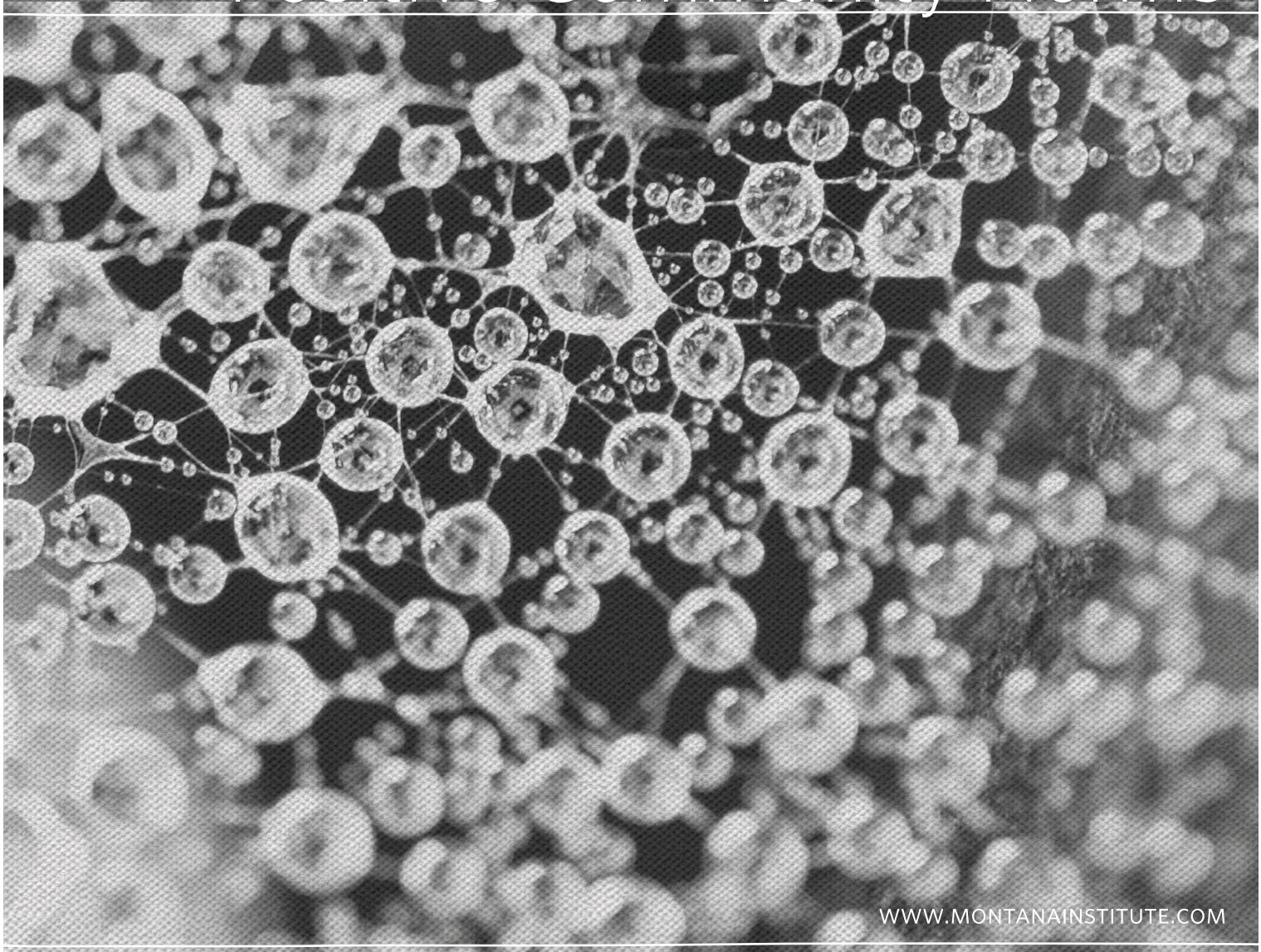


*The Montana Institute presents*

# An Introduction to Positive Community Norms



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*a guide to PCN leadership, communication, and integration*



