Interest in the social norms approach is growing, research continues to validate the theory, and new applications are being developed in a variety of areas. With this growth and expansion and the enthusiasm that accompanies it are a number of challenges. In particular, it is important to learn from unsuccessful or inadequately evaluated interventions along with the numerous and growing examples of success. These failed interventions can be very instructive and serve to articulate, refine, clarify and expand the model. Many of these failures may be due to lack of fidelity to the model, improper implementation, or incomplete evaluation. Thus, it is important to understand these challenges in order to develop effective interventions and also in order to understand what happened when they appear to fail.

Among the challenges facing the social norms approach are the following:

**Readiness:** Developing the necessary infrastructure to support a social norms campaign. The theory of social norms makes intuitive sense to many prevention specialists in contrast to “health terrorism,” informational approaches and other strategies that may fail to produce results. Yet while the theory is elegant, implementation is difficult and requires a significant amount of “readiness” or preparation to ensure that an organizational infrastructure is available to deliver a quality intervention. Koreen Johannessen and Kim Dude, in the March 2003 issue of the *Report*, reviewed elements of readiness that include: 1) training key stakeholders and staff in the model, 2) creating support and discussion in the larger community, 3) revising policies that may foster misperceptions, 4) collecting and analyzing data, and 5) training and supporting project staff to implement the model properly. They argue that each of these areas must be addressed before undertaking a social norms intervention, and they must be continually addressed as the intervention is underway.

**Salience:** Deciding which messages are appropriate and relevant for which audience. In relatively homogeneous communities all members may feel a part of the community and react positively to a community-based norms message. Many social norms marketing campaigns adopt this format with slogans such as “most of us” or “students at our university…” However, in a very heterogeneous community individuals may not identify with messages like these unless they are carefully constructed to have broad appeal. Some may identify more with particular identities such as participation in a sport or affinity group and be better reached through targeted social norms campaigns, which have been successful in many settings. Thus, which messages are “salient” to which groups is an important consideration in social norms campaigns.

Salience has a number of dimensions that include which norm is addressed, how it is measured, and whether the norm in question is an attitudinal or a behavioral norm. Brian Borsari and Kate Carey have written two excellent articles on this topic titled “Descriptive and Injunctive Norms in College Drinking: A Meta-Analytic Integration” and “Peer Influences on College Drinking: A Review of the Research” that discuss the various types of norms that may be surveyed and the research findings about them (see the “Recent Research” section of this issue for a review of these important articles).

**Credibility:** Creating credible messages in terms of message, source, and explanation of data. Social norms messages contradict widely...
It is no surprise that the social norms approach is often criticized and attacked based on assumptions and myths held by the culture it is trying to change. Thus, headlines and press releases about “failed” social norms campaigns receive prominent attention, while successes go relatively unnoticed. Evaluations of social norms programs that are incomplete or theoretically flawed or utilizing problematic measures receive similar attention with article titles describing “failed campaigns” and disappointing “magic bullets.” Individuals involved in a single study or program evaluation that appears unsuccessful make recommendations to the field based on their experience with only one campus. At the same time, those of us involved in the practice of social norms know how complicated and difficult it is to do this well. Thus, a common source of program failure is due to improper implementation and inadequate preparation. Above all, social norms is a contextual approach, as H. Wesley Perkins has pointed out. Interventions need to be adapted to the context and specific environment of the setting, and there may be differential impact based on characteristics of an individual setting. Put simply, the same intervention may not work in the same way in a different setting. In addition, many evaluations of social norms campaigns are not thorough enough to reveal positive changes which may have occurred.

This issue of the Report examines these concerns in a number of ways. In the “Feature Article” common barriers and challenges to the effectiveness of social norms are discussed. We must understand and address each of these to create successful programs and also to understand those that may fail for any of these reasons. “From the Field” presents the “Snowball Survey Intervention” developed at Virginia Commonwealth University by Linda Hancock and her colleagues. The Snowball Survey is a creative workshop activity that addresses many of the common reactions to social norms marketing campaigns, including skepticism about data and concerns about confidentiality and believability. When these concerns are not addressed well-executed campaigns can fail.

