

The Fourth R:

A school-based program to reduce violence and risk behaviors among youth¹

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There has been much concern about the adolescent triad of risk behaviors – violence, substance use, and sexual behavior. We begin our discussion of prevention by recognizing that many adolescents experiment with high-risk behaviors such as drinking, and that exploring sexuality is a major aspect of their development. Unfortunately, many also develop abusive or violent methods to control their peers or dating partners, which is not surprising given the strong pro-violence messages entwined with entertainment and advertising media aimed at this age group. Consequently, we do not expect adolescents to eliminate all risky activities entirely. One way or the other, they need to develop their choices, values, and skills concerning these potential perils to be prepared for a successful transition to adulthood. In this regard, developing relationships and social competence is critical for establishing habits to ensure their health and well-being.

Our definition of success in terms of experimental risk behaviors among teens is based on what we want adolescents to do, not merely what we want them to avoid. From this vantage point, healthy adolescent outcomes incorporate strong relationship skills, self-awareness and knowledge about one's boundaries, high levels of self-efficacy, and good citizenship skills. At the same time, we hope to see a decrease in health-damaging behaviors through a combination

¹ Portions of this chapter appeared in Wolfe, Jaffe, & Crooks, (2006). Used with permission.

of delayed onset, safety strategies pertaining to particular behaviors (such as condom use and not driving if drinking alcohol), and better help-seeking strategies. Finally, we believe success is reflected by youth engagement, measured by attitudes, awareness, and involvement of youth in shaping their school climate and peer norms. In effect, we envision an outcome that incorporates healthy adolescent functioning in a range of domains and is consistent with a more holistic notion of well-being. With this goal of *preparing* youth in mind, we discuss the specifics of an integrated prevention model that involves comprehensive programming, skills-based approaches, and a relationships focus. We illustrate this discussion with examples from our school-based program for building healthy relationships, the *Fourth R*.

The *Fourth R* (for *Relationships*) is a comprehensive school-based program designed to promote healthy relationships and prevent risk behaviors among adolescents. It grew out of the *Youth Relationships Project (YRP)*, a dating violence prevention program developed for youth with family backgrounds of maltreatment and violence. The *YRP*'s success in demonstrating changes in violence-congruent attitudes and abusive behaviors of youth at risk for violent relationships resulted in widespread interest in adapting the program for use with all youth, regardless of risk status (Wolfe et al., 2003).

The cornerstone of the *Fourth R* is a 21-lesson skill-based curriculum that promotes healthy relationships and targets violence, high-risk sexual behavior, and substance use among adolescents. Physical and Health Education teachers who deliver the curriculum receive specialized training. Our contention is that relationship skills can be taught in much the same way as the first three r's (reading, 'riting, and 'rithmetic), and establishing these skills as a fundamental part of the high school curriculum is equally essential. Furthermore, given the abundance of negative relationship models available to teens, it is crucial that they be exposed to healthy alternatives and equipped with the skills to engage in healthy relationships themselves. The *Fourth R* is comprised of three units: peer and dating violence, healthy sexuality, and substance use. Together, these three units are considered to address the triad of

adolescent risk behaviors (i.e., violence, substance use and sex) that are connected to each other in terms of co-occurrence, but also rooted in the peer and dating relationships experienced by youth. Each unit contains similar themes of value clarification, provision of information, decision-making and an extensive skill development component. Connections among the three units are emphasized throughout.

Clarifying values allows adolescents the opportunity to think about their own boundaries and comfort levels, and about the decisional balances involved in each of these behavior areas. This process is ongoing and integrated into skill development. Adolescents receive ample practice role playing ways to resolve conflict, both as participants and in the role of bystander. In addition to practice, seeing their peers role play solutions is an important part of the program, and one of the most effective ways to increase self-efficacy.

There are three other key components in addition to the 21 curriculum lessons, addressing school, parents, and larger school community. School interventions include staff and teacher awareness education, information about the program, and supplementary activities by the student led Youth Safe Schools (YSS) committees to increase links between community partners. For example, the YSS committee organizes guest speakers, field trips, and agency open houses to raise the profile of violence prevention in their school. Parents receive regular updates about the program through a newsletter and meetings and are provided with developmental information and strategies relevant to parenting adolescents. In brief, the *Fourth R* was designed to operationalize the best practice principles identified and discussed in our recent book (Wolfe, Jaffe, & Crooks, 2006): skill development within a relationship context, positive youth development initiatives, and comprehensive coverage of target and related issues.

