addressed with a separate tutorial in the Ripple Effects teen program.

Principle 9 – Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community (Botvin et al., 1995; Dishion et al., 2002). Ripple Effects provides a program for universal positive youth development that includes lessons on bonding to school and developing positive peer relationships.

Principle 10 – Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone (Battistich et al., 1997). Ripple Effects fulfills this criteria through student transfer training opportunities to friends and family and sports settings, parent training post cards, training for teachers in how to involve parents in school, and “Doin’
“Democracy” a tutorial that promotes community involvement.

**Principle 11** – Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting (Chou et al., 1998). Ripple Effects programs are delivered in a wide variety of community settings, including after school and faith-based groups. Media analysis activities are included with each lesson.

**Principle 12** – When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention (Spoth et al., 2002), which include:

- Structure (how the program is organized and constructed);
- Content (the information, skills, and strategies of the program); and
- Delivery (how the program is adapted, implemented, and evaluated).

Ripple Effects programs are ideally designed to balance adaptation with fidelity to proven effective strategies. Because content, structure and modes of teaching/learning are in the box, the implementer role is changed from sage on the stage to guide on the side. Interactive processes are identified as core components. Hundreds of modules that provide training in evidence-based strategies can be mixed and matched for site-specific adaptation.

**Principle 13** – Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school (Scheier et al., 1999). By providing a whole library of related tutorials, Ripple Effects programs can be used for repeated interventions from Grade 2-Grade 11, without repetition.

**Principle 14** – Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students’ positive behavior, achievement, academic motivation, and school bonding (Lalongo et al., 2001). Ripple Effects for Staff computer-based training program, as well as live training, include a range of tutorials on effective classroom management, including setting expectations, making rules, enforcing consequences, reinforcing success, and managing diverse learners.
Principle 15 – Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills (Botvin et al., 1995). Ripple Effects programs have three levels of interactivity: the student interacting with and receiving feedback from the computer (including games, journals, and self-profiles); transfer training applications for friends, family, and sports situations, lesson-correlated media analysis exercises, recommended role play or mirror rehearsal, and training post cards for parents; and opportunities to add content to the program.

Principle 16 – Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen (Aos et al., 2001; Hawkins et al., 1999; Pentz 1998; Spoth et al., 2002). At about $4-$9 per student on a district level (for a program than can be used on all three levels of universal promotion, targeted prevention based on risk factors, and individualized intervention), Ripple Effects is the most cost-effective program available. Some clients can recover the entire cost in the first year, just from added revenue captured from reducing truancy.
Know your resources: print, electronic, live

SOFTWARE

**Digital training tools:** Ripple Effects for Kids (grades 2-5), Ripple Effects for Teens (grades 6-10), Ripple Effects - Rural, Ripple Effects for Staff.

**Assessment tools:** Screen for Strengths, Data Manager

PRINT

**Users Guide for Staff**

**Get Going Fast/ Quick Tips Sheets**

**Guides for tiered intervention**

- **Universal Promotion** positive youth development outlined to match national standards

- **Targeted Prevention** scopes and sequences for preventive risk reduction in 14 areas

- **Mental Health** scopes and sequences for children’s mental health and substance abuse

- **Individualized Intervention** sample individual intervention plans for behavior problems

- **Juvenile Justice** sample interventions for the 10 most common juvenile, criminal offenses

**Guides for Planning, training & technical support**

**Implementation Planning** helps you build a site-specific plan for use, also as fillable pdf form

**Planning for RTI** create an individualized response

**Parents and community involvement** strategies and resources

**Trainer’s Resources** agenda, training scenarios, evaluation forms, check-off lists, certificates

**Assessment Tools** which electronic measures to use for which outcomes

**Technology Support** comprehensive technical instructions and troubleshooting

**Evidence of Effectiveness** quantitative and qualitative studies

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