Finally, the “Recent Research” section describes important studies that will help advance our knowledge about theoretical and methodological issues in the field, including the first meta-analysis conducted on social norms research.

I look forward to seeing many of you at the upcoming annual conference on the social norms model, which will take place in July in Chicago.

Best wishes,
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The Social Norms Approach to Promoting Positive Sexuality and Social Justice is the title of a conference hosted by Planned Parenthood of the Southern Finger Lakes. The two-day meeting will take place on April 14th and 15th in Corning, N.Y. and will focus on applications of social norms to sexual assault prevention, adolescent sexual health, reducing homophobia and other prejudicial behaviors, and resisting peer pressure related to sexual activity. The conference will include a one-day pre-conference providing an overview of social norms theory, research and implementation. For information contact Maren Olson at maren.olson@ppfa.org or 607 216-0021.

Can the Social Norms Approach be Tailored to Address the Needs of Students of Color? This question was the subject of a recent article in the December 2003 issue of Hispanic Outlook. It includes interviews with national experts who discuss the challenges of designing inclusive social norms campaigns and provides examples of institutions that are trying to do this.

“Applying the Social Norms Approach to Sexual Health and Sexual Assault Prevention” is the title of the feature article in this month’s issue of The Peer Educator published by Bacchus/Gamma. It can be downloaded from their website, www.bacchusgamma.org.

Model program awards for 2002-2003 for the National Collegiate Alcohol Awareness Week were given to three institutions that incorporate social norms programming into their alcohol prevention activities: Bradley University, Regis University, and the University of Missouri. For descriptions of these programs go to the Inter-Association Task Force website: www.iath.org/ncaaw.
Recent Research

Editors Note: The first two articles reviewed in this issue are by Brian Borsari and Kate Carey of the Center for Health and Behavior at Syracuse University. They deserve the attention of social norms practitioners interested in emerging theoretical issues and the status of research on social norms. The third provides an important perspective on the controversy about the “binge-drinking” term – its effect on students and its lack of appeal to them.

Peer Influences on College Drinking: A Review of the Research (2001). Brian Borsari and Kate Carey. Journal of Substance Abuse, 13:391-424. This article provides an overview of research on the topic of “peer pressure,” suggesting that it is a combination of three different influences: overt offers of alcohol, social modeling, and social norms. In the section on social norms the authors conclude that “perceived normative support of others can have a positive impact on behavior.” Thirty different studies are summarized in the literature review along with a discussion of what is known about fraternity drinking, injunctive and behavioral norms, and how norms influence behavior. In the section on “interventions using norms” ten studies are reviewed and the authors note that “six of the eight studies reported significant reductions following descriptive norm education.” The article concludes with a discussion of methodological limitations in the literature and identifies a need for more standardization in the definition and measurement of norms. An issue not discussed in this article is that peer pressure in terms of social norms and modeling may be linked because negative models are more visible. Thus, social norms interventions may work through two pathways – by correcting norms that influence behavior, and by reducing the impact of negative models for alcohol use.

Descriptive and Injunctive Norms in College Drinking: A Meta-Analytic Integration (2003). Brian Borsari and Kate Carey. Journal of Studies on Alcohol, 64:331-341. In this article the authors examine five predictors of “self-other difference” or “SOD”: norm type (injunctive or descriptive), gender, reference group, question specificity, and campus size. Their meta-analysis incorporated data from 23 different social norms studies to examine the relative influence of each of these SODs. The authors found that “All five predictors were significantly related to self-other differences in the perception of norms. Greater SODs were evident for injunctive norms, estimates by women, distal reference groups and non-specific questions, as well as on smaller campuses.” Hypothesis tests were conducted for 102 different SODs with 91% reporting a positive self-other discrepancy, i.e. “participants viewed others as drinking more or having more tolerant views of alcohol than themselves” in 91% of the comparisons tested. The authors discuss a number of important theoretical issues that may bear on the effectiveness of social norms interventions. This study is the first published meta-analysis combining data from different studies and is thus an extremely important contribution to the literature on social norms, and provides considerable support for the approach.