Strengthening Relationship Skills

The importance of skills has emerged as a fundamental principle of best practice in prevention programs, regardless of the actual behavior(s) being targeted. Conceptualizing skills

in adolescence is complicated—not only are skills important, but they are affected by decision-making processes that precede these skills. Teens require the behavioral ability of knowing how to do something, as well as the decision-making capability of knowing and choosing when to use these skills.

The Information Motivation Behavior Skills (IMB) model is particularly useful for conceptualizing how to bridge the gap between knowing what to do and doing it (Fisher, Fisher, Mischoyich, Kimble, & Malloy, 1996). In simple terms, to promote the development of skills that will actually be used, adolescents need a strong foundation of accurate information, the building blocks of effective behavioral responses in difficult situations, and the blueprint of motivation to use these skills. The following sections elaborate on the importance of each of these components, as well as the way they fit together.

Accurate Information

The most widely used strategies in promoting healthy choices tend to be information-based. However, in the case of some risk behaviors such as smoking, it is clear that information about the health-damaging consequences of smoking is not sufficient to invoke individual change. Everybody knows that smoking is harmful, yet people continue to do it. In some countries, there has been a move to include increasingly graphic pictures of damaged lungs and throats on cigarette packages to illustrate the potential negative effects in the hopes of deterring smokers. If these tactics have had an impact on smokers, it has been minor. Although smoking rates overall are down slightly, the number of adolescent girls starting to smoke continues to rise, and a significant minority of North Americans continue to smoke cigarettes on a regular basis (U.S. Surgeon General, 2004).

Although not sufficient in and of itself, accurate information about the risks associated with particular behaviors is clearly an essential foundation for healthier choices. There are numerous examples of successful public health campaigns—such as those targeting seatbelt use or not drinking during pregnancy—where providing accurate information has had a

significant impact on rates of use (in the former case) or abstinence (in the latter). Best practices identified for reducing risky sexual behavior include providing accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse (Kirby, 1999). Likewise, information about specific substances is an important part of substance use prevention (Botvin & Kantor, 2000). Perhaps the surprising thing in today's world of sexually sophisticated youth culture is that teens don't know as much as we think they do. For example, the Kaiser Family Foundation found that young people generally feel uninformed about STIs, HIV, and contraception (KFF, 2003).

The *Fourth R* uses a number of strategies to increase the salience and interactive nature of the information component. One of the exercises in the Sexual Health part of the program is a Question Box where students submit anonymous questions for teachers to answer to the whole class. There is often a wide range of questions that underscore the lack of clear and accurate information common among adolescents. The issue of salience is addressed by having students themselves generate the questions. In some cases, teachers of girls' classes trade questions with teachers of boys' classes, and read and answer the questions submitted by opposite sex classes. This trading of questions is perceived very positively by the students and contributes to the material being seen as relevant. Cognitive authority is addressed by involving older adolescents in a number of ways. For example, the Teen Panel—a group of teenage parents who speak about contraception, choices, and the realities of teen parenting—is always very well received by the grade 9 students. In addition, older peers (typically grade 11 or 12 students from the Leadership Class) are used to assist in the grade 9 classes. Within the context of the high school peer hierarchy, using older students is a highly effective avenue for increasing cognitive authority and salience of information.

In sum, although accurate information is critical, it is widely recognized that information alone is not sufficient for behavior change. Furthermore, the manner in which we attempt to transmit information is critical—there is consensus that passive information and knowledge

transfer, such as lectures or group discussions, should not be the main mechanism of change. Recognizing the social context of information is also important, because the source of a message can have a significant impact on the extent to which the message is acknowledged and integrated into people's beliefs.

Behavioral Skills

Virtually every successful prevention program has a skills building component. Improving social and emotional competence is a hallmark of effective prevention programs (Greenberg, Domitrovich, & Bumberger, 2000). Adolescents need the opportunity to learn new skills, such as assertiveness, communication, and problem-solving, and practice applying them in different situations. Without skills, accurate information by itself offers poor protection in the face of pressure from peers and dating partners.

