



**Children and Adolescent
Mental & Behavioral
Health Interventions**

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Introduction

The purpose of this manual is to provide information about how to use Ripple Effects programs to provide social emotional skill building, behavioral training and motivational counseling to address the most frequently occurring mental-social-emotional disorders in children and adolescents.

This manual shows how Ripple Effects addresses youths' problematic interior realities, including internal reactions to external situations or events; from hurricanes, to community violence, to bullying, to family trauma. It also provides a broad view of common mental health diagnoses and how the program dovetails with these diagnoses and treatment goals to improve the functioning of youth struggling with mental health disorders.

Neither Ripple Effects programs nor this manual:

- are to be used for diagnostic purposes or "prescribed" treatments. Rather, the resources compiled in this manual were developed to illustrate overlaps of Ripple Effects with diagnoses and treatment approaches.
- are intended to replace the services of professional therapists and mental health service providers. Nor does it take the place of medications prescribed by licensed psychiatrists and physicians.

When licensed mental health professionals and medical doctors make mental health diagnoses, ideally, youth will receive a comprehensive assessment that results in a treatment plan and treatment goals tailored to the unique needs of the individual. This plan can include family therapy; parent training; school-based, clinic, or partial hospitalization; inpatient services; community outreach; tele-therapy consultation and treatment; individual therapy/ counseling; group therapy and psychosocial skills groups; medication; diet, and more. Ripple Effects interventions can supplement and support any and all of these.

Ripple Effects: Evidence Proven Practices

Ripple Effects software for students in grades 3-11 uses proven cognitive, behavioral, affective, and social skill training methods, as well as personal guidance and motivational interview approaches. The expert *Whole Spectrum Learning System (WSLS)* expands capacity to match individuals with the best approach for them.

To review efficacy research using Ripple Effects interventions, go to rippleeffects.com/impacts/

Research has shown exposure to Ripple Effects adaptive interventions can have a positive impact on grades, behavior, 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.



Children's Mental Health

Incidence

According to a Mental Health America (MHA) 2017 report, youth mental health is worsening, while simultaneously the mental health workforce is facing a serious shortage. The statistics are staggering, with 1 in 5 young people now believed to be suffering from a mental illness (Mental Health America, 2017; Teen Health, 2017).

Mental health issues are entwined with school success or failure and pro-social behavior or delinquency. Youth with mental health issues have social, emotional and academic achievement gaps that can put them on a trajectory of later life outcomes such as school failure, lack of success on the job, lack of successful marital and parenting relationships, and involvement with the criminal justice system.

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 interdependent 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.

Mental Health Diagnosis and Treatment

In 2015, a revised version of the Diagnostic and Statistical Manual of Mental Health Disorders: DSM 5 (DSM 5) shifted the approach of treatment for mental health disorders from diagnosis to symptoms; acknowledging that there are symptoms that are common between diagnoses; and that most disorders occur with a range of severity.

A core principal of DSM 5 is that because diagnoses and symptoms overlap and occur on a spectrum, an effective approach to treatment is to focus on what symptoms need to be addressed, and what functional impairment can be improved through asset and skill building. Ripple Effects programs are uniquely designed intervention tools that can help to improve functioning.

Children and adolescents with mental health issues often have serious deficits in core social-emotional competences. Psychosocial components can play a critical role in a comprehensive intervention program, and are probably necessary if treatment is viewed in the context of the youth's overall level of functioning, quality of life, and compliance with prescribed treatment goals.

Few mental health settings or schools can provide a personalized response to each youth's mental health challenges on the scale needed today. Some mental health problems 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 every young person's unique needs.

The prevalence of mental health disorders, the impact of these disorders, and the shortage of mental health service providers creates a formidable challenge that calls out for technology. When technology is at its best it can serve to make treatment more effective, efficient, and equitable.

Almost universally, across settings, treatment plans will include psychosocial goals that include social and emotional behavior and problem-solving skills to improve functioning. Ripple Effects WSLs supplements and enhances treatment in the following ways:

- Provides an effective method for personalizing a comprehensive treatment plan.
- Puts youth directly in charge of identifying and participating in setting treatment goals and problem solving those areas most concerning to them without blame or shame; sometimes trauma related.
- Increases the intensity and individualized depth of training for individuals participating in group skill-building sessions and individual therapy sessions.
- Reduces the training burden for mental health service providers.
- Automates the process of monitoring and documenting compliance and tracking dosage of treatment.

Effective Skill Building

Skill building and performance improve through repeated practice and opportunities to apply new skills to varied situations. The goal of treatment is to help youth develop and internalize skills to a level where new behavior can be accessed in real life situations. The more opportunities for developing these skills through practice and exposure, the better.

Ripple Effects provides generalized training in core competencies, and is not intended as a primary prescribed treatment. **The core SEL training tutorials are not contextualized to specific mental health disorders, nor specific treatment approaches.** Rather, they can increase skill development in areas specified within a treatment plan. Ripple Effects can increase exposure and practice of new skills, increasing the probability that youth will receive a depth of training needed for meaningful change.

Personal Choice, Contextual Salience and Privacy

It is important to keep in mind that transfer and generalization of new skills to real life will often occur in emotional and complex situations. Therefore, encouraging youth, especially adolescents, to use the culturally relevant, trauma-informed intervention to privately explore and problem-solve the areas in their lives that cause them the most challenge makes sense. This helps to develop contextual self-efficacy.

Ripple Effects protects client confidentiality by password protecting each user's input into the program, encrypting journal entries, providing a "privacy screen" that can be accessed at a tap or click of a mouse, and by recommending headphones/earbuds for individual use.

Leveraging Outcomes: Expanding Counseling and Treatment Capacity

Whether youth are receiving mental health supports through a school counselor or in clinical settings, staff shortages, short stays, provider experience, and large caseloads often limit the quantity and sometime quality of individualized services provided. Ripple Effects topics can be assigned to increase the dosage of efforts to reach specific treatment goals and provide an evidence-based tool for less experienced providers. Student-directed use of the program can also serve as a bridge to building relationships between service provider and client, as well as empower and motivate youth in the treatment process.

Ripple Effects expands the reach of counseling and treatment with:

1. Social emotional skill-building and behavioral training tutorials that directly address specific areas linked to improved functioning. Separate manuals in this series explore the use of Ripple Effects as:

- Universal Promotion of core social-emotional competencies for positive youth development
- Targeted Prevention: Risk Reduction
- Personalized Positive Behavioral Intervention: Sample Individual Treatment Plans

2. Bridged communication. Ripple Effects does not replace mental health professionals, whose nuanced judgment is more needed than ever. Rather, it gives young people language for talking about what's on their mind. It can be an effective bridge to communication with youth who may be sullen, withdrawn, or too embarrassed to bring up a sensitive topic. Youth have disclosed anorexia, abuse, and suicidal feelings after using the program, even when they had previously refused to do so. Students' sense of a private, protected space for personal exploration is essential to their use of Ripple Effects. It is correlated with the positive outcomes to date.

3. Youth centered personalized problem solving. Students can access as skill-building extension and reinforcement, or as a means to help deal with a personal challenge. This removes barriers to support such as having to wait for an appointment or finding the right counselor or therapist, and provides students with the help they need when they need it. *In all tutorials involving student health or safety, Ripple Effects programs strongly encourage students to seek help from an adult they trust.*

4. Augmented individual and group sessions. Because the cornerstone of mental health treatment is a one-to-one relationship, live counseling/therapy by a qualified professional may be the least scalable of effective interventions. Yet, it has proven outcomes that must not be ignored. Ripple Effects can be an effective way to triage therapy and treatment services and extend the reach of counselors and therapists by augmenting individual and group sessions.

Why Use Technology?

The most unique and powerful aspect of Ripple Effects is its capacity to engage youth in accommodating their own learning – driving their own skill building efforts. While in many mental health settings it is seen as counter-productive to allow time on the computer, early studies show that targeted Ripple Effects use can be successful in these same settings.* Research has consistently shown that both adolescents and adults are more honest in disclosing mental health information to a computer than to live professionals. Ripple Effects technology leverages that inclination to put research-based, proven effective strategies at the fingertips of youth. The program offers them:

- Help for mental health issues from obsessive-compulsive disorders, to eating disorders, to communicative disorders; providing skill building in core social- emotional competencies; and encouraging youth to talk to an adult they trust.
- A whole tutorial devoted to how to access and use live mental health provider resources.
- A concrete opportunity to participate in their treatment goals and plans.
- Contextualized, culturally sensitive, trauma-informed skill-building and behavioral training in areas that are most concerning to them.

