

RIPPLE EFFECTS
Software to *positively* change behavior



Children's Mental Health Intervention

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Introduction

The purpose of this manual is to provide background information about how Ripple Effects student and teacher software training programs address the most frequently occurring mental-social-emotional disorders in children. For ease of reading, source materials are generally not footnoted. The book, *From Multidisciplinary Theory to Multimedia SEL Interventions: The Conceptual Underpinnings of Ripple Effects, Whole Spectrum Intervention System* (Ray, Alice; 2009. 319 pp. San Francisco.) includes documentation of source material for all parts of the Ripple Effects system. It can be accessed at [www.rippleeffects.com / summary](http://www.rippleeffects.com/summary).

Separate manuals in this series explore the use of Ripple Effects as:

- A universal intervention to develop character and social-emotional assets
- Targeted prevention to address group level risk factors related to health and safety (i.e. violence, substance abuse, HIV etc.)
- Indicated intervention for specific behavior problems

Those manuals are included in the software purchase price.

An additional white paper examines how Ripple Effects as a whole aligns with national health standards and frameworks in terms of both content areas and skill building.

Overall practice recommendation

This manual focuses on how Ripple Effects addresses students' problematic interior realities, including internal reactions to external situations or events, from hurricanes, to community violence, to insults from teachers, to family trauma. **This is the stuff of mental health. It is a delicate area of exploration, especially for children and youth.**

We do **NOT** recommend you assign Ripple Effects tutorials related to specific mental health disorders to individual students, **UNLESS** those students have initiated contact with you about those topics in private settings. We **DO** recommend that you provide time, space, encouragement and earphones for students to privately explore on Ripple Effects mental health concerns that they have identified for themselves. We **DO** recommend you focus on developing authentic, mutually respectful relationships with your students, so that they feel free to come to you with personal problems as those concerns arise.

Children's mental health and school success

The co-occurrence of mental health problems with both behavior problems and academic failure is so common that it is often difficult to tease them apart. Antisocial behavior, school failure, and adolescent health and mental health problems, such as substance abuse, PTSD, ADHD and depression, are inter-dependent variables that can be linked to each other, as well as to common external risk factors, such as family discipline patterns, parental mental health, poverty, and community violence.

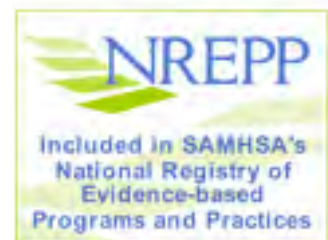
Ideally mental health, social behavior and academic achievement are all addressed with strengths-oriented, tiered systems of support that include: universal promotion of core social emotional competencies linked to positive outcomes in all three areas; targeted, group level prevention of substance abuse, interpersonal violence and other unhealthy outcomes; and indicated personal intervention for specific mental health problems as they arise. But the ideal is seldom the real.

Few schools can provide a personalized response to each child's mental health challenges on the scale those challenges exist today. Some mental health problems, such as schizophrenia, are far too complex to address in a school environment. Others are responsive to a known set of intervention strategies, but lack of personnel, cultural gaps, and/or lack of precise domain expertise prevent delivering the best matched proven strategies for each student's personal needs.

Ripple Effects: Evidence proven practices

Ripple Effects skill training and personal guidance software for students in grades 2-11, uses proven cognitive, behavioral, affective and social skill training, as well as personal guidance and motivational interview approaches, in an expert system that expands capacity to make those matches.

Research has shown exposure to Ripple Effects adaptive intervention can have positive impacts on grades and resiliency assets. Documentation of those outcomes has been carefully reviewed by The Substance Abuse and Mental Health Services Administration (SAMHSA) of the National Institutes of Health, resulting in Ripple Effects being ***listed on the National Registry of Evidence Proven Practices (NREPP) as an evidence-based mental health and substance abuse preventive intervention at all three levels of use: universal promotion, targeted intervention, and indicated intervention for both children and adolescents.***



Incidence of children's mental health problems

According to National Institutes of Mental Health (NIMH):

- 1 in 10 children suffer from mental health problems that interfere with normal development and functioning
- In any given year, fewer than 20% of those children will receive needed treatment

Things are not getting better. Evidence from the World Health Organization suggests that by 2020, childhood psychiatric disorders will rise proportionately by more than 50%. These mental health issues are entwined with school success or failure and pro social behavior or delinquency.

Seven main mental health illnesses and disorders

Seven major illnesses and disorders account for almost all of children's disabling or disruptive mental health problems. They are: depression, anxiety disorders, ADHD, eating disorders, manic-depressive illness, autism spectrum disorders, and schizophrenia.

All of these mental-health problems have disabling and disruptive effects on children's lives. More often than not, those disruptive effects include negative impacts on school performance. This is why there is increasing recognition that school-based mental health interventions are an effective way to boost school achievement and reduce behavior problems. This is especially true for students who are exposed to multiple major stressors in their out-of-school lives, but are not covered by health insurance to provide supportive, preventive intervention services.

Burden on schools and school counselors

It is unrealistic to expect that school counselors can be experts in the whole body of research about the whole spectrum of children's mental health illnesses and disorders. That's where Ripple Effects comes in. Ripple Effects provides explicit preventive interventions for six of the seven major mental health disorders which affect children (all except schizophrenia), as well as skill training to address conduct disorder, which is more rare. These include proven methods of cognitive-behavioral training and problem solving skills, as well as a "motivational interview" approach to personal guidance, and consistent encouraging messages to motivate students to ask for help when they need it.

