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How To Use The Guide

At increasing rates fraternity and sorority professionals are intentionally or unintentionally serving as prevention specialists. This could range from creating prevention educational programs to entire interventions for the community they serve. However, most do not have comparable formal education to their prevention specialist peers serving an entire campus population.

The AFA Professional Development Committee has created this resource to help guide fraternity and sorority professionals, specifically those who have self-assessed at a level 1 (Unknown) or level 2 (Discovery) in the Student Safety Competency Area, those new to the field, and those who are taking on a new role that is prevention related.

This guide focuses on:

- Describing student safety issues
- Examining student safety issues
- Employing research-supported approaches to facilitate student safety

To develop in this competency and use this document focus on these steps:

1. Shift from a reactionary to prevention focused mindset.
2. Use relevant concepts, theories, and frameworks.
3. Connect with prevention specialists to build partnerships.
4. Use evidence-based practices to inform your prevention efforts.
5. Continue to seek development opportunities related specifically to prevention and the Student Safety Competency.

The Professional Development Committee recognizes that this document is not exhaustive, but rather a starting point. We hope fraternity and sorority professionals are able to deepen their knowledge and skills to approach student safety using a prevention-focused, public health lens.
Shifting to a Prevention Mindset

One of the most critical pieces for advancing the Student Safety Competency is shifting to a prevention mindset. While our work has evolved since 2013, the Perspectives article written by Leslie Fasone, “Putting Prevention into Practice,” still provides a relevant roadmap that this resource guide will expand upon.

Utilize a Harm Prevention and Harm Reduction Approach

Utilizing harm prevention and harm reduction approaches allows us to apply behavior changing theories to individual and organizational behaviors rather than solely focusing on mitigating risk. With prevention-forward thinking we are able to get ahead of the problem that risk management plans have been created to address. Acknowledging that fraternity and sorority communities may come with more inherent risks while prioritizing harm reduction strategies compared to abstinence-only approaches allows you to build credibility with students and have honest conversations about the issues in the chapter, organization, or community. While harm reduction principles were initially created to reduce negative consequences with drug use, the core principles can apply more broadly to our work.

The Continuum of Care

Not only should we consider harm prevention and harm reduction approaches, we also have to understand that each individual is at a different place in terms of knowledge, skills, attitudes, beliefs, their relationship to substances, ability to make change, and utilizing help seeking behaviors. Understanding that your interventions should employ a continuum of care for all members you are serving will allow you to continue to build credibility, scale interventions to larger populations, and provide appropriate, continued educational dosage to support behavior change.

Needs Assessment

To effect behavior change and find the right strategies to aid our communities, we must do more than provide educational programs that only increase knowledge. We need to create holistic interventions that are scalable to the population we serve. Conducting a needs assessment is the first step in intervention mapping. It will allow you to use data to specify your goals and tailor your approach to your organization or community. Utilize a variety of sources to support your needs assessment including:

- Focus groups
- Pre-existing data from organization, community, or campus wide surveys
- Program evaluations, etc.

Needs assessments should not be confused with a program evaluation, which is a common assessment method used in higher education. A needs assessment is comprehensive in nature and utilizes intersectionality. Your needs assessment may not need to be as comprehensive as some of the resources outlined; however, they may serve as a helpful starting point.

- SAMHSA: How States Can Conduct a Needs Assessment
- CDC Community Health Improvement Navigator
- CDC Invest in Your Community Visual
- CDC & DHHS: Community Needs Assessment Participant Workbook
- Office of Justice Programs: School-Based Bullying Prevention: Conduct a Needs Assessment
- 8 Steps to Guide Your Community Health Needs Assessment
Intervention Mapping

Intervention mapping is a process that helps develop effective behavior change interventions. It is iterative and challenges users to think beyond a band-aid like approach to solving problems in our communities. There are six steps:

1. **Create a logic model of the problem** by conducting a needs assessment or problem analysis, identifying what, if anything, needs to be changed and for whom.

2. **Create a logic model of change** by outlining program outcomes and objectives, including (sub-)behaviors (performance objectives) with behavioral determinants, identifying which beliefs should be targeted by the intervention.

