

P³ Post-Training Report

Girl Scout Troop 1996, Garland, Texas, September 24, 2017

Executive Summary

Secure/ Higher Ed (S/HE) conducted a P³™ training of Girl Scout Troop 1996 (a mixed race troop of Girl Scouts ages 12-13 and their parents) at the St. Philips United Methodist Church in Garland, Texas on September 24, 2017. Of particular interest in the training was the effectiveness of a new module on opioid abuse, and whether the message would resonate with children in this age category.

Following the event, S/HE surveyed all participants concerning the training. The questions concerning the training were in part created using techniques in social psychology to reinforce the training and keep the participants safe, but also to test the effectiveness of the opioid education. The survey results are summarized below and presented in detail later in this report.

Training Satisfaction. Survey responses were overwhelmingly positive:

- **100%** said that they had fun at the training
- **100%** gave highly positive responses when asked open-ended questions as to what they thought of the P³ training and how the training made them feel

The findings at this training are consistent with survey results from other trainings. **We are aware of no other program or product that consistently obtains a 100% consumer satisfaction rating.** This result is particularly amazing given that the training is about avoiding sexual assault, crime, and substance abuse, subjects generally thought to be difficult to discuss. Subsequently, the Girl Scout troop leader wrote that “The girls had a great time. Each learned something new and got to practice their skills to build confidence.”

Behavioral Change. Participants demonstrated a significant commitment to behavioral change:

- **100%** committed to change their behavior in ways that would keep themselves safer
- **100%** were as likely (8%) or less likely (92%) to use opioids, even if prescribed by a doctor, as a result of the training
- **100%** would ask questions about prescribed pain medication and either not take or ask for alternatives to any medication containing opioids

The findings at this training are consistent with survey results from other trainings. **We are aware of no other program or product that consistently obtains a 100% behavioral change commitment.** Moreover, the Girl Scout troop leader noted that her daughter, upon returning home, asked her father if his pain medication contained opioids. While anecdotal, it does indicate immediate behavioral results from the training.

The Event

The P3 training started and ended on schedule. The training is scripted with only minor and insignificant script deviations. The training is presented based on methods from graduate-level advanced teaching courses, developed facilitation techniques, the latest social psychology research concerning learning and reinforcement (primarily relying on principles of commitment, consistency, social proof, and authority), and pedagogical tools to promote kinesthetic, auditory, and visual learning. Modularization of content ensures that each segment builds on the last, thus making learning easy. Assessment following each segment ensures effective content conveyance.

The training begins with a puzzle where participants are asked to vote on whether a pictured person introduced by first name is a bad person. Information is provided about each person, and participants are played a recording of the person talking. The puzzle teaches important self-protection principals through stories, which are more apt to take root and provide a frame of reference than advice alone. Thereafter, the girls and their parents are introduced to a confidence-building escape technique involving a one-handed grasp. The class proceeds alternating informational sessions with self-defense techniques. Girls of like age (typically certified black belts) demonstrate techniques with the facilitator and then work with those parents and girls who are having difficulty mastering the movement. This peer mentoring bolsters student confidence that they can perform the techniques. The online training by which trainers are trained is available at:

<https://www.securehigher.com/p3-online>

The script for this particular training is attached, which includes the opioid module.

The attached email from the Girl Scout troop leader demonstrates the troop's high satisfaction with S/HE's professionalism, competency, organization, and execution. Photos from the event are also attached. While not a subject of the survey, it is obvious from the photos that participants were racially diverse, demonstrating that the program appealed to parents and girls irrespective of race, religion, or gender.

The class was taught by Talcott Franklin with martial arts assistance from Charlotte Franklin.

Abbreviated instructor biographies:

Talcott Franklin: juvenile rehabilitation counselor, maximum security unit; attorney representing dating violence and child abuse survivors pro bono; conducted and published quantitative crime studies; university sociology instructor; B.A., M.A. Univ. of Wash.; J.D. magna cum laude, order of the coif, law review editor in chief, Wash. & Lee School of Law.

Charlotte Franklin: certified second-degree black belt; 6th grade student at the Hockaday School for Girls.