Expanding counseling capacity

The American School Counselors Association recommends a ratio of 1 counselor to 250 students (ASCA website, 2009). According to the National Center for Education Statistics, the national average is closer to 1 counselor for 475 students (2007). The ratio of trained psychologists to students is much lower. Because by definition it is a one-to-one relationship, individual, live counseling by a qualified professional may be the least scalable of effective interventions. Yet, it has proven outcomes that must not be ignored.

Triage

Ripple Effects can be an effective way to triage counseling services and extend the reach of counselors whose caseload is too large to give each student individualized attention. Counselors can use the software to promote positive mental health with all students and strengthen protective factors for students who face special risks, while focusing their private attention on kids with immediate, urgent needs.

Why use the computer

Research has consistently shown that both adolescents and adults are more honest in disclosing mental health information to a computer than to live professionals. That's why Ripple Effects puts research-based, proven effective strategies at the fingertips of students. It offers help for mental health issues from obsessive compulsive disorders, to eating disorders, to communicative disorders, provides skill building in core social-emotional competencies, and encourages students to talk to an adult they trust. A whole tutorial is devoted to teaching students how to access and use live counseling resources.

Bridge to communication

Ripple Effects doesn't replace counselors, psychologists or psychiatrists, whose nuanced judgment is more needed than ever (All three sets of professionals, along with doctor's nurses, social workers, parents, and students themselves have been involved in the development). Rather, it gives students a language for talking about what's on their mind. It can be an effective bridge to communication with students who may be sullen, withdrawn, or too embarrassed to bring up a sensitive topic. Students have disclosed anorexia, abuse and suicidal feelings after using the software, even when they had previously refused to do so.

To leverage Ripple Effects in counseling

To leverage Ripple Effects software most effectively in counseling settings, do these things:

- 1. Triage use.** Use it for promotion of positive development with most students, prevention of specific behaviors with students who have high risk factors, and immediate intervention for students needing specific therapeutic support.
- 2. If you're sure** you know what the student needs, **direct them to that topic.** For instance, a girl who's 5'6" but weighs 90 pounds would be directed to "anorexia."
- 3.** If you're not sure what the issue is, **avoid interrogating students;** instead, invite them to find something that interests them. Then ask them if they want to talk to you about it.
- 4. Discuss confidentiality and privacy issues.** To protect student privacy, don't allow them to write into the program unless they've logged in with their own password. Make sure they quit out when they're done.
- 5. Trust your relationship** with students to be strong enough that it doesn't require them to depend on you for each piece of key information.

Ripple Effects is not intended and should not be used to replace the nuanced judgment of mental health professionals. It is a capacity-building tool to provide first pass screening and basic cognitive-behavioral and motivational interviewing strategies to address problems that have shown to be responsive to those methods.

In all cases involving student health or safety, the Ripple Effects program strongly encourages students to seek help from an adult they trust.

What do students explore in private?

Evaluation of group level data across many schools indicates that more than **95% of all students** exposed to Ripple Effects for any reason have exercised the option for personal exploration, many accessing mental health topics.

Mental health related selections patterns in discipline settings

A *Safe Schools Healthy Students* group level evaluation of impact of Ripple Effects on middle school students involved 691 students from 41 schools. In addition to the assigned discipline related topics, students privately explored the following top seven mental health related topics:

Addicted	51%
Addicted Parent	43%
Afraid	46%
Angry	47%
Ashamed	29%
Beaten	32%
Future Not There	30%

Other topics that students frequently selected are “hard things” (trauma), “depression”, “anxiety” and “date rape”. As many as 6% of younger elementary students accessed the bedwetting tutorial.

Privacy important

Students’ sense of a private, protected space for personal exploration is essential to their use of - and trust in - Ripple Effects. It is correlated with the positive outcomes to date.

Do not attempt to track individual student’s private exploration without their permission. To do so betrays their trust and violates their sense of school as a sanctuary.

Depression

- *Up to 3% of children and 8% of teens suffer from depression*
- *Depression in children and adolescents is associated with increased risk of suicidal behaviors*
- *Since 1964 the suicide rate among adolescents and young adults has doubled*
- *In 1996 (last year for which data is available) suicide was the 3rd leading cause of death among 15-24 year olds*
- *In 1996, suicide was the fourth leading cause among 10-14 year olds*

Ripple Effects for Teens includes tutorials on “depression,” “suicide,” “loss,” “death,” and covers a wide range of trauma related topics that may precipitate depression. It offers skill building tutorials in “managing feelings” (of) sadness and anger, as well as cognitive behavioral skill training to manage self-talk and reduce depressive symptoms.

A Los Angeles study of the impact of Ripple Effects as a school-based, psycho-educational intervention for five cohorts of urban teens who were involved in, or at high risk for involvement in gang activity showed significant decreases in their scores on the Beck depression inventory, from pre to post intervention (Koffman, et al, 2009).

