Positive Community Norms

Overview

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INTRODUCTION

The Positive Community Norms (PCN) approach to improving community health is a transformational model founded upon The Science of the Positive®. The Science of the Positive is a core philosophy consisting of timeless principles that form a foundation for individual and community change. The PCN approach uses these principles to effect positive norms through leadership development, communications, and integration of prevention resources. This model has shown itself to be extremely effective in creating meaningful social change.

This workbook contains specific information and examples related to the prevention of underage drinking, but the material it contains can be used to address virtually any topic including traffic safety, the prevention of child or substance abuse, and other areas of social concern. Like many community-focused approaches, PCN employs health communications and social marketing campaigns. For example, when applied to the issue of reducing alcohol usage by youth, campaigns have been launched to challenge people’s commonly held perceptions about their environment and behavior of their peers along with their beliefs about how problems like underage drinking should be approached. In this workbook, we will explore these campaigns and give examples of how they can best be utilized as part of an overall PCN approach.

We sincerely want this workbook to be an effective resource for you, so we ask that you to be willing to open yourself to new ideas, to look for the learning throughout the training and on every page of this workbook.

Contents

We begin by providing a brief background on the Science of the Positive® followed by an application of the Science of the Positive® to prevention. Positive Community Norms is then introduced, including a brief section on its theoretical foundation.

Next, the core PCN components – leadership, communication, and integration – are explored.

Finally, several appendices are included to support further learning. These include:

- A comparison of social marketing, social norms marketing, and PCN;
- A comparison of the "old" prevention paradigm and PCN;
- Information about the evidence base for PCN;
- A summary of PCN tools; and,
- A list of references
The Science of the Positive® (SOTP) is a life philosophy and blueprint for developing soul in leadership and cultivating community. It focuses on how to study, measure, and grow the positive and is based on the core assumption that the positive is real and is worth growing – in ourselves, our families, our workplaces, and our communities. SOTP is researched-based, tested, and refined over decades with agencies, communities, and businesses. It is holistic in its approach and guides the development and use of best practices in our work. Flexible in its applications, SOTP can work within different contexts, theories, models, structures, religions and cultures. It is elemental and based upon fundamental laws of change and transformation that are irrespective of time, place and lifestyle.

*SOTP should not be confused with simply “thinking positively.”* While SOTP is based on the core assumption that the positive exists and is worth growing, it also recognizes that suffering, pain, and harm are very real and exist as well. At no time does SOTP deny or ignore these realities. A core outcome of SOTP is to reduce suffering in our families, our communities, and ourselves.

SOTP is currently in use by individuals and communities seeking to change perceptions, behaviors, and outcomes, as well as to uncover opportunities to fulfill their own potential (Linkenbach, 2003d).
The Science of the Positive® Framework: 
Spirit, Science, and Action

A framework represents an investigative approach, consisting of principles for being, knowing, and taking action. The SOTP framework helps us understand our current circumstances, life, and truth, including what we aspire to and how we can get there. Thus, it’s a worldview or philosophy for living, but also a tool for guiding change and transformation when something isn’t working as it should. SOTP recognizes three core elements – Spirit, Science, and Action – which make up the core of the transformational process of the Science of the Positive.

As you can see from the relational diagram above, Spirit, Science, and Action work together; while separate, they overlap to create a sum that is larger than its parts. In our bodies, we perceive this same idea as a connection of thoughts-feelings-actions that when joined, like the above diagram, create the synergistic reaction that leads to change. Each element is always present at the same time, but they can get out of balance.

The order of the elements matters. Spirit comes first. We must always begin with the underlying essence, the deep purpose to our actions or what we’re after. When we speak of spirit, we refer to the underlying meaning behind something, the deep “why” behind what we are doing; the true essence.

Science and facts alone are not enough. And action alone is insufficient. We need something bigger than ourselves. Transformational leaders know it’s out there and seek it. That “it” is what we call spirit. Failure to identify the core purpose or value...
behind any action can create confusion and allow us to become lost.

But once we align behind our core purpose and our core values, we must next seek a clear understanding of the world around us – what SOTP model identifies as “science.” When we speak of science, we mean the methods and practices to gain an accurate understanding of our world. Science is about asking the next questions, about applying rigor and seeking the best possible understanding of the world around us. Often our perceptions of what is happening may be inaccurate. Our work of understanding our world is never done; we must constantly update our science.

Finally, action comes last. When we speak of action, we mean doing things that result in both change and transformation. With a clear purpose and a strong understanding of our world, we can engage in meaningful action that fosters both change and transformation.

Engaging in the Science of the Positive® is about daring to see things as they really are in order to embrace the future with the intention and willingness of believing something wonderful is about to happen. SOTP leaders are passionate about this work because through the process of humbly transforming our perceptions, our behaviors can shift and communities learn to lead purposeful lives and achieve true potential.

**APPLYING THE SCIENCE OF THE POSITIVE® TO IMPROVE HEALTH AND SAFETY**

**Spirit First: The Importance of Hope**

The word “spirit” comes from the Latin word *spiritus*, which literally means "breath." It is the breath that gives us life. By grounding our efforts in a positive spirit, we give our work breath or life. Many may call this “breath” hope. Hope is absolutely critical to renew our daily energy, to bring critical resources and partners to the table, and to sustain our efforts for any challenges to come. We cannot overlook the importance of hope in our work.

In our efforts to promote health and safety, groups sometimes focus their communications campaigns on the harm associated with the problem and its negative outcomes. But when our communications (especially stories that appear in the media) focus on the negative, we risk distorting the context of the situation in an attempt to motivate concern in others.

While engaging the community is a critical tool in fostering change, our work has shown that we must be careful not to focus our outreach on the negative, as ironically it can create the opposite result we are seeking. Focusing on negative aspects of
the problem we are attempting to address can lead to misperceptions about the prevalence of the issue. A negative focus can also lead to a sense of powerlessness and hopelessness, and negative emotions that are unlikely to ever create positive change.

As a society, it is like we have cultural cataracts: our vision can be distorted by the media’s “if it bleeds, it leads” focus on the problems and harm caused by the behavior of a small percentage of people (Linkenbach, 2001). Our media often obsessively focus on problems, risk, and danger, fueling even more exaggerated perceptions of their prevalence. This can perpetuate the very behavior we’re trying to reduce or eliminate.

**Limitations of the Fear-Based Change Model**
Scare tactics, arguably one of the more popular and widely-utilized approaches in prevention history, have been employed for decades to promote and publicize dangerous activities, often engaged in by a minority of people. This strategy unfortunately ignores the fact that healthy, protective choices are normative.

Fear-based messages or scare tactics are a type of persuasive appeal designed to “scare the health” into people by emphasizing or exaggerating the terrible things that will happen to them (such as death or overdose) if they do not do what the message recommends (such as abstinence from alcohol). The assumption behind fear-based approaches is that awareness of negative consequences to our actions will result in positive behavior change. Indeed, awareness of problems and their risks is critical but not enough to create lasting transformation.

Our work has proven that inflating people’s fears can actually create a backlash against the goal of health promotion by supporting and exaggerating misperceptions of community norms (Linkenbach, 2001). Strategies using fear to motivate people to action can cause just the opposite. People can become paralyzed by the lack of hope. On an individual level, lack of hope can lead to diminished energy, loss of commitment, and overall poor performance. At the organizational or community level, a lack of hope can lead to despair and loss of engagement.

Another potential negative outcome of fear-based approaches is that they can foster stigma, thereby causing factions in the community. Negative behaviors (or negative health outcomes) are strongly linked to the people portrayed as the wrongdoers. We then begin to view these people as harmful and bad and want them “out of our community.” This stigmatization will lead to less communication, shaming, and a break down in community.

Fear-based approaches are also hard to maintain; in order to engage our audience, we must create messages that stand out
against the onslaught of media messages we receive each day. At a certain point, negative messages are tuned out because they are too, well, negative! We have seen recent examples of campaigns that were so graphic people rejected the messages by literally changing the channel.

Data from interventions focusing on reducing misperceptions of health norms demonstrate that messages and images that portray health as the norm and as the expected behavior result in increased health protections and lowered risk (Perkins, Haines & Rice, 2005).

The Science of the Positive® seeks to refocus our message on positive, healthy normative attitudes and behaviors we want to grow, transforming our messaging from one of fear to one of hope. While not always readily apparent, there are always examples of health and goodness in every community. The examples may not be as obvious because their opposites are more frequently publicized. We may even have to ask questions and measure healthy behaviors in new ways so that they become more apparent.

“It is time to move beyond Health Terrorism... If we want health, we must promote health.”