Adolescent self-efficacy is an important target in increasing skills. Self-efficacy stems from having particular skills, but also having the *confidence* that those skills will actually work in a real situation. Four key strategies to increasing self efficacy (Bandura, 1986) include (1) providing a successful mastery experience; (2) providing an opportunity to witness others have successful mastery experiences; (3) creating these opportunities in a way that is not overly anxiety-provoking; and (4) providing immediate feedback. Simply being instructed in skills, discussing them, or even writing out responses are not likely to increase skills and self-efficacy - to foster skill development it is critical to provide realistic opportunities to practice and receive feedback. By analogy, a teen who practices lay-ups at a basketball hoop day after day and perfects her form may have particular skills, but is unlikely to feel much self-efficacy because she has not tested those skills in a game situation and is uncertain of the outcome when she tries them. By the same reasoning, an adolescent who practices being assertive in front of a mirror with no feedback from others is unlikely to have much confidence in her strategies working in a "game situation." Adolescents need to practice these skills in as realistic a situation

as possible to increase their feelings of self-efficacy that these skills will actually work when called upon in situations of conflict.

This analogy can also be applied to the example of learning to intervene as a bystander when witnessing abusive behavior. Most adolescents have been in a situation where they see someone getting bullied or harassed. We know from the broader literature on bullying, that the majority of children and youth are distressed by witnessing these interactions. However, for youth (or adults) to attempt to intervene in such a situation, they need to have the expectation that taking action will lead to a desired outcome, that is, a resolution of the situation that does not endanger or humiliate the person intervening. Otherwise, even though they may be highly distressed by what they witness and motivated to intervene, they are unlikely to act. This example shows the importance of competence and skill building—too often it is assumed that whether or not someone takes action is simply a matter of motivation.

Successful programs use a range of active skill development strategies, such as:

- They provide hands-on experiences that increase participant skills;
- They help participants develop assertiveness and resistance skills;
- They increase communication skills; and
- They provide ample opportunities for written and verbal practice of these skills (Nation et al., 2003).

Role plays can be extremely effective but they need to be carefully planned, introduced, and debriefed. A role play activity that gets out of hand can be a failure experience and counterproductive, or so anxiety-provoking that the experience is aversive. In the *Fourth R* students role play a range of conflict situations relating to peer and dating relationships. Because the process of responding to a provocative situation, such as bullying or pressure to use drugs, is difficult, role-plays are broken down into small steps. Students are given actual scripts for the first few exercises to reduce their discomfort and ease them into action one step

at a time. Over time students practice brainstorming solutions, trying responses, trying responses in the presence of other people, trying responses in the face of resistance, and analyzing what worked well and what did not. Importantly, they have ample opportunities to see their peers attempt to navigate similar scenarios, and discuss what they liked or didn't like about particular approaches. Through feedback from their teachers and peers, they are able to handle increasingly complicated and difficult situations as the program continues.

One of the innovative components of the *Fourth R* includes ways to integrate these learning opportunities into the daily fabric of high school life. For example, during a recent classroom visit to a grade 9 boys' Physical Health Education class, one of the authors (our National Education Coordinator who is also a Physical and Health Education teacher) set up a quick role play with three boys as they threw the football around. One of the boys took on the role of having been out with a girl on the weekend and wanting to talk about the sexual behavior that occurred in a way that clearly objectified the young woman. The second boy encouraged the first to tell more details and reinforced the first boys' objectification. The third boy role-played being a friend of the young woman in question, feeling uncomfortable with the situation, and trying to intervene to challenge his friends and redirect the conversation. The role play went smoothly, with the rest of the class observing and debriefing afterwards. The whole activity took less than five minutes. The success of this *in vivo* role play built upon the boys' previous experience in structured classroom role plays as part of the *Fourth R* -- attempting a role play like this from scratch would be difficult. The boys' feedback from the experience was positive and they indicated the situation was realistic, which increases the likelihood that learning experiences will generalize to the boys' lives. Furthermore, attempts to resolve the situation provided the rest of the class with a model for an alternate response to a common situation.