Anxiety disorders

Anxiety disorders are the most common mental health problems among children and youth. One large-scale study of 9-17 years olds indicated as many as 13 percent of young people had an anxiety disorder in a year. Anxiety disorders can take the form of generalized, exaggerated worry over everyday events. Anxiety disorders also can take more specific forms described below.

Obsessive-compulsive disorder (OCD)

OCD is a pattern of unwanted, unstoppable, repetitive thoughts and rituals.

Ripple Effects includes a tutorial on OCD, with science-based information on the nature of the disorder and cognitive-behavioral training in strategies for stopping and reframing persistent negative thoughts, as well as relaxation techniques, and strategies for breaking habits. It encourages teens to talk to their school nurse, counselor or other trusted adults if they have these symptoms. It also has specific tutorials on tics (nervous habits), “pulling out your hair,” and “cutting,” which sometimes is an anxiety disorder and sometimes has roots in social needs.

Panic disorder

Panic disorder is characterized by feelings of fear and dread, especially fear of death or going crazy, accompanied by intense, frightening physical sensations, such as chest pain, a pounding heart, and shortness of breath.

Ripple Effects includes a tutorial on panic attacks, with science-based information on the nature of panic disorder, cognitive-behavioral training in strategies for stopping and reframing thoughts that reinforce the sense of doom, information about the availability of prescription medication when symptoms are disabling, and encouragement for students who have these symptoms to talk to a school nurse, counselor or other trusted adult.

Post-traumatic stress disorder (PTSD)

PTSD is a condition that occurs after exposure to a terrifying event, including family and community violence. Violence affects everyone, but it affects urban, poor, minority populations more than others. A UCLA/Rand randomized trial testing a mental health intervention for children exposed to violence, in a Los Angeles middle school, located in a low income, disorganized neighborhood, indicated that 17% of the 733 students who were tested had elevated Child PTSD Scale (CPSS) scores. The mean number of violent events directly experienced by each of those students in the previous year was 2.8; the mean number of violent events witnessed by each student was 5.6. 76% of that violence involved knives or guns.

PTSD symptoms can include frightening, intrusive flashbacks, which wrest attention away from schoolwork and can bring on hyper vigilance, emotional deadening, and a foreshortened sense of future. A growing body of evidence directly links PTSD to both academic and behavioral problems at school.

Ripple Effects includes specific tutorials on PTSD and trauma (“hard things”), as well as tutorials on family and community violence, and cognitive behavioral strategies. It provides skill training in relaxation techniques, understanding feelings, controlling thoughts (“self-talk”), coping with fear, managing stress, and social problem solving, all components of effective live interventions for children with PTSD.

Phobias

Social phobias are excessive fears of being unsafe or embarrassed in social situations. Other phobias may be about specific situations, objects, animals, or conditions, from shyness to claustrophobia.

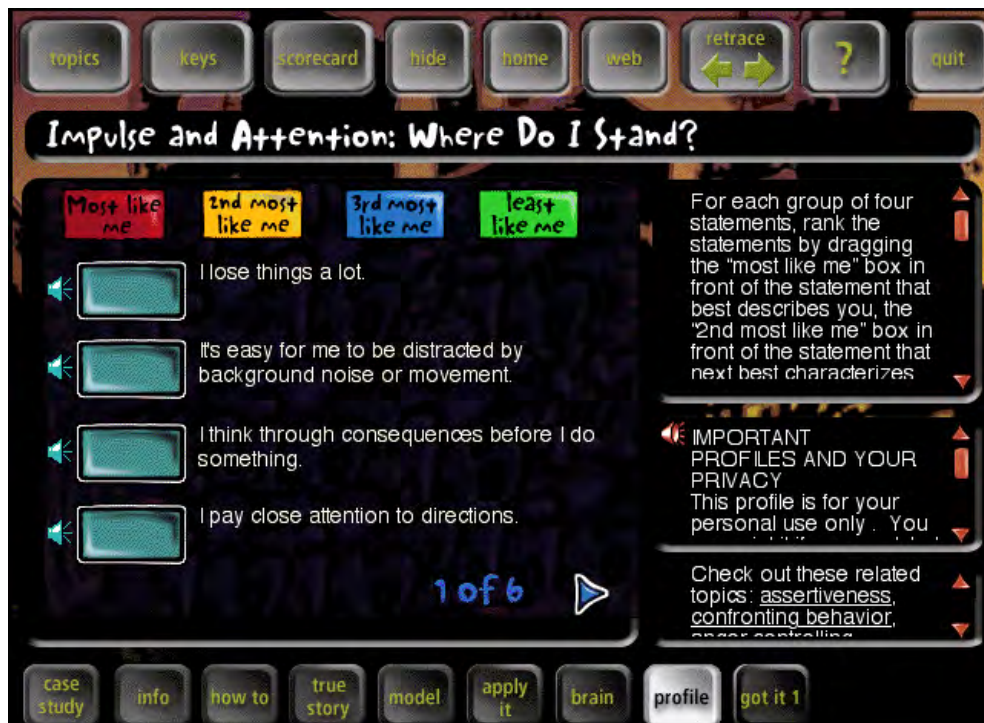
Ripple Effects includes a tutorial on phobias, as well as the related tutorials, “shyness” and “embarrassment.”