3. **Design your program** using theory-based intervention methods that match the determinants, targeted beliefs, and translate these into practical applications that satisfy the parameters for effectiveness of the selected methods.

4. **Produce your program** by integrating methods and the practical applications into an organized program.

5. **Implement your program** by planning for adoption, implementation, and sustainability of the program in real-life contexts.

6. **Evaluate your program** by first creating an evaluation plan and then executing the plan.

*Adapted from interventionmapping.com and Planning Health Promotion Programs from Bartholomew, et al., 2016.*
Primary, Secondary, and Tertiary Prevention
As you develop your intervention map consider the different levels of prevention. While these levels have typically been used in medical fields the concepts still apply. Using different prevention levels helps ensure that you are meeting members and organizations at their moment of need and utilizing the continuum of care concept rather than a one size fits all approach to prevention-focused interventions.

**Primary prevention** consists of measures that prevent the onset of disease or injury before it occurs. For example, flossing, using fluoride toothpaste, visiting your dentist for regular cleanings are all examples of keeping your teeth healthy, primary prevention strategies for tooth decay.

In practice for fraternity and sorority life, primary prevention strategies may include:

- Education to promote healthy/desired behavior and discourages the undesired behavior
- Creating policies and environments that prohibit and discourage the undesired behavior
- Supporting leadership positions that assist with education and dissemination of information in the organization(s)
- Creating accountability procedures and risk mitigation strategies, etc.

Primary prevention is where fraternity and sorority professionals should spend the majority of their time, especially those in prevention focused roles.

**Secondary prevention** consists of measures that lead to early diagnosis and prompt treatment of a disease or injury to prevent more severe problems developing. Continuing with the teeth example, periodontal screening and recording for periodontal disease are examples of secondary prevention.

In practice for fraternities and sororities, secondary prevention strategies may include:

- Risk management assessments
- Cease and desists, etc.
- Sharing available resources (like substance use intervention, counseling centers)
- Screenings and brief interventions
- Utilizing standards/accountability processes, especially for individuals participating in the undesired behavior

**Tertiary prevention** focuses on people who are already affected by a disease. They are preventive measures aimed at rehabilitation or activities to prevent an established disease from becoming worse. Think about someone who has experienced a cavity or other dental disease, the ultimate goal is trying to keep the original teeth as much as possible. Tertiary prevention would include fillings, replacement of missing teeth with bridges, implants, or dentures.

In practice with fraternity and sorority life, tertiary strategies may include:

- Recovery and treatment programs
- Membership reviews
- Educational sanctions and/or chapter improvement plans, etc.

Ideally, secondary and tertiary prevention strategies would not be the responsibility for “fraternity and sorority life,” but done in partnership with other entities or campus stakeholders. However, they are still important to consider and include in the intervention plan.

Adapted from [Lumen Learning](https://www.lumenlearning.com) and [P&G](https://www.pg.com).
Focus on Behavior Change

Focusing on behavior change may not be as simple as a behavior is the function of a person and their environment. Taking a more holistic approach and utilizing the Transtheoretical Model (or Stages of Change) provides more opportunities for consideration to develop a robust intervention. Our work in supporting behavior change is likened to an individual choosing to make behavioral changes in their life. There are barriers, opportunities for recurrence, and a need for continual reinforcement.

Elements of Change
First, you should focus on the elements of change. Reflecting on the elements of change and having an understanding of the population you’re working with will help determine the effectiveness of your intervention.

- **Readiness to change**: Are they wanting to make this change? Do they see the need to make the change? Do they have the resources and knowledge to make a lasting change?
- **Barriers to change**: What is preventing them from changing?
- **Expect relapse**: What might trigger a return to a former behavior?

Stages of Change
Focusing your intervention and education at each stage will be helpful for support of individuals at each stage and appropriately reinforce your core messaging. Change is never easy and requires consistent work.