A Case Against “Binge” as the Term of Choice: Convincing College Students to Personalize Messages About Dangerous Drinking (2003). Lederman, L, Stewart, L, Goodhart, FW & Laitman, L. Journal of Health Communication, 8:79-91. In recent years the debate over the term “binge” for high-risk or dangerous drinking has received attention. New research based on BAC rates suggests that this term is inaccurate in identifying drinkers whose alcohol use is harmful to self and others. Clinicians have suggested that the term is inappropriate based on clinical definitions of a “binge”, and a number of professional associations and academic journals have recommended against the term. In this article a team of researchers and practitioners from Rutgers University remind us of another important disadvantage of the “binge” term—it’s lack of appeal to students. Drug prevention activities at Rutgers have distinguished themselves by paying careful attention to what students think and understand about drinking and one of their core findings is that students do not relate to the “binge” term and that it may in fact play into student denial about alcohol problems. This article reviews in detail the results of this body of research, conducted in focus groups and through surveys over the past ten years. The authors also recommend against the terms “high-risk” and “responsible drinking” in media for students and suggest that the term “dangerous drinking” is most appropriate and correct for contemporary colleges student populations.

Increasing the Credibility of Social Norms Marketing Campaigns Using the “Snowball Survey Intervention”

Katherine Vatalaro and Linda Hancock
Virginia Commonwealth University

Introduction

The Office of Health Promotion at Virginia Commonwealth University (VCU) conducts a social norms marketing campaign to decrease alcohol abuse among undergraduate students. Along with other social norms marketing campaigns, we face the challenge of getting students attuned to the norms message and then breaking through their skepticism about it. Our students are deeply entrenched in their misperceptions and they work hard to find logical reasons to discount the accuracy of our campaigns. The most frequent skeptical comment we hear is “People lie on surveys.” Students are also suspicious and concerned about “manipulation.” They question if the data is being manipulated by researchers and they are suspicious that the campaign is an attempt by the administration to control alcohol use.

On our campus we address the skeptical and suspicious attitudes of students in two ways. First, we avoid an alcohol-only approach, focusing our social norms media campaign on a wide range of health behavior norms using the tag line “VCU students are healthier than you think.” Our media provides normative data on behaviors such as smoking, seat belt use, lack of credit card debt, and number of sex partners per year in addition to healthy drinking norms. This broad approach creates a dialogue about misperceptions and helps to avoid potential backlash of an alcohol-only message. As a result, students are less likely to feel that the campaign is an attempt to “manipulate” their alcohol use.

Secondly, we try to catalyze the process of message acceptance and shorten the time to enhance healthy norms. To do this we have developed a critical thinking exercise for our first-year orientation classes called the “Snowball Survey Intervention” (SSI). Students take a survey with questions about their perceptions and their behavior. Then they crumple the survey into snowballs and engage in a “snowball fight” using the crumpled surveys. At the end of a few rounds of snowball throwing the students look at the data first hand. This exercise provides a visible demonstration of the anonymity and confidentiality of the data collection process.

This article provides practical guidelines for using the SSI, including ways to protect student’s privacy and ensure that participants feel safe with the process, fine points of finessing the discussion in order to maximize understanding of norms and reality, initial research findings, and ways to adapt the SSI to other groups.