Attention deficit hyperactivity disorder (ADHD)

ADHD is the most commonly diagnosed disorder of childhood, affecting from three to five percent of school-aged children. Its main symptoms are attention and concentration patterns that are developmentally lower than would be expected, paired with impulsivity. ADHD has been specifically linked to both academic and behavior problems at school and in the workplace. Medication and behavior training have been shown to be the two most effective modalities for students with ADHD.

Ripple Effects includes tutorials on ADHD, using everyday language to deliver science-based information on the nature of the disorder and why medication is sometimes used to address it. The program also includes cognitive and behavioral training on "paying attention," mindfulness techniques, and tutorials on normal learning differences. It includes a tutorial on prescribed and unprescribed use of Ritalin by children and adolescents. Staff and student programs both include interactive profiles that can be used for first pass screening for ADHD. The staff program includes instructional and behavioral strategies that teachers can use to extend students' attentional capacities.

In addition to these explicit tutorials, Ripple Effects implicitly accommodates the needs of students with attention problems through an instructional design that requires no more than a minute and half of sustained attention for any segment.



Eating disorders

Eating disorders include anorexia, bulimia nervosa, and binge eating without purging. NIMH estimates of eating disorders among adolescent and young adult women are:

- .5 percent are anorexic
- 1 to 3 percent are bulimic
- .7 to 4 percent have binge eating disorders.

There is insufficient data to make estimates for males, though many practitioners believe male eating disorders are greatly underreported. The causes of eating disorders are not clear, and interventions vary, depending on the kind of disorder and other factors in the subject's life.

Ripple Effects includes a tutorial on eating disorders, which addresses anorexia and bulimia. Anorexia is one of the *life threat* topics, in which students are strongly urged to seek medical help for their problem. The eating disorders tutorials also include skill training in emotional regulation, and encourage students to explore topics that they think might be linked to their condition, including "control."

Autism and pervasive developmental disorders

A spectrum of pervasive, developmental, brain disorders are covered under the umbrella term *Autism Spectrum Disorder*. Signs of autism usually develop by preschool. Symptoms and deficits have a very wide range, from mild communicative deficits, to serious language difficulty. Social skill training has been shown to be an effective intervention with children with mild to moderate autism spectrum disorders, including mild Asperger's syndrome.

Ripple Effects Coach for Staff includes training on how to recognize and respond to communicative disorders. *Ripple Effects'* child and teen programs do not have a tutorial called autism spectrum, but do have a series of tutorials named to correspond to children's own perception of these deficits and the desires that are thwarted by them. For instance there are tutorials on "not invited", and on "making friends,; "having a conversation," (not) "interrupting," and (understanding) "eye contact." *Ripple Effects'* child and teen programs are used in dozens of special education programs across the country to promote social skill development with children and youth who show symptoms of mild autism spectrum disorder.

Cutting

Cutting, also known as self-mutilating behavior (SMB), occurs at alarming rates among adolescents. Researchers estimate between 14%–39% of teens in the general teen population¹ and 40%–61% in adolescent psychiatric inpatient groups² engage in cutting. It is less an illness than a reactive, functional response designed to elicit a specific, reinforcing consequence. The intended consequence can be relief from the mental pain of hopelessness, or oppositely, the reward can be the actual raw feeling of pain when other feelings have been numbed, often as a result of PTSD. A growing number of adolescents engage in cutting to gain social approval from peers, and some do it to get positive attention within the family.

Self-mutilating behavior is almost universally an impulsive action (at least after the first time), however that impulse is not precipitated by a single cause. Since the underlying triggers for cutting can range from depression, to PTSD, to needs for social approval, and those triggers in turn have multiple causes in multiple domains, there is no one size fits all therapeutic response.

The Ripple Effects tutorial on cutting gives teens science-based information in everyday language, encourages them to talk to an adult they trust, and leads them to specific training in controlling impulses and dealing with anxiety.

1 (Lloyd, Kelley, & Hope, 1997; Ross & Heath, 2002)

2 (Darche, 1990; DiClemente, Ponton, & Hartley, 1991).

Manic-depressive illness

Manic-depressive illness usually appears in late adolescence or early adulthood. It is a serious mental illness for which medication is essential, with mood stabilizers, such as lithium, being the most common.

Involuntary hospitalization

Involuntary hospitalization (“5051”) related to mental illness (for which manic depressive illness may be the referring condition) is covered in the Ripple Effects program, and leads to training on dealing with feelings of shame, and loss of control. In addition, normal mood swings are addressed in the tutorials, “changing feelings” and “PMS”.

Because of its later onset than other mental health problems that affect children and adolescents, and because it must be treated with medication, not solely psycho-educational training, manic depressive illness is not itself separately covered as a topic in Ripple Effects.

Conduct disorder – a rare mental illness

A number of emotional and behavior problems are often lumped together under the term “conduct disorder.” Conduct disorder is far less prevalent than any of the other children’s mental health disorders addressed in this booklet; yet it comes up disturbingly often in referrals of students to discipline and special education settings. According to the Academy of Child and Adolescent Psychiatry, aggression toward animals and people, destruction of property, chronic deceitfulness (lying, cheating, stealing), and serious violation of rules may be symptomatic of this very rare mental health illness, but none are definitive of it. The key factor that distinguishes this as a mental illness is (apparent) lack of conscience.

