

Party Panel

Putting the evidence in evidence-based nightlife prevention



Gjalt-Jorn Peters

Open University of the Netherlands

 matherion

@ gjalt-jorn@behaviorchange.eu

Image by 453169 from Pixabay





Jellinek



ID&T



Greater Good



eG Educare
Groningen



Ministry of Health, Welfare and Sport

Open Universiteit

www.ou.nl



Jan Krul
Sjoerd Winia
Judith Noijen
Ella Overkleef
Tobias van Dijk
Willem van Aken
Floor van Bakkum
Laura-Eva Jacobson
Celebrate Safe Partners
Party Panel participants



Jellinek



ID&T



Greater Good



eG Educare
Groningen



Ministry of Health, Welfare and Sport

Open Universiteit

www.ou.nl



Jan Krul

Sjoerd Winia

Judith Noijen

Ella Overkleef

Tobias van Dijk

Willem van Aken

Floor van Bakkum

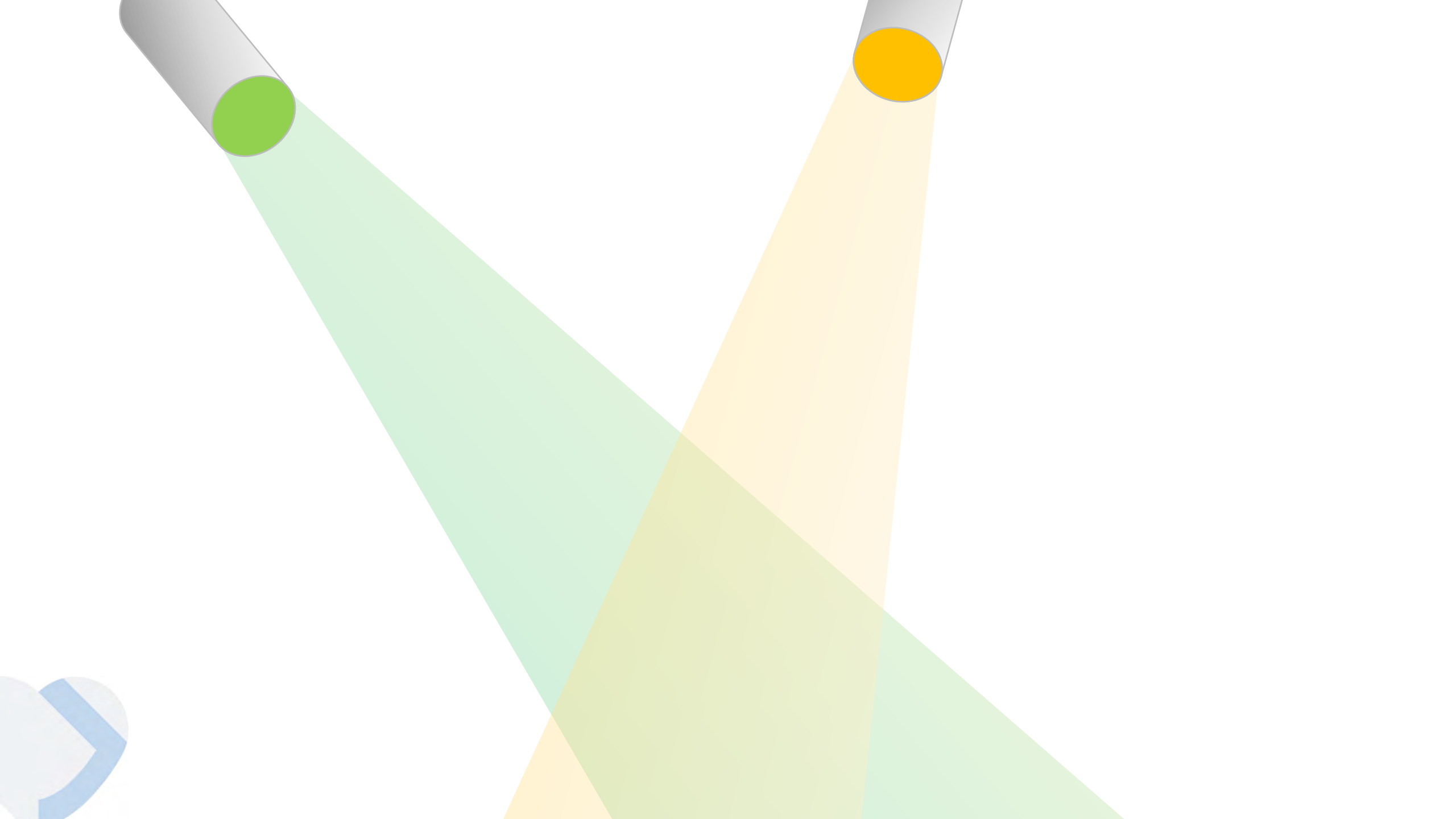
Laura-Eva Jacobson

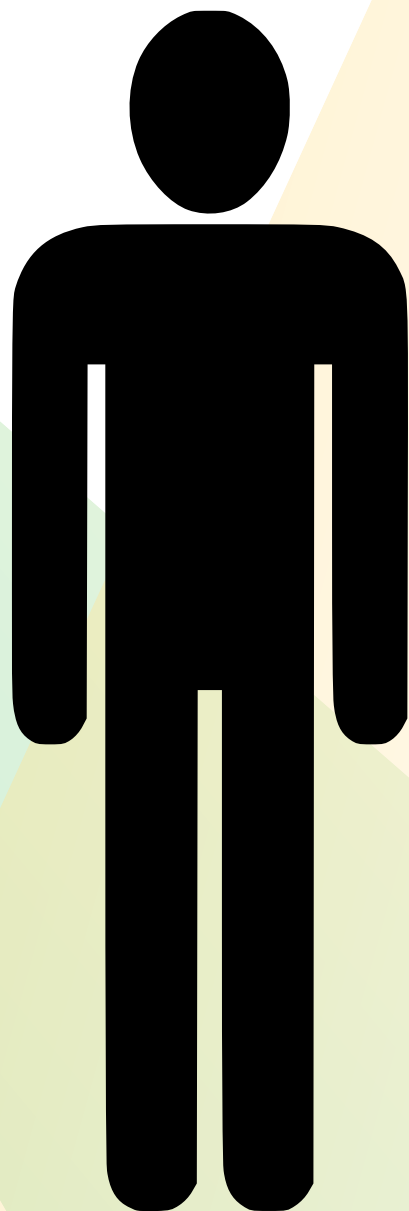
Celebrate Safe Partners

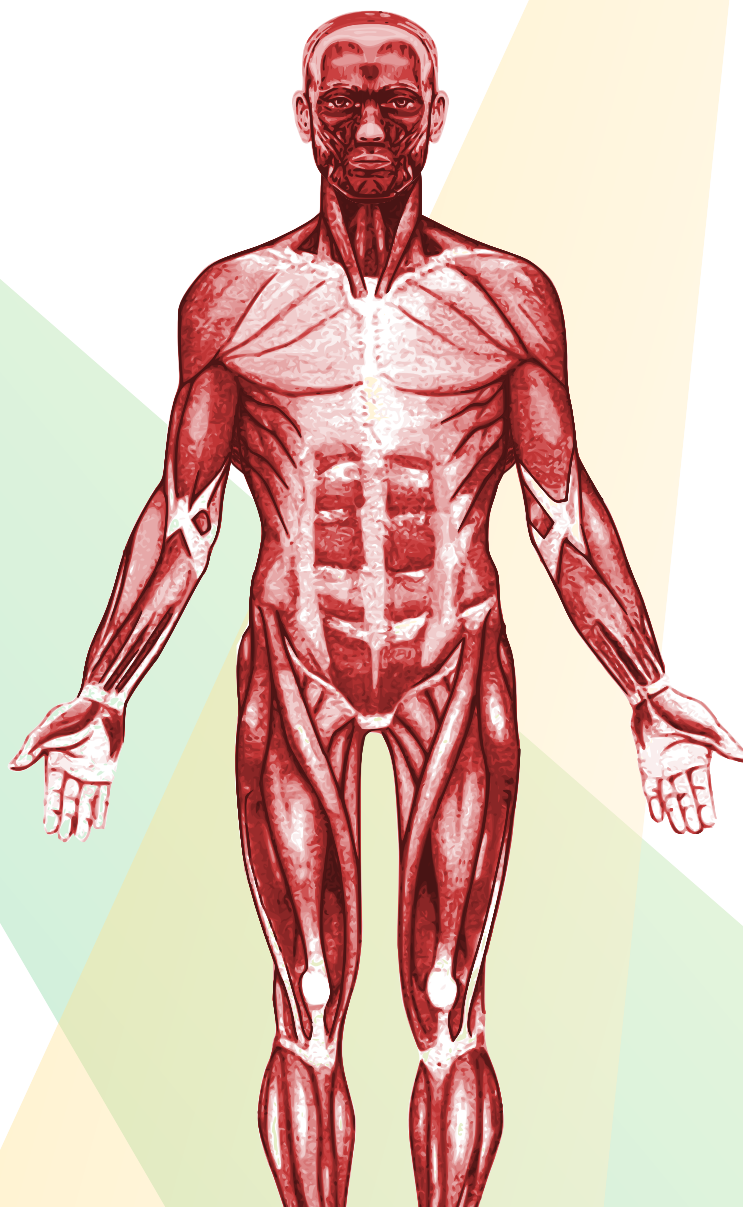
Party Panel participants



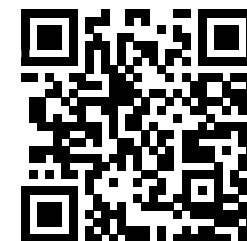
Slides & URLs listed at:
<https://partypanel.net/clubhealth2019>