Interpersonal skills—effective communication, assertiveness, and conflict resolution—are critical for adolescents to be able to make healthy choices, although without an accompanying sense of self-efficacy such skills are less effective. Youths need to have

confidence that their skills will lead to a desired outcome. Building skills that translate to higher self-efficacy depends on them having the opportunity to practice the skills in as realistic a setting as possible, observe others practicing these skills, get feedback from adults and peers on their skills, and do all of these in a manner that is not so anxiety-provoking as to be aversive.

Motivation

Even with accurate information and the behavioral skills to make healthy choices, motivation is often a critical missing piece in preventing unsafe choices. Youth can know that smoking causes cancer and have reasonably good assertiveness skills, but still choose to smoke when pressured by their peers. Motivation to behave in a certain way or make specific choices is a critical determinant of outcomes. Previous attempts to motivate teens have often relied on scare tactics, or emphasizing the cost of *not* changing. As we have seen this approach is rarely successful, especially for those most likely to experiment, and is particularly ill-suited to adolescents' stage of cognitive development. Furthermore, adolescents are hypersensitive to adult hypocrisy (Bradley & O'Connor, 2002). Being exposed to adult role models who engage in the behaviors they are encouraging youth to avoid adds an impediment for motivation. To create motivation there needs to be a multi-pronged approach focusing both on the individual and on the peer culture.

Information and skills increase self-efficacy, which in turn strengthens motivation. Being aware of alternative choices and having confidence to follow through on his or her choice, even in hypothetical or contrived situations, establishes a healthy pattern that is likely to be reinforced and repeated. Although scare tactics alone have not been very successful in changing risk behavior, adolescents need the opportunity to discuss in depth both the positive and negative consequences of various behaviors. Outcome expectancies, or what someone believes will happen if he or she behaves a certain way, are related to the motivation to engage in health protective practices. For example, with respect to condom use outcome expectancies can be related to physical (pleasure), social (partner's reaction), and personal implications.

Consistent with the notion of decisional balance, teens need to be able to discuss the positive consequences of high-risk behavior. What positive physiological, social, and/or emotional benefits do adolescents derive from using alcohol or other substances? They may find that alcohol helps them overcome anxiety in social situations or that it helps them gain acceptance with a particular peer group. Although adults would prefer that teens not resort to alcohol to achieve those goals, ignoring the potential benefits experienced by adolescents does not make those benefits disappear. Recognizing there are benefits experienced by teens who use alcohol and other drugs creates an environment where individuals can engage in rational decision-making. Allowing individuals to consider the pros and cons of particular behaviors increases motivation, as shown in studies with resistant clients in substance abuse treatment (Miller & Rollnick, 2002). These motivational interviewing techniques empower individuals to take responsibility for their health and make decisions, rather than having the onus fall on the therapist or teacher to “talk someone into” healthy choices.

The *Fourth R* targets motivation at the peer level in a number of ways. For example, each school’s Youth Safe Schools committee involves students from different grades, and is generally youth-driven. These committees or clubs serve multiple purposes: They provide a public face and forum for students interested in social action work, and they create media campaigns for the school that specifically target peer level influences. Previous campaigns have included segments on peer pressure—some have even targeted the aforementioned gap between what students think their peers are doing and what they are actually doing. The issue of cognitive authority is addressed by using the club to develop and implement these campaigns, since youth are much more likely to see information from their peers as relevant and useful compared to messages perceived as adult-driven. Student club members also present information or assist with role plays in younger grades in the capacity of peer leaders. Similarly, motivation can be socially constructed at the community level, such as hosting an

annual violence prevention leadership awards night for students who have excelled in violence prevention and gender equity activities.

Ensuring Comprehensive Participation

We have emphasized that comprehensive programming is a best practice principal for effective prevention strategies. Programs that address the various contexts within which youth function and the different factors that affect youth behavior are more likely to be successful than those that focus on one specific context or determinant of behavior. In the case of violence, substance use, and high-risk sexual behavior education and prevention with high school students, considerations for comprehensive programming include age-appropriate inclusion of parents, school-wide activities, and teacher involvement.

