# Transcript: What Does NOT Work in Prevention

Presenter: Kris Gabrielsen and Erin Ficker
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PRESENTER 1: Good morning, everybody, and welcome. We'll give people a minute or so to get in from the waiting room. And then we'll get started. Wow, it's good to see people from all over. All right. We still have a couple of people coming in, but I think we will get started. Again, good morning and welcome, everyone, to our webinar today, What Does NOT Work in Prevention.

This webinar is brought to you by the Great Lakes PTTC and SAMHSA, the Great Lakes ATTC, MHTTC, and PTTC are funded by SAMHSA under the following cooperative agreements. The opinions expressed in this webinar are the views of the speakers and do not necessarily reflect the official position of DHHS or SAMHSA. The ATT-- sorry-- the PTTC Network believes that language matters and uses affirming language that inspires hope.

I have some housekeeping details for you today. If you are having technical issues, please individually message Jen Winslow or Ann Schensky in the chat section, and they'll be happy to help you. Please also put your questions for the presenters in the Q&A section at the bottom of the screen. And they will address them during the webinar.

The recording and PowerPoint slides and the workbook will all be posted on our website. It can take 7 to 10 days to be posted. And we will be using automated transcriptions for today's webinar. You will be sent a link after the presentation to a very short survey. We would really appreciate it if you could fill it out. It takes about three minutes, and it is how we report our efforts back to SAMHSA.

So and the last is that certificates of attendance will be sent to those who attended the full session. They're sent to you in an email with a link, and they can take up to two weeks. If you'd like to see what else we're doing, please follow us on social media. And I am excited that our speakers today are Erin Ficker and Kris Gabrielsen.

Erin serves as the prevention manager for the Great Lakes PTTC. For more than 16 years, Erin has worked in substance use prevention, supporting communities to use evidence based strategies and data driven process in substance misuse prevention planning and implementation. She works with community level practitioners and schools and development implementation evaluation and sustainability of prevention interventions.

And Kris Gabrielsen is the co-director of the Great Lakes PTTC. She has worked in substance misuse prevention for over 30 years. She was the

associate director of Western Cap, co-author of the Saps, and co-author of Substance Abuse Prevention textbook. Kris has delivered trainings across the United States focusing on bridging the gap between research and practice. So you all are in excellent hands, and I'll turn it over to them.

ERIN FICKER: Good mor-- oh. Good morning, and thanks for being here today with us. I'm Erin Ficker, and we are going to get started with What Does NOT Work in Prevention, which might be different than what we sometimes cover, but we have a lot to cover. And hopefully, we'll have a good conversation.

So and I'm happy to see people from all over the country. So you're all in places I'd love to be. So thank you for saying good morning. So let's take a quick minute to look at our objectives for our time together. Today, what we hope to do is to identify at least five interventions that have been shown to not be effective in substance misuse prevention.

So we'll look at those things that we have evidence that not only don't work but may actually be harmful. And then we're going to also look at approaches that can be used as alternatives to those that are effective alternatives to those ineffective or harmful strategies that are sometimes popular in our field.

And then we're going to describe strategies for how to deal with resistance, when you are pushing up against people who are really invested in or want to do these kind of ineffective approaches to prevention.

So those are the three things we're really going to focus on today. And the way we're going to do that is through our agenda, where we're going to do welcome and introduction. Welcome. That's where we are now. We'll talk about the history of evidence and evidence based in prevention. So Kris'll go over that a little bit. We'll talk about ineffective and effective prevention strategies. Well, we'll talk about what's ineffective and then pair it with an alternative. And then we'll also be talking about those-- the last thing we'll do is talk about strategies for promoting effective evidence based strategies.

So I really ask also, the title of this is What NOT To Do. And we don't want anyone to come into this with any guilt, or shame, or hanging your head, or hiding your face. We want to have a really open mindset, where we're open to learning and sharing.

So just as we think about that, I'd like people to think about being open to learning, being open to ask questions, to share your experiences. And as participants, to ensure that we're not shaming each other, that we're not projecting any guilt or any judgment onto anyone. And we're not making ourselves feel guilty.

This is an opportunity to learn about what works and what doesn't work and consider how we can make changes if we need to. So I just want us to all open with that mindset. So hopefully, we can all agree to that.

So I want to ask you guys in the chat, and this is going to go so fast. So Kris, if you can help me, I'll try to look at it too. But when you think about what does not work in prevention, what's your greatest fear or your greatest hope when you hear this? That when you decided to come to this webinar, what was the greatest fear or greatest hope that you had coming into this?

Wasting funding that we already have so little of. That's a good-- that's understandable. To not come off as preachy, to help me not waste my money, afraid of actually doing harm. Whoa, it's so fast. Causing unintentional harm, don't want to recreate the wheel, fear of not being effective, to be more effective quickly. That's great. That we could lose the trust of the community. I'm seeing a lot of doing harm, concern about doing harm.

We want to do something that actually works. Right? That we see results. That's great. To be more engaging, how to gently but firmly talk to coworkers and coalition members about what doesn't work. Oh my gosh. I'm so glad you said that. It's like you're a plant. That's going to be our last point, and hopefully we'll be able to help you there. You don't want to lose trust. No more political programs, fear of being unsuccessful, hope of learning new techniques or interventions, no more scare tactics, says Sarah Appleby.

[LAUGHTER]

Introduce someone new to prevention and what doesn't work, building credibility. These are great. You guys are hitting all the notes. So thank you for just putting that out there for us, for being honest and sharing what you're concerned about and what you're hoping for in our time together today.

We also see hope helping people hide in denial is the last comment I see there. So thank you guys so much. I really appreciate you being so open and honest. And on that note, I want to turn it over to Kris. So we can dive into a little bit about the history of evidence in our field.

KRIS GABRIELSEN: All right. Thanks, Erin. So yes, let's take a quick step back in history of the substance misuse prevention field and really look at how we've ended up where we are right now. You all should hopefully have the workbook by now. I bet somebody will pop it in the chat again right now, one of our wonderful behind the scene folks, Jen or Ann.

In the workbook, you will see this timeline, so that it's easier for you to see. I know it's too many words on a PowerPoint slide but just to get an idea here of where we have been. In terms of if we look back to the 1950s and '60s, we were definitely deeply entrenched in scare tactics with films and speakers. We

move to early '70s, more towards a drug education with curricula based on factual information. Let me tell you of the facts about drugs kind of thing.

Mid, late '70s, we've moved more into let's build the self-esteem of kids. That's what we need to focus on, decision making, so effective education. Late '70s, early '80s, we moved into also talking a lot more about alternatives to drug use. I don't know if somebody-- it's starting to enter into my era. Is this sounding familiar to anybody?

So this is with the advent of social skills curricula, refusal skills, parent education added in. Then late '80s to mid '90s, this is where we started seeing more of the parent, school, and community partnerships. We didn't see much of that before then.

Moving into the mid '90s to around 2010 or so is when we really started looking at evidence based prevention strategies. And that-- in terms of for those of you who have been around for a while, that's when this lingo started being real popular and I should say-- prevalent is what I want to say, within our field.

So I don't know about you all, but I started in the early '90s. So this is definitely the time when I saw what was going on firsthand. And I remember back in-- it was like 1999, 2000, right in there, CSAP, the Center for Substance Abuse Prevention, released its first evidence based practices.

Do any of you remember how many of those there were? Put it in the chat. For those of you who were around, does anybody remember? All right. Janet, you said you started in 1991. Do you remember that as the first release of the strategies? I'm seeing seven, one. Hey, it's Charlotte.