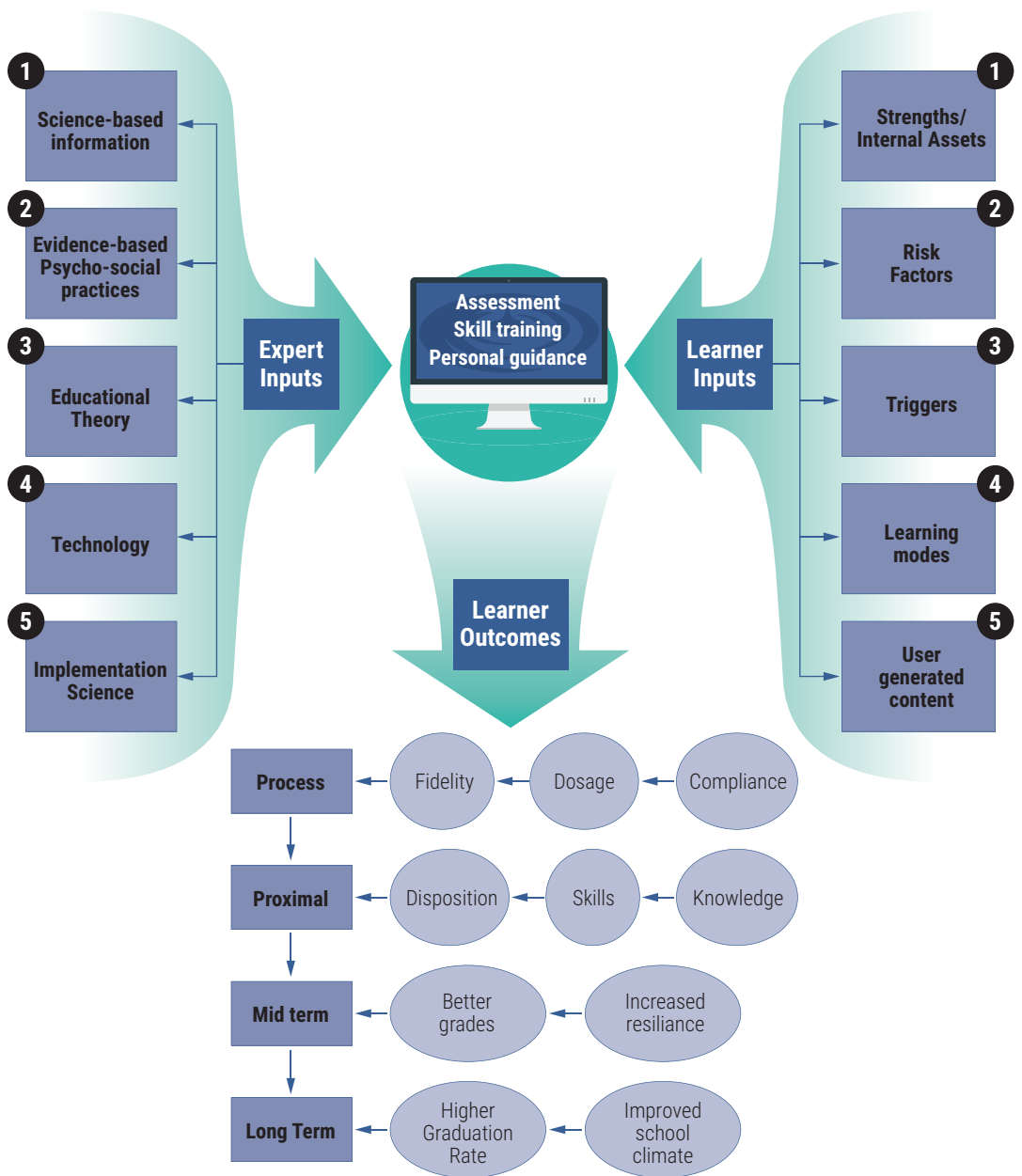
** In a matched-control study of middle school students with mental health diagnoses in a partial hospitalization program, Ripple Effects software was used to enhance psychosocial group sessions. Students were assigned topics related to their treatment goals and were allowed opportunities to choose their own topics. Pairwise comparisons of students in the technology-enhanced treatment school with controls had significantly fewer days of treatment and substantially higher rates of successful discharge. (Prator, Kempinski, Rockhill, Chen & Silverstein, 2019)*

The Ripple Effects Whole Spectrum Approach

A number of strategies have been proven effective in addressing different child and adolescent mental health disorders. No one strategy has been proven effective with all youth. Ripple Effects draws from a compendium of proven, preventive, and therapeutic 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, digital environment.

The *Whole Spectrum Learning System (WSLS)* represents a cohesive system with a very large, continuously updated, digital information base. This breadth of information can be used to configure implementation plans based on local goals and constraints.

A detailed description of the logic model on the following page, and the underpinnings of the *WSLS* can be found in the downloadable book, *From Multidisciplinary Theory to Multimedia SEL Interventions: The Conceptual Underpinnings of Ripple Effects Whole Spectrum Intervention System*, (Ray, 2009). rippleeffects.com/pdfs/theorybook.pdf



Navigating the Whole Spectrum Learning System

Ripple Effects WSLs incorporates a wide spectrum of effective interventions, with a focus on cognitive, behavioral and social skill training strategies for over 700 concrete problems. It 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 wise friend. It does not dispense medical advice, rather it “listens.” It paraphrases and re-presents learner input – and then presents strategies that could be of help. The expert system built into the program matches the users’ topic selection to a prescriptive set of proven effective strategies. By clicking on links, youth 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.

For each tutorial, Ripple Effects training platform includes between 9 and 13 context-specific, differentiated modes of learning, including:

Scenario-based case study - Every topic starts with a problem-solving scenario that presents a challenge facing a young person. Inquiry-based questions help put the user in the protagonist’s shoes, clarify the topic through example, and ask participants to brainstorm and evaluate those options.

Cognitive framework – The “Info” screen offers science-based information about areas of a youth’s concern. For specific concerns, such as panic attacks, post-traumatic stress disorder (PTSD), obsessive-compulsive disorders, depression, and more, the tutorials include plain language, explanations of symptoms, and definitions.

Step-by-step behavior skill training – The “How to” presents and demonstrates relevant evidence-based strategies particular to that topic.

First person, video storytelling – “True Stories” are told by youth who have dealt with the topic and learned from it.

Peer modeling – Modeling videos show youth using the skills being taught.

Transfer training practice – “Apply it” offers opportunities for common application of what has been learned, set in situations involving friends and family, media analysis, and role-plays.

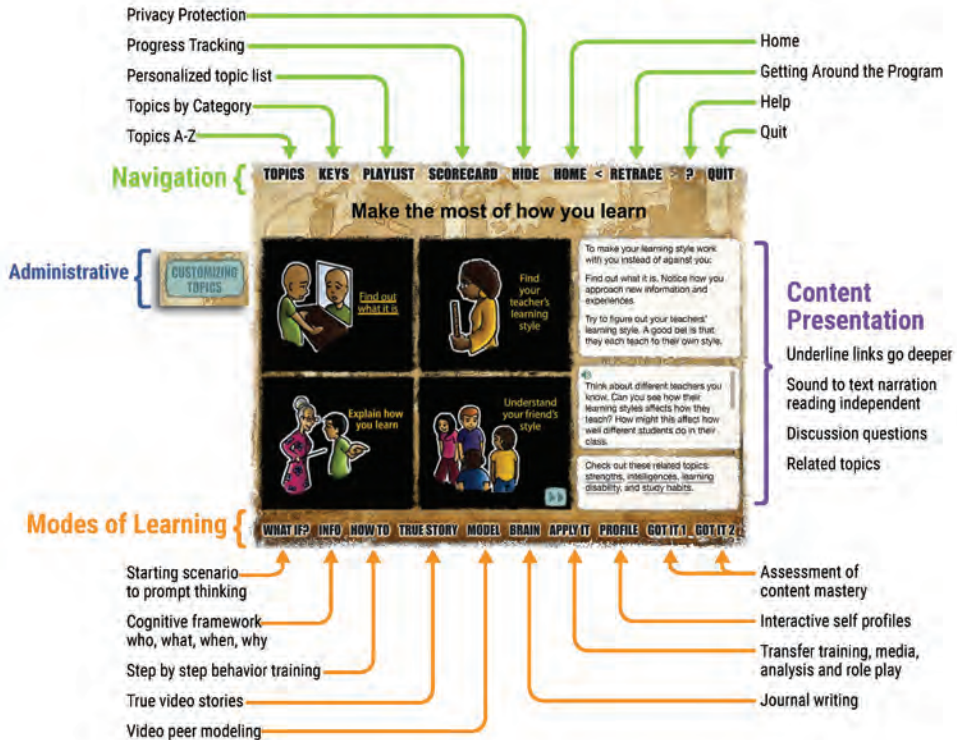
Reflective inquiry – Open-ended questions throughout the tutorial can be used as discussion or writing prompts.