## TABLE OF CONTENTS

|   |    |
|---|----|
| An Introduction to Positive Community Norms .....               | 1  |
| The Power of a Positive, Strength-Based Change Model .....      | 2  |
| The Positive Community Norms Framework .....                    | 3  |
| PCN Leadership, Communication, and Integration .....            | 5  |
| PCN Sustainability.....   | 9  |
| Appendix 7A: Comparing Three Kinds of Campaigns .....           | 11 |
| Appendix 7B: Comparing “Old” Prevention Paradigms with PCN..... | 12 |
| Appendix 7C: References.....                                    | 13 |

## AN INTRODUCTION TO POSITIVE COMMUNITY NORMS

### ***POSITIVE COMMUNITY NORMS***

The Positive Community Norms (PCN) approach to improving community health is a transformational model founded upon The Science of the Positive (SOTP). The PCN approach uses the principles of the Science of the Positive to grow positive norms through leadership development, communications, and integration of prevention resources. PCN cultivates cultural transformation by working on multiple community levels and factors at once. This framework has shown itself to be extremely effective in creating meaningful social change.

### ***THE SCIENCE OF THE POSITIVE***

The Science of the Positive is the study of how positive factors impact culture and experience. It is focused on how to measure and build the positive, and is based upon the core assumption that the positive is real and is worth growing -- in ourselves, our families, our workplaces, and our communities.

Those of us who work as health and safety professionals can sometimes forget this core truth, as we become so focused on the dangers and problems we are trying to decrease. The Science of the Positive reverses this problem-centered frame, and focuses on growing the healthy, positive, protective factors that already exist in every community. When we start to look at the world from a position of hope, it has a profound impact on the questions we ask, the data we collect, and the way we lead our teams.

Many of us have gotten locked into a two-dimensional approach to our work, in which science leads to action. The Science of the Positive directs our efforts in a unique way by incorporating and integrating *spirit* into this process. By re-engaging with spirit and re-igniting hope, we ensure that our core values guide our work, which allows us to ask different questions, reach people with more authenticity, and truly create room for transformation.

The Science of the Positive should not be confused with simple “positive thinking.” Rather, it is a rigorous process that works across entire cultures. And while the Science of the Positive is based on the central assumption that the positive exists in every person, community, and culture, it recognizes that suffering, pain, and harm are very real. One of its principal outcomes is to reduce suffering in our families, our communities, and ourselves.

The Science of the Positive is currently in use by leaders seeking to change perceptions, behaviors, and outcomes across organizations and communities, as well as by individuals looking to fulfill their own potential.

## THE POWER OF A POSITIVE, STRENGTH-BASED CHANGE MODEL

Scare tactics, arguably one of the more popular and widely-utilized approaches in prevention history, have been employed for decades to raise awareness about dangerous activities. This strategy unfortunately ignores the fact that healthy, protective choices are most often the norm.

As a society, it is like we have *cultural cataracts*: our vision has been 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 obsessively focuses on problems, risk, and danger, fueling ever more exaggerated perceptions of their prevalence. Ironically, this strategy can create the *opposite* result from the one we seek. A negative focus creates feelings of powerlessness and hopelessness, emotions that are unlikely to ever create positive change.

Fear-based messages are designed to "scare the health" into people by emphasizing or exaggerating the terrible things that will happen (such as death or overdose) if they do not do what the message recommends (such as abstain from drugs and alcohol). The assumption behind fear-based approaches is that awareness of the negative consequences of our actions will result in positive behavior change. Awareness of problems and their risks is critical, but awareness alone is insufficient 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). 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 creating 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 leads to poor 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 get tuned out because they are too, well, negative! We have seen campaigns that were so graphic that people rejected the messages by literally changing the channel.

"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 assumption 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.