[LAUGHTER]

It was-- the very first, it was either four or five. It was even less than seven. Just the very first time they released anything, it's like, OK, we are supposed to implement substance misuse prevention. It was at that point substance abuse prevention, with only four to five strategies.

So we started small and built to much more that we know now, of course, with so many different online registries and so much more information. So we started small, but we have grown. And if we look 2010 to today, we see the expansion of the research based models, as you see at the bottom of the slide, with a  lot of cross-sector prevention efforts, public health focus. Of course, using the SPF has been around, the strategic prevention framework, et cetera.

So we definitely have evolved as a field. And what we have learned is both what does work, but buried in all of that research, we also know what does not work. So over time, you saw the very first thing was we started with scare

tactics back in the '50s and '60s. How many of us are still using scare tactics though?

How much do we see that in our culture that we're still using scare tactics? We know through research, through evidence, that strategy does not work, which we'll talk about a little bit more. And there are several other things that we've tried, and a lot of these are you think, well, of course that should work. Logically, if we do this, then that should happen. So what we might think logically should happen doesn't necessarily always happen.

And that's where we get into trouble is if we don't go back to, what has research shown, what have evaluations shown is truly effective? And of course, that's what we will focus on today. So thinking about, when we talk about evidence of effectiveness, we usually talk about what is effective, when we talk about evidence based prevention.

But we do-- there's evidence based in terms of what is not effective, in terms of there's a whole continuum going from unsupported and harmful up to in the middle part there, the promising direction, emerging, undetermined. And that's the area where more research is needed. As well as, of course, well supported or supported are those strategies programs, et cetera, that are found to be effective through research.

All right. A few things to keep in mind as we're going through this session. One is implementing evidence based programs ensures that prevention-- ensures prevention programs and policies do no harm. And this is, of course, why we're talking about it.

We want to make sure that we are only doing things that are going to increase the likelihood of health, wellness, well-being, et cetera. And so the second point there, ineffective and counterproductive prevention strategies can actually increase the risk of drug misuse and can create harm. It can cause-- some of them can cause trauma.

So we can-- again, there's a lot of program strategies within our communities that have always been done year to year to year, because we've always done it. But perhaps we need to take a good look at some of those. Are we getting to the endpoint? Are we getting to the outcomes that we want to reach with those strategies? Is there a possibility of us doing harm? If it is, let's see what we can do instead.

All right. So many, many, many of you on here, I'm sure, are familiar with the strategic prevention framework. So I just want to anchor what we're talking about within this, in terms of if we're looking at a public health approach to prevention, we're looking at creating a strategic plan in order to address the priority problems within our community. So of course, we can use the strategic prevention framework as a tool to do that.

The reason why we use it is good planning leads to success. So the more we can do that, work that strategic preventive framework, the more likelihood that we are going to be successful within our communities. So with the SPF-- and we're talking about when we select a program to implement. And a program I'm using in the generic term of it could be a program, a practice, strategy, intervention. People are using lots of different terms.

So when we're thinking about implementing a program, strategy, et cetera in our community, I'd like you to put it in the chat, in which step of a SPF is that done? I want to see what folks think. In which step of the SPF is program selection done? Let's see. I'm seeing lots of planning, assessment, lots of planning, going into capacity. I'm seeing a few capacities there. All right, seeing lots of assessments. I am seeing-- and the winner is, it looks like Suzette. You're absolutely right there, Erin. Woo-hoo. How did I do that?

[LAUGHTER]

That is a new one. There we go. OK. It is in each step of the SPF is involved with program selection. So in assessment, that's when we are figuring out, what are the priority problems within our community that we need to address?

So of course, it's going to impact program selection. Right? And capacity, we need to know what capacity our community has to implement a program before we even start looking at what we want to implement. We need to know if we have the resources available and if we have the readiness within our community. So that is essential information before we get to the third step, which a lot of people said that the actual act of selecting your is during this third step.

But we're having to incorporate the information from every other step in order to make an effective decision on which program to implement within our community. So implementation, of course, the beginning of the implementation step is mobilizing your capacity to implement that. So you'll need to make sure, again, that's tied back to the capacity step. And of course, we'll want to be able to evaluate it.

So we are going to look a little bit more at this actual action step of selecting evidence—effective evidence based programs, strategies, or practices. So when you're at that step, looking at it, actually making those decisions. Incorporating the information from every other step of the SPF is what we'll be looking at.

All right. In your workbook, there is a spot for you to write down, jot some notes. I encourage you to pull that out. Or if you don't have the workbook handy, just pull out a piece of paper. And I'm going to give you a minute or so to do a little bit of a self-reflection.

So how does your community or your organization, depends on where you work, how does your organization or community typically make decisions about strategies to implement? Is it the loudest voice in the room? You know what I mean by that. Right? So whoever is loudest and most passionate, and we have to do this. Is that how it's selected?

Or are things done in your community that, well, we've always done it, and people love it. The kids love it. The parents love it. Whoever is-- everybody loves it perhaps. That can be a reason why decisions are made.

Or does data drive your decisions? Go ahead and jot a few notes down in that spot in your workbook. And then I see some folks are putting it in the chat already. When you've had a chance to jot that down in your workbook, feel free to go ahead and put it in the chat as well.

All right, and just a reminder to use the Q&A if you have a question for us. Because as you can see, there's a lot of action going on in the chat. So we won't be able to pull out those questions if you put them there.

All right. So I'm seeing several points with data. I'm seeing several loudest voice. I have to tell you, you are not alone with loudest voice. That is very often what happens, the loudest voice in the room, absolutely. What else? Both of what has been done and the loudest voice. Teamwork, that's great.

Combination of coalition members and coordinator. All too often at a level above the people working on the streets. Usually from  state agency personnel. So and I saw somebody else put, boss, so it could be that you have somebody above you saying what can and can't be done. Top down, yep. So there are those things that we need to look at. What structure are decisions being made, so that we can impact that? And again, we're going to talk a lot more in the last section of this session to-- of how we can approach addressing these loudest voices, addressing the hierarchies, addressing the traditions, et cetera.

All right. So we are going to take a minute to look at the Q&A. Let's see. Erin, do you want to pop on here as well? And we have, could we get a definition of evidence based is? For example, is a program that incorporates CBT practices evidence based, or is it evidence informed or research based?

So cognitive behavioral therapy I'm assuming is what CBT is. Erin, did you want to take a-- I want to say, let's see. Take a chance? Take-- that doesn't sound right. Would you like to address this question?

[LAUGHTER]

ERIN FICKER: I'm going to save you from that.

KRIS GABRIELSEN: Thank you.

[LAUGHTER]

ERIN FICKER: Absolutely. So it's hard to say if a program that incorporates a specific type of approach is evidence based, or evidence informed, or research based. So for that particular example, there are some programs that are for small groups or selective or indicated populations, where that may be part of the program, and it may be evidence based. I can't speak to it unless I know the program and I've seen the research.

However, when we say evidence based, we really mean that there's been research. There's been evaluation of the program that tells us it has an impact on both risk and protective factors and eventual outcomes. So that's what we mean by evidence based.

And I think you see there's evidence informed, which may mean the full results aren't in yet, but we're starting to see evidence. Research based often means there's maybe a little bit more robust, like peer reviewed journals that have really gone into some deep research. But we kind of use evidence based as a catchall for all of those things. But as far as that specific CBT question, it really depends on the program.