Assisted journal writing – The “Brain” journal uses a structured problem-solving framework to guide youth in deep thinking around the topic, and in generating possible solutions and plans.

Individual interactive profiles – Profiles in a range of areas such as assertiveness, emotional regulation, learning style, temperament, and more provide the user with the feedback using strength based language and descriptions.

Game-based assessments of content mastery – These activities assess knowledge and bring each user to mastery.

Whole Spectrum Learning System™



An overview of Ripple Effects Whole Spectrum Learning System (WSLS) can be viewed at: www.youtube.com/channel/UCJlOzUi4vBKPgOSHEBcvgOA/videos

Implementing Ripple Effects

As previously stated, Ripple Effects is not intended and should not be used to replace the nuanced judgment of mental health professionals, or prescribed medications for psychiatric diagnoses. To increase the effectiveness of implementation here are a few things to consider:

- **Develop an implementation plan.** This can take several paths. One option is to have the youth login into the program and have them seek out a topic in an area they consider of interest or concern. Once you set them on the process of investigation, the program will guide the youth to the necessary skill building. Another option is for implementers to customize the plan, by creating a personalized scope and sequence. Customized scope and sequences can also be created for groups.
- **Customize the plan.** Use the implementation manuals to match the program's tutorials to treatment goals and/or other skill building programs/curriculum. The alignments were developed to illustrate overlaps of Ripple Effects with diagnoses and treatment approaches, not specific prescribed use. The most effective use of Ripple Effects is to contextualize, customize, and personalize the program to and with the unique user.
- **Focus on strengths.** When developing a plan, be sure to include tutorials that leverage strengths for skill building. Any weakness may be the flip side of a potential strength. For instance, stubbornness is also an expression of perseverance. A good tutorial to begin with is often the topic "Strengths" which has a self-profile that can be printed.
- **Introduce the program.** elp the youth login. Provide an overview of how the program works and set expectations of use. The "?" on the home screen launches a 2 minute video, describing one way to use the program.
- **Protect and respect youth privacy.** Journal writings are password protected. Remind users never to write into the program unless they have logged in with their own password, and to make sure they log out when they're done. If implementers are requiring youth to print out their journal entries as part of their learning portfolio or record, they must inform youth ahead of time. In some cases, students may request an implementer to act as a scribe.
- **Login info is retrievable, passwords can be reset.** Implementers can reset passwords in the Educator or Admin Dashboard, under "Manage Student Records."

- **Understand tutorial names.** Tutorials are listed in both youth vernacular and the lexicon of professionals. To increase engagement, consider choosing the topic names students are most familiar and comfortable with when assigning topics. Formative evaluations involving focus groups 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.”
- **Be aware that Ripple Effects tutorials refer out serious problems.** For all tutorials that involve health or safety, Ripple Effects programs strongly encourage youth to seek help from an adult they trust, link them to training in how to use community resources, and guide them in how to ask for help.

Specific Mental Health Concerns

Social Communication Disorder

Youth diagnosed with a Social Communication Disorder experience difficulty in the social uses of verbal and nonverbal communication. Their ability to effectively communicate in social situations, match nonverbal and verbal communication to the context, establish social relationships, and successfully participate in academic or new environments, can present differently from person to person.

Common difficulties in communication and interacting can include, but are not limited to: being overly literal; misunderstanding directions and nonverbal and verbal social cues; non-stop and or repetitive talking; inattentive; rigid and easily frustrated; and upset by change. In social situations, greeting, sharing information appropriately, and seeing the needs of the people they're interacting with can prove challenging. So can conversation skills like taking turns, rephrasing when misunderstood, and knowing when and how to use verbal and nonverbal signals to communicate. Expressing empathy and articulating different points of view can also be a challenge for these youth.

These communication challenges can result in doing poorly in school, even if academics are not a problem. Frustration as a result can lead to aggression, compulsive behaviors, or simply shutting down. Change, trauma, or the co-occurrence of other learning, behavioral or psychological disorders can further frustrate and challenge these youths.

Interventions for Social Communication Disorder are based on the youth's specific strengths and needs. Ripple Effects programs can be used in these ways:

- Create customized scopes and sequences by grouping topics matched to a child's personalized intervention goals, such as: becoming more comfortable with change, improving listening skills, understanding instructions, developing specific social skills, coping with frustration, reducing anxiety, developing empathy, and understanding different points of view. Full topic lists can be found at rippleeffects.com/teachers/.
- Use pre-set suggested scopes designed to address the most common problematic behaviors or skill deficits. See the Positive Behavioral Intervention: Sample Individual Treatment Plans manual at rippleeffects.com/teachers/.
- Provide opportunities for students to privately contextualize their skill building, by encouraging them to use the program to explore their own perceptions of their deficits and/or problem areas in their lives that they may not be able to communicate about.

Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a condition that impacts how a person perceives and interacts with the world. It is characterized by social skill challenges and deficits, repetitive and restrictive patterns of behaviors, verbal and nonverbal communication, as well as by unique strengths and differences. Signs of ASD usually develop by preschool and can be detected as early as 18 months. Symptoms and deficits for each child with ASD present uniquely and exist on a very wide spectrum of challenge and ability.

Originally only thought of as a complex neurological disorder, ASD is becoming increasingly considered a whole-body disorder (Bolton 2009, Croen 2015). Physical and mental health conditions, like epilepsy, GI disorders, sleep problems, eating disorders, ADHD, anxiety, depression, schizophrenia and bipolar disorder frequently accompany ASD.

While difficulty developing and maintaining relationships, engaging in play, making friends or effectively expressing simple needs are often the focus of treatment, practitioners are increasingly taking into consideration a child with ASD's physical and mental health in their evaluation and treatment plans.

Social skill training has been shown to be an effective intervention for children with mild to moderate ASD. Some young people with Autism respond very well to technology based interaction and instruction. Ripple Effects programs are used in dozens of special education settings across the country to promote social and executive skill development with youth who show symptoms of mild autism spectrum disorder.

Ripple Effects programs can be used in these ways:

- Tutorials on "ASD" or "Autistic" in both *Kids* and *Teens* programs
- Suggested scope of topics for Communication Challenges in the Positive Behavioral Intervention: Sample Individual Treatment Plans found at rippleeffects.com/teachers/
- A large library of topics to improve social and executive function in areas such as understanding eye contact, not interrupting, making friends, having a conversation, organizing, planning, sustaining attention, controlling impulses, and more. Comprehensive topic lists can be found at rippleeffects.com/teachers/.
- Comprehensive social emotional learning curriculum can be directly accessed within the interventions through the "KEYS" feature, or see the Universal Promotion for Positive Youth Development manual at rippleeffects.com/teachers/ to match goals to preset scopes aligned to various SEL, developmental asset, and developing learners models.
- Matched to the National Health Education Standards, both *Kids* and *Teens* programs contain more than 100 mental and physical health related tutorials that "promote and support health-enhancing behaviors for students." Health promotion alignment found in the Universal Promotion manual at rippleeffects.com/teachers/.

Attention-Deficit/Hyperactivity Disorder (ADHD)

Attention-deficit hyperactivity disorder, or ADHD, makes it unusually difficult for children to concentrate, sit still, follow directions and control impulsive behavior. Some youth with ADHD have problems with inattention, distractibility, and lack of focus and organization. Others are highly impulsive and overactive as demonstrated by the appearance of a “motor running on high,” constant movement and squirming, excessive talking and blurting out, interrupting games and conversation, and an inability to quietly engage in activities. The majority, however, have a combination of both of these.