**Stage 1: Precontemplation**
During this stage, people are not considering a change or may not realize their behavior may need to change. Strategies may include the individual:

- Rethinking behavior
- Providing opportunities for introspection and self-analysis
- Assessing risks of current behavior
Stage 2: Contemplation
During this stage, people become more aware of the potential benefits of making a change, but the negative costs tend to stand out even more which may create a strong internal conflict. This stage may take time, and individuals often don’t make it past this stage. Strategies may include the individual:

- Weighing the pros and cons of behavior change
- Confirming their readiness and ability to change
- Identifying barriers to change
- Acknowledging what they are gaining rather than what they may be losing
- Weighing the pros and cons of behavior change
- Confirming their readiness and ability to change
- Identifying barriers to change
- Acknowledging what they are gaining rather than what they may be losing

Stage 3: Preparation
During this stage, people begin making small changes for the larger behavior change and learning more about the change or finding resources. Strategies may include the individual:

- Articulating their goals
- Preparing a plan of action
- Making a list of motivating statements
- Understanding what resources are available to them
- Showing that they are not alone in their choice

Stage 4: Action
During this stage, people take direct action towards their goal. Without preparation in previous stages, behavior change is harder to achieve. Reinforcement of positive, desired behavior is critical. Strategies may include:

- Rewarding desired behavior
- Seeking out social support

Stage 5: Maintenance
During this stage, people avoid former behaviors and keep up with new behaviors. Strategies may include:

- Healthy coping strategies to avoid temptation
- Continued reinforcement and rewarding desired behaviors

Stage 6: Relapse
Relapse is a common occurrence, but it’s important to not let the setback be the end of making progress towards positive behavior change. Strategies may include:

- Identifying triggers that may have led to relapse
- Recognizing barriers to success
- Reaffirming the initial goal and commitment to change

Based on The Transtheoretical Model (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) and adapted from https://www.verywellmind.com/the-stages-of-change-2794868
**Theory of Planned Behavior**
This is an additional theory to explore around behavior change. This theory is used to predict an individual’s intention to engage in a behavior at a specific time and place of a behavior of which they have self control. The key component to this model is behavioral intent; behavioral intentions are influenced by the attitude about the likelihood that the behavior will have the expected outcome and the risks and benefits of that outcome.

**Addressing the Root Cause**
When we create interventions, it is important to address the root cause of a problem rather than focusing solely on the symptoms. By focusing on the root cause we are more likely to focus on behavior changes. You can conduct root cause analyses, focus groups, surveys, etc. to help identify the root cause of the problem(s) you are trying to prevent.

For example, your initial question may be why are there high rates of or problematic alcohol use? Is it because members don’t have healthier coping strategies? Individuals don’t know how to build friendships without a social lubricant? Is there a lack of other options for social engagement? Is it the behavior that is (un)intentionally prioritized or glorified through chapter standards processes? As you continue to dig in, your answer may be all of the above. If so, that provides you with multiple areas of focus, and behaviors to change to help decrease alcohol usage rates and the problematic use of alcohol.

One easy way to help determine the root cause is by asking why several times. We recommend asking why at least five times and that you dig deeper each time. Who is involved? What components of the status quo are involved? This should help you reach the hard core truths that may not be on the surface level.
Once we have begun to transition to a prevention-focused mindset, it’s important to ground our work in relevant prevention concepts, frameworks, and theories related to public health. Below is a compilation of relevant theories, frameworks, and other resources as a starting point to learn and incorporate into your interventions.

**Core Messaging**
Utilizing core messaging is a simple, but necessary concept. Core messaging focuses on utilizing the same information, or message, no matter who is delivering it or how it is being delivered. This ensures that there is less confusion of expected behaviors, available resources, etc. For example, Generation Rx uses four components consistently in their education programs about safe medication use:

- Be a good example to those around you by modeling these safe medication-taking practices and discussing the dangers of misusing prescription drugs with your family, friends, colleagues, students, or patients.
- Only use prescription medications as directed by a health professional.
- Never share your prescription medications with others or use someone else’s prescription medications.
- Always store your medications securely to prevent others from taking them, and properly dispose of medications that you no longer need.