Goals of the Snowball Survey Method

Our work is inspired by others who have developed small group norms challenging models (see the November 2003 issue of The Report on Social Norms for information on this approach). Our strategy was to design a low-tech, critical-thinking exercise for freshmen orientation classes. The goal was to 1) create an inexpensive and fun intervention that provoked thought about the gap between perception and reality, 2) provide immediate survey feedback that was not “manipulated” by the researchers, 3) demonstrate to students the existence of misperceptions for a wide array of health issues, 4) provide students with new insights about misperceptions and 5) model skills to discuss these issues with peers in and out of the classroom. The exercise is designed to be interactive and to promote a feeling of respect between participants and researchers.

Survey Design

The instrument is titled the “Snowball Survey.” Questions are limited to the front side of one piece of white paper. We selected seven areas of common misperception: five were from our National College Health Assessment survey (NCHA) data (smoking, alcohol, marijuana, sexual activity and number of sexual partners) and two focused on other prevalent misperceptions on our campus (academic attitude and prayer). Five of the perception questions were immediately followed by the related behavioral questions (academic attitude, past month smoking, alcohol use, credit card debt and prayer). We do not ask...
actual behavior about past month marijuana use or number of sex partners because a class size of only 20-30 people was too small to provide safety on these sensitive issues.

**Procedure**

Prior to distributing surveys we introduce our presentation team of a health educator and a peer educator and make sure that students understand the process for the snowball fight and the sharing of results. We read an informed consent statement assuring students that the survey is optional and anonymous. Due to Institutional Review Board (IRB) requirements, only participants over the age of 18 fill out a survey. Those under 17 read the survey but leave it blank. After the snowball fight people with blank surveys stand to the side for the discussion of the results. Students are told that in order to protect everyone’s privacy they should not put their name or any stray marks on the survey. To further protect privacy each student is given a free pen with the same color ink and is asked to take the survey with it. When students finish their surveys, they crumple them and wait for the others to finish.

At the beginning of the “snowball fight” each person stands up and throws a snowball at least three times in order to make sure the surveys are well mixed up. Students are then told to “gently defrost” the survey to prevent ripping. We remind them not to say anything if they accidentally get their own survey and emphasize to them that there is no way for anyone to know if they get their own survey if they don’t mention it.

While students take the survey, the presenter draws a simple bell curve on the blackboard and an “n = ?” underneath along with the following question, “What are your chances of encountering violence in any given week?” The choices given are 50:50, 1:10 or 1:100. The presenter also includes a visual with the words PERCEPTION above the word REAL with a bracket mark between the two and the word “gap.” These items serve as visuals to strengthen the discussion about misperceptions.

The discussion begins with a challenge to think like “scientists and seekers of the truth.” Students are asked to identify the drawing of the bell curve, with an explanation that it represents what happens on average in a population and can be used to predict things about a population. We then discuss sample size and that a sample of 20 is not robust but can still give a fairly accurate representation of many college behaviors. For example, we correctly predict that over 90% of them will raise their hands when we ask: “Raise your hand if you have had chicken pox.” We point out that this provides an example of the bell curve and that experience with this population enables us to make that accurate prediction even with a small sample size. We explain that the goal of the snowball survey intervention is to explore the gap between perception and reality on many college-related issues. In a class size of less than 20 we explain that the sample is very small and that we will discuss our results despite the potential inaccuracy of the findings.

The discussion of misperceptions begins by looking at the violence perception question. Most guess that their chance of encountering violence in any given week is either 50:50 or 1 in 10 when in reality the chance of encountering violence is only 1 in 100. We brainstorm why this “gap” between perception and reality exists. Many students mention the media as responsible for inflating our perception of violence. Violence is very memorable and people talk about it repetitively when it happens.

We then look at the survey results. Students are asked to stand to visually display the perceptions and behaviors expressed by the person who took the survey they are holding. Those who had blank surveys stand to the side and help the instructor estimate the findings by visually looking at the group.