KRIS GABRIELSEN: Great. Thanks, Erin. And we have one other question that Stephanie has which is an excellent question. And we are going to get to that.

So if you can just hang tight, Stephanie, believe me. I'm guessing you and probably 97% of the rest of the folks are in this situation on here. So we will definitely be addressing this. So hang tight. And if we don't answer your question later, we'll come back to you. OK?

ERIN FICKER: And just so you know, the question is about building relationships, coming into a new coalition and not wanting to be Debbie Downer and saying, everything you're doing is wrong. Hi. I'm new. You've got to change everything. So we will definitely get to that. It will be towards the end, but we will definitely get to that.

KRIS GABRIELSEN: Great. OK. I'm going to hand it over to you, Erin.

ERIN FICKER: Fantastic. OK. I got to close all these windows so I can see. Hi. OK. Speaking of Debbie Downer, I'm going to jump into comparing effective and ineffective prevention strategies. And we're going to review those strategies on a focus on what research and evidence shows us about effectiveness.

So we're going to look at them. We're going to take a deeper dive into some of them. And others, we're just going to talk about briefly. So if you have

questions as we go along, please put them in the Q&A. If you have something to add, you can put it in the chat.

So let's move forward to our first category. So we're going to break these down into categories. And the first category is education strategies. So when we think about education strategies, I put them into two buckets. So there's ineffective and effective.

Ineffective strategies are things like one time events, assemblies, personal testimony from folks in recovery. And we'll talk a little bit more about that. Mock car crashes, I heard someone in the chat. I saw that come up a couple of times for a couple of different people that that's happening in their communities.

And drunk goggles, the goggles you put on that make you feel or make things look like they might feel if you were intoxicated or under the influence. So those are what we would consider some ineffective strategies. And I want to dive a little bit deeper into each one of those, or almost all of those.

So if we could go onto assemblies. OK. So I'm not going to go into depth about one time events, because most of what I'm going to be talking about are one time events. So assemblies are most often one time events.

They present information in one setting, usually in a didactic form, where one person is providing information or maybe a group of people. But it's not a back and forth. There's not the discussion. They often focus on scare tactics, which we know are ineffective in changing people's behavior or really getting through, especially to youth.

They often involve role-playing which has been also shown to be not just ineffective, but it can be both traumatizing and counterproductive for kids to kind of role play what it means to-- role playing being a drug dealer or buying drugs. So we know that that's not impactful. We know that that doesn't work.

So the other thing is that we just-- we know that these type of events, because they're kind of one sided, they include other ineffective approaches. And because they are one shot, do not have a lasting impact. So we would consider assemblies-- and these could be assemblies usually are in high schools or elementary schools even, but usually in a school setting.

So we can move on to the next one. And I'll take questions when we get to the end of each section. Another ineffective one time program is personal testimonies. So you're going to hear me repeat a lot of this, because it-- they're kind of all wrapped up in the same thing. But youth and young adults really perceive themselves as indestructible.

They perceive themselves as nothing bad's going to happen to me. And you can tell me all of these things, but that doesn't mean I believe that it'll happen

to me. So when we have personal testimonies, often, they can feature extreme stories that youth don't believe will happen to them. Or youth have seen folks use or misuse substances, and that hasn't happened. Right?

So those extreme stories can undermine the prevention message and can really impact the credibility of the messenger. And I saw that in the chat earlier with one of the fears is that undermining the credibility of your prevention work if you're telling kind of extreme stories that aren't connecting. So also, the connection between behavior and consequences in youth is still developing.

So in a lot of ways, when we're trying to tell people that if you do this behavior, this would be the consequence, which is often the theme in personal testimonies. Youth haven't developed that part of their brain to make those connections between my behavior and my consequence in a lot of ways, which is  why we see a lot of the behaviors we do in teens. So it's just ineffective in getting them to that point.

People really like these. That doesn't mean they're going to work.

[LAUGHTER]

So let's move on to the next one. Oh, this picture. So mock car crashes, we've heard people talk about these. People love them. They love to do them before prom. As you can see here, this is one that was clearly done before prom.

When I was looking for images for this particular slide, there was always someone laying through the windshield of a car. So one of the things that we want to think about is that mock car crashes sensationalize what might happen in a car crash or what might happen when you're drinking and driving.

They also, behavior and consequence connection is, again, something that's not necessarily—that doesn't necessarily get through to youth because of that kind of lack of brain development that they're not there yet and their understanding of the world and their own behavior.Because they're one time events, there is little to no impact. Right? Often kids find them funny and just right over their heads. This is almost no impact.

It can be traumatizing. If you have youth that or people in the audience who have been through car accidents, who've experienced crashes, have experienced the loss of a loved one due to driving under the influence, this can be very traumatizing. And that trauma undercuts and triggering. Yeah, really undercuts your credibility.

And again, the credibility of the messenger is so important here. That if we're sensationalizing consequences and saying, if you do any of these behaviors, you're going to end up on the hood of a car through a windshield, we're really going to undermine that credibility as the conveyor of that. I also want to go back to this concept that kids think they're indestructible and that what

happens to other people is never going to happen to them. Right? Which is why youth are more likely to take risks than adults. They just feel like they're indestructible.

So I really encourage you to find a way to work with your communities to stop doing this. I want to say a couple of things. One, adults love these. Youth, they like them. They think they're funny.

The point I like to make around traditions and around the argument that kids like something or that the community loves it, you know what? I love Doritos. It doesn't make it good for me. People like mock car crashes. That doesn't make it work.

Just because someone enjoys it or thinks it's cool doesn't mean that it has an impact on prevention and those risk and protective factors and long term outcomes that we're looking to impact. Someone said, youth love and thrive on drama. Yep. They love the drama. That doesn't, again, mean that it's impactful.

So let's go to the next slide and drunk goggles. So again, there's a good deal of research on this that shows little to no effectiveness. And even the research from the creators of these shows little to no impact.

Again, it's fun. It's dramatic. It's sensationalized, but it's often done as part of one time events, part of assemblies, or part of a youth day.

And so again, very little evidence, and again, adults love this, because they feel like they're doing something. They feel like they're reaching the youth in this impactful way. And they think, it's fun. Again, lots of things are fun, doesn't make it good for us. So doesn't make it impactful and doesn't mean that it's going to help us reach our outcomes.

OK. So we're moving on. I want to kind of give you some counters. And I'm not going to go into as much depth on these, but these are things that we know to be effective through research and evaluation of programs and testing them throughout the years.

So effective education is when we're looking at-- the kinds of things we're looking at are really-- and I want to just emphasize addressing risk and protective factors. So social emotional learning curriculums in school that help kids start to make those connections between consequences and behavior, understanding their influence on peers. And parenting programs that focus on talking to youth and supporting youth, so parent programs that provide education to parents on how to be influential in their youth's decision as it relates to drugs and alcohol.

Curriculum proven to address risk and protective factors, I've talked about that before. Anything that does that is really going to help you get there. If we

impact risk and protective factors, then we're more likely to see outcomes. If we're not hitting those, then we can't ensure that we're going to get to those longer term outcomes.

Effective education needs to be age appropriate. And often, these assemblies with scare tactics, these mock car crashes are not age appropriate for the groups that we're trying to reach, especially as we get to those younger audiences. So effective education are curriculums and programs that help us identify what are age appropriate information to deliver. And they often have curriculum that start with younger kids in elementary and then move up, and the curriculum changes and evolves with the youth.