**Determinants of Health**
Determinants of health are a range of personal, social, economic, and environmental factors that influence an individual's and population's health status. Determinants of health fall under broad categories like: policy making, social factors, health services, individual behavior, and biology and genetics. Most factors are interrelated; thus, interventions that target multiple determinants of health are more likely to be effective. Examining social determinants of your population and using them to inform your interventions can help you better address the root cause and produce equitable and culturally competent interventions.

To learn more about determinants of health, visit healthypeople.gov and cdc.gov.

**Risk and Protective Factors**
Risk factors can increase a person's chances of participating in an unwanted behavior, while protective factors can reduce the risk. It's important to note that a risk factor for one person may not be a risk factor for another. Some risk and protective factors are fixed: they don’t change over time. Other risk and protective factors that can change overtime are considered variable. Assessing risk and protective factors of a population allows practitioners to create/select appropriate interventions.

To learn more about risk and protective factors, utilize SAMHSA's resource as a starting point.
Collective Impact
Utilizing collective impact in prevention efforts requires intentionality and collaboration. Collective impact focuses on scaffolded learning while demonstrating the intersectionality of prevention efforts. When you only address one area or only address a topic once, you may make progress, but more progress can be made when knowledge and skills are built up and core messaging is consistently delivered in relevant and non-repetitive ways. Let’s return to the alcohol use example from our examination of the root cause analysis. If you have determined that problematic alcohol behavior is present because students do not have healthy coping strategies, using the concept of collective impact may look like scaffolded learning that is present in both alcohol and mental health education opportunities. Additionally, it would expand beyond facts about alcohol use to include potential negative consequences of use and what positive coping strategies look like.

If you are unfamiliar with the concept of instructional scaffolding, we encourage you to learn more to help assist in your prevention efforts and develop your Student Learning competency.

Frameworks and Theories
Standards of Practice for Health Promotion in Higher Education
The Standards of Practice for Health Promotion in Higher Education (Standards of Practice) serve as a guiding document for professionals who conduct, support, supervise, or have oversight over departments facilitating health promotion processes on their respective campuses. The purpose of this document is to serve as a framework for the practice of health promotion in higher education in order to support student success and well-being.

A Guide to SAMHSA’s Strategic Prevention Framework
SAMHSA developed the Strategic Prevention Framework (SPF) that includes five steps and two guiding principles to offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities. Steps include assessment, capacity, planning, implementation, and evaluation.

Note: While this resource is structured around substance use prevention, it can serve as a guide towards other prevention areas.

Selecting Best-fit Programs and Practices
This resource places the selection of programs and practices within the broader context of evidence-based prevention. Specifically, it explores the following:

• The value of embedding program and practice selection in a strategic planning process
• Where to find information on programs and practices and how to choose among them
• Tips for adopting, adapting, and innovating programs and practices and for supporting their successful implementation and continual improvement at the local level

Note: While this resource is structured around substance use prevention, it can serve as a guide towards other prevention areas.
The Public Health Approach to Violence Prevention
The public health perspective asks the foundational questions: Where does the problem begin? How could we prevent it from occurring in the first place? To answer these questions, public health uses a systematic, scientific approach for understanding and preventing violence. There are multiple steps with each step informing the next.

Note: This resource is structured around violence prevention, it can serve as a guide towards other prevention areas.

Socio Ecological Model
Each level in the Social Ecological Model is a level of influence and also a key point for prevention. It offers a framework for program planners to determine how to focus prevention activities. It is important to implement programs and policies that can reduce risk factors and increase protective factors at each of the different levels in the model. It demonstrates the complex nature of multiple influences on behavior and how individuals relate to those around them and to their broader environment.

Note: This is one example of the Socio Ecological Model. Other modifications of the model may use various levels to depict the complexity of relationships. The model was adapted from the CDC. Another adaptation is demonstrated by the Minnesota Department of Public Health in their Public health interventions: Applications for public health in nursing practice.

PRECEDE-PROCEED Model
Once you have become more comfortable with prevention concepts and are ready to phase in different interventions, utilizing the PRECEDE-PROCEED Model can help. This logic model can provide structure to practitioners as they focus on their desired outcome by providing various phases to evaluate and tailor their interventions. One of the key components of the model are predisposing, reinforcing, and enabling factors which are critical to consider when trying to implement behavior change in the fraternity and sorority context.