The first question assesses perceptions of attitudes about academics. On our campus students generally underestimate the academic rigor of other students. Question 1 asks: “How serious do you think most VCU students are about their studies and schoolwork?” We ask students to stand if the person who took their survey had marked “very serious.” In almost all classes, only one or two students out of 20 had the perception that most VCU students were “very serious” about their schoolwork.

Then we look at the reality, asking students to stand for Question 2, “How serious are YOU about your studies and schoolwork?” In most classes about half the students stand for “very serious.” The large visual discrepancy between the number standing for the first and second questions clearly demonstrates that studying behavior is misperceived. We then discuss why studying behavior is underestimated, including that it is often a less visible behavior done at home or at the library while goof-off behavior is more visible, attracts more attention, and is more interesting to bring up in conversation. We point out that misperceptions can either overestimate or underestimate reality. In general, people tend to underestimate less visible healthy behavior and overestimate more visible unhealthy behavior.

We then discuss smoking perception and behavior. For the question “What percentage of VCU students do you think smoked at least one cigarette in the past month?” we ask students to stand if the survey they have indicates 50% or above. A majority of the class usually stands. Then we ask students to stand if the person who took the survey they were holding had written “30” for the question “On how many days did YOU smoke a cigarette in the past month?”
From the Field

An answer of 30 means that person was a “daily smoker.” Usually only about 15% of the class stand. We share our campus statistics that only 15% of VCU students are daily smokers and that only 30% had a cigarette in the past month.

This leads to a discussion about why smoking behavior is overestimated. Smoking is very noticeable because it is easy to see and smell and smokers frequently stand in visible high traffic areas such as outside of buildings. Smokers also stand outside longer and more often than non-smokers.

The discussion of drinking requires the most knowledge and finesse on the part of the instructors. By this point the students are tired of standing up so we ask them to raise their hands in response to the alcohol questions. The perception question asks “What percentage of VCU students do you think drank 5 or more drinks at a sitting when they went out in the past 2 weeks?” with students raising their hands if their survey indicates 50% or above. Caution is required when revealing and discussing actual alcohol use behavior. If the group had high smoking behavior it is likely that they will drink more. In this case we talk about skewed samples and their non-representative smoking. Then we discuss our campus-wide statistics for alcohol use without raising hands.

We explain that most VCU students have 0-4 drinks when they go out and provide reasons why drinking behavior is commonly overestimated (for example, the person you remember from a party is the rowdy drunk, not someone who had one or two drinks and went home). It is most helpful to have peer education students involved in this part of the discussion, as their insights and statements carry great weight with the students.

We do not ask students to stand or raise hands for perceptions about marijuana or number of sex partners. Instead we invite them to yell out some of the answers on their surveys. Often when we ask students about sex perceptions they quickly share that the person on their snowball survey estimated high. We explain that campus-wide data indicates that most VCU students (69%) have 0-1 sex partners in one year. We ask them why they think this is true. Many point out that people want committed partners and relationships.

Credit card debt and prayer are covered briefly. Prayer is a good example of a behavior that is hard to see and is thus underestimated. Credit card debt provides an example of a common overestimation. These questions help reinforce the idea that reality and perception are often very different and reinforce that our focus is not alcohol-only.

Basic Principles

The success of the Snowball Survey is based on a variety of factors. First, every effort is made to inform students ahead of time of what they would be doing and about how much we wanted to protect their privacy. Secondly, the presenters are well-versed in our NCHA data. Thirdly, skepticism is embraced. By encouraging students to ask questions and think like scientists, criticism and disbelief is expressed and can be used to foster discussion. Lastly, examples are contemporary and relevant to the campus. We use examples that students can relate to or have heard about recently. One example was a story about a VA Tech student falling out of a window while slam dancing. People automatically assumed this incident was alcohol related but it was not.

