Overview of the Social Norms Approach

The social norms approach to behavior change combines lessons learned from a variety of fields including social marketing, sociology, behavioral psychology and evaluation research. Some foundational ideas underlying the social norms approach to behavior change are:

- Our perceptions of our peers' attitudes and behaviors have a great influence on our own attitudes and behaviors.

- Unfortunately, our perceptions are often inaccurate: We tend to over-estimate the number of our peers who value and make unhealthy choices and under-estimate the number who value and make healthy choices.

- If, in a given group or population of people, most people are making healthy choices but most people believe that their peers are making unhealthy choices, then a social norms marketing campaign may reduce the misperception and further encourage healthy choices.

- Social norms marketing campaigns are based on current, accurate information about the intended audience and adhere, in process and content, to good social marketing principles.
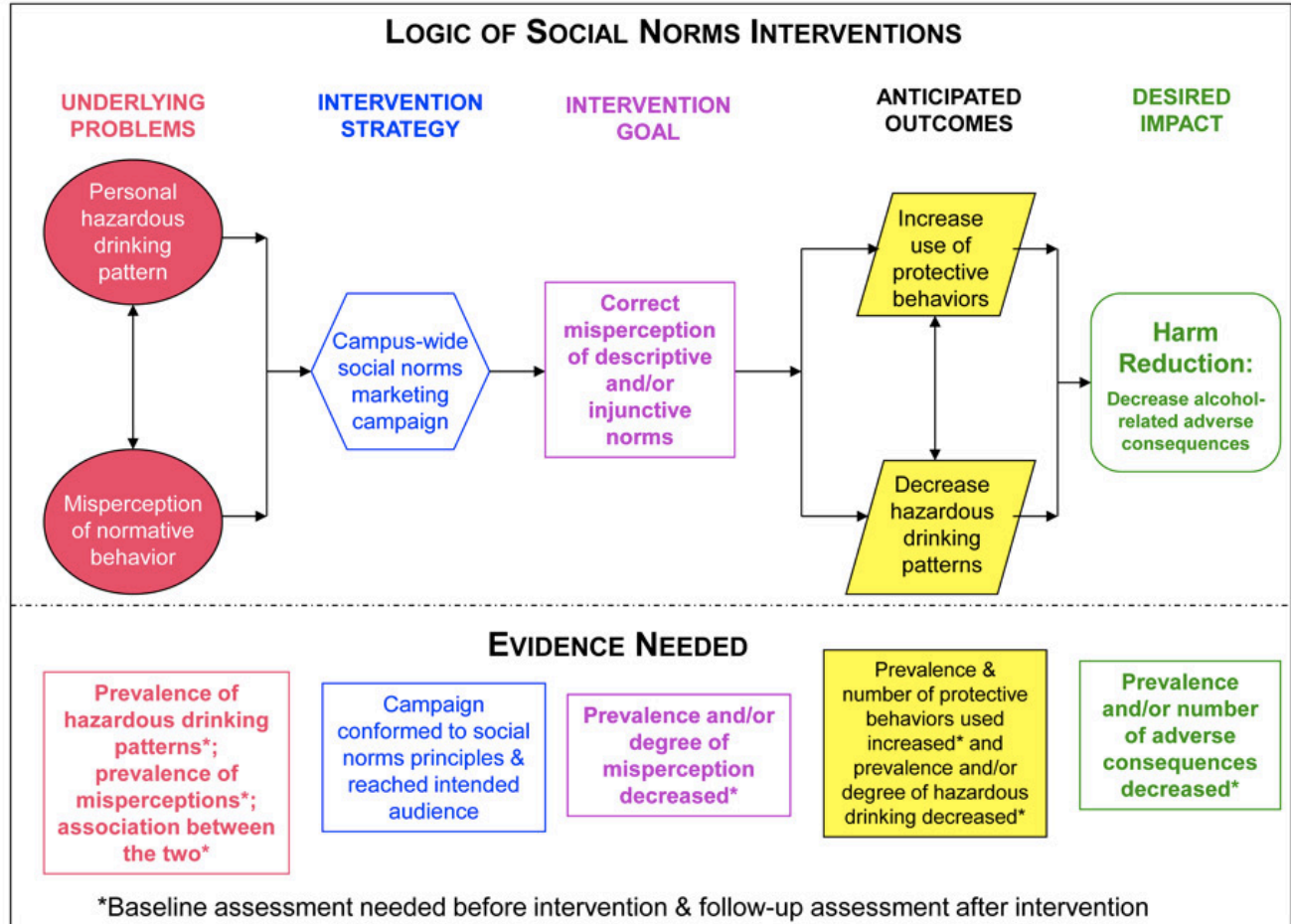
Some important lessons learned in the course of several decades of research include:

- The effectiveness of social norms marketing interventions can be undermined if the overall environment supports and promotes unhealthy choices.

