ERIK’S CAUSE

Kids like Erik are dying every week –
YOU CAN HELP!

Help Stop the Choking Game

PREVENTION TRAINING OVERVIEW
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Erik’s Cause arose as a result of the death of Erik Robinson, age 12, in April 2010 in Santa Monica, California. The police concluded he died from “the choking game”. Subsequent evidence confirmed that he learned about it from another student at school the day before he tried it at home, not to “play around” but to clear his mind from about homework that was frustrating him. He had no idea it was something dangerous or deadly. His school district said if we could create a prevention training that was both non-graphic and skills-based that they would use it. They also wanted the training to be standardized so it could be taught by any teacher comfortable with the material.

Though work with the Santa Monica-Malibu Unified School District stalled, we continued forward developing and utilizing it in interventions when invited, including in LA Unified School District. In 2013 we found a wonderful partner: Iron County School District in Utah, the first district in the U.S. to formally adopt our training into their 5th, 7th and 10th grade Health classes. The training is being successfully taught and we are also gathering pre and post training data from the students.

The Scope of the Problem
In 2015, researchers at the University of Wisconsin published “The Choking Game and YouTube: An Update.” They studied only 419 of thousands of “choking game” videos which – among other attributes – were viewed an aggregated 22 million times, and determined that this massive proliferation gives kids the impression that this is normal, safe and fun.

Attributes of our Solution
We created a module to meet the following criteria for school districts:

- **Minimizes** potential for litigation;
- **Avoids** graphic and/or explicit material; and
- **Minimizes** the risk of triggering a potentially unknown pre-existing trauma.
  - Since you don’t know who the audience, you do not necessarily know what a child or a parent or anybody in the audience has gone through in their lives.
- **Provides** factual material,
- **Includes** refusals skills, building upon what is very popular and prevalent in most risk prevention curricula in the United States.
- **Standardizes** the format, so that this can be taught by teachers and counsellors easily. No special presenters are required. It is a “train the trainer” approach so it can reach as many people as possible.

The Foundational Context of our Training
We used the principles of (i) basic brain science as well as (ii) understanding the impact of trauma to make sure the training minimizes potential to trigger any existing trauma (which schools fear) while being successful in providing the necessary education:

**Basic Brain Development:**
The first contextual principle is basic brain development – explaining to the kids how they receive and process information, where they are in their own brain development and why it is challenging for them to think thru all consequences – and they understand it. It is explained very simply:

- The first part of the brain to develop is the reptilian brain: “fight, flight or freeze” just like the animal kingdom.
• Next our limbic system (emotional brain) develops. And this is where our kids’ brains are in the development process is for many years, including the tween and teen years. We get the kids to understand this is where they are in their brain development.

• Our neocortex, or executive functioning, which is the front part of the brain, doesn’t fully come on line until the age of 25 when thinking through potential complex and long term consequences can finally happen.

**Trauma and the Window of Tolerance:**
The second underlying principle is to minimize trauma by keeping the material presented within the kids’ window of tolerance.

What is Trauma? Simply put, trauma is an emotional response to a terrible event. It overwhelms a person’s ability to cope. The event can be real or it can be seen or heard, even in a presentation. If material is perceived as trauma, the reptile/animal brain responds with the fight/flight/freeze response and the audience will not be able to retain what they are learning. This is important to understand because if graphic or explicit material is introduced in a presentation as a way to capture kids’ attention, brain science tells us that it will have the opposite effect.

Everyone has a “window of tolerance” where the nervous system is operating with a nice rhythm and flow. But when a traumatic event happens, the audience automatically goes outside their window of tolerance where the nervous system and brain are overwhelmed and cannot cope, and it is difficult, if not impossible, to take in new information. The audience may appear to listening, but they are not fully engaged, and the information subsequently shared will not be retained. They are in a flight/fight/freeze response mode.

**Teaching Objectives**

**Teaching Objectives for Students:**
- Identify these activities without showing them how to “play” it
- Understand the physiological effects on the body
- Understand how their brains work
- Connect between risks in choking game and other risk behaviors
- Identify peer pressure
- Learn to say “No” effectively
- Make healthy choices
- Recognize that the risk is real
- Connect strategies learned in this lesson as refusal skills and strategies to deal with other situations as well

**Teaching Objectives for Parents:**
- Identify the activity and the warning signs
- Understand the physiological effects
- Understand how the teen brain works as opposed to the adult brain
- Understand peer pressure that their children face
- Help their children develop strategies to say “No” effectively
- Learn new communication skills to talk with their children
- Help their children choose healthier/better options
- Build trust with their children

**The Prevention Training**

**Important Reminders:**
- NEVER point to the neck because if you point to the neck you are unintentionally showing them how to do it.
- NEVER explain how to do it with the kids. If questions come up, they are deflected with examples that are in the script.
• Do not combine material from other choking game programs unless specifically vetted in advance by Erik’s Cause. This is to assure that potential trauma triggers are minimized.
• Additional brain science, risk resiliency or anti-bullying skills can be added, provided they are approved by the school and have been vetted to minimize potential trauma.
• The material for parents and kids is similar though with different talking points. We have detailed scripts for parent and student audiences to be followed, although they allow a presenter to make minor changes so long as the material presented stays the same.
• The format is very flexible. For example, we frequently do presentations to parents and children together in which we blend both aspects together as well as remove some of the things we would only show to parents.

Our Training Consists of Two Parts:
• **Part One:** A PowerPoint in question/answer format engages the kids to provide answers and to ask questions. It is an interactive dialogue. This draws the kids (and parents) into a conversation, diffuses their barriers and lets them absorb the material.
• **Part Two:** An 8-minute video that re-states the basics taught in Part One that ends with memorial slides of some of some actual victims, helping to make it real.

The Actual Training Program:
**Part One:**
• It is best to start by stating why this topic is being discussed:
  o Perhaps there has been a recent incident in their community or geographic area
  o Or that this is an activity that many kids have heard of, think of as safe, but do not know the real dangers associated with it.
• Some of the many names for this activity are discussed, helping them understand that while some names are cool, others actually point to the danger while making it still sound cool.
• Some of the physiological effects of oxygen deprivation.
• This leads into a natural discussion of basic brain science and why it is so important to have a healthy functioning brain.
• The training pivots to discuss peer pressure and refusal skills
  o Providing specific strategies to help kids get out of tough situations
  o Helping kids (and parents) understand their “no”
    ▪ How to practice it and become comfortable with it
    ▪ How to be upstanders rather than bystanders
  o Helping kids (and parents) understand the importance of being able to ask for help
    ▪ Strategies for kids and parents to broach that challenge of how to speak with each other
• Associating this activity with other types of risk behaviors they think are safe

**Part Two:**
• Watch the Educational Video (8 minutes)
• After the video you can usually hear a pin drop in the room. When they see the memorial slides of victims, it brings the message home. These are not “other kids.” They are real – they may look like their friends or doing activities they participate in. It is not shock and awe – it is an emotional connection making the possibility of the dangers real and bringing it home.
• We take the kids and adults thru a series of questions as to that these were just normal kids, that how actions impact so many other people in their families and communities.
  o Address the importance of making good decisions
  o Help kids understand that all their actions have consequences that go beyond themselves and their families – their actions also affect their friends and their community.
  o Help everyone figure out their “no”
    ▪ For parents to share their “no” with their kids and teach by example (not by lecture)
  o Encourage both kids and parents to engage in discussion with each other
  o Remind kids of the importance of being leaders and how they can help change the tide in their community of friends.