Anticipating Problems

Presenters should be aware that they may encounter some potentially difficult situations. Students often question the integrity of our data and at least one student per session suggests that most people lie on surveys. Our answer is that we too are concerned about students being truthful. We point out that it is more work to lie than to tell the truth. In addition, meta-analyses of research on lying have shown that most people tell the truth about legal behaviors such as drinking and smoking behaviors. As long as people feel secure in the survey process most, like most of the class, tell the truth.

Another problem occurs with an unusually skewed group. If there are only one or two persons of a gender, we ask students not to answer the gender question to protect privacy. In addition some groups contain more risk-takers than others. Instructors know to anticipate a risk-taking group if there is a high percentage who do not take academics seriously or who smoke. Our experience is that heavy smoking groups are more likely to have heavy drinkers. In such cases we discuss different types of subgroups and discuss the actual statistics found on our campus survey.

In addition presenters need to be aware of large campus or local events that may affect risk-taking behaviors. On our campus, for example, we saw higher drinking rates after Hurricane Isabel when students were without power and classes for a few days. Campus events such as Homecoming or Spring Break may also skew results. In these cases, a general discussion using actual statistics would be more appropriate.

Evaluation

In an informal evaluation we matched six classes who received the critical thinking exercise with six classes of comparable majors that did not receive it and conducted a matched intervention-comparison post-test only outcome evaluation. The post-test survey was very similar to the Snowball Survey. The comparison group consisted of more traditional students (younger, living on campus) and less risk-taking by nature than the intervention group. The intervention group demonstrated higher rates of smoking than the comparison group that is typically found in our surveys.

continued from page five
Emerging Challenges

held beliefs and introduce cognitive dissonance by suggesting that the truth is different from what is popularly thought. These messages can stimulate a process of self-reflection and re-examination of what is normative. However when a message is not credible and is easily rejected a campaign is compromised unless this “push-back” is effectively addressed. Lack of credibility can be due to a variety of factors, including when: the source of the message is not trusted; the presentation of the message is not appealing; or data that is questioned is not explained thoughtfully. Robert Granfield (Working Paper #2, March 2002) has provided a case study of a social norms campaign in which issues of believability initially undermined the campaign, while Katherine Vatalaro and Linda Hancock describe a successful program that is designed to address many of these concerns (see “From the Field” this issue).

Evaluation: Make sure that program evaluations are thorough and reveal any successes. Jason Kilmer and Jessica Cronce (RSN 2-7, May 2003) have suggested that inadequate evaluation of social norms campaigns may lead to the incorrect conclusion that they have not been successful when in fact positive changes have been overlooked. They discussed issues in the evaluation of social norms campaigns, noting the importance of designing surveys that capture anticipated changes, the need to evaluate message impact in addition to message exposure, and the value of assessing differential campaign impact on population subgroups in addition to global change. They also noted that categorical measures of change might not reveal other important effects of a campaign. For example, while the overall percentage of students who drink less than a certain amount (“0-4”) may remain unchanged, beneficial changes can occur within this group (for example, more drinking 0 or 1 and less drinking 2-4).

Evaluations and the conclusions based on them can be compromised when the premises of the evaluation are not theoretically sound. For example, assumptions can be made about the underlying theory of social norms that are incorrect, inappropriate measures may be used to evaluate change, or evaluators may neglect to assess the fidelity of the intervention to the model. In each of these cases, an evaluator may conclude that a particular intervention or the model itself is not effective when in fact the evaluation itself has been compromised by one or more of these factors. A number of recent published evaluations of social norms campaigns share one or more of these problems.

Criticism: Responding to critics. The social norms approach has met criticism from a number of quarters. These criticisms have been addressed by Richard Rice and myself in an RSN Working Paper (#7, October 2002) and by H. Wesley Perkins in the final chapter of The Social Norms Approach to Preventing School and College Age Substance Abuse. In these responses it is suggested that critics may be holding the social norms approach to a higher standard of evidence and implementation than other approaches, and that many of the complaints are based on misunderstandings or lack of familiarity with the research.