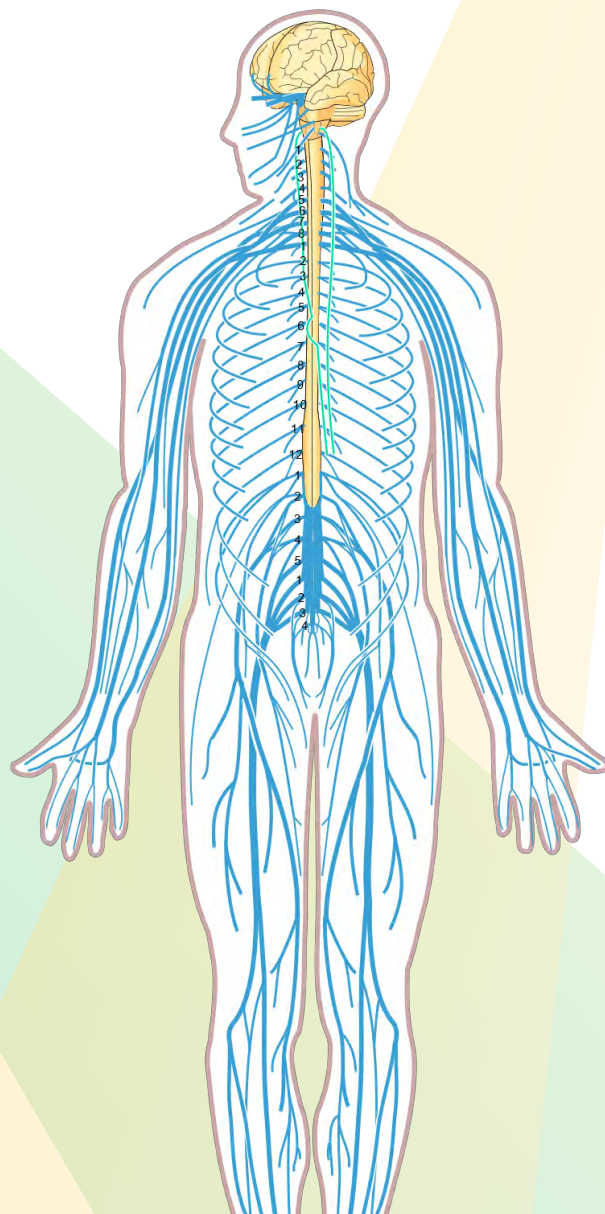






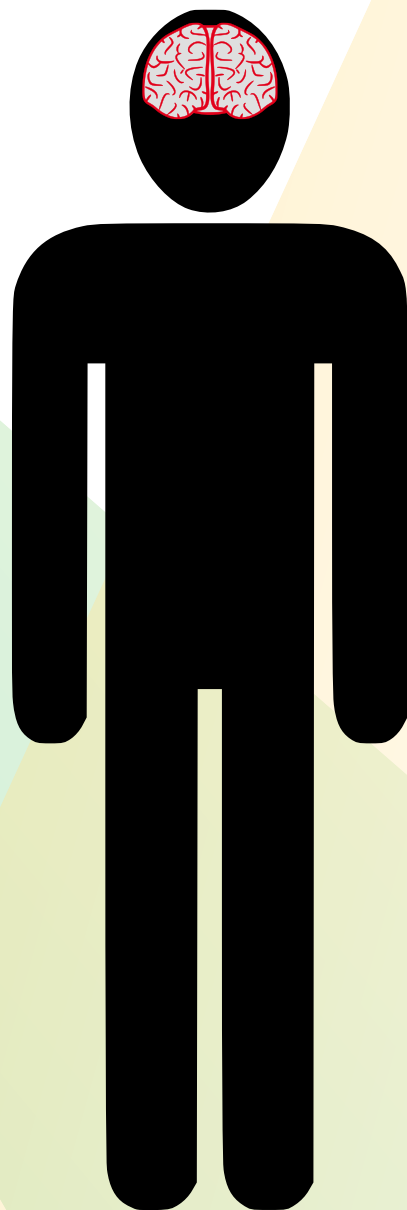
Peters, 2014
[10.31234/osf.io/hy7mj](https://doi.org/10.31234/osf.io/hy7mj)





Peters, 2014
[10.31234/osf.io/hy7mj](https://doi.org/10.31234/osf.io/hy7mj)



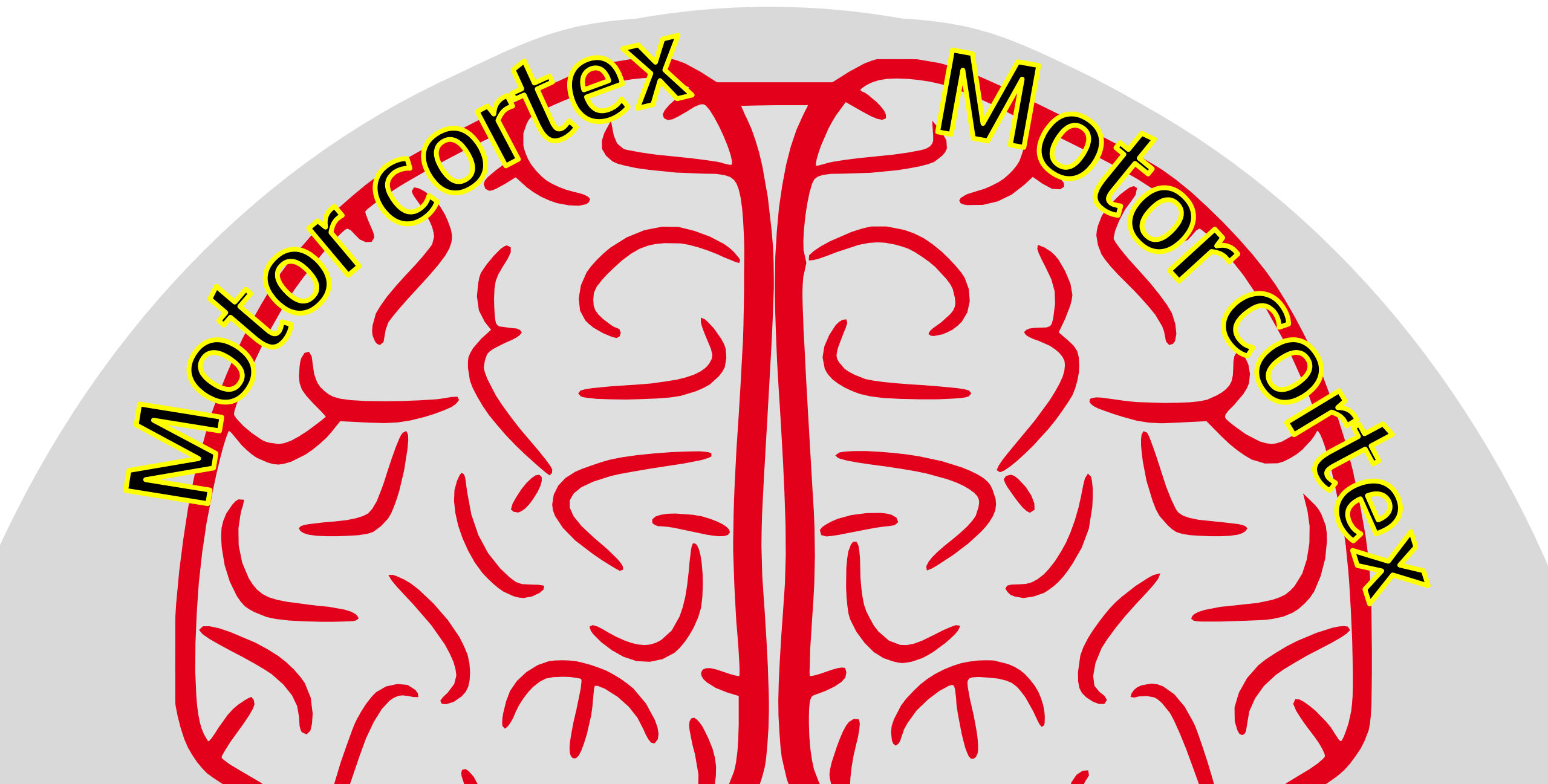


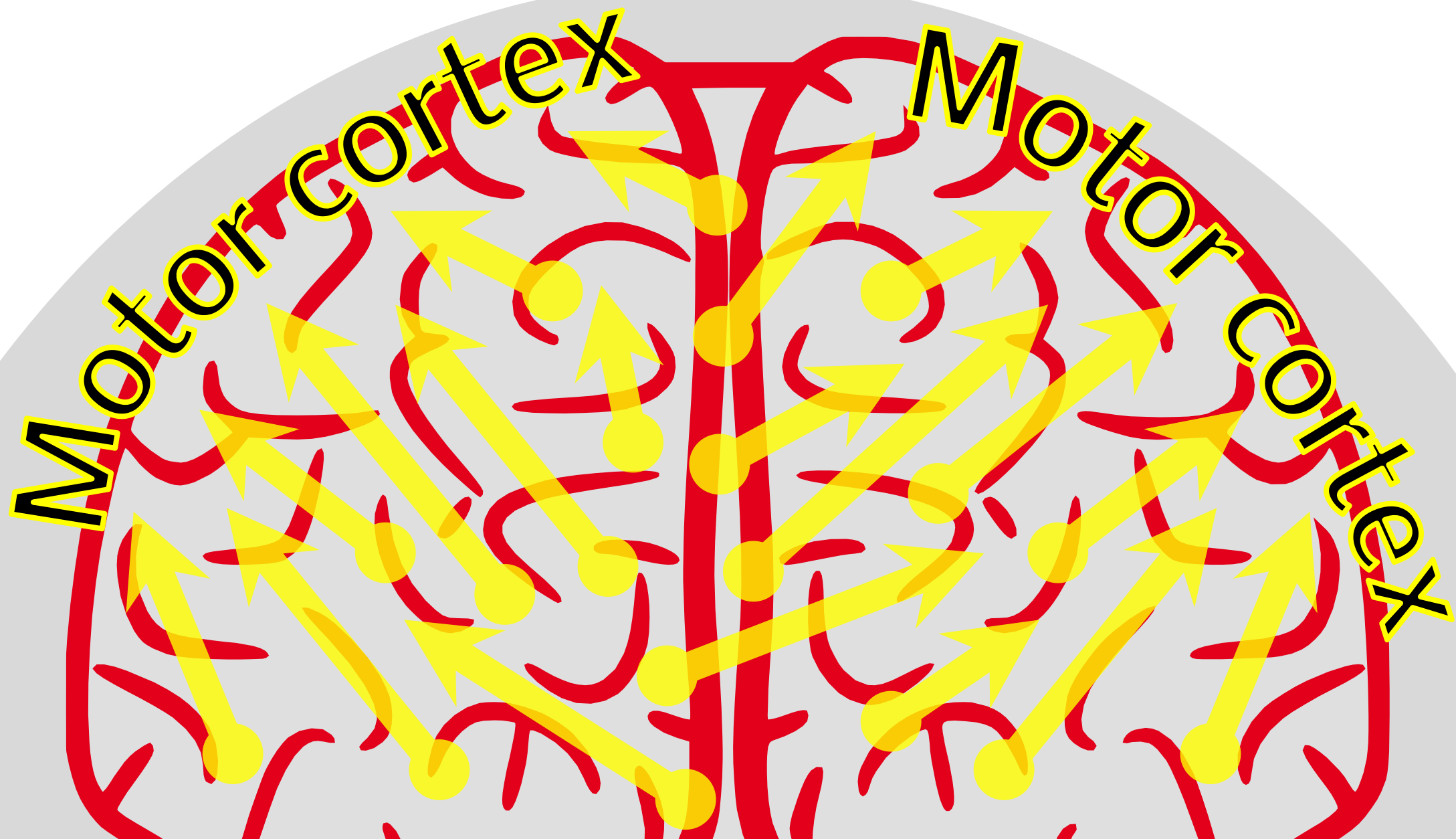
Peters, 2014
[10.31234/osf.io/hy7mj](https://doi.org/10.31234/osf.io/hy7mj)