Ripple Effects programs can be used in these ways:

- Use content specific topics to help youth better understand themselves; what ADHD is and learn the role of ADHD on their behavior, learning, and relationships. Samples of related Ripple Effects tutorials:

Ripple Effects for Kids: ADHD, Ritalin, Learning style, Exercise, Knowing yourself

Ripple Effects for Teens: ADHD, ADHD-drugs, Learning style, Exercise type, Knowing who you are, Temperament

- Specific skill-building tutorials related to attention and hyperactivity. Including, but not limited to the following:

Ripple Effects for Kids: Attention problems, Brain, Distracted, Mindfulness, Calming down, Instructions – following, Effort, Perseverance, Organized, Listening, Managing feelings, Anxious, Curiosity, Study habits, Self-talk, Impulse control

Ripple Effects for Teens: Paying attention, Brain, Distracted, Mindfulness, Calming down, Breathing, Following instructions, Effort, Perseverance, Organized, Active listening, Managing feelings, Anxiety, Bored, Curiosity, Study habits, Time management, Self-talk, Impulsive

- Existing sample treatment plans to related specific behaviors can be found in the Positive Behavioral Intervention: Sample Individual Treatment Plans manual. Here is a list of possible related plans from the manual:
 - Disruptive in Class Scope and Sequence
 - Disruptive out of Class Scope and Sequence
 - Hyperactive Scope and Sequence
 - Impulsive Scope and Sequence
 - Rejected by peers Scope and Sequence
- In addition to the above mentioned 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.

Anxiety Disorders

Anxiety disorders are the most common mental health problems among children and youth. For some, they can take the form of generalized, exaggerated nagging worry over everyday events, hampering daily activities and relationships. For those with Obsessive-Compulsive Disorder (OCD), these thoughts are obsessions, showing as great concern for order; fear of acting on aggressive impulses; or fear of dirt, germs & contaminations. Their behaviors are ritualized and compulsive, such as repetitive hand washing, checking and rechecking, repetitive actions such as stepping only on the cracks of a sidewalk; concerned with arranging things. Youth with Panic Disorder have feelings of fear and dread, especially around fear of death or “going crazy,” accompanied by intense, frightening physical sensations, such as chest pain, a pounding heart, and shortness of breath.

With treatment, youth can learn to manage and overcome some of the symptoms of Anxiety Disorders. There are numerous research-based treatments for the disorder with some of the most common being: Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT) and medication. Ripple Effects programs can be used in these ways:

- Tutorials specifically related to the disorders, include, but aren't limited to:
 - Ripple Effects for Kids:** Anxious, Nervous, Afraid, Triggers - catching
 - Ripple Effects for Teens:** Panic attacks (anxiety attacks), Anxiety, Fear, Nervous habits, Psychosomatic (“in your head”), Triggers - outside, Mental health issues
- As a reinforcement of CBT, multiple tutorials encourage self-talk, identifying and managing feelings, recognizing the difference between realistic and unrealistic thoughts, encouraging positive thinking patterns, and replacing negative thinking patterns and behaviors with positive ones.
- To supplement ACT, related skill-building tutorials include, but aren't limited to:
 - Ripple Effects for Kids:** Mindfulness, Liking yourself
 - Ripple Effects for Teens:** Mindfulness, Self-acceptance, Breathing
- To supplement DBT, related skill-building tutorials include, but aren't limited to:
 - Ripple Effects for Kids:** Responsibility, Conflict, Feelings – knowing, Feelings – understanding, Feelings – control you, Feelings – dealing with
 - Ripple Effects for Teens:** Responsibility – for feelings, Conflict – resolving, Emotions – yours, Feelings – owning, Feelings - handling
- A comprehensive scope and sequence for developing social emotional competencies and alignments with the Developmental Assets model can be found in the Universal Promotion Scope and Sequence for Positive Youth Development at rippleeffects.com/teachers/.
- Perhaps the most effective use is to use the program to help identify and develop a sense of self-efficacy in those areas that are most concerning to the individual student.

Depressive Disorders

Depressive Disorders in young people are pervasive and typified by long lasting sad moods. In 2015, DSM IV classified the Depressive Disorders into 4 major disorders. Despite the variation in the chronicity, symptoms, causes and recommended treatment approaches, all four depressive disorders greatly interfere with the ability of young people to sleep, eat, socialize, study, exercise or enjoy pleasurable activities. In extreme cases, depression can lead to suicide. Suicide is the second leading cause of death for US youth between the ages of 15 and 24.

Depressive disorders are treatable, despite the fact that there is no one cause, with genetic, biochemical, environmental, and psychological all being factors. The earlier they are identified and treated, the better the outcomes. Treatment for youth typically includes psychotherapy, largely cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT); medication and school or home-based interventions.

Research on 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).

Ripple Effects programs can be used in these ways:

- Perhaps the most important use of *Ripple Effects for Teens* 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 increases the chance that those students most at risk for suicide will not get help with the issues that are leaving them so hopeless.
- Match to treatment goals for skill training topics in areas such as: developing self-awareness, managing feelings and connecting to others, as well as tutorials in other common related personal topics. See the suggested scope of tutorials for Depression and Suicide in the Targeted Prevention: Risk Reduction manual at rippleeffects.com/teachers/.

- Tutorials related to the disorder, include but aren't limited to:

Ripple Effects for Kids: Sad

Ripple Effects for Teens: Depression, Sadness, Suicide, Mental health issues

Eating Disorders

Eating disorders are a severe disturbance in eating behavior including extreme under-eating, extreme overeating, and/or feelings of extreme distress about body weight or shape. Youth with eating disorders are very demanding on themselves and suffer from low self-esteem, depressive mood swings, all or nothing thinking, fatigue, impaired concentration and irritability; among other symptoms.

Anorexia Nervosa is marked by eating extremely small amounts of food, essentially starving oneself. Youth struggling with Anorexia try to maintain a weight that is severely below normal weight and have beliefs that their self-worth is based on how thin they are. Bulimia Nervosa is a disorder that is marked by bingeing on large amounts of food and then purging by throwing up or exercising excessively to try to get rid of extra calories. Binge Eating is marked by compulsive, continuous overeating.

Eating disorders are not a purely physical disease. They usually are associated with additional mental health disorders, such as trauma, lack of impulse control, depression, anxiety and other disorders. Because of these complex associations, there is no effective, one-size-fits-all prevention or intervention program. Personalized responses are essential. Ripple Effects tutorials can support treatment plans by:

- Supplementing or reinforcing cognitive behavioral strategies that address emotional needs
- Helping students examine conscious and unconscious feelings about gender and body image
- Possibly prompting students to identify and disclose their underlying concerns to health professionals.
- Supporting kids who are at risk of or have an eating disorder. Scope and sequence can be found in the Targeted Intervention manual at rippleeffects.com/teachers/.

Obesity and Overweight

Obesity is a childhood health problem that does not have sufficient evidence to be determined a mental health disorder by the Eating Disorders Workgroup of DSM 5, despite the fact that there are some phenotypic similarities between both eating disorders and substance abuse disorders. For some overweight kids, eating can be a compulsive reaction to stress or unmet emotional needs. Youth who are overweight or obese are more likely to be bullied, stigmatized, and excluded. They are at higher risk for anxiety and depression; and physical problems such as diabetes, high blood pressure, high cholesterol, and higher risk of heart disease. To learn more about how Ripple Effects can support the mental and physical health of youth who are obese or overweight, see the scope for “Obesity” and “Overweight” in the Targeted Intervention manual found at rippleeffects.com/teachers/.

To use Ripple Effects tutorials to promote health-enhancing behaviors for students matched to the CDC’s National Health Education Standards, see the Ripple Effects Health Promotion lesson plans in the Universal Implementation Manual at rippleeffects.com/teachers/.

Trauma and Stressor Related Disorders

Post-Traumatic Stress Disorder (PTSD)

Trauma and Stressor Related Disorders include disorders triggered by traumatic stress and phobias. Post-Traumatic Stress Disorder (PTSD) is a condition that occurs after exposure to a terrifying event, including family and community violence. Natural disasters, the threat of terrorist violence, and exposure to pervasive and persistent discrimination, are all “big picture” stressors that 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. It’s natural to be traumatized by such events.