Lack of conscience – and its causes

Conscience is the *ability to discern* between perceived moral good and moral evil, coupled with the *desire to choose* the perceived good. It does *NOT* include the *ability to implement* those good intentions. Experts differ widely in attribution of the sources of lack of conscience. Some attribute it to physical causes, from traumatic brain injury to communicative disorders. Some attribute it to social forces and/or interpersonal trauma. Some attribute it simply to lack of learning.

Building on the work of Piaget (1962), Kohlberg considered the formation of conscience as a normal developmental task that began in early childhood (1981). Many contemporary psychologists believe that social learning, rather than natural moral development, accounts for a stronger or weaker conscience.

Like Kohlberg, the Ripple Effects’ approach recognizes the formation of conscience as a critical and ongoing developmental task. Like social learning theorists, content in Ripple Effects recognizes that normal moral development is influenced first and foremost by parental direction. It is also influenced by peer and community norms, and by personal religious beliefs, as well as by intrapersonal abilities.

To support formation of conscience among children and teens, especially those who are not receiving explicit, values-based parental direction, content in Ripple Effects includes values clarification lessons, lessons on norms, sensitization toward others, training in specific values that are intrinsic to democracy, such as fairness, and a decision-making framework that includes “rightness” as a criteria in making personal choices.

Ripple Effects staff training lesson on behavior problems recognizes “conduct disorder” as a *medical condition that is real, but rare, and almost never the explanation for discipline-worthy behavior in normal classroom settings.*

Schizophrenia

Schizophrenia is a disabling adults' disease marked by delusions and hallucinations. Some signs of these cognitive and social impairments may appear early in childhood, but there is no way to tell when they will develop into the serious illness that may affect about one percent of the population.

Ripple Effects does not include any direct intervention for schizophrenia. Whether the universal, social-emotional capacity building for children that the program offers can be protective later in life, for individuals who are predisposed to the illness, is an area of exploratory research. Meanwhile, we already know those core competencies are linked to school achievement, which make them valuable for everyone.

The Ripple Effects Whole Spectrum Approach

A number of strategies have been proven effective in addressing different kinds of mental health disorders. No one strategy has been proven effective with all children. Ripple Effects draws from a compendium of proven, preventive mental health strategies, and combines them with evidence-based instructional practices that account for differences in how people learn. In general, Ripple Effects uses cognitive-behavioral strategies, along with motivational interview and counseling techniques, in a learner directed, differentiated, computer environment.

An expert system that functions like a metaphorical counselor

Ripple Effects is an adaptive system. That is, it changes based on input from the learner. The Ripple Effects expert system emulates the best judgment of a multidisciplinary team of domain experts. It functions metaphorically like a guidance counselor. It does not dispense medical advice, but it “listens,” paraphrases and re-presents learner input, and then presents strategies that could be of help. Users “present” their personal challenges through their selection of topics. The expert system built into the program matches those challenges to a prescriptive set of proven- effective strategies for meeting them. By clicking on links, learners can go deeper into the suggested strategies. In the process, the program unobtrusively guides them to the formation of core social-emotional competencies, including problem-solving skills, which are the building blocks of resilience.

Whole Spectrum Diagram



Cognitive therapy

The link between thought and behavior has long been recognized as important. As a structured therapeutic intervention, cognitive therapy has evolved over the last century, from Freud's focus on ongoing analysis of possible conscious or subconscious patterns of thought, to Aaron Beck's systematized method of deliberately changing how people think, in order to change how they feel, what they believe, and how they act (Beck, 1975). The current focus is on short terms strategies for shaping the process and/or content of thought in order to support specific goals for safe, healthy, successful behavior.

A large body of research has shown that cognitive-behavioral therapies are effective in addressing mental health problems such as anxiety, depression, and PTSD that often co-occur with delinquent behavior. There is strong evidence that they have been effective in reducing aggressive and disruptive behavior in juveniles.

There are two main forms of cognitive therapy. One focuses on *mental processes*, such as attending, logical reasoning, perspective taking and brainstorming. The other focuses on restructuring the *content of thought*, such as replacing inflammatory self-talk with calming statements, or replacing anti-social norms with pro-social norms. Many programs include various combinations of the two. Anger management and social decision-making programs both combine them and are commonly considered specific categories of cognitive training.

Mental processes

Attending to thought

Attending to thought is an attention-focusing methodology whereby the mind consciously becomes aware of itself, of the body, and of the surroundings. Also sometimes called "mindfulness," monitoring self-talk can be a first step in cognitive restructuring and emotional regulation. Some practices proceed from simple mental awareness to an effort to stop, or cancel inaccurate or inflammatory self-talk, and then to actually restructure the content of thought. Others use mental practices to alter physical sensations (i.e. relaxation techniques). A smaller group of practices emphasize maintaining a detached awareness of thought and physical sensations as arising and departing phenomena, which need neither to be changed, nor acted upon, but simply recognized and accepted. While there are insufficient studies to allow a robust meta-analysis of this latter approach, individual studies have shown that this practice of quieting the mind can activate the area of the brain responsible for affect. It has had these results with children and youth.

Ripple Effects includes a "mindfulness" module that links to tutorials for "self-talk" and "physical sensations."

Cognitive therapies that focus on mental processes involve developing one or more of these mental capacities: attending to thought, especially recognizing internal triggers; critical thinking/logical reasoning; perspective taking and brainstorming.