Detail Training Survey Results

Question 1. What did you think of the P³ training? (repeat responses omitted)	
Loved It	GREAT information
It was very educational	Very helpful
Refreshed my memory on how to escape a hold	Fun
Very informative	I learned a lot
Good and educational	Good advice
It's awesome	Amazing
	Love it

Question 2: How did the P³ training make you feel? (repeat responses omitted)	
Awesome	Safer and more aware
Less helpless	The training made me feel safer
Like I know more how to defend myself	Like I can protect myself
Safe	Strong and with an advantage
I need to pay better attention to my surroundings	Confident
	Stronger

Question 3: As a result of the P³ training, do you commit to change your behavior in ways that will help keep you safer?	
Yes: 100%	No: 0%

Question 4: Did you have fun at the P³ training?	
Yes: 100%	No: 0%

Question 5: As a result of the training, how likely are you to use opioids, even if prescribed by a doctor?		
Less likely: 92.3%	More likely: 0%	The same: 7.7%

Question 6: If a doctor prescribed pain medication for me or a family member, I would:	
Fill the prescription and take the medication: 0%	Ask questions about whether the pain medication contained opioids and if it did, ask for alternatives to the opioids: 100%

Question 7: Both these things are dangerous, but which is more dangerous?	
Walking alone at night: 7.7%	Drinking or taking drugs at a coed party: 92.3%

Training Script (Substance Abuse Segments only)

P³: Predator Prevention Program

By

P³: Parents, Peers, Professionals

I. Introduction.

- A. My name is _____.
- B. Quickly introduce yourself and any relevant experience.
- C. Red alert Rule

II. Identify the Predator. See video at bottom of page at:

<https://www.securehighered.com/module-1-overview>

III. Escaping a one-handed grasp.

IV. Fighting a criminal.

V. Punching/Kicking/The Eye Gouge. The flurry. Practice with pads.

VI. How do you tell if someone is bad?

VII. Escaping the two-handed grasp (both hands on one arm, one hand on each arm). If someone puts both hands on you, it is scary but you just won the fight.

VIII. A few common scenarios.

- A. Internet
- B. Other dangerous situations
- C. Kidnapped
- D. He's saying gross things at a public place and won't leave you alone
- E. Clothing choices. We know of no research that shows that a woman was assaulted because of the way she dressed. In Egypt, women are now wearing skin tight jeans as opposed to the traditional Muslim dress. Why? It is a fact however that it is much easier to assault someone wearing a skirt or dress than it is someone wearing jeans or pants. To remove pants, both of the perpetrators hands must be occupied with removing them, leaving the eyes, nose, throat, etc. vulnerable.

IX. Escaping the front choke. Raising the hand exercise followed with eye gouge and groin kick. Then escape.

X. Alcohol

[Alcohol quiz questions/graphics are attached following this script.]

- A. If you are passed out, none of these self defense techniques will work.

- B. You never know the effect alcohol has on you. It is never a good idea to have mixed drinks/hard alcohol in mixed company.
- C. NEVER drink from a container that you have not opened, been in control of the whole evening.
- D. NEVER experiment with alcohol in mixed company. That is the worst possible time to start learning what effect alcohol has on your body.
- E. If you see someone who has had too much to drink being taken somewhere, INTERVENE. Call it a crime.

XI. Escaping the rear choke.

XII. Opioids

[Opioid graphics are attached following this script.]

What do all these people have in common? These people look normal, don't they?

Here's what they have in common: nearly all of them got hurt and went to the doctor.

The hospital is rated on how fast it can manage pain, so these people were immediately given prescription opioids.

For some people, the opioids make them feel sick. But for others, the feeling is so good that they can't stop. There is no way to tell which kind of person you are until you take an opioid.

All of these people could not stop. They would lie to get the opioids. Some would purposefully hurt themselves by breaking their bones, like their fingers, so they could go to the hospital and get more opioids.

The opioids made them steal from family and friends, beg on the street, put themselves in dangerous situations. And terrible things happened to them on the street, all so they could get these opioids.

Some of them couldn't get opioids any more, so they started taking heroin. They started by smoking it, and eventually started injecting it right into their veins.

4 out of 5 heroin addicts started began their addiction with a doctor prescribing them opioids.

These people don't look like drug addicts.

All these people died this year from overdosing on heroin or opioids. Thousands of others also died this year.

I can teach you all the self-defense in the world, but none of it will help you if you are addicted to opioids. Opioids will block all your instincts for keeping yourself safe and for taking care of others.

These people overdosed on opioids with a four year old child in the back seat.

Millions of people just like you and me are addicted to opioids right now. Some are mothers and fathers.

1 in 10 babies born today are born addicted to opioids, because the mother cannot stop and is taking them while pregnant.

Despite the epidemic, at the hospital, doctor's office and dentist's office, it's still business as usual.

If you go to a doctor or dentist and they try and give you a pill, ask if it is an opioid. If it is, ask for an alternative. And never, ever take someone else's prescription medication.