The more traumatic experiences a youth has, and the longer they last, the more likely to impact their learning and behavior. Symptoms can include frightening, intrusive flashbacks, which wrestle attention away from schoolwork and can bring on hyper vigilance, emotional deadening, and a shortened sense of future. 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 non-responsive affect, substance abuse, and problems with peers. A growing body of evidence directly links PTSD to both academic and behavioral problems at school. Violence and trauma can affect anyone, but it affects urban, poor, and minority populations in the United States more than others.

Phobias

Phobias involve identifiable and persistent fear that is excessive or unreasonable. Phobias are triggered by the presence or anticipation of specific situations, objects, animals, or conditions, from shyness to claustrophobia. Common phobias include fear of animals, insects, blood, heights, closed spaces or flying. Other types of phobia include fear of social performance, separation anxiety, and leaving home.

Ripple Effects programs can be used in the following ways:

- For personal problem solving. Many youth have strong family or cultural prohibitions against talking about “private” things. Provide time, space, encouragement and earphones for youth to privately explore mental health concerns. Trust the program to provide culturally-sensitive, trauma-informed skill-building and behavioral training in areas that are most concerning to youth, and to match each student’s context to the most relevant set of evidence-based strategies for addressing them.
- To supplement group therapies. For youth who do not participate well in groups, Ripple Effects can be a way to engage them and provide them with a concrete opportunity to participate in their treatment goals and plans.

- To help youth cope with Traumatic Stress Response. Target treatment goals such as: developing strengths to handle many forms of adversity; recognize that hard things happen to people, and can be survived; learn to control self-talk and managing anger and fear; learn who and how to ask for help if needed; develop greater flexibility and optimism (two components of resilience); and develop problem-solving skills. These scopes and sequences can be found in the Positive Behavioral Intervention: Sample Individual Treatment Plans at rippleeffects.com/teachers/.
- To support military youth. Since 2003, rates of PTSD, traumatic brain injury, anxiety, depression, drug and alcohol use, child maltreatment and physical abuse among adults in the military have been increasing at rates faster than non-military families. Depression, PTSD, TBI, and substance abuse can interfere with a parent's cognition, ability to function day to day and care for family members. Additionally, frequent and extended deployment causes additional strain on military children. Helping youth understand that they are not the cause of their parent's problems, and helping them to connect with their community can protect and help them navigate difficult circumstances. Contact Ripple Effects for scope and sequences specially designed to support youth of military families in: developing a sense of personal agency in a context of limited control over external events; learning coping skills to manage internal and external stressors related to change; and developing core social-emotional competencies that are tied to resilience: assertiveness, emotional regulation, problem solving and connection to community.
- Following a natural disaster or catastrophic event. There is a growing body of research that shows when mental health supports are available soon after a traumatic event, harm is mitigated and healing begins earlier. Technology can support that delivery. Contact Ripple Effects for scope and sequences specially designed to support young people after a specific traumatic event.
- Numerous tutorials related to the disorders, include, but aren't limited to:
 - Ripple Effects for Kids:** Hard things, Natural disasters, Neighborhood problems, Family problems
 - Ripple Effects for Teens:** PTSD, Trauma, Community violence, Family violence, Natural disaster, Phobias

Disruptive, Impulse-Control, and Conduct Disorders

Disruptive, Impulse-Control, and Conduct Disorders include conditions involving problems in the self-control of emotions and behaviors. While other disorders in DMS-5 may also involve problems with emotional and/or behavioral regulation, the disorders in this category are unique in that these problems have a direct impact on those around them (e.g., aggression, destruction of property) and/ or bring the individual into significant conflict with authority figures and societal norms.

Youth with Oppositional Defiant Disorder (ODD) have frequent and consistent angry/irritable moods, argumentative/defiant/hostile behavior, or vindictiveness toward authority figures. This takes the form of tantrums, questioning or non-compliance of rules, deliberate attempts to annoy or upset others, mean and hateful talking when upset, spiteful attitude, and revenge seeking. Youth with Intermittent Explosive Disorder (IED) are characterized by explosive outbursts of anger and violence, often to the point of rage, that are disproportionate to the situation at hand, or anger based behavioral outbursts resulting in property damage or injury to animals or persons. Conduct Disorder is a diagnosis used for children and adolescents with a great difficulty following rules and behaving in socially appropriate ways. This can include: fighting and aggression, destruction of property, deceitfulness, lying or stealing, and serious rule breaking (ex. running away and skipping school). How these disorders manifest can cause significant social and academic problems for the individual.

Another factor that distinguishes this as a mental health disorder is apparent lack of conscience. 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 programs recognizes that normal moral development is influenced first and foremost by direction at home. It is also influenced by peer and community norms, and by personal religious beliefs, as well as by intrapersonal abilities.

Ripple Effects programs can be used in these ways:

- **To support the formation of conscience in youth**, especially those who are not receiving explicit, values-based family direction. 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. See the Universal Promotion manual for comprehensive SEL curricula and other scope and sequences that promote positive youth development at rippleeffects.com/teachers/
- **With tutorials that precisely target specific behaviors associated with various Conduct Disorders**. These can be found in the Positive Behavioral Intervention: Sample Individual Treatment Plans manual.
- **Through targeted prevention**. The Targeted Prevention: Risk Reduction manual includes a scope and sequence to prevent youth violence. Tutorials from these scopes can be matched to treatment goals (rippleeffects.com/teachers/).

Active trials using Ripple Effects interventions as part of a comprehensive treatment plan to deliver social skill training for young people with Conduct Disorders is currently in progress. Preliminary results show promising results. Contact us for updates and to learn more.

Substance-Related and Addictive Disorders

There are nine types of substance-related and addictive disorders. Regardless of the particular substance, they share the existence of recurring use causing impaired control, social impairment, risky use, and other pharmacological criteria. Disorders range from mild to moderate to severe, with the most common being associated with alcohol, tobacco, cannabis (marijuana), stimulants (i.e. meth), hallucinogens, and opioids.

Key treatment components include, but are not limited to: personalizing treatment to the unique needs of the youth; addressing the needs of the whole person, namely their physical, psychological, and social well-being; identifying and treating other mental health disorders and other sensitive issues, like violence or child abuse. An array of behavioral therapies has been shown to be effective in treating and preventing substance-related and addictive disorders.

Ripple Effects programs can be used in these ways:

- Incorporate Ripple Effects tutorials to personalize treatment plans, or as a valuable support to group work. Tutorials emphasize helping youth to: correct false images/ ideas about the drug, identify their own motivation, develop core social-emotional abilities, and possibly identify related mental health or sensitive issues in their life.
- Promote holistic health-enhancing behaviors for children and adolescents. Ripple Effects tutorials align to the CDC's National Health Education Standards. See the Universal Implementation Manual at rippleeffects.com/teachers/ for a full alignment.

Alcohol Use Disorder (AUD), Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, Opioid Use Disorder

Different communities and different individuals within communities have different issues around alcohol and drug use, and thus a wide range of culturally relevant therapeutic options is needed. Ripple Effects aims to reduce risk factors and strengthen protective factors with a full range of proven strategies. See the “Smoking & Vaping” or “Drugs & Alcohol” scope and sequence in the Targeted Prevention: Risk Reduction manual at rippleeffects.com/teachers/ for a full list of tutorials selected for:

- Social skill training, especially in assertiveness so youth 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 or mental health
- Training in decision-making skills so they can realistically predict consequences and develop viable options
- Bonding youth to their schools and community so that they have a network of support
- Training in norm setting so students recognize drug and alcohol use as something that is unhealthy
- Providing information, including facts, about drugs and their effects, as well as related resources and laws

Tobacco Use Disorder

Ripple Effects “Smoking & Vaping” curriculum 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. Rather than focusing on long-term health risks of tobacco use, Ripple Effects strengthens norms against tobacco use by appealing to things young people think are important, like immediate effects on appearance and aversion to being manipulated by cynical corporations. See the “Smoking & Vaping” curriculum in the Targeted Prevention: Risk Reduction manual at rippleeffects.com/teachers/.

Co-occurring Disorders

Youth with mental health disorders are more likely than youth without mental health disorders to have an alcohol or substance use disorder. Treatment plans that address both are shown to be more effective. To use Ripple Effects as part of an integrated treatment plan, see other mental disorders located within this manual.