Motor cortex

Motor cortex



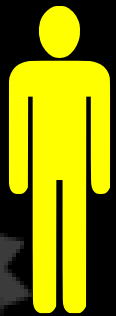




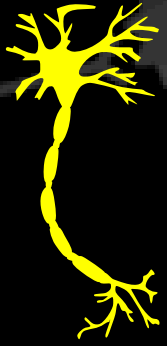
200.000.000.000



89.000.000.000



7.000.000.000



89.000.000.000

×

7.000 connections

×

89.000.000.000



Habituation



Sensitization



Classical conditioning



Operant conditioning



REINFORCEMENT

PUNISHMENT





Affective learning



Procedural memory



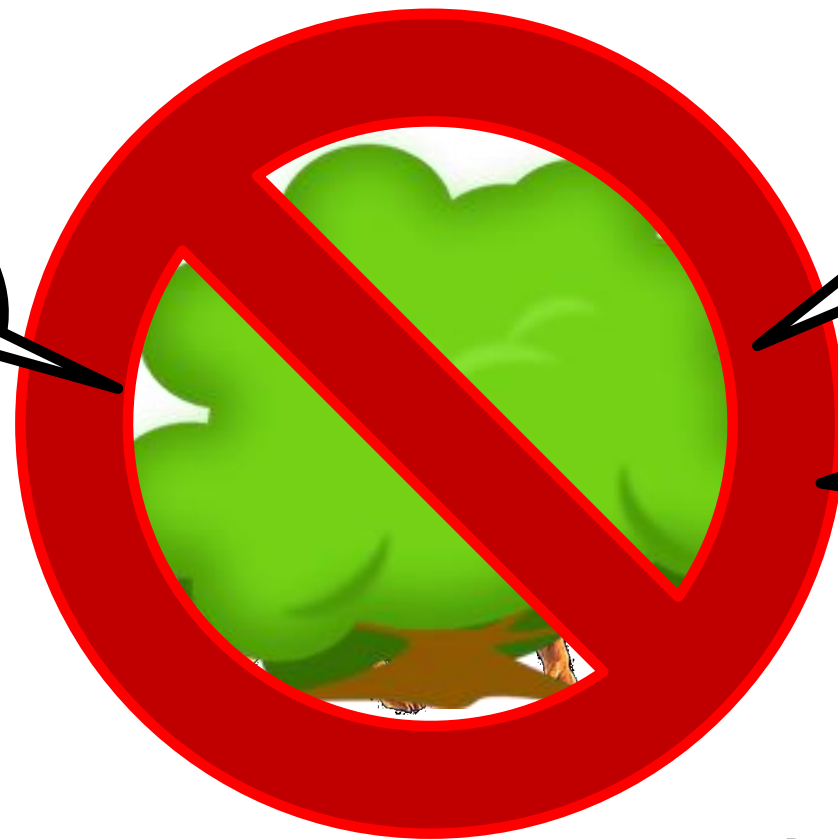


Cognitive maps

Vicarious learning

What
little c
I'll go pet it.

Auw.



Grrrr.

More
grrrr.



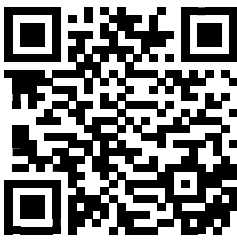
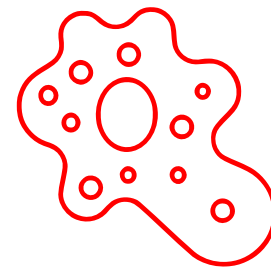
Abstract concepts

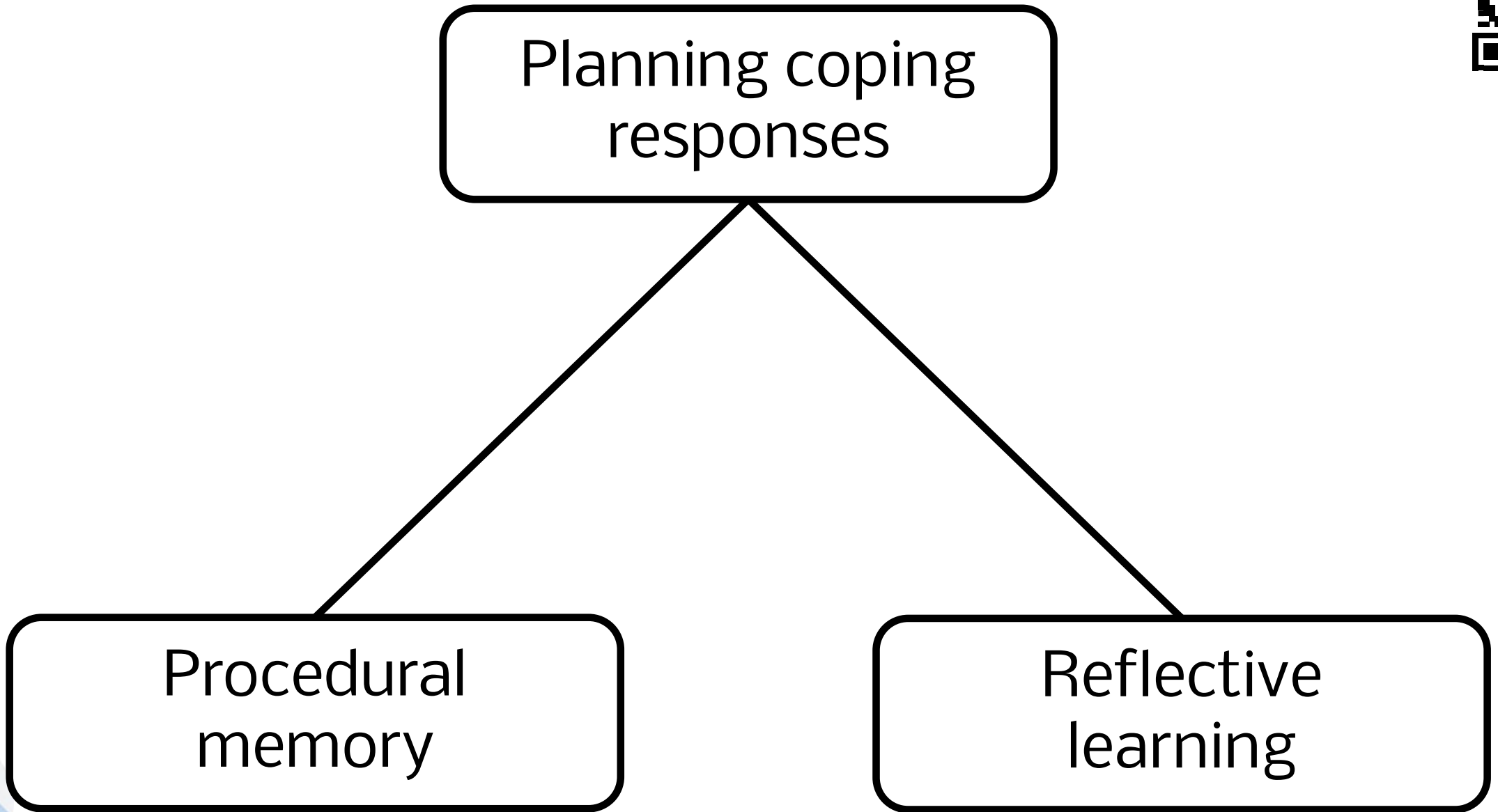


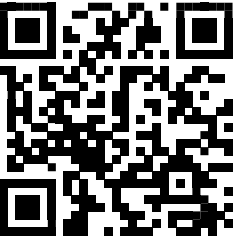


Reflective learning

- Habituation / sensitization
- Classical conditioning
- Operant conditioning
- Affective learning / emotional memory
- Procedural memory
- Cognitive maps
- Vicarious conditioning
- Abstract concept learning / declarative memory
- Reflective learning / autobiographical memory



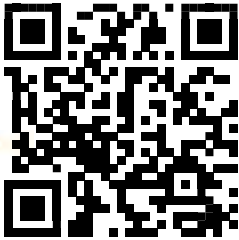




Planning coping responses

Identify barriers to target behavior and ways to deal with each barrier.

Requires practicing the response.



A taxonomy of behaviour change methods: an Intervention Mapping approach

Gerjo Kok^a, Nell H. Gottlieb^b, Gjalte-Jorn Y. Peters^{a,c}, Patricia Dolan Mullen^b, Guy S. Parcel^b, Robert A.C. Ruiter^a, María E. Fernández^b, Chhine Markham^b and L. Kay Bartholomew^b

^aSchool of Psychology & Neuroscience, Maastricht University, Maastricht, MD, The Netherlands; ^bSchool of Public Health, University of Texas, Houston, TX, USA; ^cSchool of Psychology, Open University, Heerlen, DL, The Netherlands

ABSTRACT

In this paper, we introduce the Intervention Mapping (IM) taxonomy of behaviour change methods and its potential to be developed into a coding taxonomy. That is, although IM and its taxonomy of behaviour change methods are not in fact new, because IM was originally developed as a tool for intervention development, this potential was not immediately apparent. Second, in explaining the IM taxonomy and defining the relevant constructs, we call attention to the existence of parameters for effectiveness of methods, and explicate the related distinction between theory-based methods and practical applications and the probability that poor translation of methods may lead to erroneous conclusions as to