Note: This PER worksheet is a great tool to utilize while implementing this model and was developed by Marietta Orlowski, Ph.D., MCHES, associate professor at Wright State University Boonshoft School of Medicine, and Jeff Hallam, Ph.D., professor and associate dean at Kent State University College of Public Health.
Conversations with Experts

Connecting with subject matter experts is important. They have often done research, assessed effectiveness of programs, and have more moments of learning from failure than fraternity and sorority professionals may have when it comes to intervention mapping and addressing student safety. However, you are the expert of your community and population, don’t diminish the knowledge that you bring to the conversation, but don’t count out your students/members either. They are living in the community and can provide valuable insight to ensure that your interventions will resonate with their peers.

Additionally, seek out knowledge communities. Whether they are other vendors that you can learn from, associations, institutions in like categories, sharing knowledge and learning from one another allows us to make greater progress quicker when we prioritize community over competition. Check out a few relevant knowledge communities offered through NASPA as a starting point:

- Wellness and Health Promotion
- Alcohol and Other Drug
- Sexual and Relationship Violence Prevention, Education, and Response

Campus Based Professionals
Connect with peers who are also working to address similar issues but for the entire campus population; it will enhance the work you are able to do for your community. There are several experts on your campus that can support prevention related efforts. Here are a few that we consider partnering with:

- Alcohol and Other Drug
- Bias or Multi/cultural Centers
- Counseling Center
- Psychology Department
- School of Public Health
- Sexual Misconduct/Violence Prevention

Building partnerships and campus coalitions with your local prevention specialists is important because it ensures that the consistent core messages are being shared with an entire community. When utilizing non-campus specialists to help advance prevention efforts, make sure that you are sharing your institution/organization’s core messages. When conflicting messages are shared, work is easily undone that may lead to unintended consequences from the sharing of misaligned information.

Headquarters Staff
Connect with alumni members of your organization who are servicing in prevention related jobs or who have expertise on relevant subject matter. Create short-term contracted positions, committees, and/or volunteer opportunities for them to assist. Include student voices and perspectives in determining interventions. You can also partner with reputable organizations and vendors to help scale your efforts to large populations, but we encourage you to do your research and ensure that you have the capability to effectively assess all components of your intervention.

Vendors
Similarly to headquarters staff, connect with subject matter experts and invest in memberships and training opportunities that will grow your knowledge in relevant subject areas. Create partnerships with reputable organizations to help build your own credibility as a subject matter expert.
Putting It Into Practice

When creating interventions, consider what evidence-based resources are available to you already. We encourage you to also review peer-reviewed articles and journals for each area (if available), higher education journals, and Oracle, AFA’s research journal, to find relevant data to support your interventions.

What works for one institution or organization may not be the best approach for your community. Ask clarifying questions about the process of how a community chose a solution. Look at campus specific data to help make meaning of another community’s choices. Each organization and community is unique and requires tailored interventions, but we have information that we can learn from one another.

Below are relevant resources and techniques that can be used as a starting point to build interventions for specific content areas. Again, these resources are not exhaustive but can serve as a starting point.

**Alcohol, Tobacco and Drug Prevention**
- ACHA: Alcohol, Tobacco and Other Drugs/Substance Abuse Resources
- Campus Drug Prevention
- Campus Drug Prevention: Practitioner’s Toolbox
- Campus Drug Prevention: Virtual Resources for Campus Professionals
- College Drinking Prevention
- EverFi Prescription Drug Safety Network
- Generation Rx: University
- Higher Education Center for Alcohol and Drug Misuse Prevention
- Maryland Collaborative to Reduce College Drinking and Related Problems
- National Center of Excellence for Tobacco-Free Recovery
- National Institute on Drug Abuse
- NIAAA’s College AIM, Alcohol Intervention Matrix
- Prevention with Purpose: A Strategic Planning Guide for Preventing Drug Misuse Among College Students
- SAMHSA Data and Resources for Alcohol, Tobacco, and Other Drugs
- SAMHSA: Know the Risks of Marijuana
- SAMHSA: Reducing Vaping Among Youth and Young Adults
- Substance Abuse Prevention Resources for Parents from EverFi