Jeff Linkenbach

A core tenet of the Science of the Positive® is that the solutions are in the community. This statement is based on the basic SOTP assumption that the positive already exists, and that in every community, there is a positive, undeniable good that we can discover and amplify. By searching for health as opposed to its opposite, we increase the positive energy and direct it towards that which we want to grow.

Spirit First, Then Science: Am I Busy or Am I Effective?
One key question for all of us, which can be frightening because it gets to the heart of the matter, is how we manage our energy. For example, we often talk about how busy we are, but is busy-ness what we want for ourselves? Being effective is about producing an intended result. Therefore, effectiveness combines intentions and outcomes. To have clear intentions, we need to know what we want to achieve with sufficient clarity. To assess outcomes, we must make valid and
reliable measurements. Both clarifying intentions and measuring outcomes requires good science. Since we all strive to be effective in our work, we need to embrace the importance of science.

The first step towards moving from busy to effective is to start recognizing spirit, science, and action. Start looking for the spirit, science, and action in your own daily life and in your interactions with others. Maybe, as a prevention leader, you recognize the need to help your colleagues, partners, and coalition members become more scientific. Once we know what we are looking for, we can begin to find it.

As we seek to become more effective, we may realize that we have to change what we are doing. In fact, we may have to stop doing certain things altogether. Changing our approaches can be hard, but let us not forget the definition of insanity: doing what we have always done and expecting different results. If we want to improve our results, we need to be willing to learn about new ways of doing things.

The mere fact that you are taking the time to step away you’re your busyness to engage in this learning is a great indication of your desire to become more effective. Am I busy or effective? This is an important question to continually ask yourself and your colleagues.

The scientific process is a systematic approach that allows us to gain a more useful understanding of the world. Understanding our world is critical in order for us to be effective, and our understanding of the world is constantly changing. How we understood things 50 years ago is very different than how we understand things now. And our understanding of the world 10 years from now will be different as well. We must constantly update our understanding – our science – for the scientific process is never finished.

When we embrace science in our prevention efforts, we will be more successful with each and every iteration of our work. Our evaluations will lead us to new understanding, which in turn will lead us to better implementation. Without science, we are prone to misperceptions and hit-or-miss outcomes. By embracing a scientific approach to our work, we approach our efforts at improving health and safety as experiments from which we seek to learn, foster opportunities for replication by others, and pursue effectiveness.

Here, we must also acknowledge the complexity of the social sciences. While we have tremendous knowledge about how to send an object to the moon, it is still very difficult for us to predict the decisions of a teenager in various situations. Even with this complexity and all the limitations of the current research, we must
strive to improve our understanding and engage in the scientific process.

**Spirit First, Then Science, Then Action:**
**Fostering Change and Transformation**

Through our work, we seek to have an impact on ourselves and on those we serve. This impact includes both change and transformation. Change often takes place by incremental improvements in certain behaviors or beliefs. These incremental steps may be one after another or linear and continuous. Sometimes change is temporary and improvements may be followed by setbacks. Change is often only at the surface level and impacts systems in our current understanding of that system or through our current paradigm.

Transformation, however, occurs less frequently than change and involves significant shifts in the way we think or look at things. These shifts can result in quantum leaps in beliefs or behavior change. Transformation also tends to be more lasting, having an impact much deeper than change. Typically, it is hard to “un-do” transformation – once we see things in a new perspective, we can never go back to the old way of seeing things.

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<th>Transformation</th>
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<td>Temporary</td>
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<td>Surface level</td>
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<td>Combines same elements into new formats</td>
<td>New elements, synergistic reactions</td>
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<td>Current paradigm</td>
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The Science of the Positive® creates both change and transformation, fostering conditions in which transformation is more likely to occur. It will be the transformation that results in the sustainable, long-lasting impacts of our work.
It is interesting to note that transformation can often be hard to notice – especially if we are right in the middle of it. One way to see transformation more easily is to look back in time at health and safety related behaviors many years ago. Think about issues like smoking on airplanes, using car seats for children, the use of hard hats, helmets and other personal protective equipment in the workplace. Today, we wonder what took so long for these changes to be implemented. It is at these moments that we can notice that transformation that has taken place. And it can similarly take place again when we are able to embrace new possibilities.

Summary: Applying Science of the Positive® to Prevention

In summary, when we apply the Science of the Positive® to the work of prevention, the spirit of our work should be positive, hopeful, and create energy. Our work should embrace learning, replication and effectiveness. And through our actions we must create change and cultivate deep, lasting transformation.

“If you are here to help me, then you are wasting your time; but if you have come because your liberation is tied up in mine, then let us begin.”

Lilly Walker,
Australian Aborigine
When we apply the Science of the Positive® to efforts to improve health and safety, and look at the work of prevention through the framework of spirit, science and action, we arrive at the Positive Community Norms (PCN) model. The core tenet of the PCN approach is that to improve health and safety, we must focus on growing positive community norms through cultivating cultural transformation.

By focusing on spirit first, aligning science and then taking appropriate action, we can create tremendous synergy in our prevention efforts. First, we recognize the powerful need to honor the spirit in our work. When we do, and when we choose this spirit as something positive, we are renewed in our own energy and aligned with others. Even if we have different perceptions of the world than our colleagues, partners, and collaborators, we can still experience a common spirit. This commonality provides us with a place to begin, even if disagreement pervades the starting place of collaboration.

When we ground our efforts in science, we are able to achieve measurable outcomes and learn from our efforts. Without this grounding, we might be able to access enormous resources (often gathered through our strong sense of communal spirit), but end up delivering minimal outcomes. The scientific process is all about learning – it requires that we use appropriate techniques to measure our efforts, that we recognize and embrace the limitations of these techniques, and that we are always challenging our core assumptions.

When we recognize the spirit in our work and ground our efforts in science, we are then empowered to act in an efficient, effective manner to achieve both transformation and change. When we acknowledge learning as a critical step in our work, we begin with our eyes wide open and conclude with more knowledge. We use science to help us move from busy to effective. We use science to help us recognize the difference between the two. This is why there are many scientific theories that form the basis of the PCN approach (see below).

Clearly, without action we will not reduce negative outcomes; we will not increase health in our communities. It is from action that we achieve our results and this action needs to be grounded in science in order for us to be effective. Honoring the spirit that underlies our action sustains our energy and prevents us from burning out. In the end, our actions will determine our outcomes. Even with a strong connection to spirit and the best science, we
will not have positive results without investing the time and resources to implement our efforts.

The goal of the PCN approach is cultivating cultural transformation, through which we will achieve behavior change and improved health and safety. By seeking cultural transformation, these behavior changes will become a part of the community and have lasting impact.

**Theoretical Foundations: The Power of Perceptions and Norms**


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**Perception is everything.**

And therefore, so too is misperception.

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**Social Norms Theory**

The study of the powerful impact that norms have on both thought and behavior is a well-established area of research in the social sciences, particularly in the fields of sociology and social psychology.

The social norms approach measures an individual’s perceptions of different norms for a specific behavior or attitude as well as the actual behavior or attitude (true norms). This methodology measures the gap between the two and its influences on behavior (Perkins & Berkowitz, 1986).
Key Social Norms Terms

Social norms or actual norms are the behaviors or attitudes of the majority of people in any community or group. If most people in a community do not smoke, then not smoking is the “normative” behavior, or the social norm. Not smoking is normal, acceptable, and perhaps even expected in that population.

Non-norms are the behaviors or attitudes of the minority of people in any community or group. Often people misperceive behaviors and believe they are norms when in fact they are non-norms.

Perceptions of social norms or perceived norms are people’s beliefs about the norms of their peers. Perceptions of social norms play an extremely important role in shaping our individual behavior. Our perception of what is acceptable, majority behavior — how fast we think “most people” drive, whether we think “most people” wear seatbelts, how many drinks we think “most people” have before getting behind the wheel — play a large role in our own behavioral decisions. Unfortunately, we often misperceive the social norms of our peers, thinking that risky behavior occurs with far greater frequency and social acceptance than it actually does.

Descriptive norms describe the behaviors of people as opposed to their attitudes. Examples of descriptive norms are “most people eat lunch every day” or “most students do their homework.”

Injunctive norms capture people’s attitudes, in particular, a sense of disapproval (“this is wrong”) or an injunction (“should” or “should not”). Examples of injunctive norms are “most people think it is wrong to steal” or “most people believe they should exercise regularly.”