Long term education campaigns with a focused goal and audience, so again, it's that long term. We're meeting them in multiple places over time. So again, a lot of these things can be fun and exciting. Again, we're really focusing on providing education and skills around risk and protective factors to build those in youth.

So before I move on to our next section, a next category, I'm just going to take a quick second to look and see if we have questions. So Kris, I don't know if you want to jump on and help me with some of these.

KRIS GABRIELSEN: Yeah, why don't I that? And this going to be rapid fire for you, because we've got a bunch.

ERIN FICKER: OK.

KRIS GABRIELSEN: And so if we can maybe just get the kernels of--

ERIN FICKER: OK.

KRIS GABRIELSEN: Now, that would be great. I'm going to answer the first one. The first one is, are you able to share the research citations for each of the ineffective effective strategies? I want to refer you to the last page of your workbook. And you will see additional resources, and you will see the very first one is prevention tools, what works, what doesn't.
We've pulled a lot of information from this wonderful document. I highly recommend you go there. As well as you will see some other resources listed there. So recommend that you go there for the research citations. Next-- oh, sorry. Erin, did you want to go?

ERIN FICKER: Yep. I was just going to say, so what is an option for DARE in elementary schools at the third grade level? That's something that's really specific. And I don't-- we don't have time to get into right now.

However, I would encourage you to look at within that document that Kris just referenced. There are a couple of links to evidence based registries that can take you and help you identify what might be good

programs. There are a lot of great programs for elementary school that are a great option to not to DARE, a great counter to DARE.

KRIS GABRIELSEN: All right. Should we do maybe one more before we move on? Because I know you've got a lot more to cover.

ERIN FICKER: A lot more to cover, yeah.

KRIS GABRIELSEN: Yes.

ERIN FICKER: Go ahead.

KRIS GABRIELSEN: Did you already get a chance to scan, if you want to--

ERIN FICKER: I have not scanned them all. So if you have--

KRIS GABRIELSEN: OK.

ERIN FICKER: Go ahead and pick one for me.

KRIS GABRIELSEN: I would say, would these one time events work just to launch a prevention program?

ERIN FICKER: That's a good question. And I would consider anything that's launching a longer term prevention program and that's tying into it. So if you're saying, we're going to start doing the Too Good For Drugs program. And we want to bring everybody together and tell them what that program is and why we're doing it. And we're excited about it, and we can't wait for you to get excited about it. I would say, that's not a one time event.

And if that's something that you think is going to build buy-in, I think that's a great approach. So yeah, so assemblies aren't evil. None of this is evil. Let's be clear. They just aren't effective if they're a stand alone. So hopefully that's helpful.

KRIS GABRIELSEN: All right, great. And I'll just point out too, we do have a lot of questions. I want to make sure everybody saw that we are going to hold office hours. So if we don't get to your question answered during this webinar, I encourage you to come to one or both of those office hours.

We will send out an email after this webinar to everybody who's participated with the Zoom links. If you go back to our website page, the registration page, you'll see the dates and times for those. So just a plug for that. So if you're feeling like, oh no, they aren't answering my question, please try to attend one of those, one or both.

ERIN FICKER: Thanks so much. OK. Let's move on to our next category, which is going to be ineffective appeals. So those are fear based campaigns,

grotesque images, long term consequences, exaggerated dangers, and moralistic appeals. So I'm going to go just straight right into that, straight, straight, straight into it.

So the first one, fear based campaigns are shown to be ineffective with most audiences. Kids just—and adults even don't respond to fear based campaigns. The messages are generally not developmentally appropriate. They arouse fear and exaggerate consequences that may not be immediate consequences.

So there's an example out of the United Kingdom, where they did a fear based campaign around smoking. And then they did a positive, emotional based social marketing campaign around the same topic. And what they found is that, during the time that they ran that positive message, they saw more people calling their quit line as opposed to when they were running that negative, fear based campaign. So people don't respond. So they can backfire and not helped lead people to either find help or to not engage in the behavior in the first place.

So let's go on to the next one. Long term risks, I've said this before, youth do not have a great capacity, and honestly, adults have a hard time with this too. To connect behavior with consequences, especially when those consequences are far in the future. So for example, I think smoking is a great example of this. People do it with alcohol too, to say, if you drink alcohol, you're going to have-- you're going to get cirrhosis of the liver. If you smoke, you'll get lung cancer. Often, people say, I'm going to quit before that happens. You know, I know people who smoked all their lives, and they're fine.

So and we are seeing this come up with cannabis as well, that people don't see the longer term risk. So if you say, oh, you know, it's going to fry your brain in college or in later life. And you're not going to be effective vaping also. They all have that same consequence, that we can't connect our current behavior with those longer term outcomes. Again, that indestructibility, it won't happen to me.

So next, so ineffective or exaggerated campaigns. So this image is from the Montana Meth campaign. And the tagline of the Montana Meth campaign was, not even once.

So you can really lose trust in prevention messages if you show exaggerated dangers or grotesque images. Because again, we have youth who have an indestructibility. It can be counter to personal experiences. I know someone who used meth. They didn't get addicted. They didn't pick their skin off. I don't-- you're not telling me the truth.

So that's where we lose trust. It's also gross. It also doesn't motivate people. So again, those negative messages often lead people to have trust erode in the prevention messenger.

So we can move on. So let's talk a little bit about effective appeals. Right? So how do we appeal to youth in an effective way? So normative messages regarding peer use and actions, so that concept of social norms marketing, where I think everyone's doing this. It turns out everyone's not. Let's communicate that message.

We often-- these messages and appeals can focus on short term impacts. And those short term impacts are things like, smoking will make your breath smell bad. And no one will want to be around you. Nobody's going to kiss you if you have bad breath. So just shorter term impacts are often more effective. And those empowering messages that say, I can do this. I'm going to wait. So those are some of the effective appeals. Also, communicating the positive effects of no use. Right?

So what are the positive things that come out of not using substances, either as youth or as adults? So any time we can highlight the positive and highlight positive norms, we're going to be in good shape. It looks like we have a lot of questions, and I want to get through these. So I think, Kris, do you want to wait for questions for the next section?

KRIS GABRIELSEN: Wait and do it after the end of the next section, is that what you're saying?

ERIN FICKER: Or do you want me to do them now?

KRIS GABRIELSEN: Yeah. No, I think, why don't you go ahead and finish up? Because some of them are more general ones. So go ahead.

ERIN FICKER: OK, great. Cool. So let's move on. So we're going to move on from appeals, which was our second category. And we're going to move on to information sharing, which is a category you may be really familiar with, because it's part of the things we're often asked to do by our funders.

And there's effective and ineffective ways to do this. So knowledge based interventions, which is, this is how drugs work. This is what drugs do to your body. Here's a fact sheet on the different kinds of drugs. This is what drugs look like.

Any time we're really just trying to build knowledge about drugs, we're not getting to a prevention message. So oftentimes, these are things we might hand out at a health fair or at a school event or we might include in a health class. Anything we do on this level is really not going to get to the prevention message.

So there's a lot of data that demonstrates that, in the hands of students, it can kind of teach them about drugs in a more dangerous way and show them the benefits of drugs, even if you pair it with consequences, even if you pair it with the negative impacts. So and myth busting is similar, in that if we spend a lot of time saying, here's a myth about drugs. And it's not true. Like a lot of-- cannabis is a really good example.