It has been demonstrated that messages that portray health as the normative, expected behavior result in increased health protections and lowered risk (Perkins, Haines & Rice, 2005). Using The Science of the Positive as its guide, PCN focuses on the positive, healthy normative attitudes and behaviors we want to grow, transforming our messaging from one of fear to one of hope. There are always examples of health and goodness in every community, if we take the time to look for them. We may have to ask different questions and measure healthy behaviors in new ways to uncover these strengths, but they are always there.

## **THE POSITIVE COMMUNITY NORMS FRAMEWORK**

### ***CULTIVATING CULTURAL TRANSFORMATION***

When we apply the Positive Community Norms Model in the context of The Science of the Positive, we arrive at a central tenet of the PCN approach: to improve health and safety, we must focus on growing positive community norms by cultivating cultural transformation.

Transformation can often be hard to notice – especially if we are right in the middle of it. One way to see it more easily is to look back through time. Think about issues like smoking on airplanes, using car seats for children, and the use of hard hats, helmets and other personal protective equipment in the workplace. Transformation around these issues has been so dramatic that it is hard to believe what we used to consider the norm. The goal of the PCN approach is to cultivate this type of cultural transformation, through which we will achieve behavior change and improved health and safety.

PERCEPTION IS EVERYTHING.

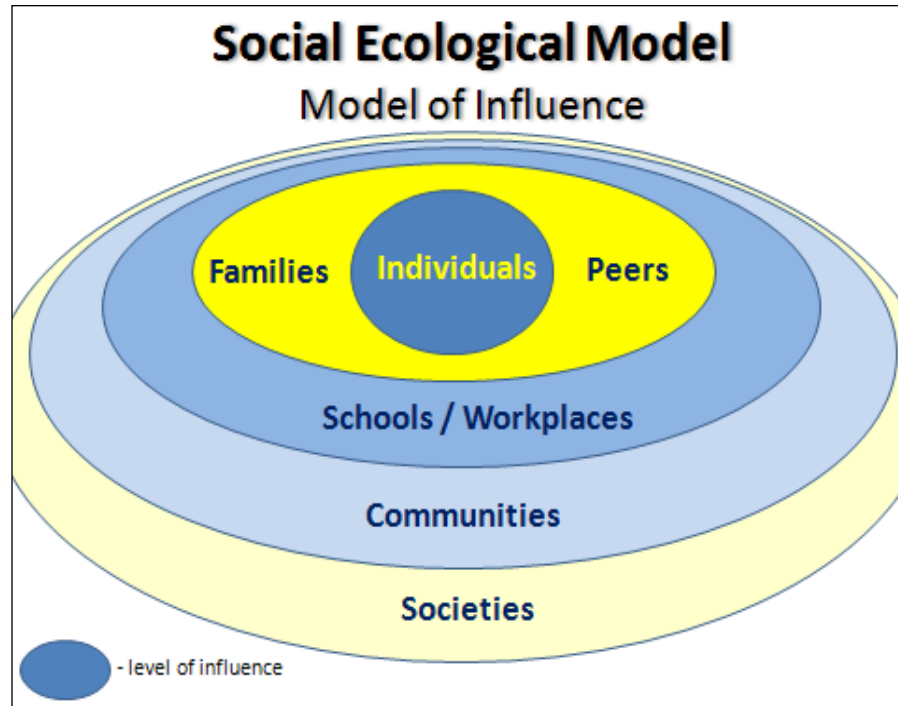
THEREFORE SO, TOO, IS  
MISPERCEPTION.

### ***THEORETICAL FOUNDATIONS***

The PCN framework incorporates and integrates elements of several theories about perceptions and norms, including Social Cognitive Theory, Theory of Planned Behavior, Extended Parallel Process Model, the Reconceptualized Theory of Deterrence, and Social Norms Theory, with which it is sometimes confused. (A summary of how PCN relates to these theories is available upon request.)

Hundreds of studies have shown that norms have a powerful influence on behaviors and attitudes (a summary of this research is also available from TMI). What distinguishes the PCN framework is its focus not just on norms, but on community. PCN recognizes 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.