XIII. How to run away.

XIV. Guns.

A. Holdups.

B. Active shooter

XV. Escaping being pinned on the ground.

XVI. Flurries on body opponent bag (eye gouge / nose palm heel or punch / groin knee or kick).

XVII. Drill: using a stick in self-defense. Game where the "assailant" attempts to touch the intended victim without being hit with a "stick" (foam kali sticks used).

Alcohol Quiz

- When trick or treating, what do you do if you get an open piece of candy from your neighbor?
- How much liquid does a Solo cup hold?
- How many cups of a typical high school or college alcohol punch would it take for a 120 girl to get so drunk she passes out?

To reach a BAC of over .32 from 11 oz. of 100 proof (50% ABV) college punch, the same 120 pound woman would have to drink either:

Eleven 12 oz.
beers (5% ABV)

OR

Eleven 1 oz. shots of 100 proof alcohol
(50% ABV).



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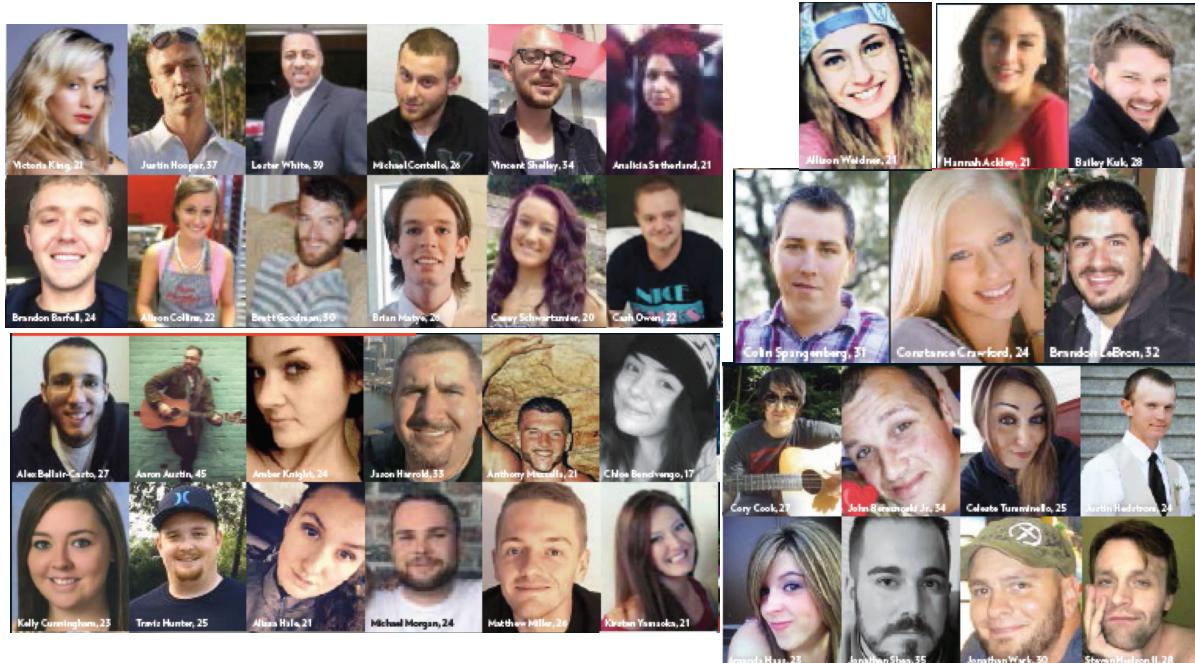
Solo brand cup containing typical college punch made with grain alcohol. The punch contains 50% alcohol. BAC calculator shows how drunk a typical 120 pound woman would get in one hour. If the cup is packed with ice, it holds 10 oz. of liquid. The cup holds 18 oz. of liquid without ice.



3 oz = 0.07875 BAC. Just under legal limit to drive.
4 oz = 0.11 BAC. Slurred speech. Over legal limit.
5 oz = 0.14125 BAC. Blurred vision, loss of balance.
6 oz = 0.1725 BAC. "Sloppy drunk"; possible nausea.
7 oz = 0.20375 BAC. "Feeling no pain"; need assistance to stand; blackout likely.
9 oz = 0.26625 BAC. Falling down drunk.
10 oz = 0.2975 BAC. Stupor; sudden passing out.
11 oz = 0.32875 BAC. Possible coma; possible death.



What do these people have in common?



Note: Comments to the slide above included "they all look like good people" and "they are all nice". The above slide displayed until this slide was discussed:

