

Addressing AOD in Active Bystander Programming

Jennifer Jacobsen *(she/hers)*, MA MPH, Macalester College

jjacobs4@macalester.edu

www.linkedin.com/in/jennifer-j-jacobsen

THANK YOU!

- **Annabelle Escamilla**, Assistant Director, Illinois Higher Education Center for Alcohol, Other Drug, and Violence Prevention
- **Eric Davidson, Director**, Illinois Higher Education Center for Alcohol, Other Drug, and Violence Prevention
- **Mary Wilfert**, former associate director in the NCAA Sports Science Institute
- **Alan Heisterkamp**, former director of the Center of Violence Prevention at University of Northern Iowa
- **NCAA Step UP! Colleagues**
- **Dolores Cimini**, Director & Senior Research Scientist, Center for Behavioral Health Promotion and Applied Research, SUNY-Albany
- **Jason Kilmer**, Associate Professor Department of Psychiatry and Behavioral Sciences, University of Washington
- **Student-athletes** at Macalester College, Grinnell College, Allegheny College, Coe College, and other colleges/institutions

What we said we'd do:

- Identify current limitations in peer-reviewed studies related to AOD in Active Bystander workshops
- Name at least one behavioral health theory they can incorporate into Active Bystander workshops to increase efficacy
- List at least one resource for supporting this strategy

Transferability

- The skills, strategies and theories we talk about today can be used in contexts other than active bystanderism
- Active bystanderism can be used for any variety of topics that our students face

NIAAA College AIM

<https://www.collegedrinkingprevention.gov/collegeaim>

The screenshot shows the CollegeAIM website interface. At the top, there is a red header with the logo 'collegedrinking' and the tagline 'CHANGING THE CULTURE'. To the right of the header are links for 'INFO' and 'PRINT', and a search bar. Below the header is a navigation menu with links for 'Statistics', 'NIAAA College Materials', 'Supporting Research', 'Special Features', 'CollegeAIM', 'College Administrators', and 'Parents & Students'. Underneath this is another navigation bar with the 'COLLEGE AIM' logo and the subtitle 'ALCOHOL INTERVENTION MATRIX', followed by links for 'Overview', 'Individual Strategies', 'Environmental Strategies', 'Worksheet', 'FAQs', and 'Additional Information'. The main content area is titled 'Environmental-Level Strategies' and includes a 'Print Preview' button. Below the title, it specifies 'Campus only' and 'Implement bystander interventions'. There are four tabs: 'Summary' (selected), 'Notes', 'References', and 'Potential Resources'. A 'Check to print' button is also present. The main text describes bystander intervention programs and includes a note. At the bottom, there are two columns of bullet points detailing effectiveness, cost, barriers, research amount, public health reach, staffing expertise needed, target population, and research population.

Environmental-Level Strategies

0 Print Preview

Campus only

Implement bystander interventions

Summary | Notes | References | Potential Resources Check to print

In this context, bystander intervention programs offered by campuses are designed to increase a student's capacity and willingness to intervene when another student may be in danger of harming him/herself or another person due to alcohol use. Bystander intervention programs also are used to reduce consequences of drug use, sexual assault, and other problems. NOTE: This strategy does not seek to reduce alcohol availability, one of the most effective ways to decrease alcohol use and its consequences.

- **Effectiveness:** X = Too few robust studies to rate effectiveness—or mixed results
- **Cost:** \$\$ = Mid-range
- **Barriers:** # = Lower
- **Research Amount:** * = 3 or fewer studies
- **Public Health Reach:** Focused
- **Staffing Expertise Needed:** Coordinator
- **Target Population:** All students
- **Research Population:** College

Reference from 2019 update

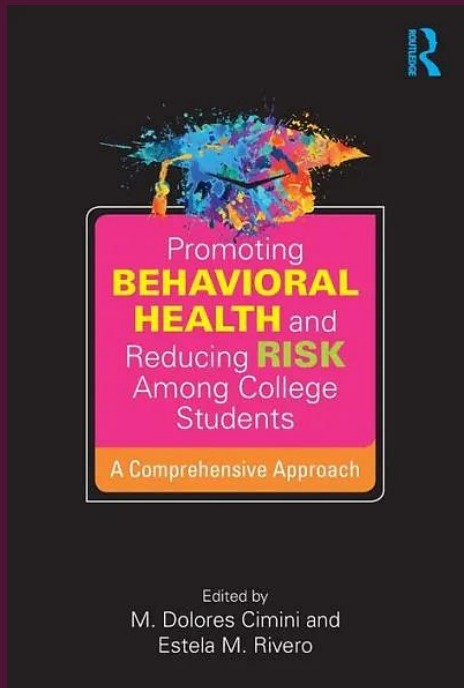
Silver, B.R.; and Jakeman, R.C. College students' willingness to engage in bystander intervention at off-campus parties. *Journal of College Student Development* 57(4):472–476, 2016.

Alcohol isn't an outlier

- Most active bystander research is in the context of sexual violence prevention
- No active bystander program shows results beyond one year
- Recommended dosage (frequency, duration) of training is impractical on most campuses and contexts
- Research is varied on best practices– e.g. single gender training? At what point in the college experience? Qualifications of the facilitator?
- Measurement is challenging– what do we measure? Knowledge? Attitudes? Behavior?

So what do we do?