Age-Appropriate Inclusion of Parents

A comprehensive approach dictates inclusion of parents, although deciding how to include parents is tricky in light of this developmental stage. Developing an identity autonomous from their parents is a major developmental task for adolescents, but at the same time they need to balance this newfound autonomy with ways of staying connected to parents. Although the individuation process is taking place, youths who maintain this connectedness tend to fare better. Another consideration for the type and extent of parent involvement is the logistics of program delivery in the school setting. Although parent-youth sessions may be feasible in programs run through community mental health agencies, there are clear limitations to the types of involvement for parents within the school setting.

We opted to use a primarily information-dissemination strategy with parents. Parents receive a presentation about the program at the orientation night for prospective high school students and their parents in the spring of grade 8. Once students are at a school that offers the *Fourth R*, their parents are sent newsletters designed to be a user-friendly reference covering a range of topics, including information about the changes adolescents experience, the trends for various behaviors, and what their adolescents will learn in the program. We are currently

building on the newsletters by developing a manual for parents that will underscore the importance of parent-adolescent communication, and provides parents with many tips for increasing healthy communication with their adolescents about the sensitive areas of violence, substance use, and sexual behavior. The manual also contains many other references, such as parenting books and websites for those seeking more information on particular topics.

Teacher Involvement

Teachers need sufficient training to successfully implement a program such as the *Fourth R*. Similar to the discussion of the IMB model of behavior change for adolescents, teachers need training that addresses all three of these areas: information, motivation, and behavioral skills. Without adequate training and booster sessions for teachers, the most innovative (and effective) components of programs can get dropped. Our teacher training uses the same principles as our program: teachers are provided with sufficient background information, and given opportunities to practice and receive feedback on their attempts to facilitate role plays.

The same considerations for information transfer discussed earlier in this chapter with respect to schools apply to teacher training. Teachers must have faith in the people doing the training to attach importance to the information. We have found that training using a combination of researchers and teachers is most effective. Typically, researchers provide the background orientation to the literature and teachers do the actual training for the curriculum. Although many of us who are psychologists have extensive experience facilitating role plays and training others to facilitate role plays, experience, and feedback indicate that teachers feel very strongly about non-teachers trying to tell them how to teach. In other words, we are considered credible for providing background information and explaining the research design, but we have less cognitive authority when it comes to teaching the actual skill of teaching. By partnering with experienced teachers who have extensive training skills, we are able to maximize the effectiveness of the whole training experience.

In motivating teachers we have found that it is imperative to gear the message to the audience. It needs to be made clear why a particular prevention program will benefit teachers as well as students. For example, teacher and student morale, and the relationship between students' feelings of school safety and their achievement scores, provide a good basis for capturing teachers' interests in the *Fourth R*. Focusing on some of the immediate benefits of implementing such a program, such as having a ready-made curriculum that meets state or provincial guidelines, is likely to have more of an impact on teacher motivation than identifying a long-term outcome that will not directly affect their teaching experience. It is not that teachers do not care about the long-term well-being of their students; rather, in the current educational climate where many teachers feel overwhelmed and demoralized, immediate benefits will be much more salient. The training and implementation issues of these programs are absolutely critical to their success,

Being Gender Strategic

Prevention with adolescents requires an understanding of the gender forces they are facing, and programming to match their world view about these gender realities (Crooks, Wolfe, & Jaffe, in press). High school students are developmentally at a stage where notions of gender tend to be very rigid. The typical high school environment rewards behaviors consistent with the male "jock" ideal, while devaluing activities seen as more feminine, leading to an aggressively homophobic culture. At the same time, adolescents report that girls hit boys as or more often than boys hit girls in their relationships. Because they lack the gendered understanding of important differences in the nature of this violence, both boys and girls will be hypersensitive to messages that they hear as "boy bashing" (Tutty et al., 2002). The challenge is to understand this reality, yet increase awareness of adolescents' understanding of gender and societal constructs of gender. In the *Fourth R* we target gender awareness through media deconstruction activities, discussions about different expectations and standards for boys and girls, and sometimes using different activities for boys and girls. Opportunities to discuss these

issues in single sex groupings may also provide increased comfort while debating sensitive issues.

With respect to teachers, there is a wide range of awareness, comfort, and skill in relation to gender and violence issues. Some teachers have already sought out specialized training in the area and are skilled facilitators. Others find the topic awkward or even irrelevant. We know that statistically there will also be a subset of teachers delivering the program who perpetrate or experience violence in their own intimate relationships. Teacher buy-in is critical, and engaging them in the program requires identifying benefits to them.