- The effectiveness of social norms marketing interventions can be enhanced if the norms that are promoted reflect a group that the individuals closely identify with.

- Social norms marketing campaigns are perhaps best conceptualized as culture change interventions, taking more than one year to realize the behavioral change effects.

The social norms approach focuses on positive messages about healthy behaviors and attitudes that are common to most people in a group:

- It does not use scare tactics or stigmatize an unhealthy behavior.

- It avoids moralistic messages from authorities about how the target group "should" behave. Instead, it simply presents the healthy norms already existing in the group.

- It builds on the assets already in the community, through participation by community members, and by highlighting those who make healthy choices.

Logic Model for Evaluation of Social Norms Marketing Interventions

LOGIC OF SOCIAL NORMS INTERVENTIONS

UNDERLYING PROBLEMS — INTERVENTION STRATEGY — INTERVENTION GOAL — ANTICIPATED OUTCOMES — DESIRED IMPACT

Personal hazardous drinking pattern

Misperception of normative behavior

Campus-wide social norms marketing campaign

Correct misperception of descriptive and/or injunctive norms

Increase use of protective behaviors

Decrease hazardous drinking patterns

Harm Reduction: Decrease alcohol-related adverse consequences

EVIDENCE NEEDED

Prevalence of hazardous drinking patterns*; prevalence of misperceptions*; association between the two*

Campaign conformed to social norms principles & reached intended audience

Prevalence and/or degree of misperception decreased*

Prevalence & number of protective behaviors used increased* and prevalence and/or degree of hazardous drinking decreased*

Prevalence and/or number of adverse consequences decreased*

*Baseline assessment needed before intervention & follow-up assessment after intervention

Source: Keller, A., & Bauerle, J. A. (2009). Using a logic model to relate the strategic to the tactical in program planning and evaluation: An illustration based on social norms interventions. *American Journal of Health Promotion, 24*(2), 89-92.

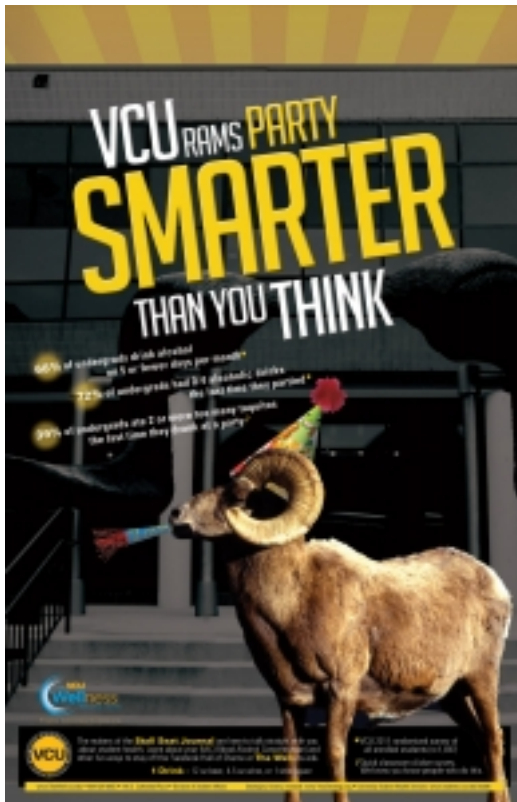## Extensions of the Social Norms Approach Beyond Marketing

Social norms marketing campaigns are a form of *health promotion* and *universal prevention*. There are several schemes for defining the scope of preventive interventions; an overview of these definitional schemes and the associated issues and debate can be found in Chapter 3 ("Defining the scope of prevention") of *Preventing Mental, Emotional and Behavioral Disorders Among Young Peoples: Progress and Possibilities.*

The following description of the levels of preventive intervention is abstracted from Box 3.1 of the same chapter, accessed June 2014:

- *Mental health promotion interventions:* Usually targeted to the general public or a whole population. Interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity.