Gender Dysphoria

Gender Dysphoria is marked by a conflict between a person's assigned gender at birth, and the gender with which the person identifies. People with Gender Dysphoria often experience significant distress with their body, expected roles, and conflict between the way they feel and think of themselves and their assigned gender. Gender Dysphoria can appear in childhood or in adolescence, and can look different for each person.

At this point in time, much is still not known about Gender Dysphoria in youth and much research is still needed to guide best practice for wellness promotion & appropriate care. What is known is that across the lifespan, there is an interplay and increased prevalence of risk-taking (substance use, sexual behaviors) and mental health problems (depression, substance abuse, suicidal) among individuals with Gender Dysphoria. Additionally, individuals experience a higher prevalence of bullying, ostracizing, and cultural alienation.

Ripple Effects programs can be used in these ways:

- Ripple Effects programs contain hundreds of tutorials that strengthen core social emotional abilities and can be used to help promote the health and wellbeing of young people who experience Gender Dysphoria.
- Tutorials include addressing peer problems, such as: bullying, left out (ostracized), teasing, etc.
- Tutorials include skill development for connecting with others and getting support, such as: joining groups, making friends, getting support, counselors, mentors, etc.
- Ripple Effects Decision Making Scope and Sequence includes specific tutorials that address specific risk-taking behaviors.

Non-suicidal Self-Injury

Although Non-suicidal Self-Injury (NSSI) is not classified as a mental health disorder in DSM-V, the increasing prevalence, especially among girls, its co-occurrence with other mental health disorders and its association with various externalizing and internalizing conditions warrants its inclusion in this manual.

NSSI most commonly includes hurting oneself without suicidal intent; hitting, pinching, banging or punching walls and other objects to induce pain, break bones, ingesting toxic substances, and interfering with healing wounds.

One of the most common of these, "Cutting," also known as self-mutilating behavior (SMB), 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.

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/self-injury" 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.

Mental health disorders, substance use, trauma, and sexual violence are common among adolescents and children who engage in SMB. Treatment plans that address the unique needs of each individual are shown to be more effective. To use Ripple Effects as part of an integrated treatment plan see other mental disorders located within this manual, scopes for health promotion in the Targeted Prevention: Risk Reduction manual, or scopes to develop core social emotional abilities in the Universal Promotion manual.

Perhaps the most effective use of Ripple Effects is to use the program to help youth identify and develop a healthy sense of self-efficacy in areas most concerning to them.

Schizophrenia Spectrum and other Psychotic Disorders

Childhood and Adolescent Schizophrenia is a severe form of psychotic disorder that is often chronic and disabling. Signs of the disorder include: delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, limited verbal and nonverbal emotional expression, disinterest, or lack of goal directed behavior. Symptoms can change over time, as well as disappear for periods of time.

Ideally, teams of care providers work together to develop and deliver treatment. Plans tend to be comprehensive including medication, psychotherapy, and life skills training. Hospitalization can be a component of treatment for some. Psychosocial treatment approaches such as Social Skills Training, Cognitive Therapy and Cognitive Rehabilitation have received empirical support and are considered an important component of a comprehensive treatment plan. Regardless of the severity, effective treatment recommendations include engaging youth in treatment planning and identifying specific skills or problem areas that the youth is motivated to work on (Bellack, 2001).

Ripple Effects does not include the topic Schizophrenia, but does include tutorials that align with social skill training and various therapeutic approaches successfully used in the treatment of schizophrenia and psychotic disorders. Toward this end, the use of Ripple Effects may add value. For instance:

- **Motivational counseling.** Ripple Effects interventions have a unique capacity for helping youth to participate in their personalized treatment plan targeting areas of concern and skill building efforts linked with youth motivation. The young person can participate directly in identifying tutorials related to their immediate concerns and areas they would like to target for improvement.
- **Comprehensive Social Emotional Learning Curriculum.** This can be directly accessed within the interventions through the “KEYS” tab.
- **Life skills training.** This includes social, academic, and vocational skill building that is generally included in treatment plans. Ripple Effects’ Universal Promotion for Positive Youth Development manual at rippleeffects.com/teachers/ matches specific goals to preset scopes aligned to various SEL, Developmental Asset, Developing Learners, and 21st Generation Career models.
- **Supplementing treatment.** Ripple Effects tutorials are related to elements of other evidence-based treatment approaches. Ripple Effects allows for differentiated learning and/or deepening and expanding the intensity of instruction.
- **Supporting Cognitive Behavioral Therapy and rehabilitation.**
Ripple Effects WSLs aligns with components of CBT and rehabilitation.

Bipolar and Related Disorder

Bipolar Disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood and activity. Young people with Bipolar Disorder experience extreme mood changes, from extreme lows of sadness (depression) to extreme highs of happiness (mania). Some experience “mixed” episodes with both manic and depressed symptoms.

Their mood impacts their sleep, activity, diet, and ability to think clearly. During the extremes, some young people might have: explosive rage or irritability, delusions, hallucinations, feelings of guilt or worthlessness, grandiose beliefs, depression, increased risk-taking behaviors and suicidal thoughts. Youth with Bipolar Disorder experience other problems like substance abuse, ADHD, and Anxiety Disorders. These can exacerbate symptoms and behaviors.

Treatment plans generally include medication and psychotherapy. *Ripple Effects for Teens* does not include a direct intervention for Bipolar Disorder, nonetheless, it can support therapy through:

- **Numerous tutorials related to the disorder**, including, but not limited to: Depression, Self-worth, Suicide, Shame, Control-taking, Calming down, Changing feelings, Coping, Managing feelings, Hyperactive, Risky behavior, Anxious, Sad, Mental health issues, etc.
- **Existing sample treatment plans** to specific behaviors can be found in the Positive Behavioral Intervention: Sample Individual Treatment Plans manual at rippleeffects.com/teachers/.
- **Preset scopes of tutorials** to address the risks of depression, suicide and drug use found in the Targeted Prevention: Risk Reduction manual at rippleeffects.com/teachers/.

Alignments with Common Therapy Approaches

Motivational Interviewing (M.I.)

Motivational Interviewing (M.I.) refers to a counseling approach developed in part by clinical psychologists William R. Miller and Stephen Rollnick. M.I. is a method that works on facilitating and engaging intrinsic motivation, resistance and ambivalence about change within the client to change behavior. As mentioned earlier, M.I. methods are used throughout *Ripple Effects WSLs*. Exposure to *Ripple Effects WSLs* approximates a therapeutic motivational interview counseling experience in ways described in the following illustration:

Features of Motivational Interviewing	Ripple Effects WSLs
Client-centered	Youth choose topics to explore, how much of themselves to reveal, what set of training opportunities to take advantage of, and choose their avatar mentor guide. User-directed selection allows the user to select and explore issues or risk factors most important to themselves.
Non-judgmental	While therapists and counselors are trained to be non-judgmental, a computer can literally be so. Use of peer voices rather than adult authority reduces the felt impression of judgment. In topics involving anti-social behavior, content treats the experience as understandable, though not acceptable, and maintains 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 and others in the situation being explored. Each topic has a journal exercise, opportunity for learners to identify their own feelings about the issue addressed. There are a whole set of lessons on core skills for identifying, understanding, communicating and managing feelings. A mode of learning includes "True Story" told by those who share a similar experience.
Demonstrates active listening	Ripple Effects invites, attends to, reflects, and validates learner's inner experience. Interactive self-profiles pose questions, "listen" to user's responses and mirror back the content provided. The assisted-writing journal exercises prompt for self-expression that is recorded. Process evaluations provide immediate feedback. Program users consistently report feeling "listened to" by the program.
Offers science-based information about areas of client concerns	For specific concerns such as panic attacks, PTSD, or depression, the tutorials include plain language explanations of symptoms and definitions from DSM-5. Common misconceptions are included and debunked in the instructional tutorials and interactive games to assess content mastery. Users are able to identify discrepancies between their beliefs and facts, without engaging in argument.
Offers relevant evidence-based strategies	Where interventions have been proven effective (for example, changing self-talk to control anxiety), the tutorials provide training and guidance in these methods. This large library of training tutorials puts at the fingertips of youth the most effective and up to date information and intervention methods. It also relieves mental health professionals of the formidable - if not impossible - demand of being a content expert in all psycho-social interventions and approaches for all types of disorders.
Offers relevant evidence-based strategies	User's input is password protected. Headphones are recommended for individual use and a "privacy screen" is activated at the click of a mouse to provide privacy.