So if you use marijuana-- people think if you use marijuana, it's fine, because it's natural. Well, that's a myth, and here's why it's a myth. Well, what's interesting about that is the brain doesn't remember. If you present two facts, they're not necessarily going to remember which is the right fact.

So it often means that you can create a false norm. You can create-- you can inadvertently communicate the wrong message. So myth busting campaigns can quite honestly be harmful in communicating the wrong message. So hopefully, that clears-- myth busting is one that I think not a ton of us do. But when we do, it is really more dangerous and less effective than we would imagine.

Let's look at some effective information sharing tactics. Again, I'm going to sound like a broken record here. But I want to be clear that education related to risk and protective factors is always going to be more impactful. So instead of telling people, this is what ecstasy looks like, and this is what marijuana looks like, and this is the impact of marijuana on your body.

Educating them about-- educating people around risk and protective factors and information sharing around youth who feel connected to school are more likely to stay drug and alcohol free. Youth who are-- excuse me-- live in communities where there's a clear community norm that youth alcohol use is not OK.

So addressing risk factors, whether you address them with youth in a more indirect way, or whether you focus them on parents in a more direct way. So often, in a direct way, helping community members, especially so if you're working with a coalition, and they're like, well, we really like to do X, Y, and Z, helping them understand that that does not relate to a risk or protective factor that we're trying to build or decrease will help them understand why it's not impactful and why you would want to change to something that has shown to impact those risk and protective factors. And you want to be action focused. Right?

So if you're going to provide information to a parent, give them information on how they can communicate with youth. If you're going to provide information to a policymaker, give them information on the actions that they can take to change community norms and perceptions. So all these kinds of things-- make sure you're focusing on action. Because education without action and without information on how to move forward is not-- it falls short. Right?

So they're not going to be able to know what to do with that information. And then it undermines the credibility of the messenger, because it's like, well, great. OK. So what do I do? Let's give them that before they ask. So that's a really great example of these two ways we're really using what we know about prevention to use impactful messages. So want to go to the next slide? Did I miss a slide? Nope, I didn't. Sorry.

KRIS GABRIELSEN: Do you want to cover this one first before we do the reflection?

ERIN FICKER: Yep. That was what I was--

KRIS GABRIELSEN: That's what I was thinking you're-- OK.

ERIN FICKER: Thanks. So I heard a lot of this from you, when you guys talked in the beginning about fear and hopes. So we want to think just briefly about what drives these continued the implementation of effective-- excuse me-- of ineffective strategies. And we heard this from you guys about traditions. Right?

So there's a perception that the interventions are liked by the audience. Right? They love these fear based campaigns. They love mock car crashes. Assemblies are great. So anything that just because it feels like it's liked is often a reason why people continue to do that. Partners often are not open to change. We've done this forever. It's worked. Well, has it worked? Let's look at some data about whether or not it's impactful or not. Let's look at some data in our community about whether or not that's worked.

So partners are often not open to change. Partners insist on implementing, despite evidence they are connected to an intervention for one reason or another. A lot of times we see people implementing a curriculum that's ineffective for a population or an age group, because they own it. Right?

We bought this curriculum. We're going to keep using it. We want to engage law enforcement, and this is what law enforcement doesn't want to do. So they are kind of connected to and they insist on implementing it, despite evidence for-- habit-- thank you, Elizabeth-- is another reason. Individuals feel like a strategy has worked for me. So there's this kind of old adage about everyone went to high school. So everyone thinks they know how high school works. Right? So they think they're an expert on high school.

So a lot of times, it's the same with prevention. So individuals will say, well, you know, I was part of these assemblies, and it worked for me. It may not have been that assembly that was what worked. It may very well be that what worked was that you had strong risk and protective factors-- you had strong protective factors and low risk factors. And that's really, you came at it from another angle.

So just because it worked for one person doesn't mean it will work on a larger basis. So again, thinking from a public health and universal level, we want to make sure we're looking at what works for everyone or for a larger group. And that means looking at evidence. So concerns regarding capacity and/or cost.

Again, I already have this. We don't know how to do this. We don't have the people on board to do this. So a lot of people are going to come at you with barriers immediately about we don't have the capacity to do this, whether that's cost, human capacity, or relationships.

So on that note, after I provided a whole bunch of information, in your workbook, we have another set of reflection questions that you can take some time to write in some thoughts. Or you can also share with us in the chat. And the first question is to think about or write about one strategy that has been or is currently being done in your community that is known to be ineffective.

So just take a minute to either write that down, share with us in the chat. And I've heard people already say some of the things that are happening, mock car crashes, curriculums that are ineffective, goggles, those kinds of things. And then list reasons why.

Why is it that your community is still doing this? What is it that keeps the community, the coalition, or the individual, or the partner invested in that strategy? So taking the time to think about what it is that's being done and why it might be done is really going to help you move on to that next step, which is addressing how to make that change and how to help people understand why you might want to make those changes.

So I'm seeing a lot of things in the chat. And I'm just going to take a quick look. So a lot of people saying, one time speakers, personal stories are often used. The goggles, because they're popular, and they get a lot of attention. Lots of assemblies.

Long term risks on posters, yeah. Right? So here's a smoker's lung and a non-smokers lung. Red ribbon week often is a lot of one time events. Law enforcement and DARE. It's being done because they don't know better. And that's a good point. Right? And then also there's that loudest voice in the room.

Organizations often feel that if someone presents on their own personal experience, I did drugs, and here's why, then it will reduce the likelihood. Yes. We hear that a lot. What adults think will work and what may speak to adults or people who are invested in prevention is not necessarily what will work on a larger scale and for youth or people in another developmental stage. A lot of one and done activities, easy, cheap, and they think they're effective.

It was researched there, but we don't think it'll work here. Right? So that's kind of dismissing the evidence is something we see. And lots of investment and action already in motion, so it's hard to stop that train. Right? So you have momentum.

And Patty, thanks for making this point. There has been a change to DARE. DARE is more effective than it was in the past. They have made substantial changes. So I don't want to kind of beat up on DARE or beat up on law enforcement. But make sure that what you are using does have an evidence base for your community, for the risk and protective factors that have been identified in your community as driving problems.

Get help or go to jail is not the best message. For schools, I feel sometimes it's an easy way for them to check a box by providing short term intervention. Exactly. Look, I did something. We had an assembly. We did it.

So next time, I'm going to wear that on a t-shirt. Melissa, what is it-- I'm sorry. Things went by really fast. So what are you going to wear on your t-shirt? Eighth grade DARE is the only one certified on the old list. Yes. So looking at those lists, we have some lists that were provided to you on one of those resources.

Going to jail or easy isn't effective. Thanks, Melissa. Technology and social media and lots to keep up on. That-- it is difficult and makes some of this stuff harder. Often driven by PTOs and their traditions, and it's often difficult to stop. And that can be both in interventions, assemblies, approaches to prevention.

But also, we see that sometimes in what leads to people thinking that the community accepts youth drinking. For example, my husband's high school-- this was a million years ago-- as their prom giveaway, gave away wine glasses. That's a message, and the PTO was part of funding that.

So I'm going to go ahead and stop there. These comments are great. You can go and continue to enter them, so your peers can see them. And go ahead and make those notes in your workbook and start thinking about that.

Someone says, they have myth busting on their website and the lack of organization and commitment to finding more effective. It's hard to find more effective things, and that is a challenge. So OK. Those were great examples. Thank you guys so much. Kris, do we have time for a few more questions? Do we want to scan through those and see?

KRIS GABRIELSEN: I'm thinking we could probably do one right now.