- *Universal preventive interventions:* Targeted to the general public or a whole population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

- *Selective preventive interventions:* Targeted to individuals or a population subgroup whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk.

- *Indicated preventive interventions:* Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorder, or biological markers indicating predisposition for such a disorder, but who do not meet diagnostic levels at the current time.

While social norms marketing campaigns are a form of *health promotion* and *universal prevention*, the social norms approach has been incorporated into selective and indicated interventions, for example:

- *Selective prevention interventions:* Small group social norms, often used with groups that are known to be at higher risk, in general, for developing risky behaviors. In the context of risky alcohol abuse by college students, such groups include incoming college freshmen, varsity athletes and members of fraternities (see, for example, Reilly DW & Wood MD, A randomized test of a small-group interactive social norms intervention, J Am Coll Health 57(1):53-60, Jul-Aug 2008).

- *Indicated preventive interventions:* Incorporation of personalized normative feedback in interventions such as online intervention (see, for example, Neighbors C, Lewis MA, Atkins DC, et al., Efficacy of web-based personalized normative feedback: a two-year randomized controlled trial, J Consult Clin Psychol 78(6):898-911, Dec 2010) and Brief Motivational Interviewing (see, for example, Terlecki MA, Buckner JD, Larimer JE, Copeland AL, Brief motivational intervention for college drinking: the synergistic impact of social anxiety and perceived drinking norms, Psychol Addict Behav 26(4):917-23, Dec 2012).

Glossary of Some Key Terms

- **ACHA-NCHA**: American College Health Association's National College Health Assessment: "The **ACHA-National College Health Assessment (NCHA)** is a nationally recognized research survey that can assist you in collecting precise data about your students' health habits, behaviors, and perceptions." (ACHA)

- **Clickers (Audience Feedback Technology)**: Wireless keypads used as a group-based educational technology. In social norms interventions, each participant uses a clicker to answer multiple-choice survey questions, and immediate group results are then available to provide normative feedback (more at LaBrie 2008 Clickers and group-specific normative feedback file)

- **Descriptive (Behavioral) Norms**: The behaviors engaged in by a majority of members of an identified group or population

- **False consensus**: A type of cognitive bias in which an individual falsely believes that most members of their social group shares the same beliefs and behaviors as they do.

- **Injunctive (Attitudinal) Norms**: The attitudes held by a majority of members of an identified group or population

- **Motivational Interviewing (MI)**: An evidence-based counseling technique, widely used in substance abuse treatment, that is "…a collaborative, person--centered form of guiding to elicit and strengthen motivation for change." (Miller, W.R. & Rollnick, S. (2009). Ten things that Motivational Interviewing is not. Behavioural and Cognitive Psychotherapy, 37, 129--140.) MI often incorporates normative information, encouraging an individual to assess the accuracy of their perception of peers' behaviors and attitudes.

- **Normative feedback**: information provided to a target group that allows individuals to compare their perceptions of group norms and their behavior with the actual behavioral norms of the group (adapted from LaBrie , Hummer, Neighbors, & Pederson, 2008)

- **Normative misperception**: An individual's perception of the normative behaviors and attitudes of a group of peers can often be inaccurate. This inaccuracy often takes the form of over-estimating the prevalence of unhealthy or risky behaviors and attitudes and under-estimating the prevalence of healthy behaviors and attitudes.

- **Personalized normative feedback**: Feedback about the respondent's own behavior, and how that behavior compares with the social norms in his/her peer group. (adapted from McAlaney, Bewick, & Bauerle, 2010)

- **Pluralistic ignorance**: The majority of members of a group have an inaccurate perception of the group norm

- **Salience**: The extent to which an individual identifies with a given group. For example, norms based on students attending an individual's institution will have more relevance to the individual's behavioral choices than the norms of all college students (see, for example, Neighbors…) Focus Theory of Normative Behavior asserts that a social norm is more likely to influence behavior when people are focused or conscious of that norm (Burchell, Rettie, & Patel, 2013; Cialdini, Reno, & Kallgren, 1990).

- **Small group social norms**: A social norms based intervention that occurs in a small group context.

- **Social Norms**: "the customary rules that govern behavior in groups and societies" (Stanford Encyclopedia of Philosophy). In the context of social norms interventions, social norms refers to the behaviors or attitudes of the majority of members of an identified group or population