Social norms theory says that people tend to behave in the way they believe is most typical of and accepted by their peers. If people believe that risky behaviors are typical, some individuals are more likely to engage in those behaviors for several reasons. First, people may be more likely to take part in a high-risk activity if they misperceive it as the norm. Second, those who regularly engage in high-risk activities often do so with others and therefore believe “everyone” does it. And third, if a bystander believes the risky behavior is the norm, they may fear social disapproval for intervening and therefore be reluctant to intervene to stop the dangerous behavior.
Peer norms are typically construed as the beliefs of significant peers (e.g., best friends or social clique), following Azjen and Fishbein’s model of normative influence. Social norms have been divided into two categories in the literature: Descriptive social norms (perceptions of friends’ actual behaviors) and injunctive social norms (perceptions of friends’ opinions of behaviors) (Cialdini, Reno & Kallgren, 1990).

Misperceptions of peer norms have consistently been shown to be correlated with individual risk and protective behaviors including binge drinking, men’s willingness to intervene on behalf of women, unhealthy weight control practices, marijuana smoking, gambling, rape proclivity among men, and use of protective equipment in farming (Baer & Carney, 1993; Baer, Stacy, & Larimer, 1991; Perkins & Berkowitz, 1986; Perkins, Meilman, Leichliter, Cashin, & Presley, 1999; Perkins & Wechsler, 1996; Prentice & Miller, 1993; Fabiano, Perkins, Berkowitz, Linkenbach & Stark, 2004; Clemens, Thombs, Olds & Gordon, 2008; Eisenberg, Neumark Sztainer, Story & Perry, 2005; Kilmer et al. 2006; Larimer & Neighbors, 2003; Bohner, Siebler & Schmelcher, 2006; Nicol & Kennedy, 2008). Correcting these misperceptions to be in line with peers’ actual behaviors has resulted in decreased risk behavior among target audiences (Agostinelli, Brown, & Miller, 1995; Baer et al., 1992; Borsari & Carey, 2000; Haines & Spear, 1996; Neighbors, Larimer, & Lewis, 2004; Walters, 2000).

Studies demonstrate positive effects of interventions that employ social norms as a strategy (Agostinelli, Brown, & Miller, 1995; Neighbors, Larimer & Lewis, 2004; Walters, 2000). Many researchers have declared the concept to be an essential strategy for changing human behavior (Berkowitz, 2004; Fishbein & Ajzen, 1975; McKirnan, 1980; Pepitone, 1976). Community-wide electronic and/or print media campaigns have resulted in 20% or more reductions in high-risk drinking rates within two years of initiating a social norms marketing campaign, and in one case reductions of over 40% after four years (Berkowitz, 2004). Haines, Barker and Rice (2003) reported similar results for both tobacco and alcohol in social norms marketing campaigns at two Midwestern high schools. In a quasi-experimental design targeting 21,000 teenagers in a seven county area, Linkenbach and Perkins (2003a) measured a 41% reduction in first time tobacco use in teenagers as the result of correcting misperceptions of tobacco-use norms.

Social norms marketing campaigns have demonstrated effectiveness in reducing high risk drinking, youth initiation of tobacco, driving while intoxicated, promoting parenting practices, and promoting energy conservation behaviors (Glider, Midyett, Mills-Novoa, Johannessen & Collins, 2001; Haines & Spear, 1996; Linkenbach & Perkins, 2003a; Linkenbach, Perkins & DeJong, 2003c; Linkenbach, 2005; Nolan, Schultz, Cialdini, Goldstein
& Griskevicius, 2009; Schultz et al, 2007). Positive results have been obtained not just with college and university students, but also with high school and middle school populations, in defined sub-populations such as sorority and fraternity members, and with adults (Berkowitz, 2004; Nolan et al., 2009). Evidence for normative approaches was summarized in 2002, when a panel of national prevention specialists appointed by the National Institute on Alcoholism and Alcohol Abuse (NIAAA) designated social norms interventions as one of the key strategies to reduce college drinking (Berkowitz, 2004).

Studies in the United Kingdom document similar gaps between perceived and actual social norms for college drinking behavior and treatment of the mentally ill, indicating promise for social norms campaigns in Europe and potentially elsewhere around the world (McAlaney & McMahon, 2006; Norman, Sorrentino, Windell & Manchanda, 2008).

Social Cognitive Theory
According to Social Cognitive Theory (SCT), human behavior is a product of personal and environmental influences such as observation, environment, self-regulation, moral (dis)engagement, and a person’s psychology (Glanz, Rimer & Viswanath, 2008).

Observation plays a significant role in how people learn, thus contributing to behavioral choices. In particular, when people identify with a person modeling a certain behavior (such as a peer), they are more likely to repeat the behavior. Such effects increase further when the modeling person is rewarded positively for the action. Observational learning influences can include people or various media exposures.

A person’s environment is also critical in determining behavior, as it will either support or resist new behaviors. Even in a resistant or hostile environment, however, people can make choices and trade-offs in support of certain goals; for example, a person may endure consequences for a long-term outcome or try to influence her environment so that it better accommodates her behavior. One’s moral engagement or lack thereof plays a role as well, because the level of engagement will facilitate or hinder certain actions. For example, violence requires a fair amount of moral disengagement.

Psychologist Albert Bandura is considered the “father” of Social Learning Theory and its development into SCT. For over 50 years, Bandura has studied influences on human behavior and published numerous books and scholarly papers on various theories and applications. In Health promotion from the perspective of social cognitive theory (1998), Bandura argued that health promotion and disease prevention efforts must work not only on individualistic levels but on collective or socio-structural levels as
well. Influencing people to help themselves is necessary but limited, when people are functioning within a web of societal problems or institutions that impact their ability to produce different outcomes (Bandura, 1988). Communities must participate and be educated and enabled to improve systems.

Social Cognitive Theory was first known as Social Learning Theory, because it is based upon learning principles operating within the human social context (Glanz, Rimer & Viswanath, 2008). The theory became SCT when concepts from cognitive psychology were integrated (Glanz, Rimer & Viswanath, 2008). Since becoming SCT, additional concepts have been integrated to make the theory more holistic. Over the last 25 years, SCT has been one of the most widely applied theories in health education research and remains so today (Glanz, Rimer & Viswanath, 2008).

Applications of SCT in health promotion have sought to achieve outcomes by influencing people’s observational learning, environments, self-regulation, moral engagement, and more. For instance, in a renowned case study, direct modeling, social reinforcement of new behaviors, and advocacy of a supportive environment helped people in Finland reduce coronary risk factors and chronic diseases (Puska et al., 2009). New applications can be leveraged via technology: the internet provides the opportunity for self-directed learning, modeling exposure, peer communications, information dissemination about health risks and positive behavior choices (Glanz, Rimer & Viswanath, 2008; Bandura, 1988).

**Theory of Planned Behavior**

Like Social Cognitive Theory, the Theory of Planned Behavior (TPB) is one of the most commonly discussed or applied health behavior models. Theory of Planned Behavior is an extension of the Theory of Reasoned Action (TRA) and says that intention and perceived behavioral control (the presence or absence of facilitators or barriers to the behavior) determine behavior (Glanz, Rimer & Viswanath, 2008). Icek Ajzen further developed these concepts in his research. Ajzen clarifies that intention is determined by motivation, perceived normative beliefs and behavioral control by ability (Ajzen, 1991). Put simply, TPB argues that “behavior reflects expected value”; that is, it assumes a link between rational motivation, desire, intention, and expected outcomes in behavior choices (Glanz, Rimer & Viswanath, 2008).

The Theory of Planned Behavior has been utilized in many health promotion initiatives, including alcohol consumption, condom use, disease reduction, and more (Ajzen, 1991; Glanz, Rimer & Viswanath, 2008). Applications have sought to influence beliefs about cost-benefit assessments of certain behaviors and to change perceptions of subjective norms, aligning motivations to those norms. The underlying foundation of beliefs provides
the descriptions needed to gain substantive information about a behavior’s determinants. It is at the level of beliefs that we can learn about the unique factors that induce one person to engage in the behavior of interest and to prompt another to follow a different course of action (Ajzen, 1991).

**Extended Parallel Process Model**

The Extended Parallel Process Model (EPPM) is sometimes referred to as the fear or threat management theory and focuses on the impact of emotional responses on motivation and behavior (Glanz, Rimer & Viswanath, 2008). Emotion may represent a perceived threat, and behavior is determined by rationality, or perceived efficacy (Glanz, Rimer & Viswanath, 2008). The EPP is particularly relevant to health issues like HIV/AIDS or avian influenza prevention (Glanz, Rimer & Viswanath, 2008) because fear of contraction is perceived to be a motivator for preventative behavior. Risk messages using a fear appeal approach have been shown to be effective in a variety of domains including cancer prevention, pregnancy prevention, and nutrition.