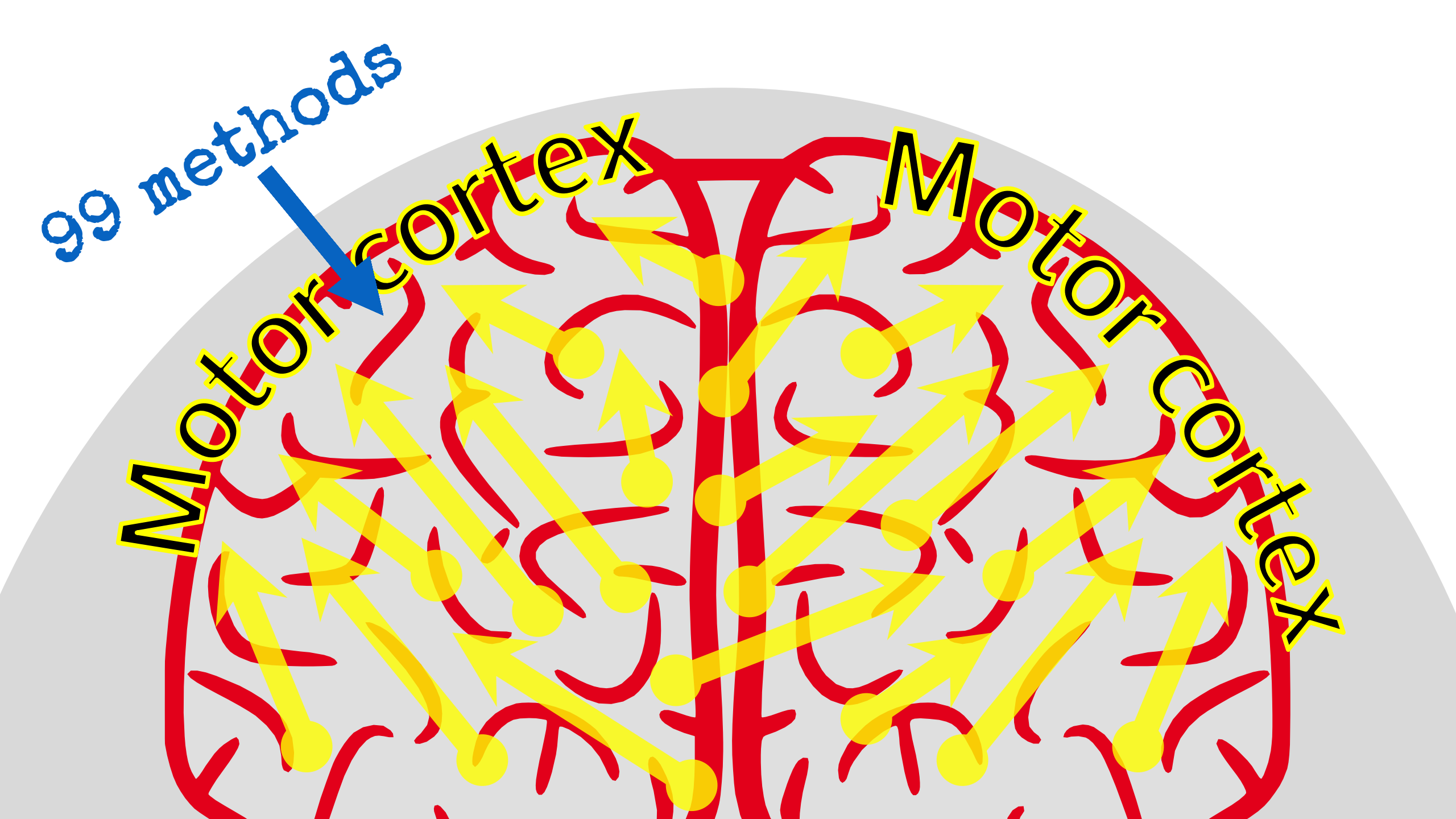
ARTICLE HISTORY

Received 24 July 2014

Accepted 24 July 2015

KEYWORDS

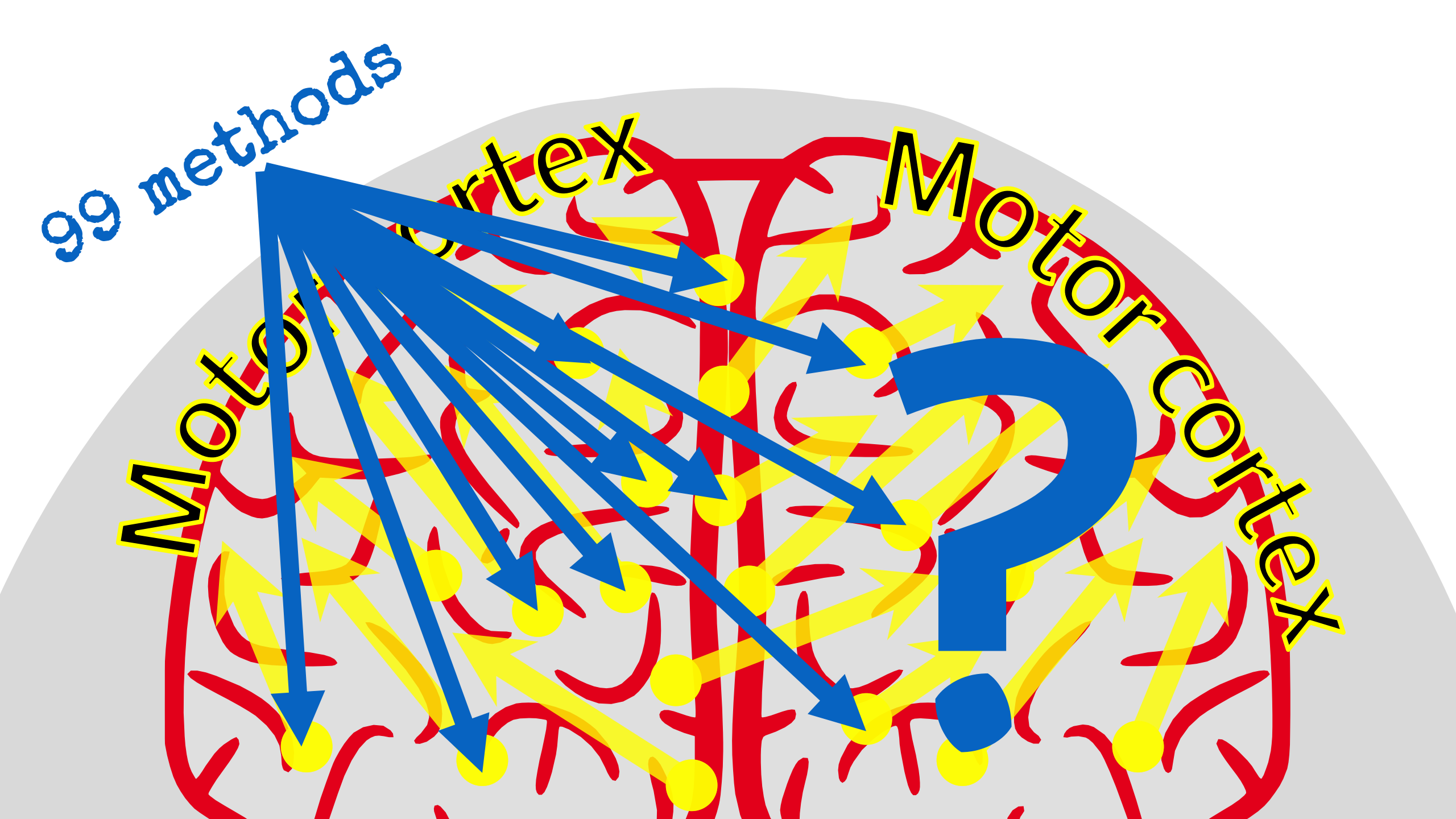
Taxonomy; behaviour change; meta-analysis; meta-analyses; review; interventions

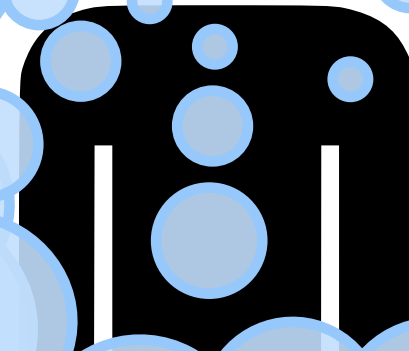


99 methods

Motor cortex

Motor cortex





Will I remember everything if I use a high dose of MDMA?

Does a high dose make you hallucinate more?
What should my friends think I should do?

Am I able to determine my dose accurately?

Can I obtain pills with a low dose of MDMA?

Does a higher dose of MDMA make me more unhealthy?
Does MDMA facilitate connecting to others?



Will I remember everything if I use a high dose of MDMA?


Does a high dose make you hallucinate more?
What should my friends think I should do?

Do I like to hallucinate?
Can I accurately determine my dose?

Can I obtain pills with a low dose of MDMA?

Is a higher dose of MDMA more

unhealthy?
Do I like to facilitate connecting to others?



Will I remember everything if I use a high dose of MDMA?

Can I obtain pills with a low dose of MDMA?

Do I like to hallucinate?

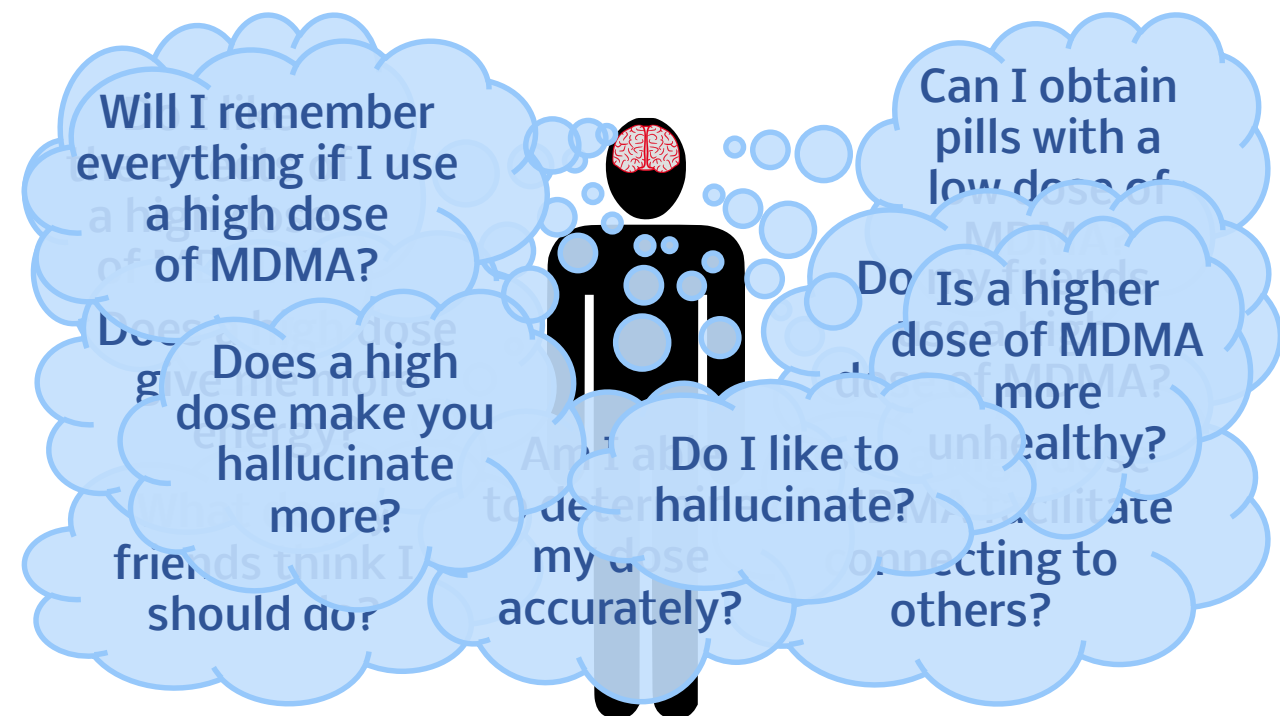
Do I like to connect to others?