The Role of Active Bystander Training within a Comprehensive Prevention Framework (2018). In M.D. Cimini and E.M. Rivera, eds. *Promoting Behavioral Health and Reducing Risk Among College Students: A comprehensive approach*. London: Routledge



- Active bystanderism is primarily an interpersonal-level strategy and should complement additional strategies at other levels of the socio-ecological model. It should not be the only intervention strategy. Active bystander training should be included as one of *multiple* approaches to the various risk-related behaviors it is meant to affect.
- While active bystander programs can be designed to reflect current best practices and relevant models and theories of behavior change, they do carry risk.
- Identity is an often undervalued aspect of the Health Belief Model, although the understanding of the interaction of identity and context in active bystander situations should be a priority . . . discussion of the intersection of identity and context is also key, as social capital is not static—it is completely dependent on context.
- Active bystander workshops should emphasize the goal of developing a range of options so that when participants identify barriers, they have options of how they might to work around them.
- Active bystander training should be designed in such a way as to benefit from the advantages of active problem-based learning.
- In the absence of robust evidence of active bystander training across a number of topics, it is especially important that colleges create plans to evaluate active bystander trainings and assess changes to campus culture.
- **Program developers and practitioners can consult common, relevant health behavior models and theories to help span research to practice gaps.**

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *The American psychologist*, 58(6-7), 449–456.
<https://doi.org/10.1037/0003-066x.58.6-7.449>



APA PsycArticles: Journal Article

What works in prevention: Principles of effective prevention programs.

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Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6-7), 449–456. <https://doi.org/10.1037/0003-066X.58.6-7.449>

- The high prevalence of drug abuse, delinquency, youth violence, and other youth problems creates a need to identify and disseminate effective prevention strategies.
- General principles gleaned from effective interventions may help prevention practitioners select, modify, or create more effective programs.
- 4 areas (substance abuse, risky sexual behavior, school failure, and juvenile delinquency and violence), 9 characteristics that were consistently associated with effective prevention programs:
- Programs were comprehensive, included varied teaching methods, provided sufficient dosage, were theory driven, provided opportunities for positive relationships, were appropriately timed, were socioculturally relevant, included outcome evaluation, and involved well-trained staff.

Socio-Ecological Model (SEM) aka Bronfenbrenner's Ecological Systems Theory

American College Health Association, 1998, 2018; Glanz 2005; Glanz, Rimer & Viswanath, 2008; Hirsch & Khan, 2021; Maryland Coalition Against Sexual Assault, 2022; Menning & Holtzman, 2015

- Key theory highlights
 - Critical to work at multiple levels of the SEM
 - **A mix of strategies is best**

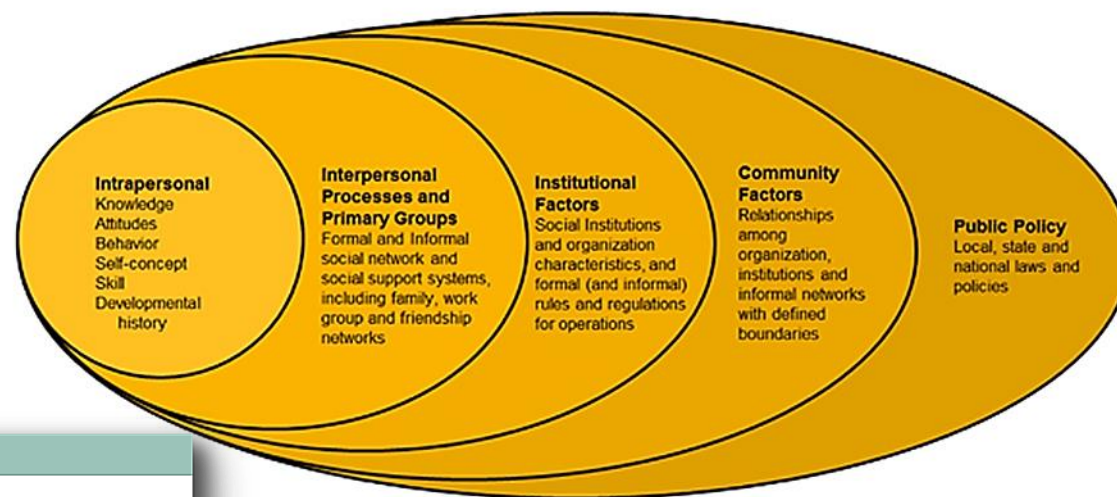


Table 1. An Ecological Perspective: Levels of Influence

Concept	Definition
Intrapersonal Level	Individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits
Interpersonal Level	Interpersonal processes and primary groups, including family, friends, and peers that provide social identity, support, and role definition
Community Level Institutional Factors	Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors
Community Factors	Social networks and norms, or standards, which exist as formal or informal among individuals, groups, and organizations
Public Policy	Local, state, and federal policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control, and management

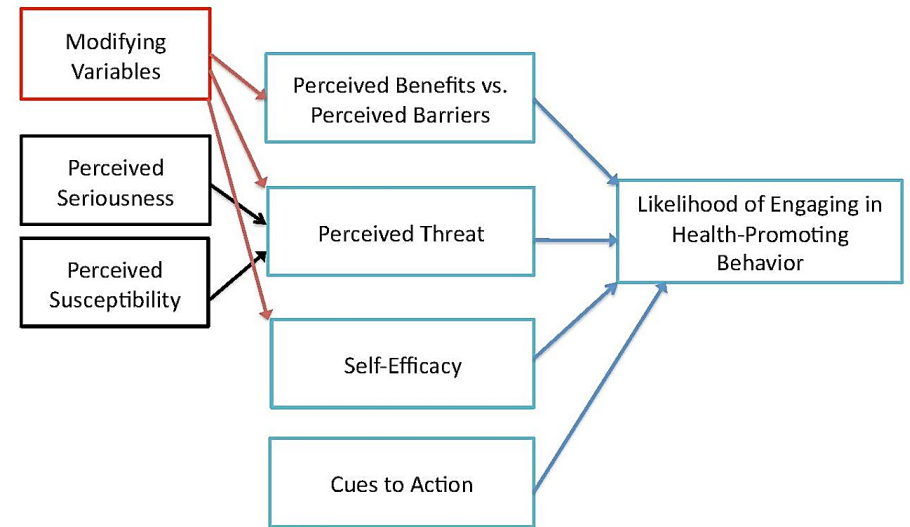
The Health Belief Model

American College Health Association, 2018; Glanz 2005; Glanz, Rimer & Viswanath, 2008; Harris & Linder, 2017, U.S. Health Service 1950's