In sum, building skills that support adolescents to make healthy choices is a multidimensional endeavour. Although information is the component that tends to be targeted most often, it is typically presented in a way that fails to appreciate issues such as cognitive authority of the information source and the importance of interactive delivery. Effective behavioral skills training requires practice and opportunities to see others practice to increase both competence and self-efficacy. Motivation, which can be targeted individually or through the use of peers, helps adolescents put all the pieces together to make healthy choices in their peer and dating relationships. Most of all, adolescents require ongoing opportunities to practice resolving difficult situations in a range of areas, as well as in the face of realistic resistance.

Research Findings

Our research team has completed the Phase I evaluation of the *Fourth R*, conducted with 10 intervention and 10 control schools (a total of 1896 students). A cluster randomized design was used to assign the 20 high schools (i.e., clusters) to the intervention or control condition. Phase I includes pre- and post-testing conducted in September and March of the students' Grade 9 year. Phase I results examine gains in *mediators* of change, such as attitudes, knowledge, and engagement in the classroom exercises related to the central issues of relationship violence, sexual health, and substance use/abuse measured soon after students complete the program. However, this initial phase of the evaluation does not examine

behavioral outcomes *per se* because the time frame is too short to assess actual changes in self-reported risk behaviors. We will be reporting follow-up findings on this sample in 2009 to determine the extent to which students in the program have reduced their overall risk behaviors two years following program delivery, relative to those in control schools.

Phase I findings indicate that *Fourth R* students learned the materials and had significant gains, relative to controls, in knowledge and attitudes pertaining to violence, substance use, and sexual health. We also found that the students in the intervention schools enjoyed their physical health education classes more than students in the other schools, and found the exercises and activities to be very engaging. Finally, and perhaps most importantly, we found significant gains in skill acquisition among students from intervention schools, using a convenience sub-sample of 200 students (100 per condition). To assess skill acquisition under realistic circumstances, we created a behavioral analog using peer actors. The actors invited students (two at a time) to a party, and pressured them to engage in risk behaviors (e.g., to bring alcohol, drugs, money, etc.). Blind raters coded these 5-minute paired interactions in terms of student demonstration of skills taught in the program (i.e., negotiation, delay, refusal) as well as their extent of yielding and compliance to these negative pressures. The findings support our contention that the students do acquire important skills in the program. For example, *Fourth R* students were 2.2 times more likely than controls to show at least one negotiation skill during role-play interaction ($p=.013$); 4.8 times more likely to show at least one delay skill during role-play interaction ($p=.05$) (girls only); and were 50% less likely to yield to the pressures. Further details on the design and findings are available in Wolfe et al. (submitted).

In a related investigation, we examined the relationships between multiple forms of child maltreatment and violent delinquency in adolescence. Prospective data from the same students were used to examine the additive influence of individual-level (i.e., childhood maltreatment; parental monitoring, sex), and school-level variables (i.e., students' sense of safety across the entire student body) assessed at the beginning of grade 9 on engagement in delinquency four to

six months later. Results at the individual-level identified being male, experiencing maltreatment in childhood, and poor parental nurturing as important predictors of violent delinquency. School climate also played a significant role in predicting delinquency: schools in which students felt safe had fewer grade 9 students engaging in violent delinquent behaviors. Notably, the impact of cumulative forms of childhood maltreatment on risk for engaging in violent delinquency was greater among those schools that had not participated in the *Fourth R*, suggesting a school-wide buffering effect for the most vulnerable students. Interested readers are referred to the forthcoming paper by Crooks, Scott, Wolfe, Chiodo, and Killip (2007).

In sum, the *Fourth R* is a promising strategy for establishing universal, school-based curricula for educating youth about risk behaviors. To date we have shown that a skills-based, interactive program delivered by school teachers can address multiple risk behaviors that occur in relationship contexts for adolescents. The focus on embedding the program into curricula that meets the guidelines for mandatory classes in secondary schools provides a vehicle for widespread dissemination and sustainability far beyond that which can be achieved by an add-on program. We are now turning our attention to introducing these important topics of healthy relationships at a younger grade, with increasing knowledge and practice introduced in core courses from elementary through high school. We have developed the program for Grade 8 students, and have expanded the high school curricula to Grade 10 and Grade 11 English courses (see www.thefourthr.ca for information on these strategies).

