



Moving Upstream

Virginia's Newsletter for the Primary Prevention of Sexual & Intimate Partner Violence

Farewell! Thanks for 7 great years!

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This issue of *Moving Upstream* is Part 2 of a two-part series designed to help primary prevention practitioners think critically about how people experience the concepts we try to convey, and strategically build in program components to make our prevention initiatives stick with intended audiences. When you finish reading, please be sure take this short 3-question survey to rate your satisfaction with this issue and suggest topics for future issues. PLEASE VISIT: http://www.surveymonkey.com/s/Moving_Upstream_feedback

This is my last issue as editor of *Moving Upstream*. When I was asked to start this newsletter in 2004, I had no idea if anyone would find it useful. It has been incredible and inspiring to learn that people all over the world have applied the articles published here to work toward a world defined by healthy sexuality and healthy relationships. It would not have happened without the support of Becky Odor, Kristi VanAudenhove, Lydia Guy, Jeanine Woodruff, Kathy Pierce (proofreader supreme), and the Action Alliance Prevention Team (Liz, Arlene, Jonathan, & Beth). Special thanks to the local program staff who contributed articles over the years!

We Talk - Do They Listen?: *Effectively Expressing Primary Prevention Messages (Part 2)*

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[This article is Part 2 in a two-part series. Part 1 was published in Issue 7-1 of *Moving Upstream*.]

Making Primary Prevention “Sticky”

In *Made To Stick*, authors Chip and Dan Heath identify six principles of “sticky” ideas which are ripe for application to primary SV/IPV prevention. When an idea or message is described as “sticky” it is memorable, lasting, and usually contains some kind of utility. They explain that, “there is no ‘formula’ for a sticky idea...but sticky ideas do draw from a common set of traits, which make them more likely to succeed” (p. 15). Every single one of these traits do not have to be present in a given prevention initiative for it to be gain traction, but using them as guidelines in developing our work increases the chance of success. What follows are the six principles of stickiness – Simple, Unexpected, Concrete, Credible, Emotional, and Stories (S.U.C.C.E.S.s) – a brief description of each, and an example of each principle at work in a prevention initiative.

Simple: Finding “the essential core of our ideas...[by] relentlessly prioritizing. Saying something short is not the mission – sound bites are not the ideal. Proverbs are the ideal. We must create ideas that are both simple *and* profound [such as] the ‘Golden Rule’” (p.16).

In my judgment, the movement to end SV/IPV has been largely unable to find its “core ideas” and communicate them in a manner that approaches the power one of Aesop’s fables. We have developed some excellent public service announcements (PSAs), curricula, policy initiatives, and community-wide campaigns, but none of them manage to command attention with a singular idea the way *Made To Stick* describes. It’s not that we lack the raw material to create our own powerful prevention proverbs, but rather we haven’t yet been able to mold it into simple-yet-potent messages.

(Continued at the bottom of Page 2)

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Inside this issue:

<i>Introduction</i>	1
- Brad Perry	
<i>Effectively Expressing Primary Prevention Messages (Part 2)</i>	1
- Brad Perry	
<i>Funder's Forum: Trainings, Media Campaign, Statutory Rape Resources</i>	2
- Robert Franklin	
<i>Promising Practices: 13 Steps to a GREAT Media Campaign</i>	3
- Noah Scalin	



Funder's Forum

Trainings, Media Campaign, Statutory Rape Resources

Robert Franklin, MS, Male Outreach Coordinator
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Virginia Department of Health Trainings:

The Virginia Department of Health (VDH) has several trainings currently being planned for the next few months. Training topics will include healthy teen dating and involving men in sexual and domestic violence prevention. VDH will also be planning four Community Forums around the Commonwealth to address the primary prevention of sexual violence on a community level. All of these trainings and other resources will be shared on our listserv. Contact Robert Franklin to sign-up for the listserv at Robert.franklin@vdh.virginia.gov

Teen Dating Violence Media Campaigns:

Early next year, VDH will be conducting a media campaign in central and southeastern Virginia to address teen dating violence using TV, radio, and Facebook Ads.

VDH also has two new online resources to address statutory rape:

- KnowCoercion.com is an interactive web dialogue providing information on statutory rape for youth, parents, and other adults. The information is provided with the goal of preventing abusive relationships and reducing the incidence of statutory rape, rates of teen pregnancy, school dropout, and sexually transmitted disease. www.knowcoercion.com
- For professionals working with youth, there will be a 1 hour online presentation with video and audio that discusses Virginia code regarding statutory rape, the dynamics of statutory rape, and sexual coercion of minor teens. It also provides information on how to help youth in such relationships. Participants can printout a certificate of completion at the end of the training. <http://sexualviolence.vdhcourse.vi.virginia.gov>

Effectively Expressing Primary Prevention Messages - Part 2 (from Page 1)

Think about this from a more objective numerical standpoint. A PSA is perhaps the quickest, most widespread, and most easily measured method to bring a message to the masses. The most creative, well-produced primary prevention PSAs, such as those produced by Futures Without Violence, elicit a respectable response (e.g., around 100-200,000 “hits” online over the course of the campaign). But a truly sticky message – a message that is both simple and profound – should reach “viral” levels. That is, one way we might know a message is immediately resonating with a massive amount of people is if it follows the pattern of online viral sharing. Different people have different benchmarks for this, but 500,000 views or “Likes” within the period of a month prompted mostly by peer-to-peer sharing is a good indication that a message is starting to become viral and is probably sticky.

In 2010, a Lesbian/Gay/Bisexual/Transgender (LGBT) rights media campaign used a strong core idea and a simple-but-profound message to improve the unfair and often demoralizing environment faced by many LGBT youth. The *It Gets Better* campaign started when an openly gay sex-advice columnist named Dan Savage became alarmed by the high rate of suicides amongst LGBT teens resulting from bullying. Dan and his partner Terry decided to post a video on YouTube simply called “It Gets Better,” in which they discuss their own experiences as gay teenagers dealing with bullying and discrimination, and how they pulled through it to become happy, self-confident adults. They make it clear that bullying and discrimination are not the fault of the victim, and that “living well is the best revenge.” They then encouraged other people to tell their own stories within the “It Gets Better” core idea. It immediately exploded in popularity with tens of thousands of views and over 200 submitted videos in the first week alone. More recently, the project has been leveraging its popularity and fundraising clout to organize local events, often with the aim of improving the enforcement of school anti-bullying policies.

Primary SV/IPV prevention faces many of the same obstacles as the LGBT rights movement, but we are still struggling to figure out how to distill our ideas to provoke a similar impact. One persistent obstacle is ourselves. We tend to shoot down ideas that are anything less than perfectly responsive to *our needs* of nuanced explanation and disclaimers. We also tend to want a single message to be all things to all people – but it can’t be. Different groups respond to different core messages, and yet we are terrified of excluding anyone. But our fear won’t change the fact that the more we weigh messages down with these concerns, the less likely they are to matter to anyone else. For example, *It Gets Better* was criticized as not adequately addressing the needs of LGBT teens in living situations where they can’t eventually move away to experience a better life. Fair enough. But the “It Gets Better (except if you’re in a situation that requires you to stay in a hurtful environment) Project” doesn’t have quite the same impact. Just because a social justice or primary prevention message can’t be all things to all people doesn’t mean it can’t have A LOT of impact on a good-sized chunk of people. The *It Gets Better* videos have inspired more than 25,000 user-created videos which have been viewed more than 40 million times. They have provided hope to countless LGBT teens preventing incalculable amounts of self-harm and depression in the process. Watch this video summary and try not to well-up with tears: www.youtube.com/watch?v=7skPnJOZYdA.

(Continued on top of Page 3)

Effectively Expressing Prevention Messages - Part 2 (from Page 2)

Unexpected: This principle speaks to the, “need to violate people’s expectations...[the] need to be counterintuitive....We can use surprise to increase alertness and grab people’s attention, [but] for our idea to endure we must generate *interest* and *curiosity*....We can engage people’s curiosity over a long period of time by systematically ‘opening gaps’ in their knowledge – and then filling those gaps” (p. 16).

Men Can Stop Rape’s Men Of Strength (MOS_t) Club facilitators have joked that the unofficial motto of every MOS_t Club should be: “I came for the pizza, but stayed for the deconstruction of gender.” MOS_t Club members are often drawn to the first few meetings with the promise of free pizza, but are then surprised to find themselves hooked by the content. The Clubs function as a discussion group where participants assess how masculinity is defined in our society, and how society’s definitions of masculinity impact their behavior. This is partly accomplished by questions posed to the MOS_t Club members by facilitators – questions that expose the manner in which the qualities supposedly defining “real manhood” are learned, malleable, and usually not “natural.” The MOS_t Club facilitators are careful to not lecture, relying instead on strategic activities and discussion questions that allow the MOS_t Club members to see for themselves the markers of this “dominant story” of masculinity and how it affects them (e.g., stifling individual expression and identity, emphasizing and constraining certain behavioral choices, etc.). Over the course of several weeks, MOS_t Club participants are captivated because they are suddenly able to see the world in a new light.

A given MOS_t Club class runs for 22-weeks, and attendance is typically steady throughout(!). The young men stay engaged because facilitators are able to peel back a new layer of the “dominant story” every week. Eventually, the participants learn how to do this themselves by sharing their own struggles and triumphs and helping each other create healthy, non-violent identities. The MOS_t Club approach is a great example of how to make important SV/IPV prevention concepts sticky by opening ‘gaps’ in people’s knowledge and teaching them how to fill in those gaps. This kind of experience has proven unexpected and compelling to the thousands of boys who have been fortunate enough to be MOS_t Club graduates.

Concrete: This refers to the clarity and specificity of our messages. “We must explain our ideas in terms of human actions, in terms of sensory information....because our brains are wired to remember concrete data” (p. 17).

“When you see a RED FLAG in your friend’s relationship, SAY SOMETHING.” That is the core message of VSDVAA’s *Red Flag Campaign* (RFC), an initiative aimed at preventing dating violence on college campuses. The “face” of the RFC is its posters (see sidebar for an example). Intentionally designed to emphasize observable concrete behaviors, each poster poses a scenario in which a warning sign of dating violence is identified (as a “red flag”), and an appropriate verbal response specific to that red flag behavior is highlighted. Finally, one line of context is provided to bolster the fact that the red flag behavior is problematic (and thus in need of a response, such as the one already provided on the poster). All of this is summarized with the core message/call to action: “SAY SOMETHING.”

The visual flow of the posters purposely starts with a concrete dating violence indicator, is followed by a matched verbal response, moves to a concise one-line rationale for the scenario, and ends with an unambiguous message that connects the entire campaign. The red flag behaviors and

(Continued on Page 4)

Promising Practices

13 steps to a GREAT media campaign.

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Developing a memorable and fitting public presence is an integral part of any SV/IPV organization. Whether your agency is trying to raise awareness of services offered, or is stimulating dialogue with the dissemination of key prevention messages, what you choose to say and how you choose to say it should be intentional and well-conceived. Here are 13 questions to help your organization’s external communications / media campaigns stand out and connect with intended audiences. This is an excerpt from Noah Scalin’s AMAZING training on social marketing for social justice organizations. - Brad

- 1) Describe what your campaign is in one or two paragraphs.
- 2) Describe what your campaign is in one or two sentences.
- 3) Describe the goals of the campaign. (“Big picture” & abstract)
- 4) Describe the objective of the campaign. (concrete)
- 5) Who is the primary audience you want to reach? (cannot be “everyone”)
- 6) List adjectives that describe your campaign as you want it perceived by your intended audience.
- 7) Reduce the list of adjectives to 3 and put them in order of importance.
- 8) If your campaign was an item in a grocery store, what section would it be in and what products would be next to it? Why?
- 9) If your campaign was an item in a grocery store, what section would you NOT want it to be in, and what products would you NOT want to be next to it? Why?
- 10) What campaigns are similar to yours and/or trying to reach a similar audience?
- 11) What distinguishes you from similar campaigns? (Why should your audience pay attention to you over someone else?)
- 12) What about your current communications/marketing/branding do you feel is successful?
- 13) What about your current communications/marketing/branding do you feel is NOT successful?



Effectively Expressing Primary Prevention Messages - Part 2 (from Page 3)

suggested responses are not only all concrete, but carry the added benefit of realism since they are all based on field research with a diverse array of college students. As we saw in the *Bringing In The Bystander* program (see Part 1 of this article), prompting people to take a specific action by using concrete behavioral cues is a necessary element of effective prevention initiatives. It is one way to make our prevention endeavors that much stickier. The use of concrete behavioral prompts is even more essential to the media components of an initiative because of the fleeting manner in which people experience them. These cues – along with great design, a relevant context, and resonant content – are among the few tools we have for capturing people’s very divided attention with a poster, a PSA, or a status update. (For more information about the RFC please visit: www.theredflagcampaign.org.)

Credible: “Sticky ideas carry their own credentials. We need ways to help people test our ideas for themselves – a ‘try before you buy’ philosophy for the world of ideas. When we’re trying to build a case for something, most of us instinctively grasp for hard numbers. But in many cases this is exactly the wrong approach” (p. 17).

Project ENVISION, a primary SV prevention initiative of the New York City Alliance Against Sexual Assault, works from a community mobilization framework, which means that relevant and influential community members are engaged to participate in planning and implementing a prevention strategy appropriate for their community. Community mobilization (also called “community development”) is typically broken down in 7 steps, as described by Lydia Guy in *Moving Upstream 3-1*. If used carefully and appropriately, this framework intrinsically garners credibility for any resulting SV/IPV prevention project, since the project is a product of that community’s key influencers. *Project ENVISION* is remarkable in that it found a way to make this process even more transparent through the use of participatory action research.

On their website (www.svfreenc.org/programs_prevention.html), *Project ENVISION* explains that their way of doing community mobilization starts with conducting a needs and resources assessment in a given community to determine its members’ thoughts on the scope of SV, common forms of SV, root causes of SV, promising opportunities for prevention, and characteristics of the community that can support SV prevention activities. It is important to note that the questions asked by this research are not easily turned into “1 in some number” statistics. It is more personal than that, and can yield “try before you buy” moments about primary SV prevention that are meaningful to the community.

The *Project ENVISION* site goes on to describe how the findings of these assessments are analyzed, and stresses the importance of sharing these findings with all residents of the community at “report-back events.” They explain that, “Returning the knowledge to those who are researched is an essential component of participatory action research, and contributes to the community’s investment in *Project ENVISION*. [We share] the findings with a broad spectrum of community stakeholders, including residents, policymakers and elected officials, community-based organizations and local media, all with the purpose of gathering feedback that would inform the design of prevention activities that ‘fit’ the community.” This commitment to achieving the best possible fit for a prevention initiative vastly improves the likelihood that it will be credible to the community members it intends to reach.



Emotional: We can get people to care about our ideas by making them feel it. Numerous studies have shown that, “people are more likely to make a charitable gift to a single needy individual than to an entire impoverished region. We are wired to feel things for people, not for abstractions” (p. 18).

SV/IPV awareness campaigns have often used emotional appeals based on the plight of an individual. Unfortunately, over the past 25 years it has become formulaic. I has often gone something like this: Using grainy/shadowy/blurry visual techniques, depict a woman and/or child cowering, crying, and/or being followed, and accompany it with a foreboding soundtrack. Sometimes this dramatization is interspersed with a survivor’s testimony, sometimes it stands on its own. Conclude by having a narrator throw out a tagline and few statistics, include a hotline number, and voila – a new SV/IPV awareness product is born.

It is fairly easy to find recent examples of this formula at work in the form of PSAs, documentaries, video clips used in curricula, and educational theater productions. While this approach and these production techniques might have made an impact when “Unsolved Mysteries” was still a hit TV show, they no longer elicit the same level of reaction in most people. Perhaps this is because entire television franchises have been launched by treating the topic of SV/IPV a

Effective Prevention Messages - Part 2 (from Page 4)

similar manner. If we want to develop emotionally resonant primary SV/IPV prevention messages, we must resist these clichés (referred to in *Made To Stick* as “semantic stretch”). Lest our messages be ignored for being dated or sensationalistic, we have to avoid describing the impact or experience of SV/IPV in a way that seems *obviously designed* to provoke shock/fear/outrage. This is not to say that SV/IPV survivors’ stories are not shocking, scary, outraging, and more – of course they are. But we have to recognize that we are people who already care about this issue and are predisposed to feel that way. A random person on the street might assume that a gritty PSA about the reality of SV/IPV is - or might as well be - a trailer for a new episode of *Law & Order: SVU*, and dismiss it.

It is challenging to find examples of primary SV/IPV prevention initiatives using strong emotional appeals that are more subtle or clever in their delivery, or that avoid well-worn shock/fear/outrage territory. On the former point, a central activity in many bystander programs provides an example of how to stoke outrage in a manner that powerfully personalizes the issue so that the participants are less able to dismiss SV/IPV as an abstraction that has nothing to do with them. In the “Close Your Eyes” exercise first popularized in the *Mentors in Violence Prevention* program, participants are taken through a guided visualization in which a person they care about is sexually assaulted while a bystander witnesses it and chooses not to intervene. They are then asked how they feel about the witness, and process the importance of being an active bystander. It also manages to address a crucial aspect of emotional appeals described by the authors of *Made To Stick*: “Identity.”

Identity in this context refers to how we want to see ourselves, and with what groups we want to align ourselves. The “Close Your Eyes” activity forces participants into a state of cognitive dissonance by compelling them to reconcile the inaction of the witness with their own assumed lack of attention to the issue of SV/IPV. Offering participants the chance to be active bystanders implicitly asks them what kind a person they want to be regarding the prevention of SV/IPV, and constrains the answer into 2 basic options. You can be (at best) ill-equipped or (at worst) cowardly and complicit like the witness in the scenario. Or you can be informed, prepared, and ready to intervene: An active bystander. This motivates participants to really invest themselves in the *Mentors in Violence Prevention* training because doing so keeps them from being in the same league as that cowardly witness. It offers a way to replenish their bruised sense of esteem by giving them the bystander intervention tools to be more competent in such a circumstance.

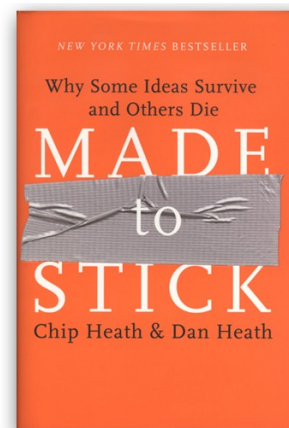
While the “Close Your Eyes” exercise has undoubtedly motivated people to action over the past 18 years, it can still fall short because its main assumption – that participants will see themselves as one day being placed in a situation where they’ll need to be fluent in SV/IPV prevention techniques – is not easily believable to many people. To really engage people in a prevention message, it might be wise to explore more widely embraced emotional touchstones, perhaps completely avoiding the shock/fear/outrage territory in which our passion-blindness becomes a more active liability.

Peer Solutions’ *Stand & Serve* project is an excellent – though less concisely described – example of a primary SV/IPV prevention initiative tapping into emotions through more universally accepted, positive emotional touchstones. This project was described in *Moving Upstream 3-3*. And while not specific to SV/IPV, The National Fatherhood Initiative created a series of PSAs that ingeniously demonstrate how to tap into a powerful and positive “Identity” element within an emotional appeal (see, for example: <http://www.youtube.com/watch?v=63U9MZ1EZ4o>). They could have emphasized the negative impact of absent Dads or findings on neglectful or abusive Dads, but instead they chose to show examples of the kind of Dad men should aspire to be. It is important to note that these examples are also CONCRETE and are tied together with an UNEXPECTED, SIMPLE theme/message: “It takes a man to be a Dad.”

Stories: “Stories are told and retold because they contain wisdom. Stories are effective teaching tools [and their] power is twofold: [They] provide simulation (knowledge about how to act) and inspiration (motivation to act).” (p. 205-206).

Whenever I’m asked to train SV/IPV agencies on primary prevention, I always include multiple stories to illustrate key points. In setting up the philosophical background, I always relate public health successes in other disciplines. Whether I’m describing how to analyze and creatively solve a seemingly insurmountable community problems through clips of the film *The Painted Veil*, or illustrating the utility of the social ecological model by describing the real-life process of how child safety seats became widely used, I always try to convey information through stories. Stories help people synthesize the sticky aspects of a concept into action. “Hearing stories acts as a kind of mental flight simulator, preparing us to respond more quickly and effectively” when we have the opportunity to apply the concept (Heath & Heath, 2007; p. 18). I want people to use the social ecological model, so I walk them through the surprisingly interesting rise of child safety seats.

We must find “the essential core of our ideas [by] relentlessly prioritizing. Saying something short is not the mission – sound bites are not the ideal. Proverbs are the ideal. We must create ideas that are both simple and profound.”



Effectively Expressing Primary Prevention Messages - Part 2 (from Page 5)

Recently I was asked to train staff at New Mexico's sexual assault victim advocacy agencies. They specifically wanted me to talk about several primary SV prevention initiatives, including the *Care For Kids* project. In preparation for the trainings the organizers were all interested in the origins of the project. When I told them what I knew about it they said, "Can you just introduce it like that? You can talk about the content and approach of the program too, but you HAVE to include that background first. It will really get people on board." And it did. My training would have fallen flat if I'd gone into the training with, "New Mexico needs to adopt a child sexual abuse prevention approach that emphasizes healthy sexuality promotion and here's my 11-point argument as to why." Even worse, most training participants would have gone home unsatisfied and unconvinced. But fortunately the New Mexico training organizers understood the power of a story.

I told the training participants about the wide-reaching child sexual abuse that rocked the town of Prescott, Ontario 20 years ago. I related the epiphanies of the forward thinking professionals who recognized the limitations of traditional child sexual abuse prevention programs and instead developed the revolutionary *Care For Kids* project as an alternative. (See Issue 4-1 of *Moving Upstream* or visit www.healthunit.org/carekids/jericho/Content.htm for more detail.) And I conveyed the way in which the community rallied around this initiative, and took concrete steps to create a place where sexual development is talked about honestly. The story of *Care For Kids'* origins in Prescott, ON is not only inspirational, it's also instructive. It relates the obstacles that might pop up for anyone trying to organize a healthy sexuality initiative (e.g., discomfort with sexuality, a reductive focus on safety, adults wanting to avoid the hard work of self-examination, etc.), and it describes how a person might get around them (e.g., turn a community tragedy into something more hopeful, engage key "gatekeepers" before anything else, point out the obvious problems with the existing "solutions" in a clear and neutral manner, etc.). By taking participants through a story that might foretell what they'll be facing, it makes them feel more capable of bringing about change while also actually making them better equipped to do so. And according to the evaluations of the New Mexico trainings, those folks left feeling ready for the challenge.

Putting These Principles Into Practice

In both parts of this article I've described principles that will hopefully act as helpful guidelines for crafting powerful primary prevention ideas. Keeping the curse of knowledge, passion blindness, and channel factors in mind can help you avoid some of the most common pitfalls in primary SV/IPV prevention work. Using S.U.C.C.E.S.s can guide the way you create and frame primary prevention efforts. But there's one more missing ingredient that influences all of this. These tips are only effective to the extent that you are able to tap into the mindset of your audience and connect with something they care about *in the manner that they care about it*.

A core idea must not only be a concisely insightful distillation of the many messages you'd like to communicate, it must also be something

that will move your audience. What might already exist in your audience's minds that will enable that? What will be your version of *It Gets Better*? Or a different principle: Using unexpected elements will only be effective to the extent that they are unexpected to your audience. What about that message that passes a credibility test with you and your neighbors – is it going to necessarily fly with the 15-year-olds it's intended to convince?

But how do you know what will resonate with your audience? You have to start by narrowing the focus of who you're trying to reach. Marketing professionals call this segmentation, and the result will be differentiated "target audiences" or "intended audiences." For primary SV/IPV prevention professionals, selecting an intended audience is usually based on where you have the most access, and with whom you can make the most impact. It should be somewhat specific. "Males at X school" is too broad. "Males in the 8th grade at X school who participate in FBLA" is probably about right.

Once you determine an intended audience, the first order of business is to conduct research with them. This can take the form of interviews, focus groups, informal surveys, or even online demographic/market research. This will be critical to figuring out how to position your overall prevention program. Positioning is what defines the modern era of advertising and marketing, and it doesn't exist in the qualities of your prevention initiative so much as it exists in the minds of your intended audience. "The basic approach of positioning is not to create something new and different, but to manipulate what's already up there in the mind, to retie the connections that already exist" (Ries & Trout, p. 2, 8). Take the time to really learn about their world. What moves them? How do they evaluate their environment and the people in it? What makes them turn off and what makes them act? Learn these things and then figure out how your ideas can fit into them. People do not have to listen to what you want to tell them, so be sure that everything you say (verbally, non-verbally, and with your prevention "brand") makes them *want* to listen. The S.U.C.C.E.S.s principles will be extremely helpful when applied in this context, and will help you turn potentially sticky prevention ideas into super glue.

References (for Part 1 & Part 2):

- Gladwell, M. (2000). *The Tipping Point: How little things can make a big difference*. Little, Brown, and Co.: Boston, MA.
- Heath C. & Heath D. (2007). *Made To Stick: Why some ideas survive and other die*. Random House: New York, NY.
- Reis, A. & Trout, J. (2001). *Positioning: The battle for you mind*. McGraw-Hill: New York, NY.
- Ross, L. & Nisbett, R. (1991). *The Person and the Situation: Perspectives on social psychology*. Temple University Press: Philadelphia, PA.
- Scalin, N. <http://www.alrdesign.com/>