Logical reasoning

Logical reasoning and critical thinking capacities include the ability to gather information and accurately identify a problem, engage in a pattern of consequential logic, and reach defensible conclusions based on evidence at hand. These thinking processes are frequently associated with the pursuit of science, but they are useful in social-emotional and academic situations as well. The ability to engage in the consequential logic of an if/then structure is a key component of impulse control. Recognizing the logic fallacy in drawing global generalizations from limited experience (i.e. "I flunked a test; it shows I'm too stupid to succeed in school.") is also a factor in self-efficacy and academic improvement.

Ripple Effects promotes rigorous reasoning as an independent capacity, and as part of a structured decision-making model. There are specific lessons on correctly identifying a problem, evaluating alternatives against criteria of safety, moral rightness, effectiveness, and emotional impact, and testing solutions. At each developmental level in the training software, there is a lesson on predicting consequences. The program treats predicting consequences as an independent skill, with focus on developing the cognitive structure of "if/then" sentences, as a necessary precondition for predicting future consequences of immediate actions, and drills students in its use. Every one of the 700 lessons in the combined training programs includes a five-part critical thinking and assisted writing exercise, in the form of an animated journal.

Perspective taking

Perspective taking is a related, cognitive strategy designed to promote identification with victims and potential victims. Lipsey's meta-analysis indicates that training in perspective taking is less effective than the cognitive approaches of reasoning and norm setting (1992). In fact, there is evidence that some offenders may enjoy seeing others suffer. This may be a function of the fact that perspective taking is only one part, the cognitive element, of a three part, evidence-based system for developing empathy, which also includes affective and behavioral elements. Absent the affective component, which promotes first the capacity to know one's own feelings, and then the ability to predict how others might feel, it is possible that training in perspective taking could actually increase offenders' ability to manipulate others. Programs that combine cognitive with affective and behavioral components in empathy training have been demonstrated to be effective in reducing school-based aggression (Durlak & Weissberg, 2007; Elias et al. 1994; Greenberg et al. 2003).

Ripple Effects Whole Spectrum Intervention System includes training in perspective-taking as part of a four part strategy for developing empathy, which also includes understanding feelings, showing care and resisting the impulse to turn people into objects (stereotyping). In addition to the free-standing lesson on perspective-taking, training in perspective taking is built into the structure of every other lesson. Participants are asked to take the part of the protagonist in every scenario that introduces a new topic.

A randomized controlled trial of the impact of Ripple Effects on resiliency assets demonstrated both increased scores on the empathy scale of the California Healthy Kids Survey, and greater felt experience of connectedness among classmates who were in the control group that had daily contact with students in experimental group (De Long-Cotty, 2008).

Ascertaining motive

Ascertaining motive is a logic driven process that includes gathering information about situational and facial cues, clarifying ambiguity and reaching a conclusion (Crick & Dodge, 1994).

To address misattribution of motive (i.e. “he did it on purpose”; “that teacher hates me”) *Ripple Effects* incorporates a lesson on “accidents and on purpose,” which links to training in reading “situational cues” and reading “facial cues”, and “asking questions” in ambiguous situations.

Brainstorming

Brainstorming is the process of generating options to subsequently evaluate. It requires temporarily suspending the active judgment that was so useful before – and again after – this step. There is evidence that the quality of a decision may be linked more to the quantity of the options considered than to their initial quality, and that considering poor alternatives is a useful step in getting to better ones. A specific cognitive capacity, brainstorming ability, can be limited by over-developed logical thinking, if analytical strength leads to prematurely closing off alternatives that don’t meet pre- defined criteria. Brainstorming can also be limited by lack of a belief in one’s capacity to come up with a solution (lack of self-efficacy).

In *Ripple Effects*, stand-alone lessons for both students and teachers promote brainstorming skills, including how to maximize the value of group brainstorming exercises and how to consciously suspend judgment in order to generate multiple alternatives. Lessons also promote the efficacious belief in one’s ability to come up with options. A journal writing exercise for every topic includes the step of identifying possible options. In addition, every lesson starts with a problem-solving scenario that presents a challenge and asks participants to brainstorm options available to the protagonist, and to evaluate the benefits and risks of those options.

Problem solving

There is substantial evidence that training in the combined skills of logical reasoning and brainstorming is an effective intervention for promoting problem solving, reducing pre-delinquent, aggressive behavior, reducing intent to engage in use of controlled substances, and increasing the chance of school success. Dozens of evidence-based prevention curricula recognize the importance of decision-making and personal responsibility, not only for prevention of delinquent behavior, but also for promotion of positive youth development. Ripple Effects is among them.

Ripple Effects Whole Spectrum Intervention System identifies conscious decision-making as one of seven key life skills and explicitly and implicitly teaches it throughout the program. It includes lessons in personal responsibility at both elementary and middle/high school levels. There are embedded links to decision-making training in dozens of lessons on substance use, interpersonal relations, and school-related behavior.

A randomized controlled trial of the impact of Ripple Effects on resilience assets demonstrated that it had significant positive impact on problem solving skills among sixth graders who had moderate risk factors for delinquency, including ELL status (De Long-Cotty 2008).