Does a high dose make you hallucinate more?

Do my friends think I should do?

Do I like to accurately?

Do I like to connect to others?



A taxonomy of behaviour change methods: an Intervention Mapping approach

Gerjo Kok^a, Nell H. Gottlieb^b, Gjaltn-Jorn Y. Peters^{a,c}, Patricia Dolan Mullen^b, Guy S. Parcel^b, Robert A.C. Ruiter^a, María E. Fernández^b, Christine Markham^b and L. Kay Bartholomew^b

^aSchool of Psychology & Neuroscience, Maastricht University, Maastricht, MD, The Netherlands; ^bSchool of Public Health, University of Texas, Houston, TX, USA; ^cSchool of Psychology, Open University, Heerlen, DL, The Netherlands

ABSTRACT

In this paper, we introduce the Intervention Mapping (IM) taxonomy of behaviour change methods and its potential to be developed into a coding taxonomy. That is, although IM and its taxonomy of behaviour change methods are not in fact new, because IM was originally developed as a tool for intervention development, this potential was not immediately apparent. Second, in explaining the IM taxonomy and defining the relevant constructs, we call attention to the existence of parameters for effectiveness of methods, and explicate the related distinction between theory-based methods and practical applications and the probability that poor translation of methods may lead to erroneous conclusions as to method-effectiveness. Third, we recommend a minimal set of intervention characteristics that may be reported when intervention descriptions and evaluations are published. Specifying these characteristics can greatly enhance the quality of our meta-analyses and other literature syntheses. In conclusion, the dynamics of behaviour change are such that any taxonomy of methods of behaviour change needs to acknowledge the importance of, and provide instruments for dealing with, three conditions for effectiveness for behaviour change methods. For a behaviour change method to be effective: (1) it must target a determinant that predicts behaviour; (2) it must be able to change that determinant; (3) it must be translated into a practical application in a way that preserves the parameters for effectiveness and fits with the target population, culture, and context. Thus, taxonomies of methods of behaviour change must distinguish the specific determinants that are targeted, practical, specific applications, and the theory-based methods they embody. In addition, taxonomies should acknowledge that the lists of behaviour change methods will be used by, and should be used by, intervention developers. Ideally, the taxonomy should be readily usable for this goal; but alternatively, it should be clear how the information in the taxonomy can be used in practice. The IM taxonomy satisfies these requirements, and it would be beneficial if other taxonomies would be extended to also meet these needs.

ARTICLE HISTORY

Received 24 July 2014
Accepted 24 July 2015

KEYWORDS

Taxonomy; behaviour change; meta-analysis; meta-analyses; review; interventions

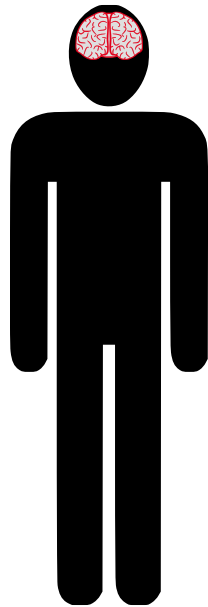
Introduction

Recent attempts to establish a cumulative science of behaviour change have used taxonomies of behaviour change techniques (or methods; BCTs) to derive effectiveness of such techniques through meta-analysis of intervention evaluations (Michie & Johnston, 2012). These taxonomies

CONTACT Gerjo Kok  g.kok@maastrichtuniversity.nl

 Supplemental material for this article can be accessed here: <http://dx.doi.org/10.1080/17437199.2015.1077155> or at <http://osf.io/sqtuz>.

© 2015 The author(s). Published by Informa UK Limited, trading as Taylor & Francis Group. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Am I able to determine my dose accurately?

Can I obtain pills with a low dose of MDMA?

Does a high dose make you hallucinate more?

Do I like to hallucinate?

Will I remember everything if I use a high dose of MDMA?

Does a high dose of MDMA facilitate connecting to others?

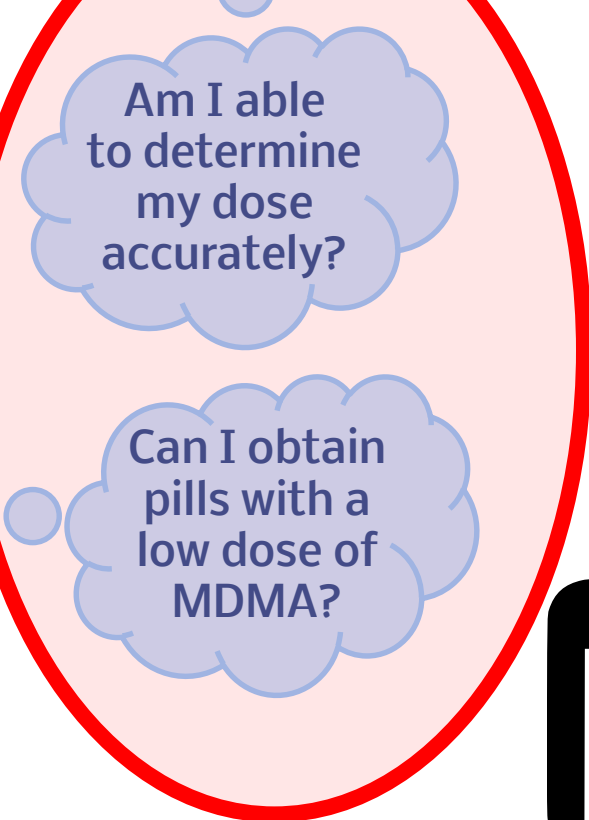
Do I like the effects of a high dose of MDMA?

Is a higher dose of MDMA more unhealthy?

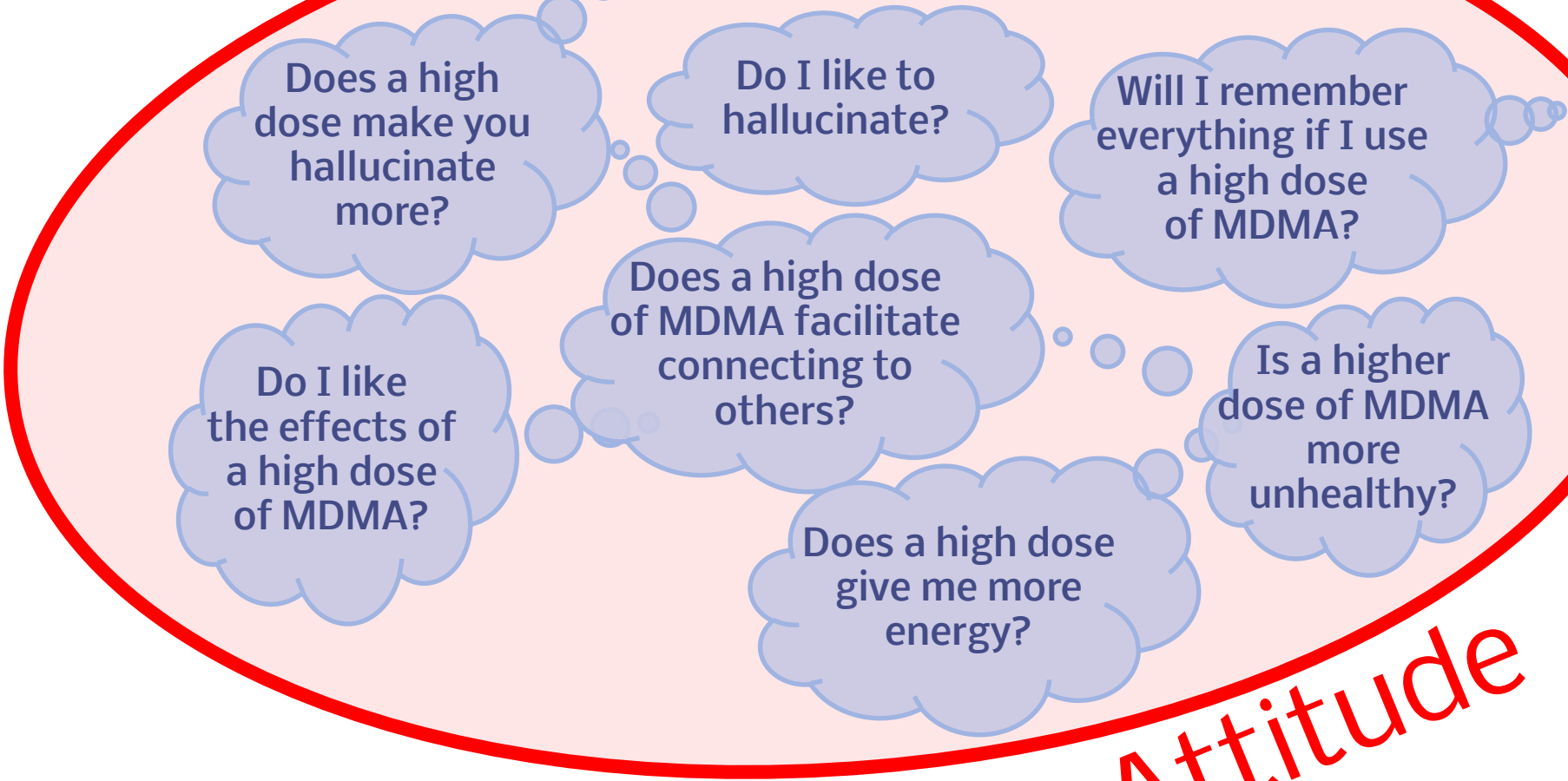
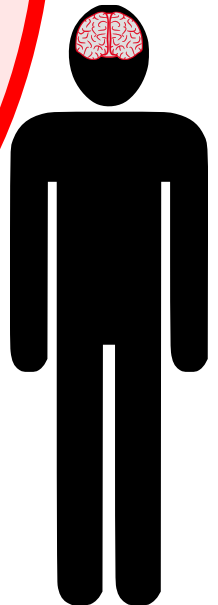
Does a high dose give me more energy?