References

- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Upper Saddle River, NJ: Prentice-Hall.
- Botvin, G. J., & Kantor, L. W. (2000). Preventing alcohol and tobacco use through life skills training: Theory, methods, and empirical findings. *Alcohol Research & Health, 24*(4), 250-257.
- Bradley, M. J., & O'Connor, C. (2002). *Yes, your teen is crazy! Loving your kid without losing your mind*. Gig Harbor, WA: Harbor Press.
- Crooks, C. V., Wolfe, D. A., & Jaffe, P. G. (in press). School-based adolescent dating violence prevention: Enhancing effective practice with a gender strategic approach. In *Intimate Partner Violence* (K. Kendall-Tackett & S. Giacomoni, Eds.), Kingston, NJ: Civic Research Institute.
- Crooks, C., Scott, K., Wolfe, D. A., Chiodo, D., & Killip, S. (2007). Understanding the link between childhood maltreatment and violent delinquency: What do schools have to add? *Child Maltreatment, 12*, 269-280.
- Fisher, J. D., Fisher, W. A., Mischoyich, S. J., Kimble, J. D., & Malloy, T. E. (1996). Changing AIDS behavior: Effects of an intervention emphasizing AIDS risk reduction information, motivation, and behavioral skills in a college population. *Health Psychology, 15*(2), 114-123.
- Greenberg, M. T., Domitrovich, C., & Bumberger, B. (2000). *Preventing mental disorders in school-aged children: A review of the effectiveness of prevention programs*. Washington, DC: Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services.
- Kaiser Family Foundation. (2003). *National survey of adolescents and young adults: Sexual health knowledge, attitudes, and experiences*. Menlo Park, CA: Kaiser Family Foundation.

- Kirby, D. (1999). Reflections on two decades of research on teen sexual behavior and pregnancy. *Journal of School Health, 69*(3), 89-94.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. New York: Guilford.
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., et al. (2003). What works in prevention - Principles of effective prevention programs. *American Psychologist, 58*(6-7), 449-456.
- Tutty, L., Bradshaw, C., Thurston, W. E., Tunstall, L., Dewar, M. E., Toy-Pries, D., et al. (2002). *School based violence prevention programs: A resource manual to prevent violence against girls and young women*. Calgary, AB: RESOLVE Alberta.
- U.S. Surgeon General (2004). *The health consequences of smoking: A report of the Surgeon General*. Washington, DC: Author.
- Wolfe, D. A., Crooks, C. V., Chiodo, D., Hughes, R., Ellis, W., & Jaffe, P. (submitted). Effectiveness of a school-based program to prevent violence and related risk behaviors among adolescents: Initial gains in knowledge and skills. *Journal of Adolescent Health*.
- Wolfe, D. A., Jaffe, P., & Crooks, C. (2006). *Adolescent Risk Behaviors: Why Teens Experiment and Strategies to Keep Them Safe*. New Haven: Yale University Press.
- Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A., Grasley, C., & Reitzel-Jaffe, D. (2003). Dating violence prevention with at-risk youth: A controlled outcome evaluation. *Journal of Consulting and Clinical Psychology, 71*, 279-291.

Text box:

- Youth need information that will help them make good decisions, and to be shown positive relationship models that will demonstrate alternatives to the negative examples they frequently see in the world around them.
- Involving all adolescents in education about safety and risk, rather than just those who show problems, builds resilience for future difficulties. A universal approach precludes the need for identifying youth and reduces the stigma of being labeled high risk.
- Through the *Fourth R* program, all students are better equipped with the skills they need to build healthy relationships and to help themselves and their peers reduce risky behaviours.
- Relationship knowledge and skills can and should be taught in the same way as reading, writing, and arithmetic, and therefore we refer to the classroom-based curriculum as the **Fourth R (for *Relationships*) core program**. This curriculum consists of 21 skill-based lessons that meet the Ontario Ministry of Education's learning expectations for grade 9 health education.
- The Fourth R core program addresses adolescent risk behaviours by focusing on relationship goals and challenges that influence their decision-making.