ERIN FICKER: OK.

KRIS GABRIELSEN: And then when move on, does that sound good?

ERIN FICKER: Sure. Is there one that you wanted, that you found that you wanted to focus on?

KRIS GABRIELSEN: There are several still of folks asking about how do we move forward. And we will get to that. So if you can hang tight on those. I would say, there's one question of, do you have any thoughts on showing drug imagery to use as harmful? And so I think I just wanted to make sure that, when we were talking about the facts about drugs, that those usually include drug imagery. And that has been shown through research to not be effective.

ERIN FICKER: Absolutely.

KRIS GABRIELSEN: Basically, we get better educated drug users is what they found. They were more knowledgeable about what they were using. And they knew-- had other ideas of what they could use to get this effect of like, oh, I want this to happen. So I'm going to go try this.

ERIN FICKER: Yeah. And it gets back to that same myth busting concept that, if we show an image or we give a message, and then give a counter message, people are not-- we don't know what they're holding. Right? We don't know which of those messages they're going to remember and hang onto.

In some of the work I've done at the community level and the state level, there have been complete bans from funders on, you cannot use any imagery of drugs or alcohol, even if it's like a beer mug with a circle around it. Right? So not always having positive images and positive messages and not showing or depicting drugs or alcohol or the substances you're seeking to prevent.

KRIS GABRIELSEN: All right, great.

ERIN FICKER: So hopefully that clarifies.

KRIS GABRIELSEN: Yes.

ERIN FICKER: OK. So Kris, I'm going to turn it over to you. Hopefully, I didn't take too long.

KRIS GABRIELSEN: Nope. I think we're right on time. So we're doing well. All right. So what many of you have been wondering about through this whole time is OK, how do we move forward? Now that we have this information, or perhaps you already knew this before logging on, what do we do? How do we move our communities past some of these strategies?

If you already are implementing them in your community, or I saw in the chat that there's somebody's boss just bought them the drunk goggles and are wanting them to implement it. What do you do now? So let's get into that. And

we're going to start off by watching this short Simon Sinek video. And while you're watching it, I'd like you to think about a couple of things. He's going to talk about incremental change versus sudden change. So as you hear that, think about, how can you move your community incrementally toward more effective strategies? And then he's also going to talk about the law of diffusion of innovation. So be thinking about how you can apply this law toward moving your community towards more effective strategies and who your early adopters might be.

So the whole idea of, how can you build demand for effective evidence based strategies? All right. So let me-- I'm going to switch over here.

[VIDEO PLAYBACK]

[TYPEWRITER CLICKS]

- If I ask you, do you need to change? And you said to me, no, I'd be worried. You think you've figured everything out, like emotionally, professionally, all your relationships? Everything's golden? OK. How's that working out for you? I think the answer is always yes, which is to view ourselves or our organizations as works in progress.

That is an infinite mindset. Infinite mindset is fundamentally constant improvement. So there's big change. There's little change. There's tweaks. There's dramatic change. Sometimes it's reacting to changing cultures, changes in culture, politics, technology. Sometimes the change is our own. Sometimes we have to react to it, but I think the honest answer is yes, we have to change. There's always opportunity to improve something.

[TYPEWRITER CLICKS]

So there's this notion in businesses that people fear change, which is just fundamentally not true. People fear sudden change. You know? But incremental change is not threatening. People fear change that threatens them. Right?

And very often, the way we change manage is we do lots of PowerPoint presentations about what's coming, and don't worry, and we have all these things. And we treat it very rationally, and what we're ignoring is the emotional response. Now, there are some people who love change. It's an infinite minded thing to embrace uncertainty, to see opportunity in surprise.

For some people, especially people who have gotten good at doing something for 10 years, 20 years, that all of a sudden, you say, you're going to change it. They fear-- again, there's that emotional word—they fear that they won't know how to, or it will set them back. And so no number of rational assurances will help them get over that. At some point, we have to just let them go through the process.

[TYPEWRITER CLICKING]

The law of diffusion is a theory that was proposed in the '50s or '60s by Everett Rogers. And basically, all populations shift across the standard deviation, the old bell curve. You have high performance. You have low performers, et cetera, stuff like that. And what the law of diffusion tells us is that the first 2.5% of your population are your innovators. This is your big idea people, Elon Musk, Steve Jobs. Right? Then you have 13.5% of your population that are your early adopters.

These are the people who are willing to pay a premium, suffer an inconvenience, extend extra energy to be a part of something that reflects their own beliefs, stand in line to see Star Wars a week before it comes out, even though you can just wait two or three weeks and by ticket and go in. For them, it's worth it. Right?

And then you have your early and late majority who are more cynical, more practical. What's in it for me? What guarantee am I going to have? What happens if it goes wrong? Will I get my money back? Like that kind of stuff. You know?

- You ever seen the YouTube video of the guy dancing solo.

- Yeah, yeah.

- And then the early adopters come, and the next, everyone's coming. And that's a movement. Right?

- That's a great example of how it works. Now amplify that to an organization. The innovator is the person who came up with the idea, the person who first started dancing. And other people said, you're an idiot. Right? But a small group said, I mean, yeah, but it's fun. We'll give it a try. And then before you know it-- it's a perfect example of how law of diffusions work and how tipping points work.

When we try to effect change inside an organization, we obviously want to affect the bell. We want to affect the majority of the company, but that's not how change happens. Because the majority will not try something until someone has tried it first. They're risk intolerant.

And so what you actually want to do is aim for the early adopters. You aim for the people who go, all right. It's not perfect. We'll give it a try. And if you can get 15% to 18% market penetration, it just tips. Again, because someone else has tried. It's happened.

And so the way you affect change in an organization is not to thrust it upon everybody, because you're going to get massive resistance from the majority. But rather, identify the pockets of early adopters, individuals and teams that are willing to try this new thing that you want to try. Get the kinks out. And then before you know it, what ends up happening is the majority starts getting angry, like why weren't we given this? Well, that's called demand. We love that. So it's about building demand and creating that tipping point. That's a more effective way to create sticky change.

[END PLAYBACK]

KRIS GABRIELSEN: All right. So I know he talks about companies, organizations more like selling things. But we're really in the business of selling. We're in the business of selling effective evidence based strategies. So we can apply this information to our situations as well.

So I'd love for you to take a moment, and in your workbook, go ahead-- hopefully you jotted down some notes while you were watching the video. But really, we are looking at who are-- when we're trying to switch or trying to essentially sell our community on an effective evidence based strategy instead of an ineffective one, who could our early adopters be? Who are those folks who would be willing to listen to your ideas and be open to your ideas? Perhaps you work with schools. Who in the school could be an early adopter for what you're trying to do to try to build that momentum?

So as we're thinking about that, building that momentum, there are some things specifically that I recommend doing to help prime the pump, essentially.

First of all, you want to make sure that you review your strategic plan, if you've developed through the strategic prevention framework or another one, or another framework, I should say. Make sure you understand what your priority problems and the priority risk and protective factors are that you are wanting to address.

Coming back to that information as you are having discussions with folks around what needs to happen
within your community will be very important. Because as people say, well, but people love this. And you can say, yes, people do love it. However, it's not consistent with where we want to get to with addressing whatever your priority problem is and being able to specify that.

So in order to address underage drinking within our community, or to address cannabis use within our community, whatever it might be. So being able to tie that back to your strategic plan will be really important. Something else that, for example, if you have a community coalition or you have a prevention organization, if you can do some trainings on selecting evidence based strategies, that can go a long way in terms of building their capacity, their understanding.