According to the EPPM, the evaluation of a threat initiates two appraisals, which result in either danger control or fear control processes. First, persons appraise the threat of the hazard by determining whether they think the threat is serious (e.g., "is lack of information a serious problem that can cause harm to my patients?") and whether they think they are susceptible to the threat (e.g., "is it possible that I don't have up-to-date information on X technique?"). The greater the threat perceived, the more motivated individuals are to begin the second appraisal, which is an evaluation of the efficacy of the recommended response. When people think about the recommended response, they evaluate its level of response efficacy (e.g., "Will I get accurate and useful information off of Grateful Med?"") and their level of self-efficacy (e.g., "Am I capable of using Grateful Med? Do I have access to it and the skills needed to use it?"). When the threat is regarded as trivial or irrelevant (perceived as low), there is no motivation to consider the issue further; the efficacy of the recommended response is evaluated superficially—-if it is evaluated at all--and no response is made to an outreach message. If people do not feel at-risk for a threat or do not feel the threat to be significant, they simply will ignore information about the threat.

The research into fear appeals has shown them to be potent persuasive devices, but only in certain conditions. When both perceived threat and perceived efficacy are high, then individuals will be motivated to control the danger and adopt the recommended response. When people realize that they cannot prevent a serious threat from occurring, either because they
believe the response to be ineffective and/or because they have low self-efficacy and believe they are incapable of performing the recommended response.

Studies have shown that fear appeals with high levels of threat and low levels of efficacy result in message rejection, and occasionally in boomerang effects (people do the opposite of what is advocated). Thus, when laypersons believe themselves to be vulnerable to a significant threat but believe that there’s nothing they can do to effectively address the threat, then they deny they are at risk, defensively avoid the issue, or lash out in reactance. In this case, fears about a threat inhibit action and risk messages may backfire. For a successful campaign, it is critical that high threat messages are accompanied by high efficacy messages. If it is difficult or impossible to promote strong perceptions of efficacy, then one probably should not use fear-arousing messages because they may backfire.

Reconceptualized Theory of Deterrence
Deterrence Theory relates to controlling behavior through retribution or fear of punishment. Traditionally, Deterrence Theory consists of general and specific deterrence. General deterrence focuses on an overall societal goal (through regulation and consequence) of preventing members of the public from engaging in certain actions and not on individuals, whereas specific deterrence focuses on an individual and attempts to encourage healthier behavior. The theory is used by criminologists and researchers to understand and predict behavior, and plan appropriate responses to such behavior.

In a landmark paper, Stafford and Warr (1993) challenged distinctions between general and specific deterrence, claiming such distinctions do more to confuse than clarify. In so doing, the authors proposed a reconceptualization of Deterrence Theory: distinctions between the two types of deterrence should be limited to contrasting kinds of experience with legal punishment (versus distinguishing between the public and specific individuals) (Stafford & Warr, 1993). To support reconceptualization, Stafford and Warr used observational learning theory to argue that people learn (for better or worse) from observing the acts of others as well as experiencing outcomes of their own actions; thus, to distinguish between people and groups is not helpful to application of the theory. The authors conclude that a single theory would be more useful to criminologists and researchers, one that centers on direct or indirect experiences with legal punishment being determinant of a potential criminal’s behavior (Stafford & Warr, 1993).
The Role of Community in Growing Positive Community Norms

The “community” of Positive Community Norms is very important as we are ultimately seeking behavior change among individuals. However, it is important to understand that many forces operating in our culture influence our behaviors. Social ecology is the study of these forces.

Social ecology theory, also called the theory of human ecology, originated with psychologists’ discontent with individual-level explanations of health and other behaviors. Psychologists such as Urie Bronfenbrenner (1979) and Kurt Lewin instead sought to explain behavior in terms of an “ecology” of forces at individual, social, political, cultural, and other levels, not just the level of individual psychology.

Lewin (1935, 1936) argued that individuals exist within fields of influences. These fields form a topology, which is the arrangement of regions of influence. Topological psychology, as Lewin called it, explained behavior in terms of environmental influences in the present, much in contrast to Freud and traditional psychotherapy, which explained behavior in terms of individual-level influences from the past. That is, perceptions of the environment from the topological perspective of the individual shape that individual's motivations and actions.

Social ecology can be applied to health promotion interventions by applying its basic principles; understanding how macro theories explain the behavior of individuals, small groups and larger social
organizations; learning how social ecology is related to health promotion; and designing health interventions that operate at many levels of analysis (Stokols, 1996).

By recognizing the importance of social ecology and its impact on individual behavior, the PCN model offers a systems approach that seeks transformation and change at many different levels or domains within a community. For example, when considering traffic safety, not only must we address the beliefs and behaviors of the individual driver, but also the beliefs and behaviors of families, co-workers, workplaces, community practices, policies and laws, as well as the broader societal components. Therefore, we will have multiple strategies in our prevention portfolio to address this one issue, and we will be seeking transformation not only of our focus audience, but also of organizations throughout the relevant social ecology.

Moving from Program-of-the-Day to Comprehensive Programs, and Comprehensive Programs Towards Holistic Processes: Authentic Community Transformation

As we become more sophisticated in our prevention work, we recognize that program designs must be comprehensive. We need resources that address all members in a group; people who are at-risk for a certain behavior (i.e., selective strategies), and interventions for individuals who are exhibiting the behavior (i.e., indicated populations). We need to explore activities that impact (both change and transform) the environment. We need to capture or codify improvements to the environment in policies and regulations (i.e., laws). A comprehensive approach involves many different activities working throughout a community at many different levels.

But comprehensive programs are not enough. Even the most comprehensive prevention designs can be ineffective when replicated in new settings or in new cultures. The PCN approach moves beyond a comprehensive paradigm (which is by definition deficit-based and focused on reducing the problem) to a holistic process of authentic community transformation. Authentic community transformation occurs when many activities and efforts work together in a synergistic way to reveal and grow the goodness present in every community – the core ideal in the Science of the Positive. The PCN model connects the many activities through a common spirit and a scientific basis that recognizes and honors the community it serves.

The PCN approach creates lasting and sustainable change by connecting to a strong sense of spirit, provides effectiveness and growth by being grounded in science, and provides a means to move beyond the issue-of-the-day towards fostering the development of authentic, healthy communities.
COMMUNITY SNAPSHOT:
Turning Down the Volume on Counterproductive Messages

Use of the Science of the Positive® has contributed to other successes in several different leadership contexts. The following are two examples.

At a corporate occupational health and safety organization representing 3.3 million service workers and 83,000 businesses across Ontario, Canada, SOTP principles were used to develop executive team leadership goals and a communication framework. After this work, the company CEO came to Montana for a Science of the Positive® “boot camp” – an onsite visit where, over three days, she focused on the spirit of transformation in leadership, the science of planned change, and actions to implement best practices. As a result, the CEO sent key leaders to Montana to go through the same process in order to align her executive team with the Science of the Positive® principles.

A major federal agency developed a strategic communications process built upon the Science of the Positive®. Expert researchers and practitioners from across the nation utilized SOTP to help create a positive communications framework and guiding leadership principles for how to view and discuss important national health issues.
Below is a “map” of the PCN framework and how its components tend to interact in a typical initiative.

Positive Community Norms Framework

Based on the assumption that improving health and safety involves growing positive community norms, the above framework can guide our efforts. The PCN framework focuses on three key elements: leadership, communication, and integration.

The PCN approach can be applied to many different issues such as underage drinking, workplace safety, traffic safety, child maltreatment, and others. It is a community or environmental approach that engages different audiences across the social ecology. The framework offers multiple strategies, with each strategy designed for a specific audience, forming a comprehensive prevention portfolio.
**COMMUNITY SNAPSHOT**  
Environmental Advocacy Strategy Used in Teton, Wyoming

In conjunction with other strategies, the Teton, Wyoming prevention coordinator empowered the local Youth in Action group through several interactive workshops on the legislative process and the potential impact of a proposed stricter state law on Driving Under the Influence (DUI). The youth then planned an educational breakfast for legislators during the legislative session on the proposed DUI law. The Coordinator reported high engagement and a positive response by the legislators that attended the event. The new law was narrowly defeated and plans are being developed to propose this again next session.

**PCN Leadership: Cultivating Transformation**

As practitioners seeking to improve health and safety in our communities, we are leading people to make healthier, safer choices. In this way, our work at improving health and safety is all about leadership. Successful leaders know they cannot force people to make these decisions. Rather effective leaders must create the conditions where people choose to be healthier and safer.

"**MANAGEMENT works in the system.**

**LEADERSHIP works on the system.**"

Stephen Covey

Furthermore, since our efforts to grow positive norms within our community will be focused on achieving both change and transformation, developing skills in cultivating transformation will be important. Cultivating transformation requires an understanding of the transformation process as well as the courage to engage in what can be challenging at times. One way to encourage transformation is by asking questions that examine our core assumptions. Examining our core assumptions can result in fear and anxiety.

As a person working to improve health and safety, it is important for you to recognize and embrace your role as a community leader. You are leading your community away from the risks of underage drinking, for example, and towards healthier living. And
your role is even greater than that. You are leading your community away from a negative image of youth, towards a positive image of youth. You are leading your community away from a negative, fearful, hopeless image of its future towards a positive, hopeful future. You are building a positive community!

Engaging in the process of Positive Community Norms leadership is about daring to see things as they really are in order to embrace the unknowable future with the intention and willingness of believing something wonderful is about to happen. PCN leaders are passionate about this new model because through the process of humbly transforming ourselves and our perceptions, people and communities learn to lead purposeful lives and achieve true potential.

**PCN Communication: Telling a New Story**

Communication is a critical tool for teaching, correcting misperceptions, and closing gaps. Communication helps a community better understand an issue, learn how to behave in safer and healthier ways, and gain a better understanding of the positive norms that exist in their community. Communication modules of all kinds (paid media, earned media, presentations, outreach, even one-on-one conversations) can tell a new story about our community and its health and safety behaviors. It is through this new story that the health and safety behaviors we are seeking can become a part of the culture.

For example, we may use a PCN Communication campaign to correct certain misperceptions or normative behaviors, thus building the energy and willingness of the community to engage in healthier, safer behaviors. Misperceptions can impact behaviors at all levels of the social ecology.

By way of example, for underage drinking, youth who perceive that the majority of their peers drink are more likely to drink themselves. Parents who believe most youth drink may be less likely to take protective actions with their own child. School leaders who believe most children drink may consider underage drinking a “rite of passage” and be unwilling to adopt appropriate policies. Law enforcement leaders who believe the community condones underage drinking may be less likely to strongly enforce underage drinking laws. A PCN communications campaign will seek to address the specific misperceptions of different audiences to support prevention efforts.

PCN communication campaigns intentionally focus on positive norms within the community. Some community leaders may be attached to old prevention practices, such as scare tactics, and thus it may be particularly challenging to get them on board with a new, positive approach. However, while those implementing fear
appeals have good intentions, many groups (such as youth) often do not respond well to "health terrorism" or scare tactics that are found in some anti-smoking, drinking, or drug ads. Research panels commissioned by leading government agencies to study underage drinking (Bonnie and O’Connell, 2004) and other health-risking behaviors in adolescents (National Institutes of Health, 2004) have found that the use of scare tactics is not merely ineffective, but may actually make problems worse!

A typical PCN communication campaign takes a year to design and plan and to get key stakeholders aligned and several years more to implement. As prevention leaders learn the skills of implementing a successful campaign, they will begin to see many opportunities where such campaigns can be used to energize and engage people in prevention activities.

COMMUNITY SNAPSHOT: Turning Down the Volume on Counterproductive Messages

The Maine Community Youth Assistance Foundation proactively worked with the schools in their district to eliminate the mock car crashes they traditionally organized before prom. As a result, the Foundation and two local high schools initiated the “Positive Prom Car Project” as a component of their campaigns. At one school, instead of a crashed car displayed on the school lawn, a top-of-the-line, brand new sports/luxury car was displayed, with the accompanying message:

1,130 Maine South students attended Junior and Senior prom in 2006, and 1,130 Maine South students arrived home safely.
89% don’t drink and drive

The project team confirmed the data for the message with the Police Department and school. No alcohol or drug related incidents and no accidents were reported.
PCN Integration: Managing the Prevention Portfolio

Just as an individual may develop and manage a portfolio of financial investments to meet her financial needs, the PCN prevention leader develops a prevention portfolio of activities and resources to improve health in her community. These resources seek to address the continuum of care and seek to reach all aspects of the social ecology. The prevention resources are carefully selected to address identified needs and accomplish specific goals. The prevention leader manages the strategic allocation of resources to achieve the best health “return” for the available prevention “investment.”

The first step in managing a prevention portfolio is to gain a good understanding of the prevention activities that are occurring within the community. The following table acts as a guide for this initial inventory. Additional information for each program or strategy can be added to the table. Additional information could include whether the program or strategy is evidence-based, how many people it reaches, how much it costs, and the results of its evaluation.

After gaining an understanding of the current prevention activities, the gaps in programs and strategies can be readily identified. These gaps provide guidance on how the prevention portfolio can be strengthened.
## Positive Community Norms Prevention Portfolio Worksheet

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
<th>School</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Programs or strategies designed to impact the individual like specific curricula, programs or interventions.</td>
<td>Programs or strategies designed to impact the family like parent training, family therapy or family education.</td>
<td>Programs or strategies designed to impact the school like school-wide policies, school-wide discipline programs or training programs for all teachers.</td>
<td>Programs of strategies designed to impact the community like ordinances, laws, taxes or policies. Also includes community-wide education programs.</td>
</tr>
<tr>
<td><strong>Indicated</strong></td>
<td>Youth who are known to exhibit the behavior.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Selected</strong></td>
<td>Youth who are at-risk for exhibiting the behavior.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Universal</strong></td>
<td>All youth who you serve.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PCN sustainability is a result of the PCN process. By definition, transformation is sustainable and proceeds in a one-way direction, as compared to change, which goes both directions. For example, a small caterpillar changes to become a bigger caterpillar. A caterpillar transforming into a butterfly is a qualitatively different process altogether. The same principle applies to community change and transformation.

The PCN approach can achieve sustainability when a process of leadership development transforms leaders across the social ecology. A new story is created and told about the health and safety present in the community (which then becomes a part of the community's culture), and key strategies and programs are aligned around a common spirit and demonstrated effectiveness. Therefore, PCN becomes sustainable not through the acquisition of additional funding to spend on programs, but rather, through the transformation of the community's leaders, organizations, and individuals to embed health in the community.

PCN leaders can develop a better concept of the true meaning of sustainability by reflecting on the following questions:

- Are we seeking transformation or change, or both?
- How does the PCN process build capacity and develop leaders?
- What is it that we are actually wanting to sustain, and why?
- What elements will be sustained in spite of our efforts (i.e., community)?
- What is not worth sustaining? How do we know?
- What is inherently sustained?
- What is the role of leadership in sustainability?
- Why is an environmental focus more sustainable than an individual focus?
- Is sustainability synonymous with job/agency preservation?
- Is sustainability synonymous with getting another grant?
- What assets already exist to help us sustain community health?
- Do we want to sustain busyness or effectiveness?
- Does fear erode or sustain community health?
- As an investor, where do we invest prevention resources?
- Are we trying to sustain health or sustain our jobs and programs?

The PCN approach provides lasting and sustainable energy by connecting to a strong sense of spirit, provides effectiveness and growth by being grounded in science, and finally, provides a means to move beyond the issue-of-the-day towards fostering the development of authentic, healthy communities.
COMMUNITY SNAPSHOTO:
Maintaining Sustainability Through Changes in Key Stakeholders

The project team for The Real Deal campaign in Mercer County, Pennsylvania created a great foundation for sustainability when they presented their social norms project to and received the support of the school board during the first year of the campaign. Because the team garnered the school board’s support right from the start, school board members were strong advocates during times of transition and turnover, playing a key role in making sure the campaign didn’t skip a beat with new and interim administrators. Administration changes can oftentimes be very stifling of a campaign since the concept of social norms marketing is not well known and it often takes a significant amount of time to educate, bring up to speed and get on board key stakeholders such as superintendents and principals. It speaks volumes that the campaign is going strong four years into the project through no less than six changes in administration, including three superintendents and three principals.

