



## ERIK'S CAUSE

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

*Help Stop the Choking Game*

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### PREVENTION TRAINING OVERVIEW

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Developed by Stephanie Small, LMFT and Judy Rogg, MSW

#### What are Pass-Out Challenges?

Frequently misunderstood by adults yet rampant on social media, pass-out challenges (often called the “Choking Game”) have been around for generations. Studies indicate that kids experiment with the intoxicating effects of these activities for non-sexual reasons such as curiosity, peer pressure, and the mistaken belief that it is safer than drugs. Easy access to millions of how-to-play videos on the internet permit this activity to flourish, allowing kids to believe it is safe without any understanding of its dangers.

#### Brief Scope of the Problem:

These activities involve the disruption of oxygen to the brain for a variety of reasons including curiosity, competition, dare, and/or to experience an altered state. This blood flow restriction is accomplished by a variety of methods, the most popular being:

1. compression of the carotid arteries using hands or a ligature,
2. compression to the chest after hyperventilation, and
3. competition or dare to see who can resist passing out the longest under a choke hold (e.g., tap-out or submission holds typically used in mixed martial arts).

Recent CDC YRBS data from four states show 7.4% - 10.3% of students reported participating in the deadliest form of playing (with ligatures). Meanwhile, the other two methods are rampant across the internet. Data is limited because no public health databases currently monitor these activities and youth are rarely forthcoming about it when injured. Additionally, injuries are rarely attributed correctly, and many deaths are misclassified as suicide. These activities continue to flourish, as evidenced by their unceasing and extensive presence on the internet.

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 Module that Meet School District Standards:

- Avoids the use of any graphic and/or explicit material
- Minimizes the risk of triggering a potential trauma based on a student’s psychological history
- Diminishes school district exposure to potential litigation
- Provides factual information to help students understand the dangers of these activities without discussing or showing how they are played
- Includes specific tools to help students resist peer pressure effectively
- Empowers students to make better choices
- Instills common-theme strategies to help students avoid challenging situations
- Offers new approaches for students to open dialogues with their parents
- Flexible format to be easily integrated into existing health or risk prevention curricula
- Standardized script so it is easily replicated by any presenter

#### Demonstrated Success:

While we have done numerous interventions in a variety of school districts, our training program was formally implemented across all 5<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> grade Health classes in a Iron County, Utah in 2014 and has demonstrated ongoing success since that time to approximately 10,000 students. A private school in New

Jersey implemented the module in 2017 and is delighted with the initial results. Pre and post training student survey data tracks and documents our success.

#### **Evidence Base and Methodology:**

The training has been developed on prevailing evidence-based best practices for prevention modules that currently address other risk topics. The program is founded upon the principles of basic brain science as well as understanding the impact of trauma. It ensures that potential to trigger pre-existing trauma is diminished while successfully imparting the crucial education. The potential for trauma is minimized by ensuring the material presented stays within the Window of Tolerance (as developed by Daniel Siegel, M.D.).

#### **The Actual Training Program:**

Our training can be completed in a 45 – 60 minute classroom session and is easily taught by any teacher or counselor comfortable with risk prevention trainings. It can also be presented as an assembly.

- Part One is an interactive dialogue using a guided PowerPoint to keep students involved. Information is conveyed in a thoughtful progression that draws students into the conversation, gradually diffusing any barriers and allowing them to absorb the material.
- Part Two is a brief video that gently restates the basics taught during the PowerPoint discussion and concludes with memorial slides of some actual victims, helping students understand that this is real and could happen to them.

By remaining faithful to our foundational principles, the training helps students understand the dangers of these activities, where they are in their brain development, how they receive and process information, and why it is challenging for them to think through all the consequences without the guidance of a trusted adult.

#### **Teaching Objectives:**

- Identify these activities without showing them how to “play” it
- Understand how their brains work and where they are in their own brain development
- Gain Knowledge about the physiological effects on the body
- 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 refusal skills and strategies learned in this lesson to deal with other situations as well

#### **How Our Approach Differs from Other Programs:**

- We *never* point to the neck because it unintentionally showing kids “how to play.”
- We *never* explain how to play these activities with the kids.
- We *do not* recommend using material from other choking game programs without advance vetting by Erik’s Cause (to assure that potential trauma triggers are minimized).
- Additional brain science, risk resiliency or anti-bullying skills may be added, provided they are approved by the school and have been vetted to minimize potential trauma.

#### **Parent Presentation:**

We encourage parents to hear what their kids will learn from our program. In addition to showing parents the student program, we also provide background and context, help them understand warning signs, and share specific strategies for parents to learn how to help their kids make healthier choices.

**Your kids are not immune. Some kids only tried this once or twice.  
They didn’t know they were gambling with their lives.**

**Learn how we can help your community at [www.erikscuse.org](http://www.erikscuse.org)**