**Hazing Prevention**
- Avoiding Frequent Mistakes in Hazing Prevention
- Fraternity & Sorority Hazing: A Practitioner’s Guide to Relevant Research & Recommendations for Prevention
- Hazing Prevention Toolkit for Practitioners
- HazingPrevention.org
- Preventing Campus Hazing: VPSAs Can Help Lead the Institutional Commitment to Change
- StopHazing.Org
- We Don’t Haze Documentary - A Partnership with the Clery Center for Security on Campus
- Campus Website Examples:
  - Cornell University
  - The University of Texas at Austin
Sexual Misconduct Prevention

- ACHA: Sexual Violence Toolkit
- CDC Violence Prevention Strategies
- CDC Violence Prevention Resources
- Culture of Respect: Prevention Programming Matrix
- National Sexual Violence Resource Center (NSVRC)
- NSVRC Sexual Violence Continuum
- One Love Foundation
- RAINN Resources

Bias Prevention

- Anti-Defamation League (ADL)
- ADL: Anti-Bias Tools & Strategies
- ADL: Collection of Educational Resources by Theme
- ADL: Lessons
- ADL: Pyramid of Hate
- ADL: What is Bias?
- ADL: Calendar of Observances
- National Education Association: Diversity Resources
- Teaching Tolerance: Critical Practices for Anti-Bias Education
- Teaching Tolerance: Social Justice Standards
- Social Justice Toolbox
- Sustained Dialogue Institute

Mental Health

- ACHA: Mental Health Resources
- American Council on Education: Student Mental Health and Well-Being
- American Foundation for Suicide Prevention
- CollegeStats.org: Mental Health
- Equity in Mental Health
- JED Foundation: For Colleges & Universities
- National Alliance on Mental Illness
- National Center of Excellence for Eating Disorders
- QPR Institute
- SAMHSA: Help Prevent Suicide
- Suicide Prevention Resource Center

Multiple Prevention Areas

- Harm Reduction Conversation Starters by Alpha Chi Omega, Pi Kappa Phi, Sigma Nu, and Zeta Tau Alpha
- My Sister My Responsibility Workshops by Zeta Tau Alpha
- Resources for Fraternities and Sororities by Holmes Murphy & Associates
- SAMHSA: Mental Illness and Substance Use in Young Adults
- SAMHSA: Resources for Families Coping with Mental and Substance Use Disorders
- SAMHSA Publications and Resources (Substance Abuse and Mental Health)
- SAMHSA Evidence-Based Practices Resource Center (Substance Abuse and Mental Health)
Motivational Interviewing
Many successful prevention education programs utilize motivational interviewing techniques in their facilitation. Motivational interviewing is a counseling or questioning method that helps individuals resolve conflicting or unclear feelings surrounding the internal motivation they need to change their behavior. This is a practical, empathetic approach that allows individuals who are at various stages of change and the continuum of care feel engaged in a program and make progress towards behavior change.

The Motivational Interviewing Network of Trainers provides several resources to learn more about motivational interviewing.

Peer Facilitation
Utilizing peer facilitation methods may be beneficial to help members more easily talk about topics that they may feel uncomfortable having “real” conversations about for fear of repercussions of past actions. Peer facilitation may also allow a program to be scaled to a larger population rather than being delivered solely by staff or in a large group setting.

However, it is highly recommended that all facilitators are trained prior to facilitation to ensure that they can use the techniques outlined in the facilitator guide, refer participants to appropriate resources, navigate difficult conversations and problematic comments, while maintaining that the core message is shared. Before building your own training, connect with partners on campus to utilize their peer facilitation training curriculum as a guide to inform your own, utilize already trained peer facilitators from your health center or wellness office for fraternity and sorority specific programs, or invest in the Certified Peer Educator Training available through NASPA.

Social Norms
In combination with other intervention strategies social norms can be effective because it focuses on positive messages about healthy behaviors and attitudes that already exist to most people in a group. Additionally, perceptions of peers’ attitudes and behaviors have a great influence on an individual's own attitudes and behaviors. Intentionality and preparation is key for a successful social norming campaign. More information about social norms can be found through the National Social Norms Center.
Experiences to Further Knowledge

Continued education and practice is important for developing a skill and building up competency. Below are a few examples and experiences to further knowledge.

Sign-up for Relevant Newsletters for Timely Offerings

Newsletters that get delivered directly to your inbox are a great way to learn about upcoming events, webinars, and in-person learning opportunities. Additionally, they can connect you with relevant articles, research, and experts.

Webinars

Webinars are an easy and often cost effective way to learn about relevant topics, skills, and data. Here are a few places to start:

- **AFA’s AdvanceU** for upcoming and past programs
- **Prevention with a Purpose Web Series**, a webinar series that discusses each component of the Strategic Prevention Framework. It was designed by CampusDrugPrevention.Gov. They have an additional collection of webinars around drug misuse prevention.
- **Prevention 101**, a five-part video series that explores the foundations of collegiate substance misuse prevention. It is designed for new professionals by the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD). HECAOD has a collection of other webinars grouped by category.
- **Primary Prevention Primer** is an interactive learning tool to introduce primary prevention through activities created by the National Sexual Violence Resource Center. They also have created several free eLearning courses.
- **HazingPrevention.Org** offers webinars as well as StopHazing.Org.
- **EverFi**, has a search and filter enabled bank of webinars available on a variety of topics.
- **ADL** has curated a list of webinars and podcasts to support building inclusive and respectful learning environments.

Evidence Tables

Utilizing evidence tables allows you to organize data by relevant topics and/or questions. This can help you synthesize large amounts of data, more easily share with others, and dictate what actionable items you can take moving forward. See the example below.

<table>
<thead>
<tr>
<th>Table 1: Scope of Hazing as a Problem Among College Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question: What is the evidence that hazing is a problem among college students?</td>
</tr>
<tr>
<td>What is the evidence that hazing is a problem among college students in fraternity/sorority life?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>What is the evidence that hazing is a problem among college students in athletics?</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Engage in Coalitions
Campus-based professionals may have the opportunity to engage campus coalitions related to different prevention topics. If fraternity and sorority life doesn’t have a seat at that table, try and get one. Partnerships are important to foster change in a community. Being a part of a coalitions will also help you learn about different perspectives, issues, and priorities of your peers. Headquarters professionals can partner together to learn from each other and share resources in a similar manner.

Utilize Data, Reports and other Resources
This work should not be done in a silo, and you do not need to do it alone. There are several places where you can learn more about prevention to ensure that your interventions are relevant, timely and evidence-based.

- American College Health Association’s National College Health Assessment
- Holmes Murphy

Participate In and Utilize Case Studies
Case studies allow you to put information and theory into practice in a low risk environment. Seek advice from experts to see if there were missed opportunities or different approaches that may have been more beneficial in the example. Utilizing this practice with your members may also help learn what types of interventions or solutions they would like to see and may challenge them to think differently about prevention as well.

Take Public Health Courses
If you are a campus-based professional, take advantage of free or reduced cost tuition benefits if they are available. You may also be able to audit a class in person or online. Additionally, there are free public health related MOOCs (massive open online courses). These courses can allow you to gain a better understanding of public health theories and approaches directly from experts. Additionally, you can inquire about taking courses to obtain a degree or certificate.

Attend NASPA Strategies and Other Related Conferences
If possible, attending NASPA Strategies or other related conferences can aid in your understanding of what student safety looks like both nationally and on your campus. Sessions can discuss national trends while also providing you with best practices moving forward. It is important to do your research to see what you are looking to gain by attending a specific conference while also keeping in mind what barriers (time, budget, staffing) may prevent you from attending.

Additional professional development activities can be found in the AFA Core Competency Manual including the two competencies not addressed in this guide: crisis response and managing liability.