Besides gaining and maintaining the school board’s support, the team also worked very hard to bring each new superintendent and principal on board and involved with campaign activities. One principal was adamant about getting the word out and making sure all students and faculty knew that most of his students make good choices and abstain from alcohol. He came up with the idea to design and purchase t-shirts with the campaign logo for every student and faculty member. He split the cost with the project team and supported “t-shirt days” where students and faculty could win prizes for wearing the shirts.
## APPENDIX A: COMPARING THREE KINDS OF CAMPAIGNS

<table>
<thead>
<tr>
<th>Social Marketing</th>
<th>Social Norms Marketing</th>
<th>PCN Communication Campaigns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses traditional marketing techniques (such as advertising) to elicit a change in behavior among a certain target population.</td>
<td>Uses traditional marketing techniques (such as advertising) to elicit a change in perceived normative beliefs among a certain target population.</td>
<td>Uses traditional marketing techniques and other communication strategies to foster dialogue and change about perceived normative beliefs among various focus populations.</td>
</tr>
<tr>
<td>Messages are created which communicate information about certain behaviors (such as wear a seatbelt or don’t smoke).</td>
<td>Messages are created which communicate accurate normative information about certain behaviors or beliefs. (Such as most people wear seatbelts or MOST don’t smoke).</td>
<td>Environments are created which communicate accurate normative information about certain behaviors or beliefs.</td>
</tr>
<tr>
<td>Often uses fear and cost / benefits as behavioral motivators.</td>
<td>Avoids fear tactics and uses social conformity as behavioral motivator.</td>
<td>Uses inspiration to achieve behavior change.</td>
</tr>
<tr>
<td>A certain population is segmented to target.</td>
<td>A certain population is segmented to target.</td>
<td>The community is segmented into focus audiences to better reach different audiences with different messages.</td>
</tr>
<tr>
<td>Appropriate communication channels are researched and used to reach the target population.</td>
<td>Appropriate communication channels are researched and used to reach the target population.</td>
<td>Appropriate communication channels are researched and used to reach the target population.</td>
</tr>
<tr>
<td>Focus groups and surveys may be used to test various messages with the target population. Participant perceptions of norms not considered when framing media messages.</td>
<td>Focus groups and surveys may be used to test various messages with the target population. Participant perceptions and misperceptions of norms are essential when framing media messages.</td>
<td>Focus groups and surveys are used to test various messages with each focus audience.</td>
</tr>
<tr>
<td>Various forms of media are used to achieve the appropriate reach and saturation of the target population.</td>
<td>Various forms of media are used to achieve the appropriate reach and saturation of the target population.</td>
<td>Various forms of media and activities are used to transform the environment – including the appropriate reach and saturation of the focus audience.</td>
</tr>
<tr>
<td>Typically viewed as a universal prevention strategy (reaching a broad audience).</td>
<td>Typically viewed as a universal prevention strategy (reaching a broad audience).</td>
<td>A universal prevention strategy (reaching a broad audience).</td>
</tr>
<tr>
<td>Uses traditional marketing techniques (such as advertising) to elicit a change in behavior among a certain target population.</td>
<td>Uses traditional marketing techniques (such as advertising) to elicit a change in perceived normative beliefs among a certain target population.</td>
<td>May be used as a specific strategy in health promotion.</td>
</tr>
</tbody>
</table>
## APPENDIX B: COMPARING THE “OLD” PREVENTION PARADIGM WITH THE PCN APPROACH

<table>
<thead>
<tr>
<th>Old Prevention Paradigm</th>
<th>Positive Community Norms Model</th>
<th>How the PCN Approach Differs From the Old Paradigm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Process (A journey)</td>
<td>This isn’t a Program-In-A-Box. It’s more like graduate school.</td>
</tr>
<tr>
<td>Individual OR Environmental Focus</td>
<td>Individual AND Community Focus (the entire social ecological continuum)</td>
<td>PCN is NOT the “Silver Bullet.” There is NO SILVER BULLET! Who you are as a leader is equally important as what you do.</td>
</tr>
<tr>
<td>Curriculum</td>
<td>7 Core Principles PCN Leadership Development PCN Communication (7 Steps) PCN Integration and Prevention Portfolio Management</td>
<td>It’s not about “right vs. wrong.” It is about process and guiding principles and about leadership development. Prevention leaders will be at different levels.</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>The solutions are in the community.</td>
<td>We don’t have all the answers; the community does. The process is what we focus on; it’s about authentic community transformation.</td>
</tr>
<tr>
<td>Fidelity means following the time requirements, lesson designs, or core topics.</td>
<td>Fidelity is authenticity by truly applying the Core Principles and 7 Steps. This is a leadership development approach.</td>
<td>It’s about trusting and following the process. Steps look the same, but the content will look different in each community.</td>
</tr>
<tr>
<td>You buy a curriculum and training for your local implementers.</td>
<td>You work with a guide to support you in leadership development, learning and using the process, and managing your prevention portfolio.</td>
<td>PCN is very individualized. Guides help us learn and experience the process.</td>
</tr>
</tbody>
</table>
The Constructive, Destructive, and Reconstructive Power of Social Norms


Social norms marketing campaigns are used to reduce unhealthy or undesirable behaviors by correcting misperceptions about the prevalence of the undesirable behaviors. Communications expose the difference between perceived and actual prevalence of a behavior; e.g., that underage drinking actually occurs less often than most people think. By revealing facts like this, the social norms approach seeks to validate and increase positive behaviors.

Evidence for the success of such campaigns has been shown in studies to be mixed. While some studies confirm the effectiveness of the social norms marketing approach, others have been seen to actually increase the very behaviors they set out to reduce (referred to as a boomerang effect). Why? Because if people already perform an unwanted behavior less often than or below the norm, a positive thing, sometimes marketing the norm actually serves to bring those people closer to that normative behavior – a negative outcome. Communicating the actual (versus perceived) norm conveys to these people that they can increase the unwanted actions and still be at or under the norm. This research sought to apply an additional aspect to the social marketing intervention that would eliminate or reduce this boomerang effect, thereby strengthening the success of the social norms approach.

Defining two different types of social norms helps to clarify the methodologies used in this study. A descriptive norm is one that refers to the perceptions of what is typically done in a certain situation (i.e., what happens). An injunctive norm refers to the perceptions of what is commonly approved (or disapproved) of within a particular environment (i.e., what is thought of as good or bad).

In a California community, the researchers examined the effects of normative information on household energy consumption by providing feedback to residents on how much energy they had consumed as well as descriptive normative information on the average consumption of neighboring households. Researchers took several meter readings and left messages to residents about their consumption via door hangers. Half of the households received the descriptive normative information only (how much energy they’d used the previous week, the consumption of the average household in their neighborhood, and information on how to conserve energy). The other half received this same information plus an injunctive message about whether their energy consumption was positive or negative (researchers drew happy or sad faces next to the information).

Outcomes were as predicted by the researchers. For households consuming more than the average amount of energy in their neighborhood, the descriptive-only feedback produced the desired outcome: a decrease in consumption. But households that were already using below average energy and that received only the descriptive norm information increased their energy use – the boomerang effect.
What happened when the injunctive information was added to the message conveyed to households above and below average use? Households consuming above-average energy amounts decreased their usage, as desired. Perhaps most significantly, households that were already using below-average energy continued to; thus, applying an injunctive message of approval reinforced the sought-after action and buffered the potential for a boomerang result.

In sum, mixed results of social norm campaigns may be explained by the fact that those whose behaviors begin at a more desirable level are exposed to messaging that can actually increase the undesirable actions. However, adding the injunctive element to communications can mitigate this unwelcome boomerang effect.

The Social Side of Sanctions: Personal and Social Norms as Moderators of Deterrence


This paper explores personal and social norms in relation to tax compliance to understand better the effectiveness of deterrents and regulatory sanctions. What drives people to pay or evade taxes? There has been growing evidence that such decisions are affected by moral and social factors and not just economic sanctions.

People have two primary options in relation to paying taxes: being compliant and losing money by paying tax, or evading tax payment and gaining money, but risking greater loss than the original payment would’ve been if detected and penalized. Clearly, there are monetary considerations in a citizen’s decision-making process. It has been increasingly recognized that noneconomic factors such as morals, fairness, and norms also play into this process, even moderating the effect of deterrence factors like detection risk and penalty in some cases. In fact, might ethics and norms outperform legal sanctions in their deterrence effect? This research focused on parsing out the role of personal and social norms in relation to deterrence by surveying Australians about their decision-making process in response to past tax decisions as well as a hypothetical receipt of money that could possibly be hidden from taxing authorities or deducted as work expenses when the money had nothing to do with work.

Personal norms are people’s own moral standards, perhaps acquired by internalizing social norms. Social norms are moral standards attributed to a certain group. For some, personal and social norms are different, depending upon whether they identify with the group and the extent to which they regard the group norms as their own. Wenzel posited that legal sanctions for tax evasion become irrelevant to people when personal ethics exclude tax evasion as an option. But norms can add social costs to legal sanctions making them more significant, even when the offender had not internalized those norms. Thus, externalized norms can add deterrent effects to other sanctions.

Study respondents were asked to imagine receiving $5,000 for work outside their regular job and not declaring it as income. In another scenario, they were asked to imagine claiming the same amount as a deduction when in fact the money did not relate to work. They were then asked about the probability of getting caught and of certain legal consequences as well as the severity of those consequences and how much of a problem the consequences would be for the person to experience. Further, respondents were asked about the importance of
belonging to the Australian community. Lastly, they were asked about what they thought most people think (social norms) and what their own personal norms would dictate in these circumstances.