Cognitive Behavioral Emotional Approaches

A large body of research has shown that cognitive-behavioral-emotional regulation 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 these approaches have been effective in reducing aggressive and disruptive behavior among youth in the juvenile justice system.

Therapy models that fall into this category are many, varied, and share overlapping core elements. But generally, cognitive therapies focus on mental processes, such as: attending, logical reasoning, perspective taking, restructuring the content of thought, or replacing anti-social norms with pro-social norms. Most cognitive behavioral programs also include recognition and management of emotions.

Ripple Effects WSLs offers a full range of standardized, cognitive-behavioral-emotional tutorials that match well with these therapeutic approaches, such as managing self-talk, identifying internal and external triggers, and practicing relaxation techniques. The Ripple Effects program also offers many lessons targeting decision-making skills, as well as recognizing and managing specific emotions.

Anger	Embarrassment	Grief	Numbness
Anxiety	Envy	Guilt	Sadness
Disappointment	Fear	Jealousy	Shame
Disrespected	Frustration	Loneliness	

Mindfulness and Relaxation Training

While many interventions include emotional regulation as a component, other methods target this area directly, and most of these approaches emphasize teaching youth to manage stress and emotional reactivity by learning to regulate their rate of breath. Rate of breath has long been recognized as a “higher order behavior.” Emotions can create “fight or flight” responses that are physical, impacting rate of breath, heart rate, sweat, muscle tension and access to higher level thinking/executive functioning and the ability to attend. Heart rate, pulse, and sweat are things that humans cannot control directly by saying “Heart, slow down.” or “Sweat, dry up.” But we can control our rate of breath.

Regulating rate of breath can impact the autonomic nervous system and open access to higher level thinking, and the self-control needed for assertive respectful communication. Learning to use breathing to reduce stress is one of the most common treatment goals for clinical populations, using a range of methods.

Mindfulness interventions focus on attending to thought as an attention-focusing methodology whereby the mind consciously becomes aware of itself, of the body, and of its surroundings. 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. Still other approaches include progressive muscle relaxation, through tensing and releasing muscles to achieve a relaxed state. After releasing tension throughout the body, a final step is to focus on deep breathing.

Ripple Effects WSLs offers a full range of topics to support these methods such as, “Mindfulness,” “Breathing,” “Calming down,” and “Impulsive-not”. Training and modeling of these methods are embedded within a wide range of topics addressing feelings and tough situations.

Cognitive Restructuring, Cognitive Behavior Therapy (CBT) and Self-talk

Some specific models of Cognitive Behavioral Approaches are Cognitive Restructuring and Cognitive Behavior Therapy (CBT). A core part of both focuses on identifying and then disputing irrational or maladaptive thoughts. Reframing is used to help youth develop a way to view and experience events, ideas, concepts, and emotions in a more positive and productive way. CBT works to change unhelpful thinking and behaviors that lead to improvements in mood and functioning. 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.

Cognitive restructuring focuses on efforts to actually change the content of thought. Specific ways Ripple Effects supports Cognitive Restructuring and CBT can be found in the following tables.

Maladaptive content	How Ripple Effects restructures
Distorted sense of self (i.e. inflated, narcissistic sense; "victim" identity, weak sense of self-efficacy)	<p>To correct a distorted sense of self, Ripple Effects programs:</p> <ul style="list-style-type: none"> • Provide training in cognitive restructuring with tutorials specifically related to a narcissistic self (self-centered) and unrealistically weak sense of self-efficacy (hopeless, self-efficacy, power, control-taking) • Have two sets of "Keys" (core social-emotional competencies) devoted to strengthening a healthy, but not inflated sense of self. One set focuses on self-awareness and knowing yourself. The other, relating to others, includes topics on assertiveness and the ability to command respect for oneself and one's beliefs. • Offer a spectrum of self-profiles and interactive self-assessment activities that develop awareness of self. For a list of topics with Profiles see rippleeffects.com/teachers/. • Offer numerous topics related to developing self-efficacy, including but not limited to: Self-efficacy, Goal-setting, Perseverance, and Mistakes.
Inflammatory messages that fuel anger, fear or other emotions	<p>To address inflammatory messages, Ripple Effects programs include a tutorial for shaping the content of self-talk (triggers - internal), including learning to recognize and correct inaccurate or inflammatory messages. Tutorials also provide specific, corrective messages to use in response to emotionally inflammatory self-talk that fuels anger, fear, envy, and jealousy.</p>
Stereotypic thinking associated with bias crimes	<p>To reduce stereotyping associated with bias activity, Ripple Effects programs include numerous tutorials that include training in building awareness of others, including but not limited to: Appreciating diversity, Stereotypes, Hate, Ethnic conflict, and Empathy. See preset scope and sequences for Diversity Appreciation in the Universal Manual and the sample treatment plan for Bias Activity/hate crimes in the Positive Behavioral Intervention Treatment manual, both found at rippleeffects.com/teachers/.</p>
Anti-social norms as rationalization of antisocial behavior	<p>To address rationalization of anti-social norms, Ripple Effects WSLs 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 "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.</p>

Ripple Effects and Cognitive Behavioral Therapy (CBT)			
CBT Approach	<i>Ripple Effects for Kids tutorials</i>	<i>Ripple Effects for Teens tutorials</i>	<i>Ripple Effects WSLs</i>
Goal setting	Goals	Setting Goals	Tutorials include journal writing that prompts youth to apply what they are learning to set personal goals.
Identifying maladaptive thoughts and beliefs	Self-talk, Triggers - catching	Self-talk	Monitoring self-talk and both training and modeling of objective and constructive self-talk are included as elements of almost every topic tutorial.
Behavioral activation	Exercise, Trying, Solutions - testing, Strengths, Resilience	Exercise, Sports and Exercise Type, Trying, Control - taking, Solutions - trying, Strengths, Resilience	Health Promotion alignments matched with National Health Education Standards found in Universal Promotion manual rippleeffects.com/teachers/
Problem solving	Problem - naming, Brainstorming options, Options - weighing them, Problem - solving	Problem-naming, Brainstorming, Evaluating alternatives, Problem-solving	Structured problem solving activities are included within many aspects of each topic tutorial.
Relaxation	Calming down, Mindfulness	Calming down, Breathing, Mindfulness	Stress management, relaxation and emotional regulation skills are part of the training, modeling, and application activities of a wide range of topics.
Maintaining changes	Solutions - testing, Effort, Sticking to it	Managing change, Change - unplanned, Solutions - evaluating, Reflecting on performance, Effort, Sticking to it	Self-reflective journal writing and goal setting "Brain" activities can be printed and reviewed to assess progress in set goals.

Diagnostic Treatment Planning Tools

In recent years, mental health treatment planning tools have come into use to help guide practitioners in designing treatment for child and adolescent disorders. Using a common elements logic model, a management system is used for organizing evidence-based strategies and resources to outline specific guidelines for implementing best practice.

One example of these planning tools is PracticeWise™, which organizes common elements from hundreds of evidence-based treatments. Below are two sample components demonstrating how Ripple Effects aligns with PracticeWise™.

Practice Wise™ and Ripple Effects	
<p>Assertiveness Training - to teach youth how to use socially appropriate strategies to:</p> <ul style="list-style-type: none"> • Express feelings • Stand up for themselves • Disagree with others • Practice situations in which assertive strategies would be appropriate. 	<p>Feelings - expressing, I statements, Confronting behavior, Beliefs – standing up for, Confronting injustice, Complaints--making, Asserting yourself, Assertive eyes, Assertive message, Assertive posture, Assertive reasons, Assertive voice, Disagreeing</p>
<p>To provide children with basic skills to develop peer relationships:</p> <ul style="list-style-type: none"> • Importance of being positive in interactions • Teach verbal and nonverbal social behaviors • Practice social skills and provide feedback 	<p>Scope and Sequences for CASEL SEL Paradigm for Social Emotional Learning available @ rippleeffects.com/teachers/</p>

Specific Treatments for Specific Diagnoses

Mental health settings use various evidence-based psychosocial interventions to address specific disorders. Some examples include: *Superhero's Social Skills Curriculum*, designed for elementary age children with Autism Spectrum Disorder, and other behavioral disorders or developmental delays; *Keeping Your Cool: The Anger Management Workbook*, used with youth with anger issues; *Copy C.A.T. Project Workbooks* for youth with anxiety; *Taking Action: A Workbook for Overcoming Depression*; and *Trauma Informed Care*. Below is an example of how the Ripple Effects program aligns with these kinds of approaches.