Key theory highlights:

- Knowledge alone does NOT change behavior
- Perceived benefits MUST outweigh perceived barriers
- The presence of a positive is a more effective motivator than the absence of a negative

The Health Belief Model

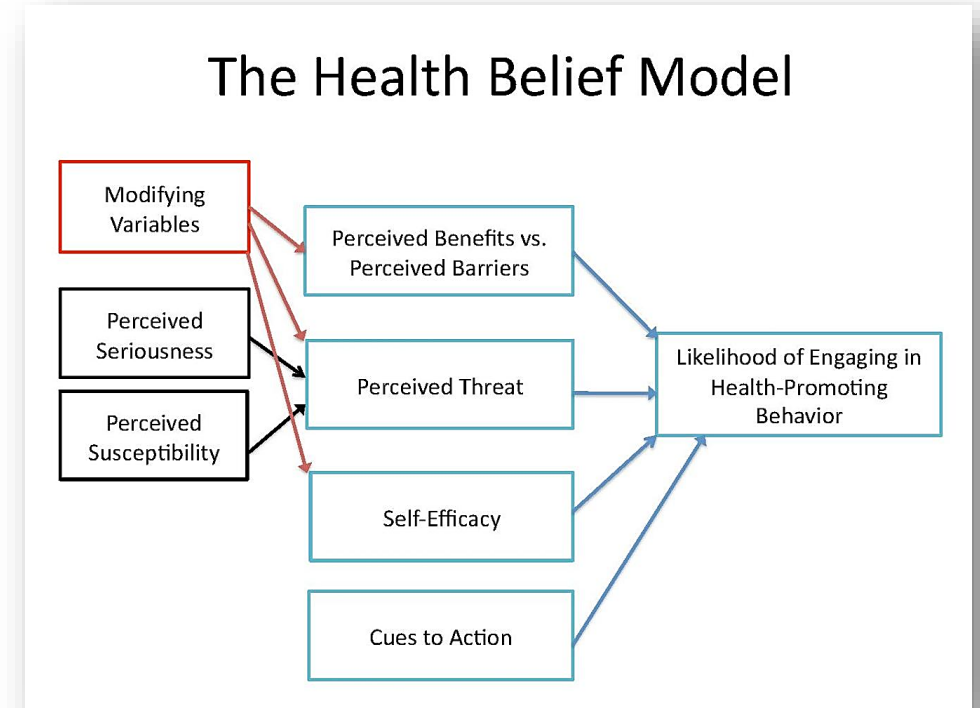


The Health Belief Model

American College Health Association, 2018; Glanz 2005; Glanz, Rimer & Viswanath, 2008; Harris & Linder, 2017, U.S. Health Service 1950's

Key theory highlights:

- Modifying variables include identities and lived experiences
- Self-efficacy
- Cues to action (embed in environments)



Krieger, H., Serrano, S. & Neighbors, C. (2017). The role of self-efficacy for bystander helping behaviors in risky alcohol situations. *Journal of College Student Development*, 58 (3), 451-456.

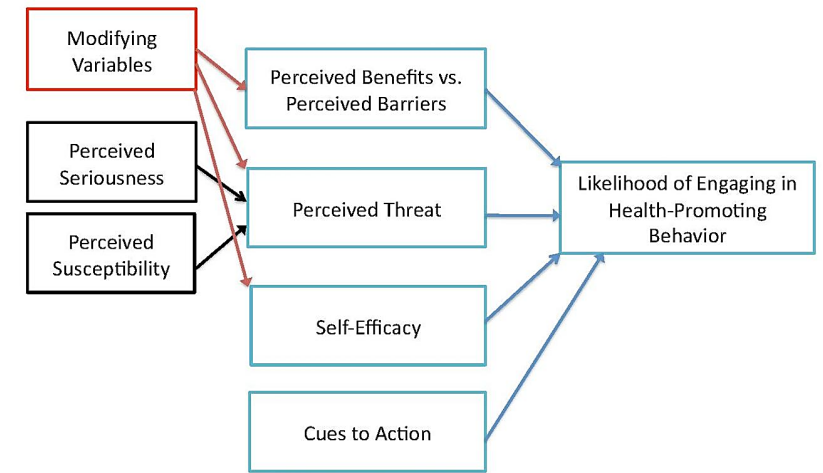
The Health Belief Model

American College Health Association, 2018; Glanz 2005; Glanz, Rimer & Viswanath, 2008; Harris & Linder, 2017, U.S. Health Service 1950's

What does HBM look like for:

- A scenario with a friend who may have had too much to drink and is trying to drink more?
- A scenario where a first-year student is experiencing pressure (even implicit) to drink alcohol?

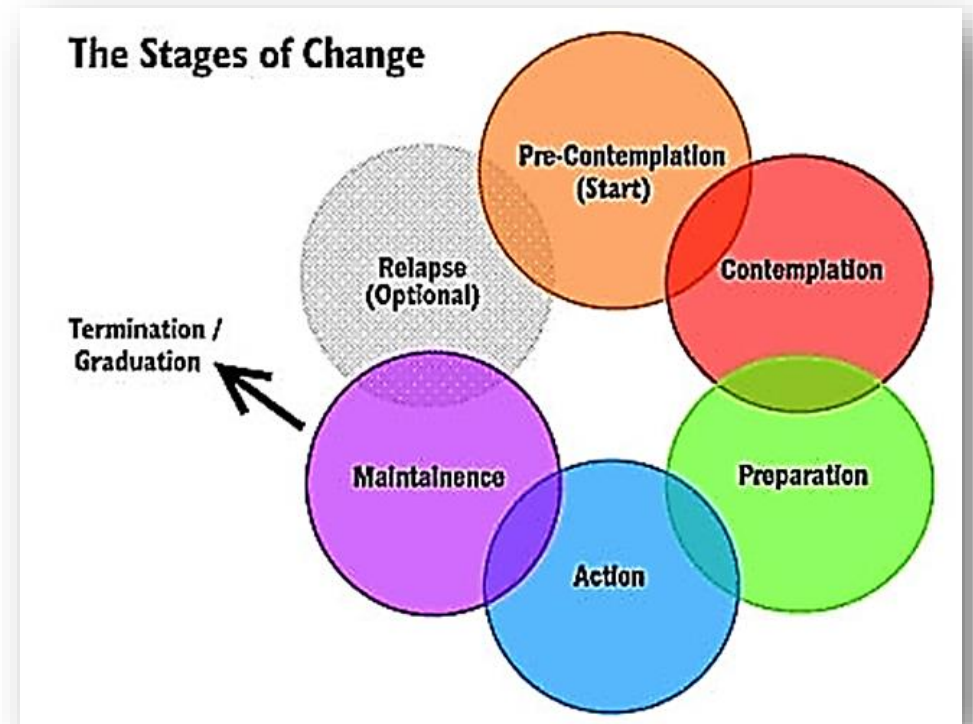
The Health Belief Model



Trans-Theoretical/ Stages of Change Model

American College Health Association, 2018; Banyard, Eckstein, & Moynihan, 2015; Bosson, Parrott, Swan, Kuchynka, & Schramm, 2015; Glanz 2005; Glanz, Rimer & Viswanath, 2008; Miller & Rollnick, 2012; Prochaska & DiClemente, 1984

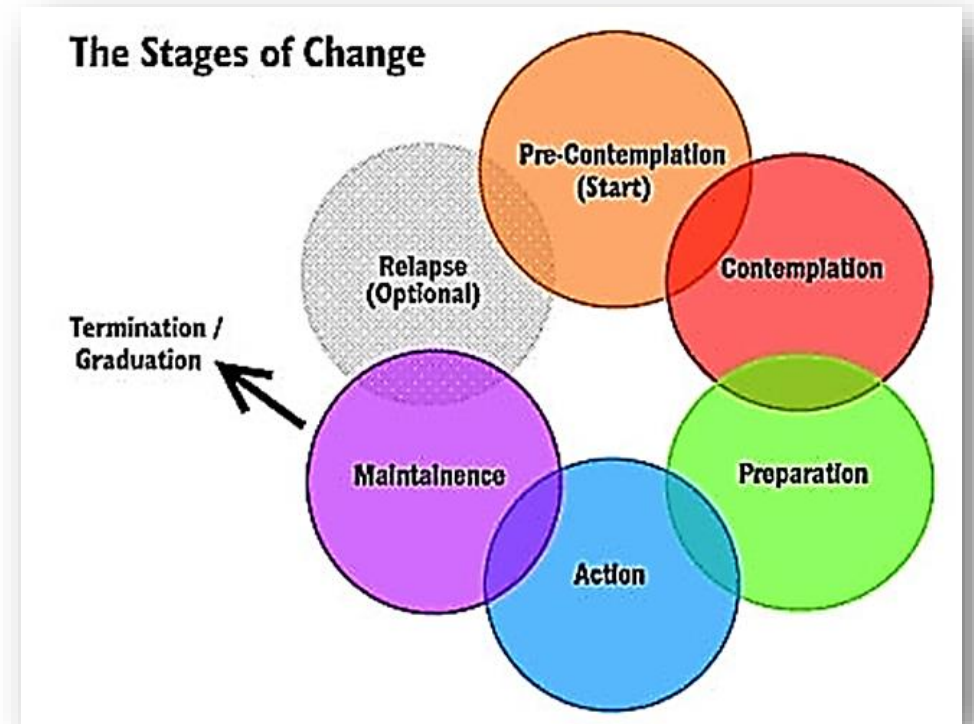
- Key theory highlights:
 - Stages of change
 - Messaging to each stage
 - Unwanted side effects
 - Any outreach needs to offer an action step (but not solely an action step)



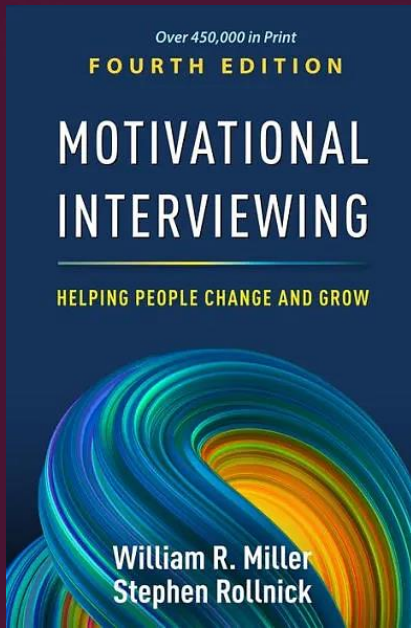
Trans-Theoretical/ Stages of Change Model

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- How do we pay attention to various stages while facilitating:
- A scenario with a friend who may have had too much to drink and is trying to drink more?
- A scenario where a first-year student is experiencing pressure (even implicit) to drink alcohol?



Motivational Interviewing



Miller & Rollnick, 2023

- A collaborative conversation **style** for strengthening a person's own motivation and commitment to change
- Guiding (vs. directing or following)
- Recognizing that ambivalence is part of preparing for change
- Activating someone's own motivation and resources for change

How do we think of the key MI principles play out the context of group facilitation?



78.8% of undergraduates agree: "At my college/university, we are a campus where we look out for each other."

(ACHA-NCHA-III, Spring 2023, n = 55292)

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

Develop discrepancy

- Ask the group about shared goals and values
- Lean on campus data if you have it
- **78.8%** of students agree: “At my college/university, we are a campus where we look out for each other.”
- Within the last 12 months, have you experienced any of the following when drinking alcohol?
 - Did something I later regretted 21.1%
 - Blackout (forgot where I was or what I did for a large period of time and cannot remember, even when someone reminds me) 12.4%
 - Had unprotected sex 12.1%
 - Physically injured myself 8.3%
 - Seriously considered suicide 3.1%
- (ACHA-NCHA-III, Spring 2023, n = 55292)

Key
processes:

Structuring
these into a
session

- **Engaging**
 - Process of establishing a helpful connection and working relationship
- **Focusing**
 - Process by which you develop and maintain a specific direction in the conversation about change
- **Evoking**
 - Involves eliciting the students' own motivations for change
- **Planning**
 - Encompasses developing commitment to change and formulating a plan of action

Key MI
Communication
Skills:

OARS

- Open-ended questions
- Affirm
- Reflect
- (Summarize)

Avoiding Judgmental Language

- “Not-so-good” vs. “bad”
- “Negative consequences”
- “And” vs. “but”
 - “You feel more social when you’re drinking **but** you have a hard time getting your homework started after a night of drinking”
 - “You feel more social when you’re drinking **and** you have a hard time getting your homework started after a night of drinking
- “Problem”
- Others?

What could this look like?

Active Bystanderism



Hannah Baxter

@Isapalindrome

Just watched a man bringing home a goldfish on the train accidentally pop the bag- fish flops onto the floor. 3 people swarm to save him (the fish not the man). Guy chugs the last of his coffee and throws the fish in his cup. Lady next to him empties in her bottle of water.

Steps of Active Bystanderism

- Notice the event
- Interpret it as a (possible) problem
- Check your bias
- Assume responsibility
- Decide what to do
- Do something



Active Bystanderism: Key Considerations

- There are many options of how to be an active bystander– there is no one “right” answer!
 - **Interrupt**, distract, encourage allyship, formally address
- Identity and context **always** determine what feels available and safer
- Consider calling someone in, not calling them out*
- Help other active bystanders
- Consider your resources
- We get better with practice

Structuring scenarios and debrief

- Pay attention to your audience and their knowledge of the cultural context in which scenarios are situated
- Start with a scenario with lower barriers
- If working with a group, start with the potential problem coming from outside the group before you get to scenarios where group members are causing the potential problem
- Avoid reinforcing misperceived norms and expectancies
- Incorporate bites of data, resources, etc.

Facilitation Strategies

- Create an opportunity where people in the room with more social capital share positive group norms and/or expectancies (e.g. “we don’t pressure anyone to drink”, “it’s okay not to drink”, “you can always as a senior to help in a situation”)
- Create an opportunity for students to brainstorm the reasons why a student might choose not to drink on a given night or ever
- Create an opportunity for the group to brainstorm the “good things” and the “not-so-good things” about interrupting a situation
- Create opportunities for real-time social norms
- When you can, under-script scenarios– less is more

Scenario:
You are
facilitating
with a
general
group

- You're eating in the dining hall with a group of friends at lunch on a Friday. One of your friends you don't know as well says, "This week has been horrible. I can't wait to finish my work shift this afternoon and just get hammered. I don't want to remember anything about this week." The table gets quiet and no one says anything. The friend starts to collect things on their tray and gets ready to leave.

Scenario:
You are
facilitating
with
admission
hosts

- You lose track of your prospie and find them playing beer pong in Dibble lounge. They seem to be having a great time and unlikely to want to leave.

Scenario:
You are
facilitating
with a
student org

- You're at a social event your org is hosting and the co-leader seems to be pretty drunk-- talking really loudly and being very touchy with people. You notice them going back to up to get more to drink.

Scenario:
You are
facilitating
with an
athletic
team

- Devise a scenario where a first year on your team might feel implicit pressure to drink at a team event
- You're heading out to a party after an big meet and one of your first year teammates shares with you that they have a big exam on Monday, so wants to be able to study well tomorrow. They are planning on not drinking at all. You're pre-gaming at a friend's house and they want everyone who set a personal record today to do a shot together, and this includes your teammate. They pause before taking a shot.

Active bystander sessions with student- athletes

- Leverage NCAA requirement

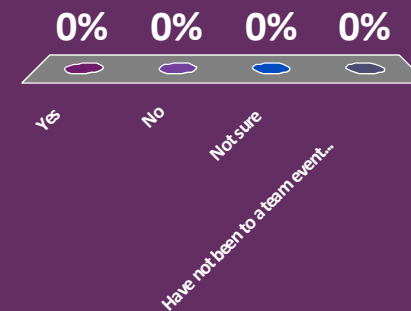
“All student-athletes, coaches and staff have been educated each year on sexual violence prevention, intervention and response, to the extent allowable by state law and collective bargaining agreements.”

https://ncaaorg.s3.amazonaws.com/ssi/violence/NCAA_CampusSexualViolencePolicy.pdf

- Opportunity to focus on what TO do + engage people as allies
- Facilitator(s) should check their own bias
- Name protective factors up front
- Ask “What are you already doing that is working?”
- Help group find their buy-in
- Use care in devising scenarios, to avoid judgment and also promote active problem-solving
 - “You’re in the locker room and one of your teammates starts talking about a hot girl that he is hoping to score with on Saturday.”
 - “Devise a scenario where someone feels uncomfortable in your locker room.”

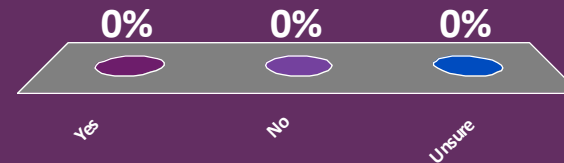
I have felt pressured (directly or indirectly) to drink more than I wanted to at a team event

- A. Yes
- B. No
- C. Not sure
- D. Have not been to a team event where alcohol is present



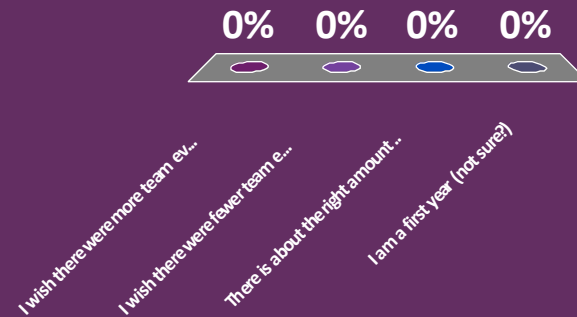
On our team, people feel it's okay NOT to drink alcohol even if most others are

- A. Yes
- B. No
- C. Unsure



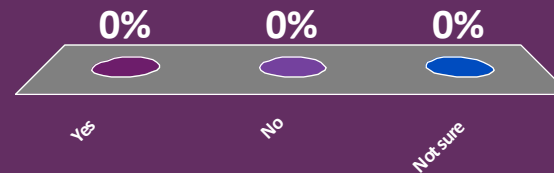
Team events with alcohol

- A. I wish there were more team events involving alcohol
- B. I wish there were fewer team events involving alcohol
- C. There is about the right amount of team events with alcohol
- D. I am a first year (not sure?)



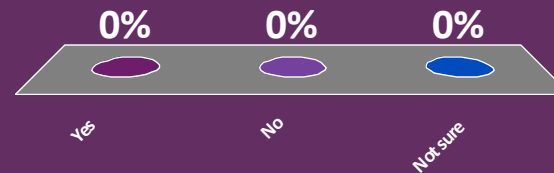
If a teammate thinks I am drinking too much, I want them to check in on me.

- A. Yes
- B. No
- C. Not sure



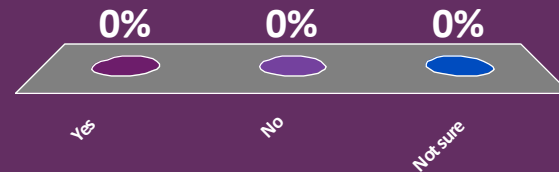
Alcohol has interfered with our team's ability to recover

- A. Yes
- B. No
- C. Not sure



I would like my teammates to take recovery into account when making decisions about drinking alcohol