So they can come to their own conclusions about what would be ideal to implement in terms of getting them to moving towards evidence based effective programs. So things like trainings on logic models, attending trainings like these, perhaps it's a training on the strategic prevention framework, other ways to help build that capacity for them to come to their own understanding of the importance of implementing effective evidence based strategies.

And of course, one thing that you could be doing is identifying effective evidence based strategies that would be a good fit for your community. So doing that background work, and again, on that resources in the last page of your workbook, there's an excellent guide that was created by region nine, I believe, of Prevention Technology Transfer Center. It's the online guide to registries for substance misuse prevention programs, something like that. Highly recommend going there if you're needing help on identifying evidence based effective strategies.

All right. So actual steps, so if you're like, OK, but what do I do? OK, here it is. Here's what you do.

[LAUGHTER]

Ready? So first, you want to identify why your community or perhaps a certain vocal individual or a person with a lot of power is invested in the ineffective strategy. So getting back to some of those possibilities that Erin mentioned. Are they invested in it because it's something that's always been done and they know how to do it?

Like Simon said in that video, that they're used to doing it. They know how to do it. They feel confident. Perhaps that is it. Maybe it's a cost effective strategy. Maybe it is something that everybody loves and looks forward to. Maybe it's because it's very, quite sensational. They get a lot of great press coverage. So they like it for that. What is the reason why people are invested? And you have to get to that first. So that's the very first step in moving your community or your prevention organization toward effective strategies.

Second, find those evidence based effective strategies that are a good fit for your community that could be implemented instead. So if you're going to try to move people to some-- in another direction towards effective evidence based strategies, you want to know what you're moving toward. So that's the second step.

Third, brainstorm how the change in strategy could benefit those interested-- excuse me-- invested in an effective strategy. So we know the why, of why they're invested in the ineffective one. How could you essentially sell-- again, we're in the business of selling in many ways if you get down to it. How can

you sell those folks or perhaps that one person on the effective evidence based strategy instead, in place of it? What benefits would there be?

If you can clearly outline those and provide those, that can help move them towards, hm, maybe we should consider. And again, you want to address as closely as possible the why they are so invested in the ineffective one if you can. So if you can find ones that can complement that, that would be ideal.

Fourth, create a message to persuade people to embrace replacing the ineffective strategy. So this is where you really need to sit and think. Brainstorm. For me, I have to write things out. So if I'm going to have a challenging discussion that I know I might feel nervous about, or I want to make sure I do right, sketch it out.

So you'll have it listed the-- write out what strategies are that you hope to move your community toward, your organization toward. Write out those benefits. How can you persuade that person that this could be more useful in terms of reaching your goals and outcomes? Again, getting back to basics of why we're doing this work is we want to increase the health, wellness, of our community by preventing substance misuse.

So if we can again tie that back into why we're doing all this, addressing why they're invested in the other one, and how these new strategies can benefit them, that's going to get you a long way toward your goal. And then of course, you're going to need to meet with those folks. It can't happen without meeting them, unfortunately.

I know I'm a conflict avoider. I don't know about you all, but these conversations, like, oh, I really don't like this. But it's essential. We have to figure out ways to do this. If you can practice with somebody, if you know it's going to be a difficult conversation, perhaps even practice it with somebody else can be very helpful. But meet with them. It might not take just one conversation. It very likely will take many conversations with that person or a coalition moving folks towards this other direction. Again, remember what Simon Sinek talked about. He talked about that they're fearing immediate change versus over the long term.

So it's like, how can you start? If you're over here in the-- in terms of ineffective strategies, how can you start swinging people over towards the effective ones? So how can you start getting that movement to happen?

All right. So what I would like you to do is look at your workbook, find reflection number three. And I would like you to, building off of reflection number two, I want you to brainstorm how you could shift folks to an effective evidence based strategy that could benefit those who are invested in the ineffective one.

So start [INAUDIBLE] that we just talked about. And how can you start-- what messages could you be sharing with those folks? How can you start shifting them toward more effective? OK? So if you'd go ahead and jot down some notes, see what-- get some ideas going. And then once you've had a chance to jot down your notes, feel free to put some ideas in the chat.

All right. Feel free to start putting in the chat if you'd like. Here we go. So use humility, give examples. Yeah, humility is always extremely important. Thank you for pointing that out, Kelsey. Absolutely. Give examples of how you were surprised by something you've done in the past being ineffective and how you changed it. Great. Looking at long term sustainability, love that idea, Amy and Casey. Continue to push your positive social norms campaign in your communities, great example of an effective evidence based strategy. Very good. Who has some other ideas?

All right. And I'm going to switch. As you're putting those ideas in, I am going to introduce Julie, who is going to come in and talk about her experience actually doing this and working on this. Julie is a prevention coordinator in Central Oregon. She has been working in Deschutes County for since 2007 and is a certified prevention specialist. So Julie and I talked a little bit yesterday about this. And Julie, if you would want to go ahead and share some of your thoughts about your experiences actually trying to put this into action.

JULIE SPACKMAN: Yeah. Thank you. This was such a great training. And even being in this field for 15 years, I'm still learning things just from this presentation and other people's ideas. And so I'm really pleased to be part of this conversation. I think, one of the things that I find useful for my own self, in terms of just sustaining my time in prevention, is kind of getting a handle on what I can change, what I can't change. So that like serenity prayer is an important part of my internal thinking when I come to these kinds of situations. And recognizing that, as I'm having conversations with either coalition members or community partners, there's some stuff that I'm just not going to be able to change.

And so thinking about a measure of success being either black and white to the ineffective thing is happening or it's been stopped. I've tried to change my definition of success. Have I been able to be true to prevention ethics and ensuring that what I personally have control over is not doing harm? But also, thinking about, what's my measure of success with the person or the group that I'm interacting with?

I really appreciated how this webinar started with coming to the table with really a lens of kindness in mind and recognizing that those that we're interacting within our community really may not have the benefit of the education and training that we bring to the table. And so starting from a place of listening and really hearing what the motivation is, what the desire is, and

then recognizing that sometimes we're going to have to agree to disagree and move forward. And other times, it's going to be a slow progression to change.

And then maybe I happen to be talking to one of those early adopters. And as soon as they know that there's something more effective, they're like, great. Let's ditch the bad thing and do the good thing. Like that might be kind of nice. So really thinking about how to sustain myself as a preventionist, especially in the wake of the pandemic. So many of us are burned out. And I think being to ourselves and kind to the partners that we're working with is really important kind of overlay for all of these great tips and instructions that we've received through this training today.

KRIS GABRIELSEN: And I wonder if you could speak a little bit-- you mentioned to me about the training for the community coalition and when you've done that and the impact of that.

JULIE SPACKMAN: Yeah. I think, the times that we've been really successful ensuring that the work that we're doing is rooted in best practice is really empowering our coalition. So in one experience, we didn't have the resources to create a media campaign. And we wanted to find one that was available to be shared from somewhere else.

And so to empower the coalition members that were part of that selection process, we created a rubric of what works for media campaigns, and asked them to go search the web of prevention campaigns for this topic that they thought might be interesting, and bring things that ideally would align with all the best practice side of that rubric, but also, bring things that they found that didn't align with best practice, so that we could have some comparison.

And that discussion really moved the dial for some people who were leaning toward a more fear based approach or a more one and done approach. Having a more sustained resource tool building approach started to shine in that group discussion. So I didn't have to be the one being the Debbie Downer, as was said earlier.