What do my friends think I should do?

Do my friends use a high dose of MDMA?



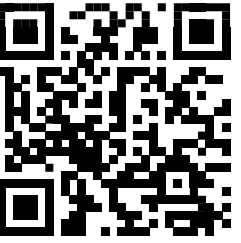
Self-efficacy



Attitude



Norm



Attitude

Perceived norm

Self-efficacy

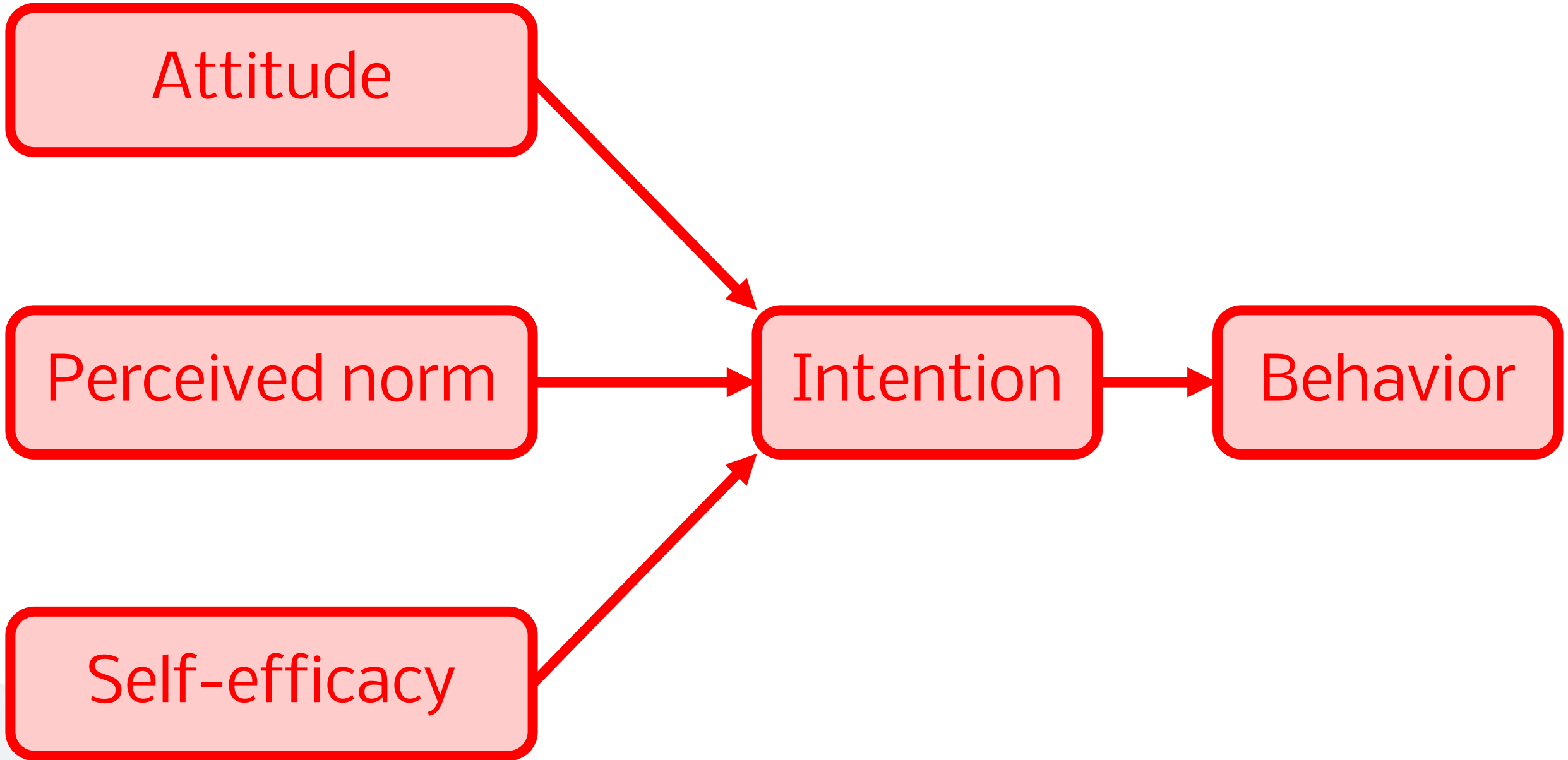
Attitude

Perceived norm

Self-efficacy

Intention

Behavior



Attitude

Perceived norm

Self-efficacy

Table 5: Methods to Change Attitudes, Beliefs, and Outcome Expectations (Adapted from Bartholomew et al., 2011)

Method (related theories and references)	Definition	Parameters
Classical conditioning (Theories of Learning; Kazdin, 2008)	Stimulating the learning of an association between an unconditioned stimulus (UCS) and a conditioned stimulus (CS).	Most effective when the time interval is short and the CS precedes the UCS.
Self-reevaluation (Trans-Theoretical Model; Prochaska et al., 2015)	Encouraging combining both cognitive and affective assessments of one's self-image with and without an unhealthy behavior.	Stimulation of both cognitive and affective appraisal of self-image. Can use feedback and confrontation; however, raising awareness must be quickly followed by increase in problem-solving ability and self-efficacy.
Environmental reevaluation (Trans-Theoretical Model; Prochaska et al., 2015)	Encouraging realizing the negative impact of the unhealthy behavior and the positive impact of the healthful behavior.	Stimulation of both cognitive and affective appraisal to improve appraisal and empathy skills.
Shifting perspective (Theories of Stigma and Discrimination; Batson, Chang, Orr, & Rowland, 2002)	Encouraging taking the perspective of the other.	Initiation from the perspective of the learner; needs imaginary competence.
Arguments (Communication-Persuasion Matrix; Elaboration Likelihood Model; McGuire, 2012; Petty & Wegener, 2010)	Using a set of one or more meaningful premises and a conclusion.	For central processing of arguments they need to be new to the message receiver.
Direct experience (Theories of Learning; Maibach & Cotton, 1995)	Encouraging a process whereby knowledge is created through the interpretation of experience.	Rewarding outcomes from the individual's experience with the behavior or assurance that the individual can cope with and reframe negative outcomes.
Elaboration (Theories of Information Processing; Elaboration Likelihood Model; Petty et al., 2009; Smith, 2008)	Stimulating the learner to add meaning to the information that is processed.	Individuals with high motivation and high cognitive ability; messages that are personally relevant, surprising, repeated, self-pacing, not distracting, easily understandable, and include direct instructions; messages that are not too

Attitude

Perceived norm

Self-efficacy

Table 6: Methods to Change Social Influence (Adapted from Bartholomew et al., 2011)

Method (related theories and references)	Definition	Parameters
Information about others' approval (Theory of Planned Behavior; Reasoned Action Approach; Social Comparison Theory; Forsyth, 2014; Mollen, Ruiter, & Kok, 2010)	Providing information about what others think about the person's behavior and whether others will approve or disapprove of any proposed behavior change.	Positive expectations are available in the environment.
Resistance to social pressure (Theory of Planned Behavior; Reasoned Action Approach; Evans, Getz, & Raines, 1992; Evans, 1984)	Stimulating building skills for resistance to social pressure.	Commitment to earlier intention; relating intended behavior to values; psychological inoculation against pressure.
Shifting focus (Theory of Planned Behavior; Reasoned Action Approach; Fishbein & Ajzen, 2010)	Prompting hiding of the unpopular behavior or shifting attention away from the behavior.	Preferably shift focus to a new reason for performing the behavior.
Mobilizing social support (Diffusion of Innovations Theory; Theories of Social Networks and Social Support; Holt-Lunstad & Uchino, 2015; Valente, 2015)	Prompting communication about behavior change in order to provide instrumental and emotional social support.	Combines caring, trust, openness, and acceptance with support for behavioral change; positive support is available in the environment.
Provide opportunities for social comparison (Social Comparison Theory; Suls, Martin, & Wheeler, 2002)	Facilitating observation of nonexpert others in order to evaluate one's own opinions and performance abilities.	Upward comparison may help setting better goals; downward comparison may help feeling better or more self-efficacious.

Attitude

Perceived norm

Self-efficacy

Table 7: Methods to Change Skills, Capability, and Self-Efficacy and to Overcome Barriers (Adapted from Bartholomew et al., 2011)

Method (related theories and references)	Definition	Parameters
Guided practice (Social Cognitive Theory; Theories of Self-Regulation; Kelder et al., 2015)	Prompting individuals to rehearse and repeat the behavior various times, discuss the experience, and provide feedback.	Subskill demonstration, instruction, and enactment with Individual feedback; requires supervision by an experienced person; some environmental changes cannot be rehearsed.
Enactive mastery experiences (Social Cognitive Theory; Theories of Self-Regulation; Kelder et al., 2015)	Providing increasingly challenging tasks with feedback to serve as indicators of capability.	Requires willingness to accept feedback.
Verbal persuasion (Social Cognitive Theory; Theories of Self-Regulation; Kelder et al., 2015)	Using messages that suggest that the participant possesses certain capabilities.	Credible source.
Improving physical and emotional states (Theories of Self-Regulation; Kelder et al., 2015)	Prompting interpretation of enhancement or reduction of physiological and affective states, to judge own capabilities.	Must carefully interpret and manage emotional states.
Reattribution training (Attribution Theory and Relapse Prevention Theory; Theories of Self-Regulation; Marlatt & Donovan, 2005)	Helping people reinterpret previous failures in terms of unstable attributions and previous successes in terms of stable attributions.	Requires counseling or bibliotherapy to make unstable and external attributions for failure.
Self-monitoring of behavior (Theories of Self-Regulation; Creer, 2000; Harkin et al., n.d.)	Prompting the person to keep a record of specified behavior(s).	The monitoring must be of the specific behavior (that is, not of a physiological state or health outcome). The data must be interpreted and used. The reward must be reinforcing to the individual.
Provide contingent rewards (Theories of Learning; Theories of Self-Regulation; Bandura, 1986)	Praising, encouraging, or providing material rewards that are explicitly linked to the achievement of specified behaviors.	Rewards need to be tailored to the individual, group or organization, to follow the behavior in time, and to be seen as a consequence of the behavior.
Cue altering (Theories of Automatic, ...)	Teaching changing a stimulus, ...	Existing positive intention.