Cognitive restructuring

- Cognitive restructuring attempts to actually change the content of thought. When applied to correct behavior, it most often addresses:
- Distorted sense of self (i.e. inflated, narcissistic sense; unrealistic “victim” identity, and/or weak sense of self-efficacy)
- Misattribution of hostile motive
- Inflammatory messages that fuel anger, fear or other emotions
- Stereotypes associated with bias crimes
- Anti-social norms as rationalization of anti-social behavior

Correcting distorted sense of self

To correct a distorted sense of self, Ripple Effects provides training in cognitive restructuring for both an inflated narcissistic sense of self (under the topic “self-centered”), and an unrealistically weak sense of self–efficacy (under the topics “power”/“control”). Two of the seven key skills in both staff and student Ripple Effects programs are devoted to strengthening a healthy, but not inflated sense of self. One set focuses on self-awareness/ understanding (“know yourself”); the other focuses on “assertiveness,” the ability to command respect for oneself and one’s beliefs.

Exercises to increase self-awareness, include more than 37 interactive self profiles, and more than 2000 journal writing exercises. There are lessons and interactive profiles to develop awareness of body (“body image,” “exercise type”), mind (“learning style,” “intelligences”), heart (“temperament,” “identifying feelings”) and soul (“creativity,” “beliefs” and “values”), as well as lessons on “strengths” and “weaknesses.” Self-efficacy related topics include “goal setting,” “perseverance” and “mistakes.” There is a specific lesson on “self-esteem,” with the parenthetical title (“not self-centeredness”).

Addressing inflammatory messages

To address inflammatory messages Ripple Effects includes a tutorial for shaping the content of self-talk (“internal triggers), including learning to recognize and correct inaccurate or inflammatory messages. It also provides specific, corrective messages to use in response to emotionally inflammatory self talk that fuels anger, fear, envy and jealousy.

Reducing stereotyping

To reduce stereotyping associated with bias activity, in collaboration with the Leadership Conference on Civil Rights Education Fund and Partnership Against Hate, Ripple Effects developed a set of more than 35 tutorials that include training in stereotypes and ethnic conflict, as well as tutorials in appreciating diversity and empathy training. (See *Promoting Respect, Stopping Hate*. Partnership against Hate, 2006).

Addressing rationalization of anti-social norms

To address rationalization of anti-social norms, Ripple Effects *WSIS* supports formation of conscience among children and teens, especially those who are not receiving explicit, value-based parental direction. Separate lessons treat the topics of options, norms, self-determination, responsibility and values, with training in specific values that are intrinsic to democracy, such as “fairness,” “honesty,” “respect,” “responsibility” and respect for diversity. It teaches a decision-making framework that includes moral rightness according to a student or teacher’s personal code of values, as a criterion for evaluating every decision. Specific lessons deconstruct mental constructions that put responsibility on the victim for bullying, rape, dating abuse, molesting, hate crimes and other exploitation topics.

Promoting emotional regulation

To promote emotional regulation, Ripple Effects *WSIS* offers a full unit on managing feelings in both student and staff training software. It includes standardized, cognitive-behavioral strategies, such as managing self-talk, identifying internal and external triggers, and practicing relaxation techniques.

The Ripple Effects program also offers lessons on controlling these specific emotions:

anger	embarrassment	grief	numbness
anxiety	envy	guilt	sadness
disappointment	fear	jealousy	shame
disrespected	frustration	loneliness	

Counseling and motivational interviews

Research has shown that individual counseling can be an effective method for reducing risk factors related to mental health disorders and delinquency. Many people think of counseling as intrinsically a long-term process, where success hinges on the quality of the relationship between the client and provider. However, research has also shown that a specific structure, popularly known as a motivational interview, which addresses motivation, resistance and ambivalence about change, *from the point of view of - and in the language of - the client* can result in positive outcomes after a single meeting (Rollnick and Allison, 2004).

Characteristics of effective counseling for social-emotional challenges

Ideally, whether short term or longer term, counseling focused on social-emotional problem solving has these characteristics: It is person-centered, non-judgmental, invites affective (non intellectual) exploration of experience, involves active, reflective listening, presents clients with a set of potentially effective strategies that could enable them to constructively deal with a presenting problem, and refers out clients who need more extensive therapy or medical help. Carl Rogers, the originator of client-centered therapy (1959), believed that a therapist's genuine positive regard and empathy were the only requisites for clients to better trust and understand themselves, and to change their behavior as a result. Developers of the motivational interview have identified not only empathy, but also a method for clarifying facts without arguing with clients, as key components of their system.

Characteristics of personal guidance through Ripple Effects

Exposure to Ripple Effects *WSIS* approximates a therapeutic counseling experience, as well as what has been called a "motivational interview" in several ways:

Client centered

Users of the software are at the center of the Ripple Effects experience. It is "all about me." They choose what topics to explore, choose how much of themselves to reveal, choose what set of skill training opportunities to take advantage of, and choose the gender of their electronic guide. User-regulated topic selection allows each person to select and explore the issue or risk factor most important to her or him.

Formative evaluations involving focus groups in several classrooms of high school students indicated that the desired point of entry for most students are not traditionally recognized risk factors, such as family violence, drugs or gangs, but appearance issues and peer relationships. Students expressed almost no interest in proactively learning core social emotional abilities. Instead, their expressed interest was in "nots" – "not thin," "not popular," "not athletic," "not good looking." Thus these topics were added to the program before first release (Ripple Effects internal data, 1998-2007).