Legal sanction probability and sanction severity were both negatively related to tax evasion and thus were, overall, effective as deterrents. Norms and ethics proved highly relevant, though. Even though both sanction probability and sanction severity were generally found to have an impact, the effects of sanction severity were qualified by personal norms; that is, there was only a deterrent effect when individual morality was lax and did not exclude tax evasion from the person’s options. This was not the case with sanction probability.

Most notably, personal and social norms were not as correlated in results as Wenzel expected, meaning that they can have different effects on this decision-making process. The level of identification with the relevant group determines whether social or personal norm effects emerge, as less identified people are less likely to internalize social norms. Yet, social norms are not altogether irrelevant; people still depend upon others for respect, cooperation, and access to resources, even if they don’t share the group’s norms.

Wenzel found that personal norms (e.g., of tax honesty) reduced tax evasion as well as the effect of deterrence variables like legal sanctions. If a person’s code of behavior already excludes the option of cheating, the risk of legal consequences is largely irrelevant.

Social norms in and of themselves do not influence taxpaying behavior unless they have been internalized and operate as one’s own personal norms as described above, in response to group identification. However, social norms, even if a person has not adopted them as her own, can be relevant in that they add social costs to legal sanctions, making the legal sanctions more meaningful. Thus, externalized norms can increase the effects of other deterrence strategies.

Wenzel concludes that the implications of this research are potentially simple policies: (1) nurture personal norms of honesty; (2) utilize deterrence because it works when personal norms fail; (3) order regulatory strategies in such a way as to elicit personal norm responses first (then deterrents); and (4) develop strong identification between people and their communities given that social norms play a role in decision-making despite personal norms.

Social norms information enhances the efficacy of an appearance-based sun protection intervention


In the U.S. alone, skin cancer accounts for more than 50% of all new cancers diagnosed and malignant melanoma causes roughly 8,000 deaths. Skin cancer is one of the most costly of cancers.

The primary cause of skin cancer incidence appears to be recreational UV exposure. Interventions that seek to increase UV protection behaviors have the potential to significantly impact this incidence. The most common interventions have attempted to raise awareness of the link between UV exposure and skin cancer, and to inform people about protections. While knowledge of this link and solutions has increased, behaviors have not
yet changed significantly. Most intentional UV exposure relates to appearance (i.e., getting a tan); thus, interventions that focus on health concerns may not be effective enough to produce the results concerned practitioners are looking for. Instead, appearance-based solutions may be more useful.

This study set out to discover whether the promising effectiveness of appearance-based interventions could be further enhanced with injunctive and/or descriptive norms information. Young adults in Southern California received photoaging information along with UV facial photographs. Injunctive norms information – that people should protect their skin from the sun – was used with some of the participants. Descriptive norms information – that 85% of Southern California college students are using sunscreen regularly – was also used with some of the young adults. An assessment was completed immediately following the intervention, and a surprise follow-up was conducted one month after the session.

As anticipated, a greater percentage of those who received the injunctive and descriptive norms information increased the frequency of sunscreen use following the intervention compared to those who received information on only one of the norms or imaging. Almost twice as many participants who received the UV photo or photo aging information increased sunscreen use on their face and nearly three times as many on their bodies. Inclusion of the social norms information resulted in even greater sun protection intentions, and using both norms increased sun protection behaviors during the month after the intervention. Thus, it may be possible to increase the effectiveness of UV photo and photoaging interventions in decreasing skin cancer by sharing what people should be doing (injunctive) as well as what peers are actually doing (descriptive).

Effectiveness of Social Norms Media Marketing in Reducing Drinking and Driving: A Statewide Campaign


Social norms marketing is an approach for addressing public health issues that has received much study but less application. The goal of the strategy is to correct misperceptions about and thus reduce the prevalence of harmful behaviors such as underage drinking and drug use. Functionally, information is disseminated about accurate norms, typically in the form of flyers, posters, news ads, and electronic distribution channels. Social norms marketing has been particularly helpful in reducing drinking, primarily in adolescent and college student populations. However, few published studies have extended to behavior changes in the general population.

This study was designed to evaluate a statewide social norms media marketing campaign to reduce drinking and driving by young adults between the ages of 21 and 34 in Montana. Regions of the state were assigned to one of three groups: an intensive social norms campaign, a buffer, and a control group. The social norms campaign area consisted of fifteen counties in western Montana. These counties received a high dosage of media, including television and radio messages. The buffer area was used because there was no way to contain the dissemination of information at the border of the intervention (campaign) area. The control group received minimal to no messages intended for the campaign.

Additionally, fear-producing messages were eliminated or restricted in the campaign counties, while counties outside the intervention area continued business as usual, employing popular fear-based media messaging. Fear-based efforts may solidify
misperceptions about the prevalence of impaired driving, thereby reducing an initiative’s effectiveness. In order to maximize potential for success, this factor was eliminated in the campaign counties.

The media campaign ran for 15 months and was comprised of television, radio, print and theater ads, posters, and promotional gifts. Messaging consistently highlighted positive behaviors; e.g., that most young adults do not drink and drive. Target participants were surveyed four times, once prior to the campaign, once during, once at the end, and once following the intervention. Participants were asked about whether they saw the communications, their perceptions of the normative behavior, and their personal attitudes and behaviors.

Results showed that, overall, the campaign exposed the focus population to its messages and reduced misperceptions. Those in the campaign counties believed the average peer had driven significantly less often within one hour of drinking than those in the control counties.

What about attitudes and behaviors? The study revealed that the percentage of young adults in the intervention counties who reported driving within an hour of drinking was reduced following the campaign by 2%, whereas increased in the control counties by 12%. Results also show that the percentage of individuals in the intervention counties who reported they always used a designated driver increased following the media campaign. There was a drop in control counties (contributing to a 15% overall difference between the two areas). Similar findings occurred related to support for changing the blood-alcohol content legal limit to .08% following the campaign. With the use of modeling, the predicted effect of the campaign on personal drinking and driving was that the behavior would be reduced by 43%.

These results provide strong support for the effectiveness of large scale social norms marketing campaigns. Key factors to the success of such strategies are that the intended audience actually views or hears the message so that recall occurs, and that perceived norms are changed. Results in this study showed that the campaign was successful in that behavior changes closely followed perception changes. Perhaps most important is the scope and intensity of the media campaign. Without a concentrated intervention, messages in a campaign are a small percentage of what people are exposed to; the dosage of communication must be high.

Overall, social norms marketing can be effective in changing drinking and driving behaviors in young adults and provides an effective approach to addressing other public health issues.

Using social norms to reduce bullying: A research intervention among adolescents in five middle schools


Studies show a prevalence of bullying among adolescents, particularly in school settings. Bullying has several harmful consequences, including shootings, suicide, and other violent and psychosomatic effects. Many risk factors have been identified as to why some people are victims and others perpetrators of bullying. Another set of risk factors – peer norms and
perception of peer norms – require attention and research. Decades of examination have revealed a strong tendency of people to conform to peer norms; research on adolescents’ health has singled out peer influence as critical in regards to alcohol, drug, and tobacco use. Given that bullying is a relational process that involves domination, victimization, and often bystanders, it stands to reason that norms, or norm perceptions, would play a role in the development of these dynamics.

Before this one, no studies had examined the accuracy of student perceptions of bullying norms; further, no study had reported an intervention to correct misperceptions as a means to reduce bullying. This study sought to consider the extent to which misperception about bullying exists in perceived norms, the degree of association between perceptions of the norm and personal involvement in bullying, and the impact produced by disseminating information about actual norms about bullying. Social norms theory predicts that by reducing misperceptions and increasing the number of target individuals with accurate information about actual norms, occurrences of problem behaviors will be reduced. Social norms interventions seek to turn the process around by communicating the truth about positive norms based on data drawn from the target population, in this case, adolescents.

Students between the ages of 11 and 14 from five middle schools in New Jersey participated in the study. Four of the schools were very large middle schools, and one was mid-sized. Three were located in suburban settings, one was in a combined urban and suburban area, and one was rural. Three were largely homogenous and two had a high diversity of racial composition. Data was collected via survey. Students were asked about bullying behaviors, their own experiences and perceptions of norms, pro-bullying attitudes, reporting bullying, and whether they recalled the poster material relating to this study.

The intervention consisted of providing students with the results of the survey by conveying actual positive norms, which the survey revealed to be widely misperceived. Social norm messages about the prevalence of positive behavior were created for each school based on its data. For example: “9 out of 10 ___ Middle School students agree that students should not threaten to hit another student even if they don’t actually hit the other student.” Posters did not display negative messages, only positive images and information.