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 framework 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 broader societal components. Therefore, we will need 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 groups throughout the relevant social ecology.

### ***A HOLISTIC PARADIGM***

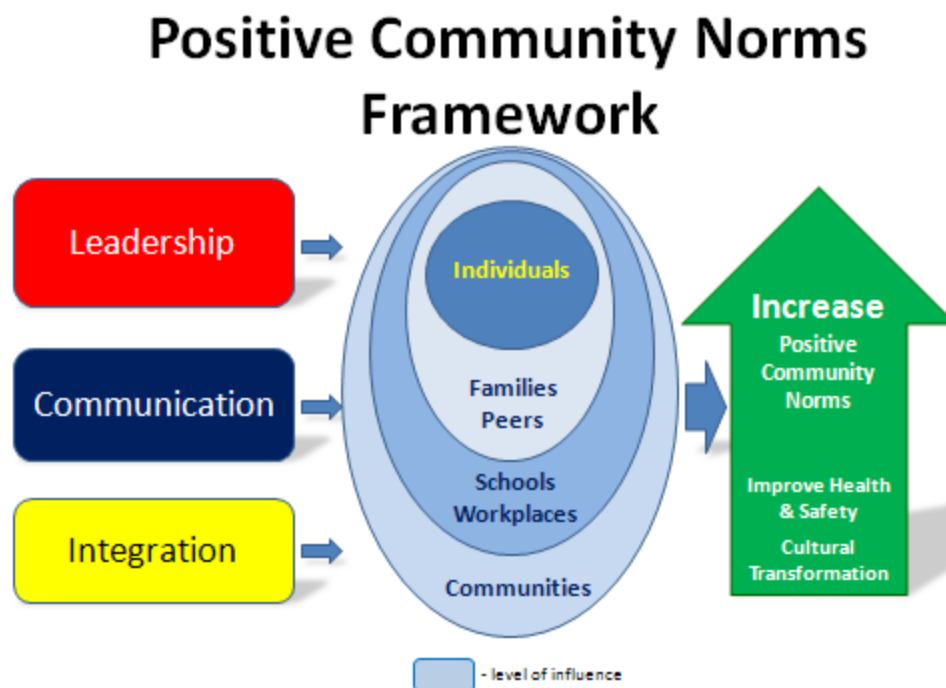
As we become more sophisticated in our prevention work, we recognize that program designs must be comprehensive. We need resources that address all members in a group; people who are at-risk for a certain behavior (i.e., selective strategies), and interventions for individuals who are exhibiting the behavior (i.e., indicated populations). We need to explore activities that 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 (Linkenbach, 2007). The PCN model connects these activities through a common spirit and a scientific framework that recognizes and honors the communities it serves.

## PCN LEADERSHIP, COMMUNICATION, AND INTEGRATION

The PCN framework focuses on three key elements: leadership, communication, and integration. Below is a “map” of the PCN framework and how its components interact in a typical initiative.



The PCN approach can be applied to a broad range of different issues such as underage drinking, workplace 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, each designed for a specific audience, which together form a comprehensive prevention portfolio that works to grow positive community norms,

### ***PCN LEADERSHIP: CULTIVATING TRANSFORMATION***

As practitioners seeking to improve health and safety in our communities, we lead people to make healthier, safer choices. In this way, our work to improve 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.

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

***“MANAGEMENT WORKS IN THE  
SYSTEM.***

***LEADERSHIP WORKS ON THE  
SYSTEM.”***

STEPHEN COVEY

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 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 willingness to believe that 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 their 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 accurately perceive 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 improved health and safety behaviors 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, 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 the “health terrorism” 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.

It takes approximately a year to design a PCN communication campaign and to get key stakeholders aligned and on board. The campaign itself can take several years more to implement. As prevention leaders learn how to implement a successful campaign, they will begin to see more opportunities to use PCN 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 should address the continuum

of care and should reach all aspects of the social ecology. These 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 current community prevention. 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 current prevention activities are mapped, 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

|  | <b>Individual</b><br>Programs or strategies designed to impact the individual, like specific curricula, programs, or interventions | <b>Family</b><br>Programs or strategies designed to impact the family, like parent training, family therapy, or family education | <b>School</b><br>Programs or strategies designed to impact the school, like school-wide policies or discipline programs, or trainings for all teachers | <b>Community</b><br>Programs or strategies designed to impact the community, like ordinances, laws, taxes, or policies, or community-wide education programs |
|--|--|--|--|--|
| <b>Indicated</b><br>Youth who are known to exhibit the behavior      |  |  |  |  |
| <b>Selected</b><br>Youth who are at risk for exhibiting the behavior |  |  |  |  |
| <b>Universal</b><br>All youth who you serve                          |  |  |  |  |

## PCN SUSTAINABILITY

Sustainability is a result of the PCN process. The PCN approach achieves sustainability when the 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. PCN becomes sustainable not through the acquisition of additional funding to spend on programs, but rather through the transformation of leaders, organizations, and individuals who embed health into 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?

As guided by The Science of the Positive, 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 SNAPSHOT: 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 received the support of the school board during the first year of their 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. The campaign kept going strong through no less than *six* changes in administration, including three new superintendents and three new principals.

The team worked hard to bring each new superintendent and principal on board and involve them in campaign activities. One principal was adamant about getting the word out and making sure all students and faculty knew that most of his students were making good choices. 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

| Social Marketing   | Social Norms Marketing  | PCN Communication Campaigns   |
|--|---|---|
| <p>Uses traditional marketing techniques (such as advertising) to elicit a change in behavior among a certain target population.</p> <p>Messages are created which communicate <u>information</u> about certain behaviors (such as wear a seatbelt or don't smoke).</p> <p>Often uses fear and cost / benefits as behavioral motivators.</p> <p>A certain population is segmented to target.</p> <p>Appropriate communication channels are researched and used to reach the target population.</p> <p>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.</p> <p>Various forms of media are used to achieve the appropriate reach and saturation of the target population.</p> <p>Typically viewed as a universal prevention strategy (reaching a broad audience).</p> <p>Uses traditional marketing techniques (such as advertising) to elicit a change in behavior among a certain target population.</p> | <p>Uses traditional marketing techniques (such as advertising) to elicit a change in perceived normative beliefs among a certain target population.</p> <p>Messages are created which communicate accurate <u>normative information</u> about certain behaviors or beliefs. (Such as most people wear seatbelts or MOST don't smoke).</p> <p>Avoids fear tactics and uses social conformity as behavioral motivator.</p> <p>A certain population is segmented to target.</p> <p>Appropriate communication channels are researched and used to reach the target population.</p> <p>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.</p> <p>Various forms of media are used to achieve the appropriate reach and saturation of the target population.</p> <p>Typically viewed as a universal prevention strategy (reaching a broad audience).</p> <p>Uses traditional marketing techniques (such as advertising) to elicit a change in perceived normative beliefs among a certain target population.</p> | <p>Uses traditional marketing techniques and other communication strategies to foster dialogue and change about perceived normative beliefs among various focus populations.</p> <p>Environments are created which communicate accurate normative information about certain behaviors or beliefs.</p> <p>Uses inspiration to achieve behavior change.</p> <p>The community is segmented into focus audiences to better reach different audiences with different messages.</p> <p>Appropriate communication channels are researched and used to reach the target population.</p> <p>Focus groups and surveys are used to test various messages with each focus audience.</p> <p>Various forms of media and activities are used to transform the environment – including the appropriate reach and saturation of the focus audience.</p> <p>A universal prevention strategy (reaching a broad audience).</p> <p>May be used as a specific strategy in health promotion.</p> |



## APPENDIX B: COMPARING “OLD” PREVENTION PARADIGMS WITH PCN

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

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