<i>Superhero's Social Skills Curriculum</i>	<i>Ripple Effects for Kids Tutorials</i>
Following directions	Instructions – following, Rules, Effort
Participating	Group – joining, Conversations, Believe you can, Connecting with others
Imitating	Each tutorial contains modeling videos that show youth using the skills being taught and role-play exercises in the Apply It
Body Basics (FEVER)	Assertive body, Assertive voice, Feelings – expressing, Relaxing, Hands and feet
Expressing wants and needs	Assertiveness, Assertive message
Joint attention	Ignoring, Active listening
Turn taking	Courtesy, Conversation
Responding to questions & requests	Conversation, Communicating feelings, Know who you are, Assertive message, Beliefs
Conversation	Conversation
Recognizing emotions in yourself and others	Feelings – knowing, Feelings – understanding, Feelings – for others, Feelings –predicting, Feelings – changing, Feelings – dealing with, Feelings – mixed, Frustrated, Angry, Sad
Perspective-taking	Point of view, Different
Reporting a problem	Help – getting it, Telling
Recognizing, responding and reporting bullying	Bystander, Online bullying, Bullied, Bully – you do it
Problem-solving and safety	Safety, Safety – internet, Problem-naming, Problem-solving

Social Emotional Learning and Asset Building

Several mental health settings utilize resources from evidence-based Social Emotional Learning (SEL) and Asset Building models for psycho-social group work. SEL programs develop social and emotional competence, often as defined by CASEL (Collaborative for Academic, Social and Emotional Learning) and “asset building” as defined by the Search Institute Developmental Assets Model. Both CASEL and the Search Institute’s approaches align with key objectives defined by programs in the field of youth development and prevention.

Examples of Ripple Effects alignments with evidence-based programs are available in the Universal Promotion manual for Positive Youth Development and the Targeted Prevention: Risk Reduction manual found at rippleeffects.com/teachers/.

Coordinating with Other Tech-based Solutions

Adoption of technology-based tools in mental health settings has not been as quickly embraced as in other fields, perhaps because of the emphasis on therapeutic relationships as a primary source of care. Increasingly, however, technological tools have proven to be helpful as ways to extend and enhance treatment and care beyond therapeutic sessions. Technology can increase availability and access, provide greater autonomy, reduce stigma, and can increase communication between therapists and the youth they serve. Technology-based approaches also have potential benefits for socially, economically and rurally isolated youth who may not have easy access to viable care.

Tech-based SEL Assessments

Assessments are an integral part of understanding and measuring social emotional change over time in mental and behavioral health settings. These assessments are used for targeted screening, developing intervention/treatment plans and progress monitoring and can be either self-assessments or observational. Together, self-report and observational perspectives can provide a fuller picture of where an individual is and what they need to focus on. Ripple Effects programs match to many assessments commonly used. Additionally, Ripple Effects offers digital observational and self-assessment tools that provide multiple lenses for assessing social-emotional and behavioral strengths.

Though inspired by and parallel to validated scales in the public domain, **these are not refined psychological assessment tools.** *Ripple Effects Screen for Strengths* is a strengths-based, digital self-report tool youth use to identify strengths and opportunities for growth, and monitor progress toward targeted social-emotional competencies. It consists of seven six-item scales that rate each student's own perception of their Assertiveness, Self-efficacy, Behavioral Control (Self-control), Problem Solving, Connectedness, Empathy, and Emotional Regulation (Managing Feelings).

Biofeedback Technology: HeartMath Institute, emWave

The HeartMath Institute has developed computer-assisted, social-emotional learning tools, and bio-feedback mechanisms that provide youth with personalized feedback, and game-like structured training to practice emotional regulation. Specifically, emWave displays and records cumulative reports of individual progress in the ability to regulate a factor strongly linked to emotional stability: heart rate variability. This technology provides auditory coaching, and a series of games that reinforce gradual progress toward achieving optimal levels of focus and calm. Additional educational tools include portable handheld devices and other educational products that provide visual and audio coaching to teach youth to regulate their breathing. For more information see: www.heartmath.org

Increasingly, Ripple Effects programs and HeartMath's technology is being used together. Both tools offer distinct and complementary features. EmWave can enhance the practice and skill building of emotional regulation by providing strong learning supports to this area

of kinesthetic learning. Ripple Effects provides a more comprehensive psychosocial training tool. EmWave, used as a supplement, provides substantive and intensive instruction in skills related to self-regulation especially for youth who exhibit the most significant social-emotional and behavioral needs.

The Sunshine Secret is a new e-learning program for children ages 3-7 from the HeartMath Institute. This computer-based intervention focuses on teaching young children about emotions and how to regulate emotions through a simple tool to teach and guide them in a breathing technique. Through an animated story-based format including activities, games and songs, children practice recognizing emotions, promoting positive thinking, and learning to replace negative emotions such as anger or hurt with positive ones such as understanding and hope.

Ripple Effects for Kids has aligned supplemental topics to enhance this training in a variety of ways, in areas such as recognizing feelings and expanding a feelings vocabulary, mindfulness, calming down, identifying feelings, communicating and managing emotions.

Computerized Cognitive Behavior Therapy (CCBT)

Computerized CBT has been described by the National Institute for Health and Care Excellence (NICE) as “a generic term for delivering cognitive behavioral therapy by personal computer, Internet, or interactive, voice-response system,” instead of through live contact with a human therapist. CCBT has been found to be cost-effective compared with usual care, and has some promising results with children with obsessive-compulsive diagnoses. As with in-person therapeutic process models, Ripple Effects has a wide range of topics that can supplement and enhance the depth of personalized treatment. See the CBT Ripple Effects Alignment in this manual.

Monitoring Digital Interventions - Data Management and Documentation

Some resistance to technology-based mental health interventions has been based on concerns about limitations in terms of documenting use, compliance and dosage. Given the importance of ongoing documentation and monitoring of treatment for reimbursement and managerial purposes (such as helping treatment teams to use data to make data-driven decisions about how to assess progress and modify treatment), documentation is key.

Ripple Effects has a two-part data management system that provides documented reports of use that can be automatically generated for group work and for every individual. Program use is automatically collected for any work that a youth completes while logged in with their personal login and password. Intervention reports at group and individual levels allow permitted implementers to view a quick summary, or the ability to drill down to the granular with specific skill topics completion. Dosage reports enable implementers to monitor compliance and track student progress, as well as providing administrators documentation to meet legal and funding requirements.

IMPORTANT: IMPLEMENTERS CAN SEE WHETHER LEARNERS HAVE USED THE PROGRAM, AND FOR HOW LONG, BUT CANNOT SEE THE CONTENT OF STUDENTS PRIVATE, PASSWORD PROTECTED EXPLORATION WITHOUT THEIR EXPRESS CONSENT.

Know your resources

Print & Digital

Guides for tiered intervention

Universal Promotion positive youth development outlined to match national standards

Targeted Prevention scopes and sequences for preventive risk reduction

Individualized Intervention sample individual intervention plans for behavior problems

Mental & Behavioral Health guide to address mental-social-emotional disorders

Juvenile Justice sample interventions for the most common offenses

Guides for planning, training & technical support

Implementation Planning helps you build a customized site-specific plan

Planning for RTI create an individualized response plan

Family engagement strategies and resources

Implementation Resources

Assessment Tools

Technology Support technical instructions and troubleshooting

Evidence of Effectiveness quantitative and qualitative studies

Extra copies of these materials are available in print for a fee, or free to clients as a PDF.

Software

Digital training tools

Bouncy's You Can Learn
(pre-K – grade 2)

Ripple Effects for Kids
(grades 3-5)

Ripple Effects for Teens
(grades 6-10)

Ripple Effects – Rural
(grades 6-10)

Ripple Effects for Staff

Educator/implementer tools

Individual Playlist Creator

Group Playlist Creator

Pounce

Seeing I to I

Screen for Strengths

Data Viewer

Web

Implementation: rippleeffects.com/support/implementation

Technical: rippleeffects.com/support/technical

General: help@rippleeffects.com

Live 1.888.259.6618

- Free technology and implementation support
- Fee-based training evaluation services
- Call for pricing



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