The campaign was carried out for 1-1/5 years, depending on the school. Exposure levels to the campaign were strongly correlated to overall change experienced. The intervention to reduce misperceptions about bullying was the key to post-intervention reduction in bullying. The research found that students had been grossly overestimating the prevalence of bullying and overestimating the support for it in their perceptions of the norm for peer attitudes.

The predicted result of the intervention was exactly what was observed in comparing pre- and post-intervention data. Results showed significant reductions in problematic misperceptions of the prevalence of bullying and of peer support for bullying and simultaneous reductions in personal bullying behaviors and victimization experiences. Students were also more supportive of reporting bullying to school authorities and parents.

All five schools in the study demonstrated significant positive changes. The perception of peer norms is a strong determinant of personal attitudes and behaviors, suggesting that interventions to reduce misperceptions can help reduce problem behaviors.
Using social norms to reduce alcohol and tobacco use in two Midwestern high schools


A growing number of studies suggest that the social norms approach is effective in reducing alcohol use among college students. Research also shows that the methodology may work in high school settings, as adolescents overestimate alcohol and cigarette use among middle and high school age students. Importantly, overestimation of peer use is a predictor of alcohol and cigarette use.

A social norms media campaign was chosen as an intervention strategy by a Midwestern community to reduce alcohol and cigarette use by students at two area high schools. The strategy was modeled on a campaign that significantly reduced consumption at Northern Illinois University, except that at the high schools the norm was nonuse (unlike at the University, where it was moderate or safe use), and parents and teachers, not just students, were targeted. Thus, the campaign was community-based rather than focusing on a sub-population and its goal was to reduce the overestimation by all three groups of student consumption, and determine whether this then resulted in a reduction of alcohol and tobacco use.

The study involved four stages: data collection, development of intervention strategies, implementation, and evaluation. The data collection consisted of surveying the students, parents, and teachers. Intervention strategies involved the use of various media to correct overestimation of consumption by disseminating the message that most students do not drink or smoke as well as messages modeling protective behaviors students use to avoid consumption. Implementation meant that parents, teachers, and students viewed ads, posters, direct mailings, educational information, and pamphlets and flyers. Radio ads aired as well. To evaluate effectiveness of the intervention, follow up surveys were done. The perception of parents, teachers, and students as to the number of students/peers getting drunk or smoking in the last 30 days significantly declined. Actual use also declined.

This research showed that the social norms media campaign led to a reduction in all three groups’ overestimation of peer alcohol and cigarette use and, most importantly, a reduction in actual consumption. The study was additionally significant in that it was the first project to apply this approach on a community level (targeting three groups). National data indicate that adolescent alcohol and cigarette use continues to be a problem, with traditional prevention programs showing mixed results or little-no impact. The success of this research provides new hope in the field for addressing alcohol and tobacco consumption in adolescents, and possibly other issues such as traffic safety, violence prevention, literacy, and bullying.
APPENDIX D: IS THE PCN PROCESS AN EVIDENCE-BASED STRATEGY?

SAMHSA (2009) offers three definitions of evidence-based strategies. The following is a description of how the PCN approach fits within these definitions:

1. Inclusion in Federal registries of evidence-based interventions
   - PCN is not currently included on one of the Federal registries
2. Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals
   - Emerging and in-process depending on the issue
3. Documented effectiveness supported by other sources of information and the consensus judgment of informed experts, as described in the following set of guidelines:
   - Guideline 1: The intervention is based on a theory of change that is documented in a clear logic model or conceptual model.
     - Social norms theory is an established theory of change documented in both group and individual interventions.
   - Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
     - PCN is based on social norms theory, which is the core element of the program “Challenging College Alcohol Abuse” which is on the National Registry of Evidence-based Practices and Programs (NREPP).
   - Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.
   - Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

APPENDIX E: READING LIST


APPENDIX F: PCN TOOLS

The following is a description of services we can provide to help you in your PCN journey:

1. **Introductory 3-Day PCN Institute**
   Every fall and spring, MOST of Us® hosts a three-day training on the Positive Community Norms (PCN) Model. The purpose of the PCN Institute is to teach participants about the PCN model and the theory upon which it is built: The Science of the Positive®. Participants learn about the Science of the Positive®, a transformational leadership framework, and begin work on their own 7 Core Principles. Participants also learn about the three components of the Positive Community Norms model: (1) PCN Leadership; (2) The 7 Step PCN Communication Process; and (3) Prevention Portfolio management. Participants begin work on Step One: Environmental Advocacy and Planning. This Institute provides the best opportunity to learn about the PCN model. Participants receive two books and one PCN workbook, which provides detailed information on each of the seven steps.

2. **Montana Summer Institute**
   The Summer Institute offers an interactive, skill-building experience that focuses on the next level of social norms: The Positive Community Norms Model. With the assistance of other national leaders, Dr. Jeff Linkenbach leads discussions and workshops where participants practice applying all seven steps of the Montana Model. The optional one-day, pre-Institute session is highly recommended for individuals who are new to the field or want an overview of the theory and practice of the Positive Community Norms model.

3. **Guide Service for Year One**
   Ongoing technical assistance is absolutely critical for success. A trained PCN Guide is your personal consultant available by phone and email to support you and your community’s efforts for one year. The Guide becomes familiar with the specifics of your project, your data sources, and your progress and helps you apply the 7 Core Principles and our 7 Step PCN model to your project. The Guide provides feedback on your Communications Plan and your media. Our experience has shown that unexpected challenges often arise, and your personal Guide can help you successfully find your way. This service is only available to communities that have participated in PCN training (participating in a Regional Institute is highly recommended). In addition to personal assistance with your PCN journey, the Guide provides your community with access to the MOST of Us® Poster Catalog. This catalog contains proven designs, which can be modified very easily and cost effectively to quickly generate posters to correct misperceptions. At the end of each year, you and your community receive an Executive Summary designed to help you learn from the experiences of the past year and prepare for the next year.

4. **MOST of Us® Surveys**
   We have a variety of MOST of Us® surveys designed to address alcohol, tobacco, and other drug use for youth, parents, teachers and community members. Accurate data gathered in a way, which facilitates message development are absolutely necessary for a successful Positive Community Norms project. The Youth survey can be administered as an online or paper survey. The Parent survey is administered as a mail / telephone survey. Prices vary due to size of population and number of reports needed. Please
contact Kelly Green with specific information about the population, type of survey, and purpose of results to receive a quote for survey costs.

5. Positive Community Norms Evaluation Consultation Service
Evaluating your PCN projects is important. Our evaluators can help you integrate your current evaluation plan with the PCN model. An evaluation consultation is typically done in one or two telephone conversations followed by a written report of recommendations. Because every project is unique, please contact Kelly Green at the Montana Institute to discuss how we can best meet your needs to support your evaluation efforts.
Background
Early in his research, Jeff Linkenbach and his team discovered the value of the phrase “most of us” in their social norms messaging. Jeff recognized the importance of protecting the phrase so that it could not be used by others such as certain industries or special interest groups with contradictory missions. As a research scientist and professor with Montana State University, Jeff was able to utilize the resources of the university to obtain a trademark to protect the phrase. Montana State University owns the trademark.

What is a Trademark?
The United States Patent and Trademark Office defines a trademark as a means to “protect words, names, symbols, sounds, or colors that distinguish goods and services from those manufactured or sold by others and to indicate the source of the goods.” Trademarks, unlike patents, can be renewed forever as long as they are being used. Trademarks must be actively defended. A lack of defending the use of a trademark can establish grounds for loss of the protected trademark status. A trademark cannot be changed without a formal application process.

Why Trademark?
There were three fundamental goals in seeking a trademark:
1. To protect the phrase from being used by others with contradictory purposes;
2. To provide a mechanism by which others with similar purposes could use the phrase; and,
3. To maintain a high degree of quality associated with the phrase.

It is important to recognize that all of the goals align with the strong, positive social mission of the MOST of Us® organization.

How can an agency or organization use the MOST of Us® Trademark?
An individual, agency or organization can use the MOST of Us® trademark by executing the MOST of Us® User Agreement (contact Kelly Green for details). The agreement establishes written documentation that Montana State University is actively protecting and defending the use of the trademark. The agreement is with Jeff Linkenbach who acts as an agent of Montana State University. The agreement must be renewed annually.

Since one of the key goals in establishing the trademark is to maintain a high degree of quality associated with the phrase, all materials using the trademark must be reviewed by Jeff Linkenbach or his designated agent (for example, a project guide). This review process usually can be completed very quickly.