Attitude

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Experiential
attitude

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Instrumental
attitude

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Perceived norm

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Descriptive norm

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Injunctive norm

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Self-efficacy

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Capacity

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Autonomy

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Habit

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Self-efficacy

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Skills

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Knowledge

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Craving

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Impulse control

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Lorem ipsum
dolor sit amet,
consectetur
adipiscing elit.

Table 6: Methods to Change Social Influence (Adapted from Bartholomew et al., 2011)

Method (related theories and references)	Definition	Parameters
Information about others' approval (Theory of Planned Behavior; Reasoned Action Approach; Social Comparison Theory; Forsyth, 2014; Mollen, Rutter, & Kok, 2010)	Providing information about what others think about the person's behavior and whether others will approve or disapprove of any proposed behavior change.	Positive expectations are available in the environment.
Resistance to social pressure (Theory of Planned Behavior; Reasoned Action Approach; Evans, Getz, & Raines, 1992; Evans, 1984)	Stimulating building skills for resistance to social pressure.	Commitment to earlier intention; relating intended behavior to values; psychological inoculation against pressure.
Shifting focus (Theory of Planned Behavior; Reasoned Action Approach; Fishbein & Ajzen, 2010)	Prompting hiding of the unpopular behavior or shifting attention away from the behavior.	Preferably shift focus to a new reason for performing the behavior.
Mobilizing social support (Diffusion of Innovations Theory; Theories of Social Networks and Social Support; Holt-Lunstad & Uchino, 2015; Valente, 2015)	Prompting communication about behavior change in order to provide instrumental and emotional social support.	Combines caring, trust, openness, and acceptance with support for behavioral change; positive support is available in the environment.
Provide opportunities for social comparison (Social Comparison Theory; Suls, Martin, & Wheeler, 2002)	Facilitating observation of nonexpert others in order to evaluate one's own opinions and performance abilities.	Upward comparison may help setting better goals; downward comparison may help feeling better or more self-efficacious.

Will I remember everything if I use a high dose of MDMA?

Attitude

Does a high dose of MDMA facilitate connecting to others?

unity



Table 6: Methods to Change Social Influence (Adapted from Bartholomew et al., 2011)

Method (related theories and references)	Definition	Parameters
Information about others' approval (Theory of Planned Behavior; Reasoned Action Approach; Social Comparison Theory; Forsyth, 2014; Mollen, Rutter, & Kok, 2010)	Providing information about what others think about the person's behavior and whether others will approve or disapprove of any proposed behavior change.	Positive expectations are available in the environment.
Resistance to social pressure (Theory of Planned Behavior; Reasoned Action Approach; Evans, Getz, & Raines, 1992; Evans, 1984)	Stimulating building skills for resistance to social pressure.	Commitment to earlier intention; relating intended behavior to values; psychological inoculation against pressure.
Shifting focus (Theory of Planned Behavior; Reasoned Action Approach; Fishbein & Ajzen, 2010)	Prompting hiding of the unpopular behavior or shifting attention away from the behavior.	Preferably shift focus to a new reason for performing the behavior.
Mobilizing social support (Diffusion of Innovations Theory; Theories of Social Networks and Social Support; Holt-Lunstad & Uchino, 2015; Valente, 2015)	Prompting communication about behavior change in order to provide instrumental and emotional social support.	Combines caring, trust, openness, and acceptance with support for behavioral change; positive support is available in the environment.
Provide opportunities for social comparison (Social Comparison Theory; Suls, Martin, & Wheeler, 2002)	Facilitating observation of nonexpert others in order to evaluate one's own opinions and performance abilities.	Upward comparison may help setting better goals; downward comparison may help feeling better or more self-efficacious.

Will I remember everything if I use a high dose of MDMA?

Attitude

Does a high dose of MDMA facilitate connecting to others?

unity



Table 6. Methods to Change Social Influence (Adapted from Bartholomew et al., 2009)

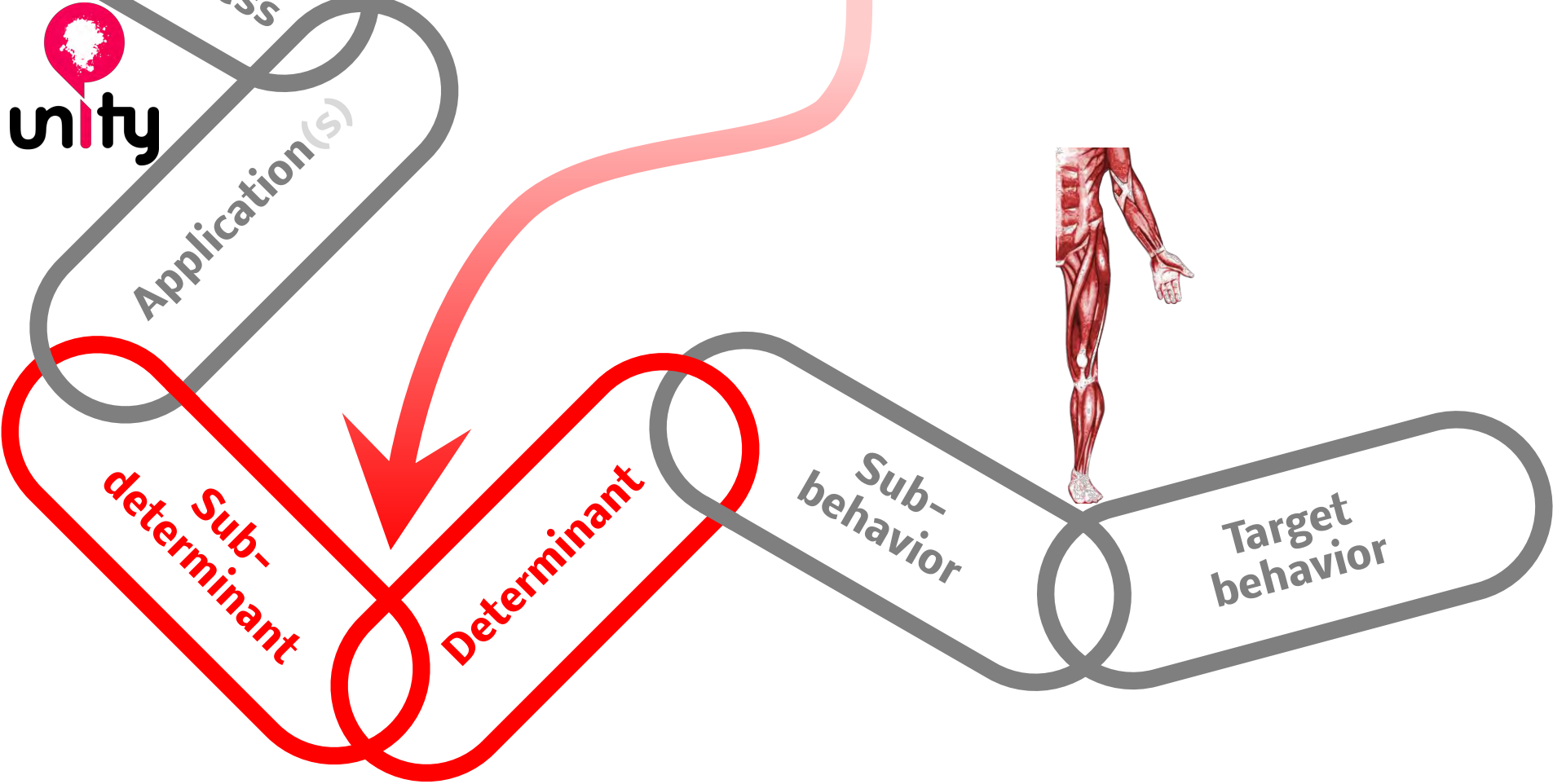
Method	Definition	Parameters
Information about others' approval (Theory of Planned Behavior; Reasoned Action Approach; Social Comparison Theory; Forsyth, 2004; Mullen, Rutter, & Kiek, 2003)	Providing information about what others think about the person's behavior and whether others will approve or disapprove of any proposed behavior change.	Positive expectations are available in the environment.
Resistance to social pressure (Theory of Planned Behavior; Reasoned Action Approach; Evans, Gelf, & Baume, 1992; Evans, 1984)	Stimulating building skills for resistance to social pressure.	Commitment to earlier intention; relating intended behavior to values; psychological inoculation against pressure.
Shifting focus (Theory of Planned Behavior; Reasoned Action Approach; Fishbach & Aizer, 2009)	Prompting hiding of the unpopular behavior or shifting attention away from the behavior.	Preferably shift focus to a new reason for performing the behavior.
Mobilizing social support (Diffusion of Innovations Theory; Theories of Social Networks and Social Support; Holt-Lunsted & Lohme, 2005; Valente, 2005)	Prompting communication about behavior change in order to provide instrumental and emotional social support.	Combines caring, trust, openness, and acceptance with support for behavioral change; positive support is available in the environment.
Provide opportunities for social comparison (Social Comparison Theory; Suls, Martin, & Wheeler, 2002)	Facilitating observation of nonexpert others in order to evaluate one's own options and performance abilities.	Upward comparison may help setting better goals; downward comparison may help feeling better or more self-efficacious.