Replicability. When social norms interventions are applied in a new setting, they must be adapted accordingly. Thus, a particular message or style of media presentation may be appealing in one community and not in another. In one setting, for example, the word “party” may have a different connotation than in another. In addition, the best means of disseminating information may differ among groups or communities. Because of this context issue generic attempts to replicate social norms interventions independent of the intervention context may fail. Similarly, when a social norms intervention is adapted to a different health issue, the intervention must be tailored to the culture of the new problem. Therefore it cannot be assumed that unique features of one campaign or problems encountered will be a feature of all campaigns.

In summary, social norms interventions can be successful when they are implemented carefully, with adequate preparation and fidelity to the model, and evaluated thoroughly. These guidelines can provide a template for assessing the quality of a campaign before it is implemented, and for diagnosing perceived or actual failure when it occurs.

Challenges for Social Norms Programs

- Readiness: Developing the necessary infrastructure to support a social norms campaign
- Credibility: Deciding which messages are appropriate and relevant for which audience
- Believability: Creating credible messages in terms of message, source, and explanation of data
- Comprehensiveness of evaluation: Making sure that program evaluations are thorough and reveal any successes.
- Evaluation integrity: Conducting evaluations that are theoretically flawed or use improper measures.
- Criticism: Responding effectively to critics.
- Replicability: Designing an intervention that is appropriately adapted to a new context.

Alan D. Berkowitz is the Editor of The Report on Social Norms and a co-founder of the social norms approach. This “Feature Article” is a revision of a book chapter titled “An Overview of the Social Norms Approach” to be published in L Lederman, L Stewart, F Goodhart and L Laitman: Changing the Culture of College Drinking: A Socially Situated Prevention Campaign, Hampton Press.
Thus, our use of a matched convenience sample rather than a random sample may have led to non-equivalent groups and the results should be interpreted accordingly.

In each subject area perception was more accurate for the intervention group than the comparison group. In particular the intervention group was significantly more accurate at estimating the number of sex partners. Results indicated that only 7.2% of freshmen correctly estimated 0-1 sex partners before the critical thinking intervention. After exposure to the media campaign and after the critical thinking intervention 51.1% of the intervention group held accurate perceptions in contrast to the comparison group where only 18.6% had accurate perceptions (p<.0005). These findings are consistent with our goal of trying to catalyze perception change while simultaneously using a broad based social norms marketing campaign. In each of the other subject areas (smoking, marijuana use, academic rigor, and alcohol use) a higher percentage of intervention group students were accurate, but these data were not statistically significant.

**Adapting the Snowball Intervention for Use with Different Groups**

Immediate feedback about misperceptions helps make believers out of skeptics. It models honesty and reality for the data collection process, which requires respect for confidentiality and caution about sample size. Presenters must be well versed in finessing certain discussion points based on characteristics of the group. When used with younger classes such as middle and high school groups it may be preferable to ask only perception questions and provide the behavioral norms from national or local survey data. Even if schools do not allow behavioral surveying they may be comfortable with allowing perception questions to be asked.

Finally, it is important to pilot the survey and view the responses first to get an idea of what perception gaps exist. For example, academic attitude will vary from campus to campus based on the culture. It cannot be stated strongly enough that you must know your population’s typical response pattern before you conduct Snowball Survey interventions.

**Conclusion**

This theory-based social norms critical thinking intervention is well-received by instructors. The interactive nature of the Snowball Survey is an important strength. Students are very engaged in the presentation and participate in discussion. VCU faculty demonstrated their satisfaction by inviting us back the following year. One challenge is that the SSI does require a trained presenter who can respond in the moment. It also requires an “n” of 20 or more to be most effective. In summary, the “Snowball Survey Intervention” is a fun experience for all involved. It offers the opportunity to hear what students think about reality and how they are responding to social norms marketing campaigns, and addresses common concerns that students may have about them.

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