Non-judgmental

Counselors attempt to be non-judgmental; a computer can literally be so. The computer literally has no preference about whether students choose an exploitation topic from the perspective of perpetrator (“bully”), target (“bullied”), or witness (“bystander”). However, once a given topic is chosen, a computer is capable of communicating all the biases and judgment that any individual counselor is, so continuous review of content for bias is essential.

In the case of Ripple Effects training software, use of peer voices rather than adult authority reduces the felt impression of judgment. In addition, tutorials involving anti-social behavior, treat the experience of perpetrators as understandable, though not acceptable, and maintain a posture of respect in tone and style throughout.

Encourages affective exploration

Scenarios for each of hundreds of Ripple Effects topics have questions about the feelings of the protagonist in the situation being explored. Every journal exercise includes a writing opportunity for users to identify their own feelings about the issue being explored. There are a whole set of lessons on core skills for identifying, understanding and communicating feelings, (“mixed feelings,” etc.). An entire unit is directed toward “managing feelings.”

Demonstrates active listening

Ripple Effects software invites, attends to, reflects and validates learner’s interior experience. More than 30 interactive self-profiles pose questions, “listen” to user responses, and mirror back the content they have provided. In addition to profiles for core social emotional abilities, there are interactive self-profiles related to norms, social values, and propensity toward exploitation or victimization in a relationship. The peer voices in the software literally resonate with the voices inside users’ own heads. The assisted writing, journal exercises provide word prompts to help less verbal students name their own experience, and provide open-ended opportunities for self-expression for students who are more fluent. The interactive profiles mirror back representations of what learners say about themselves.

Process evaluations consistently show that student users report feeling “listened to” by the program (Correspondence and interviews, Ripple Effects, 2000-2008).

Offers science-based information about areas of client concern

For specific concerns, such as “panic attacks,” “pulling (one’s) hair out,” “post traumatic stress (PTSD),” “obsessive- compulsive disorders,” “tics,” and “depression,” the tutorials include plain language explanations of symptoms and definitions from DSM-IV. By including and debunking common misconceptions in the instructional tutorials and games to assess content mastery, learners are able to identify discrepancies between their beliefs and actual facts, without engaging in argument. This is a key part of motivational interviews.

Where non-medical interventions have been proven effective, such as changing self-talk to control “anxiety,” tutorials include training or guidance in those methods.

Offers relevant evidence-based strategies

Even the most gifted, experienced child psychologists rarely have personal expertise in all five of the most effective psycho-social strategies described above. Nor are they likely to be experts in the whole spectrum of instructional practices for conveying these proven strategies, even when they have full understanding of the content. The odds of a beginning school teacher or counselor having mastery of both sets of domain understanding is even more remote. It is still less likely that either group would have expertise in the whole spectrum of much less common, but also valid, approaches to dealing with idiosyncratic risk factors that may influence vulnerability to mental health problems. For example, the use of mindfulness techniques (a martial art practice as well as a spiritual one) to reduce anxiety and increase safety, when walking through violent neighborhoods.

As suggested by its name, Ripple Effects incorporates a Whole Spectrum of effective interventions, with a focus on cognitive, behavioral and social skill training strategies for hundreds of concrete problems. Through an expert system it presents a small subset for consideration by users, based on the selections they have made.

Protects confidentiality

Ripple Effects protects client confidentiality by password protecting each user’s input into the program, encrypting journal entries, and providing a “privacy screen” that can be lowered at the click of a mouse.

Refers out serious problems

For all problems that potentially involve serious injury to self and/or others (i.e. “anorexia”, “suicidal thoughts,” etc.) and for those that may have a basis in chemistry or biology (i.e. “attention deficit disorder”), as well as those that may require intensive, longer term therapy, Ripple Effects directs learners to seek further medical help and links them to training in how to use community resources and how to ask for help.

Know your resources: print, electronic, live

SOFTWARE



Training software *RE Coach for Kids* (grades 2-5), *Teens* (grades 6-10), *Staff*

Assessment tools Surveys on risk and protective factors

IN THE SOFTWARE

Help Movie Introduces the program to students and staff; access through help button

Got it's Assesses content mastery for each tutorial

Profile Interactive self assessment, with personalized feedback (results not stored)

Administrative Tools Monitor student usage and block topics (set up a log in name that uses the product serial number as the password)

PRINT



Intervention Description The basics of using the student software within different contexts



RE Staff User Guide The basics of using the staff software



Assessment Tools



Theory Book Conceptual underpinnings of *Ripple Effects Whole Spectrum Intervention System*

Guides for Tiered Intervention



Universal promotion Positive youth development course outlines matched to national standards



Targeted Prevention Scopes and sequences for preventive risk reduction in 14 areas



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



Site-based Implementation Planning Helps build a site-specific plan for use (fillable pdf)



Planning for RTI



Children's Mental Health



Personal Trainer for Parents Key skills to reduce risk and enhance protection for their children



Trainer's Resources Agenda, training scenarios, evaluation forms, check-off lists, certificates



Technology Support Comprehensive technical instructions and troubleshooting

Evidence of Effectiveness

Six volumes of evidence from 11 evaluation studies involving 4700 students

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