[LAUGHTER]

KRIS GABRIELSEN: Great. And then you also mentioned to me the partnership that you've created with the schools and creating that trust. And I wonder if you could just speak briefly about that in terms of giving people a perspective that this is a long term consideration.

JULIE SPACKMAN: Yeah. Really, in our community, it's taken probably 10 plus years to build the kind of relationship with one of our school districts, where they are ready and willing to hear and adopt some best practice strategies. So one thing that has helped is being involved in the curriculum review committee.

And we're just one voice at the table. There's lots of other voices at that table. But over time, being able to be a consistent participant in that and bring successful and evidence based curricula options to the table, rather than just saying, that doesn't work, and not saying what does work. That's been really useful.

And we're in a position now, where we're now able to do some system change beyond just what happens in the health class. And that's really exciting, and it's taken a long time and multiple staff. So it's been building really over the last 10 years of effort with the district, and some failed attempts, and some things that are now starting to bloom which is exciting.

KRIS GABRIELSEN: Great. Yeah. So I think, sometimes we want to get stuff done right away. And we want to change things right away. But knowing that you're taking a long term perspective of where you want to be, I love that you all have taken the time to do that, even when that can feel like an eternity as a prevention person. At least, for me, that would. But it's so important, because what you've put into place is then so powerful. And you think of how many kids it's impacting through your creating that trust and in terms of the work being done in the school.

So thank you for sharing this information, Julie. I wish we had more time to pick your brain. But I see on here people are commenting in the chat. And we appreciate your being here. Thank you, Julie.

JULIE SPACKMAN: Thanks for the opportunity.

KRIS GABRIELSEN: Sure. All right. I'm going to share a few more slides, and then I'm going to hand it over to Erin to wrap this up. So a couple of reminders, make sure you understand what is appealing about the ineffective strategies before you start moving toward the effective ones, so you know how to counter or to address those—what makes it appealing so you can make the effective strategies appealing. Anticipate and prepare for resistance. Just know that's going to happen.
Use your strategic plan to ensure strategies selected are a good fit. So you want to make sure that what you're moving toward is actually going to help you. Because there are lots of evidence based effective strategies out there. But if you implement them in your community without them being a good fit, then they also aren't going to have the impact that you're going to want.

Be sure that you craft messages that provide three things, compelling reason to quit using the effective strategy, how the new strategy will be advantageous, and a clear call to action in terms of what you want to see happen. And highly recommend practicing, especially if these kind of conversations make you nervous.

All right. And we don't have time to do questions right now. I highly encourage you to come to our office hours, so we can answer more of your questions. And I'm going to go ahead and turn it over to Erin.

ERIN FICKER: Thanks so much. And we will try to answer questions. We'll look through the questions and see if there's any we can answer via email as well. But yeah, if you have really specific questions about your community or about your practices, go ahead and come to our office hours. We can really dig in a little deeper.

But I'd love for you, kind of just circling back, to post in the chat any shifts you experienced during the webinar, anything you learned during this what not to work webinar. And if we can go ahead and post the link to those office hours, that would be really helpful. Thank you. I already see Jennifer has done that.

So if you could just post in the chat some of the things you might be putting into action or things you've learned. Love the idea of targeting early adopters, similar to identifying champions. Yep. Always use positive messages, confirmations. Great way to look at prevention. Thank you, thank you. I want to get this information out. Yeah, get this information out. Share this with your community. Share the link once it's available. Have them listen as well. It's helpful to understand. Brainstorming with coworkers, using compelling messages and guidelines, lots of great things that we're hearing. Thank you so much. I also want to let you know that there are trainings that we do quite often that get to some of how to do this or kind of in a different way. So look on the website for either recorded webinars or upcoming trainings. And you'll see, Jennifer just put a link in there.

There's recorded trainings on pitching prevention, how to convince people that prevention is important. There's a recorded webinar on coalition leadership. We have an advanced coalition leadership coming up. We often talk about-- have trainings that center around continuous quality improvement, which is kind of what that video was starting to talk about. So look there for more information around some of the skills related to what we talked about today.

There's our office hours. Once you sign up for those office hours, we will send you a Zoom link. Please don't share this outside of the webinar. We are really going to try to focus our office hours on folks that were at the webinar.

There's-- you don't have to register. But you can just use that webinar, that Zoom link to come. And we're happy to answer questions. And there are no certificates for participating in those office hours. Those are really just to offer some support to you.

We'd love it if you would come to our Facebook page. We like to start conversations there. There was so much information shared in this chat I can't

even tell you. If you want to go on there, on the Facebook page, and we'll put up a post.

If you want to go on the Facebook page and share some of what and have this conversation there about what you're doing and ask folks about what they're doing, we would love to do that. So if you can go to our Facebook page, Great Lakes Prevention Technology Transfer Center, go ahead and follow it. Use the like button, so you can continue to see that in your feed and share with each other. So please do that.

Future trainings, I mentioned some, but there's also the Five C's of Data. That's coming up on March 6. Foundations of Prevention Intensive Training Course, which is an eight part prevention intervention that's offered over several weeks. So we really-- if you're interested in that or if you have colleagues that are new to the field, it's a great introduction to the field.

And we also have Taking Action on Stigma. So there's a training series on stigma, which I think is really useful for those of you who run into stigma in your community and might be a barrier to change or action. And then you can just click on that link at the bottom, or we'll share it in the chat for Great Lakes events. Great. And then are we-- thank you so much for being here. Do we have--

KRIS GABRIELSEN: I'm sorry. I have-- I'm not sure where our gift slide went.

[LAUGHTER]

ERIN FICKER: OK. Well, we do have a short survey that we'd like you to fill out. And Kris, will we go ahead and email that then?

KRIS GABRIELSEN: Yeah. We'll go ahead and we'll put the survey link in the chat, hopefully.

ERIN FICKER: OK.

KRIS GABRIELSEN: I have--

ERIN FICKER: There it is in the chat.

KRIS GABRIELSEN: It literally disappeared. We have this wonderful slide. I'm not sure where it is.

ERIN FICKER: Yeah. So if you want to click on that link and take just two minutes to fill out that survey for us, it helps us to continue to improve and keep track of who's attending our webinars which is incredibly helpful for us. And someone did ask if we could leave the webinar room open for just a couple of minutes, so that they had a chance to scroll through that chat and look at some of the responses.

Again, I encourage you, if you shared something that was useful, that you could share that on our Facebook page with each other, ask questions there, and connect with your colleagues. But I want to thank everyone for being here. You guys were a great audience, and it was so wonderful to hear all of your experiences. And could the-- someone's asking if the chat transcript would be available? Is that--

PRESENTER 2: Yep. We are unable to keep the room open much longer, but we will be putting the chat up on our resources-- or on our product page, same with the PowerPoint and all the other resources, including the chat. And it will be posted within the next week on the Great Lakes PTTC website.

And just another plug for if you fill out the giPrath link, this is how we are able to continue to provide trainings to you all for free. So if you could please, please, please, we would-- fill that out. It takes just a quick minute. We would very much appreciate it.

KRIS GABRIELSEN: All right. Thank you so much, everyone. Thank you, Erin and Julie, and also, on the back end, Jen and Ann. Thank you for all of your help. And thank you to you all for participating today. It was so wonderful to be here with you and such a great active involved group of folks. So thank you, and we will see you soon. Bye bye.

ERIN FICKER: Bye, y'all. Thanks so much.