- A. Yes
- B. No
- C. Not sure

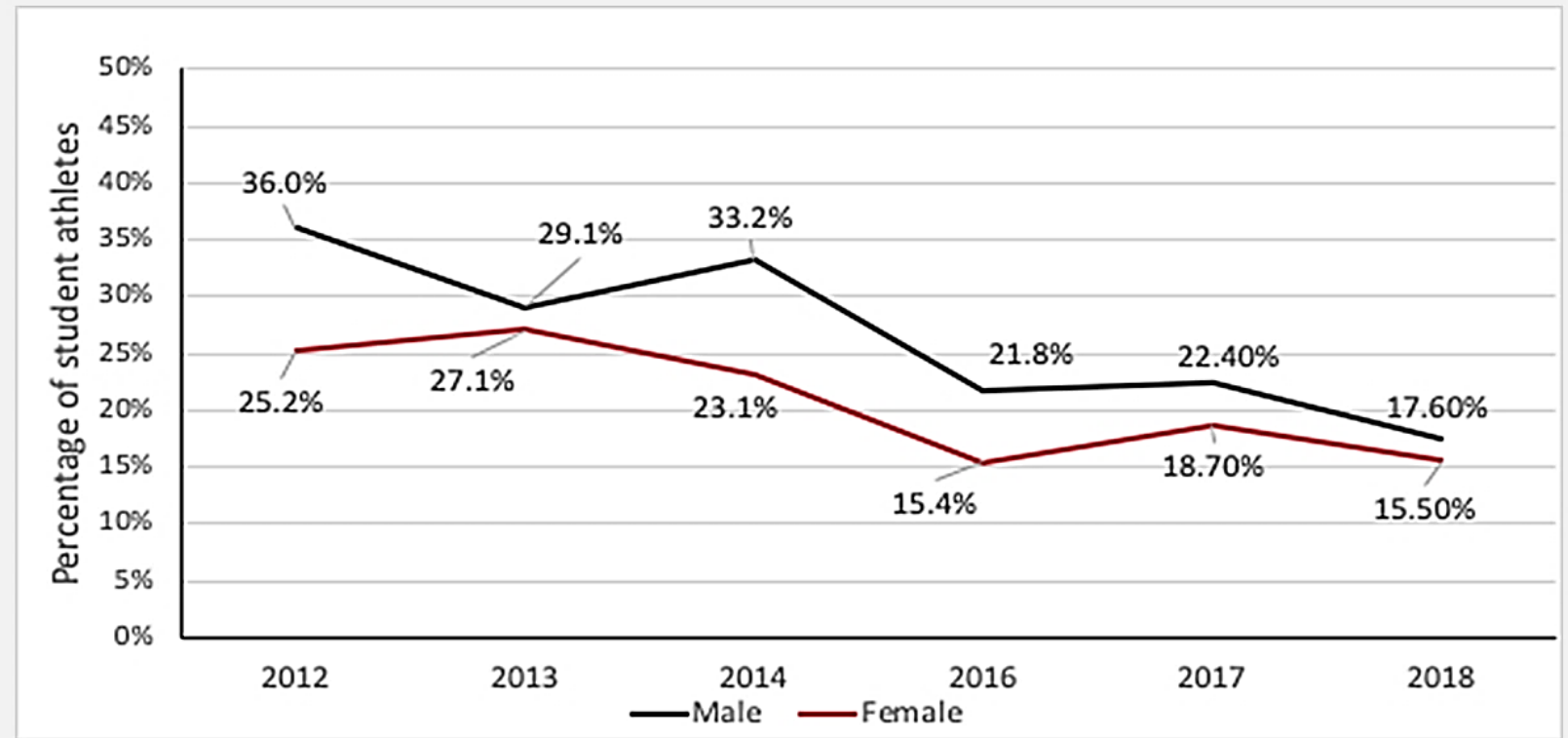


Evaluation and Assessment

- Pre/post session
 - What's one takeaway from today?
 - What's one question you still have?
 - What's something else I should know?
 - What's one thing the college/the athletic department/etc. can be doing to better address substance use?
- Increases in reporting (amnesty calls, Title IX, etc.)
- ACHA-NCHA Survey
 - "At my college/university, we are a campus where we look out for each other."
 - Self-reported attitudes and behaviors
 - Custom questions
- Other strategies?

Percentage of student-athletes self-reporting experiencing a blackout in the first seven weeks of fall semester

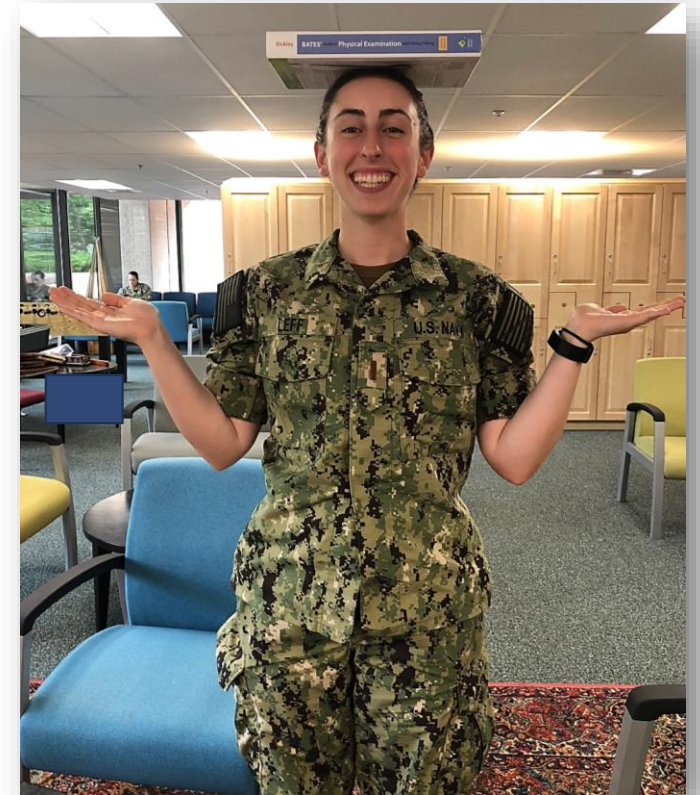
(SSAN, 2012-2018)



Closing
thoughts:

Why we do
what we do

“Hope all is well!! We did active bystander training the other day in the Navy for med school and I crushed it . . . I also went on to be a peer educator for my school’s sexual assault and prevention task force.”



Closing thoughts: Why we do what we do



“I have to thank you so much for taking a chance on me to facilitate active bystander trainings. The wealth of experience that I gained from those on the fly decisions inform my teaching every day. I sank quite a few times but it means that I swim more often than not now when I’m teaching . . . It’s the single best thing I did in college (outside of being a captain of 18-22 year olds) as far as develop real world skills.”

Resources

Downloadable guide:

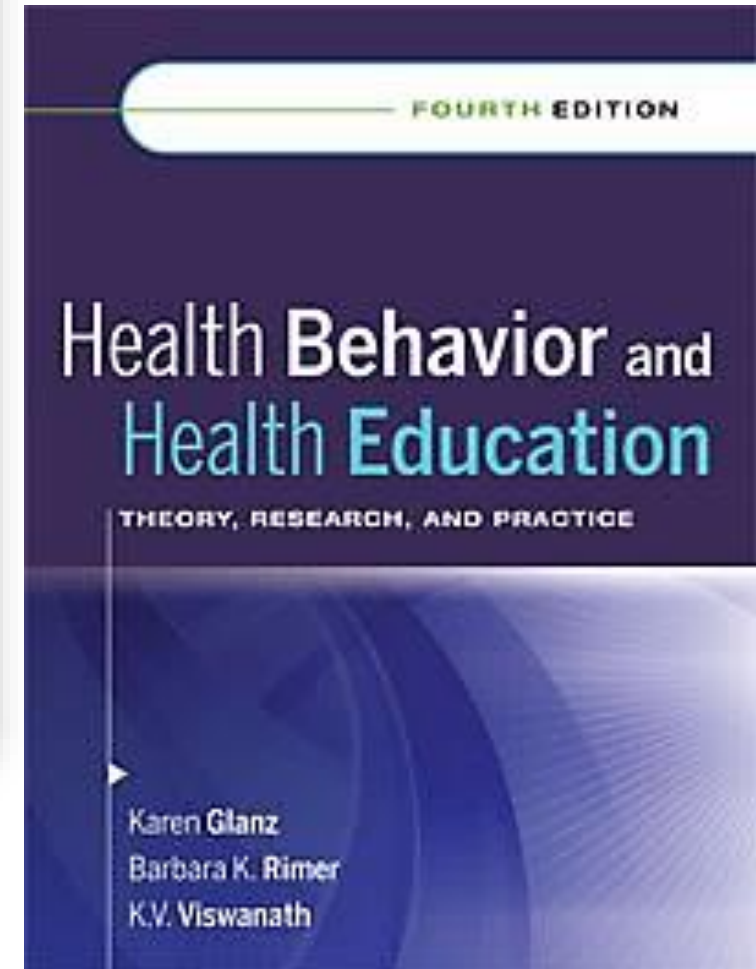
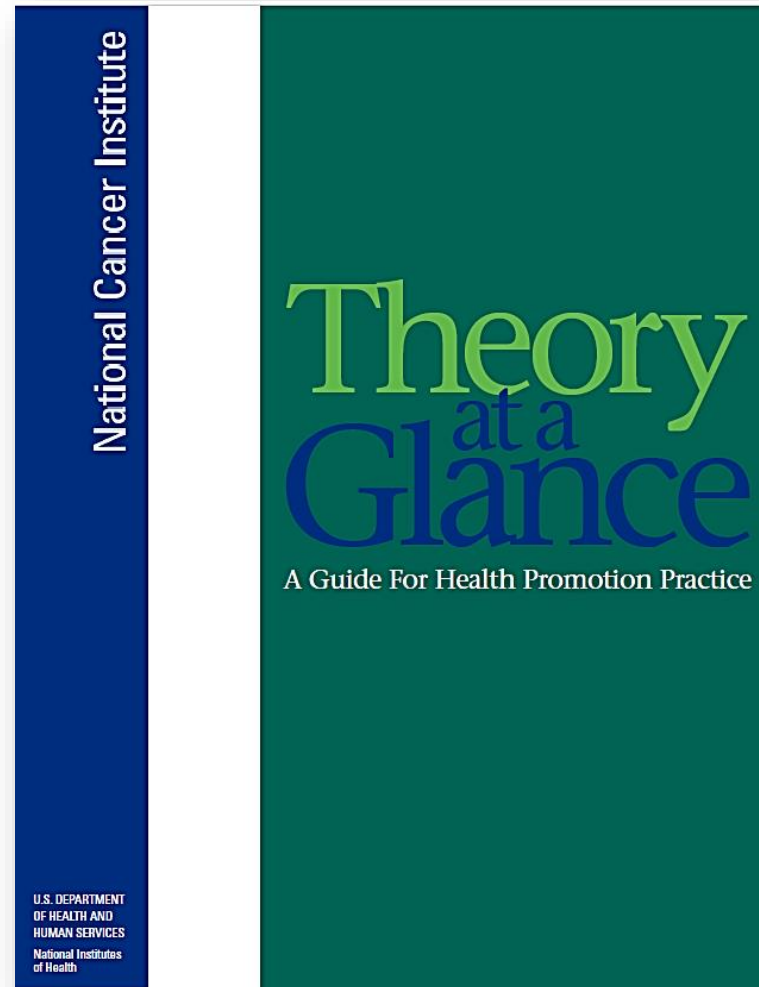
Rimer & Glanz, 2006
<https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf>

Book:

Glanz, Rimer, & Viswanath, 2008

Companion materials:

<https://www.med.upenn.edu/hbhe4/#>



Other resources

Bystander programs

- <https://stepupprogram.org/>
- <https://mvpstrat.com/>
- <https://www.soteriasolutions.org/bringing-in-the-bystander>
- <https://alteristic.org/green-dot/>

Research articles

- DeGue, S., Valle, L.A., Holt, M.K., Massetti, G.M., Matjasko, J.L, and Tharp, A.T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration.
- Hoxmeier, J.C., Flay, B.R., & Acock, A.C. (2016) Control, norms, and attitudes: Differences between students who do and do not intervene as bystanders to sexual assault. *Journal of Interpersonal Violence*, 1-23.
- Katz, J., & Moore, J. (2013). Bystander education training for campus sexual assault prevention: An initial meta-analysis. *Violence and Victims, 28* (6), 1054-1067. *Aggression and Violent Behavior, 19*, 346-362.
- Kim, H., Ahn, J. & No, J. (2012). Applying the health belief model to college students' health behavior. *Nutrition Research and Practice, 6* (6), 551-558.
- Kunstman, J.W. & Plant, E.A. (2008). Racing to help: Racial bias in high emergency helping situations. *Journal of Personality and Social Psychology, 95* (6), 1499-1510.
- Moynihan, M. M., Banyard, V. L., Cares, A. C., Potter, S. J., Williams, L. M., & Stapleton, J. G. (2015). Encouraging responses in sexual and relationship violence prevention: what program effects remain 1 year later? *Journal of Interpersonal Violence, 30*(1), 110-132.
- Storer, H. L., Casey, E., & Herrenkohl, T. (2015). Efficacy of bystander programs to prevent dating abuse among youth and young adults: a review of the literature. *Trauma, Violence, & Abuse, 17*(3), 256-269.

jjacobs4@macalester.edu

www.linkedin.com/in/jennifer-jacobsen

Final questions
and
thank you