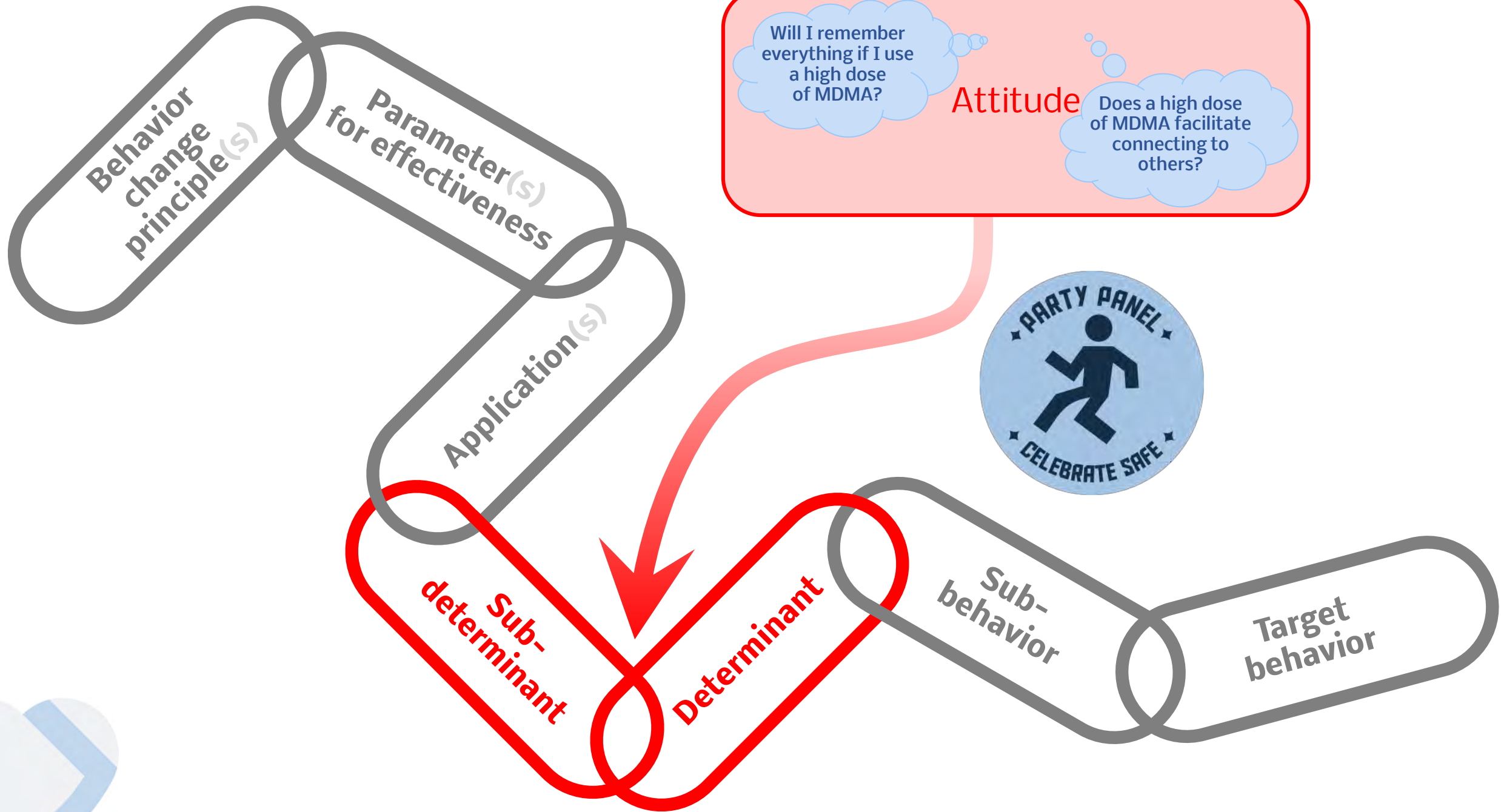


Will I remember everything if I use a high dose of MDMA?

Attitude

Does a high dose of MDMA facilitate connecting to others?

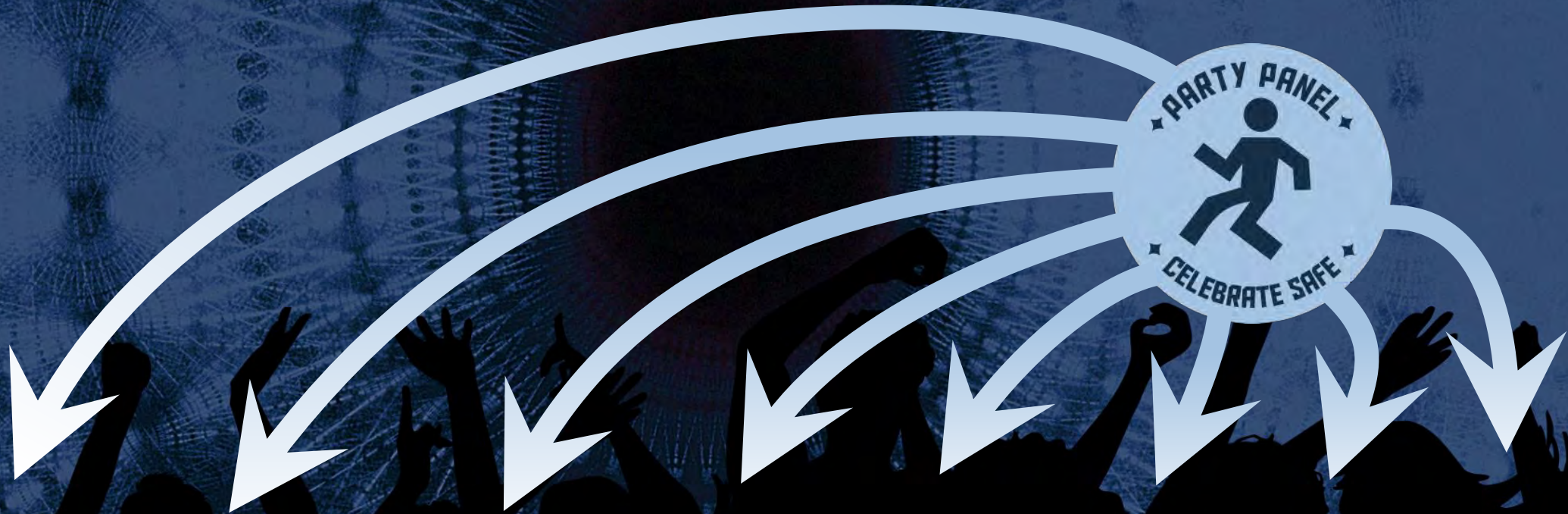




Will I remember everything if I use a high dose of MDMA?

Attitude

Does a high dose of MDMA facilitate connecting to others?





Will I remember everything if I use a high dose of MDMA?

Attitude

Does a high dose of MDMA facilitate connecting to others?

First, a number of questions about how using a high dose of XTC differs from using a regular dosis of XTC (MDMA).

If you have only used a regular dose, or if you have only used a high dose, please indicate what you think the difference will be.

		⋈	⋇	⋆		⋅	⋈	⋇	
If I use a high dose of XTC, making contact with others is ...	Much harder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Much easier
If I use a high dose of XTC, time seems to pass...	Much slower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Much faster
If I use a high dose of XTC, afterwards I remember ...	Much less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Much more
For my health, a high dose of XTC is ...	Much worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Much better

Note that this is about what you think is a high dose, as you indicated in the beginning of this survey.



Will I remember everything if I use a high dose of MDMA?

Attitude

Does a high dose of MDMA facilitate connecting to others?

What do you imagine that people who matter to you would think you should do, if, during a night out, you have an **alcohol-related** complaint?

Most people who are important to me would think that I should go to the first aid post.

Not true ☐ ☐ ☐ ☐ ☐ ☐ ☐ True

People whose opinions matter to me would think it was a good idea if I would go to the first aid post.

Not true ☐ ☐ ☐ ☐ ☐ ☐ ☐ True

People who I respect and admire would go themselves to the first aid post.

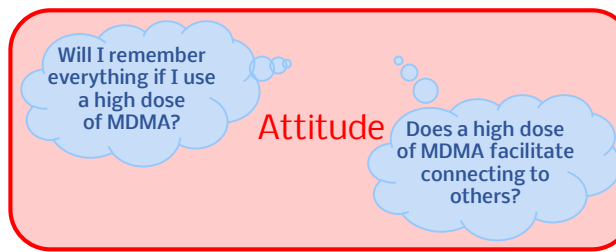
Certainly not ☐ ☐ ☐ ☐ ☐ ☐ ☐ Certainly

Most people like me would go to the first aid post in this situation.

Certainly not ☐ ☐ ☐ ☐ ☐ ☐ ☐ Certainly



Just like the other questions, this is in relation to the next six months.



If I use a high dose of XTC, making contact with others is ...

Much harder

Much easier

If I use a high dose of XTC, afterwards I remember ...

Much less

Much more

If I use a high dose of XTC, time seems to pass ...

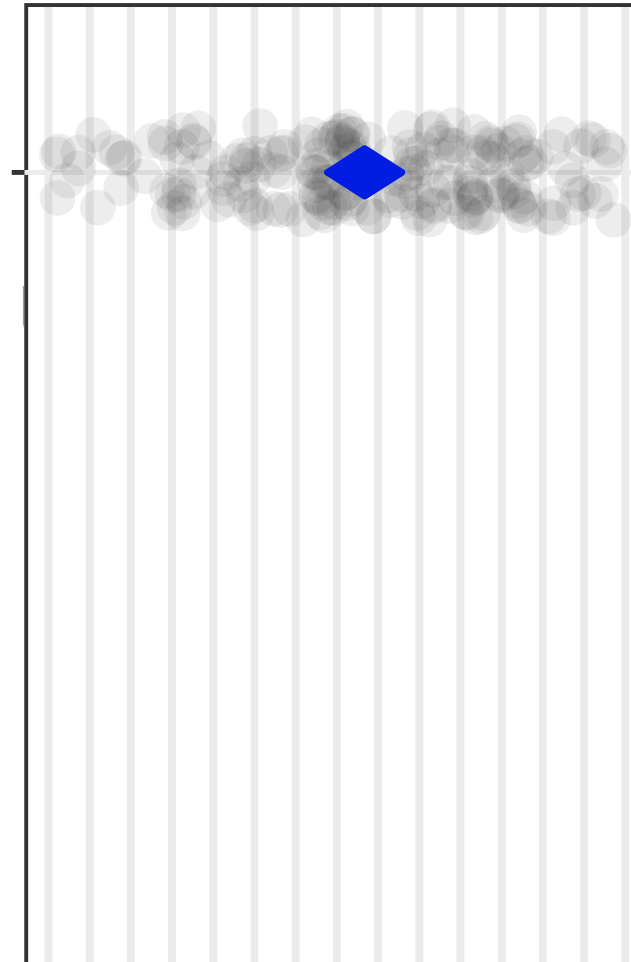
Much slower

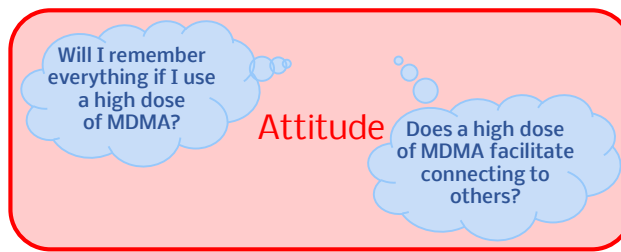
Much faster

For my health, a high dose of XTC is ...

Much worse

Much better



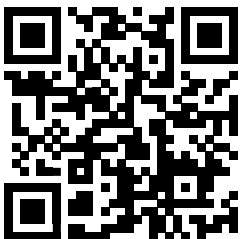
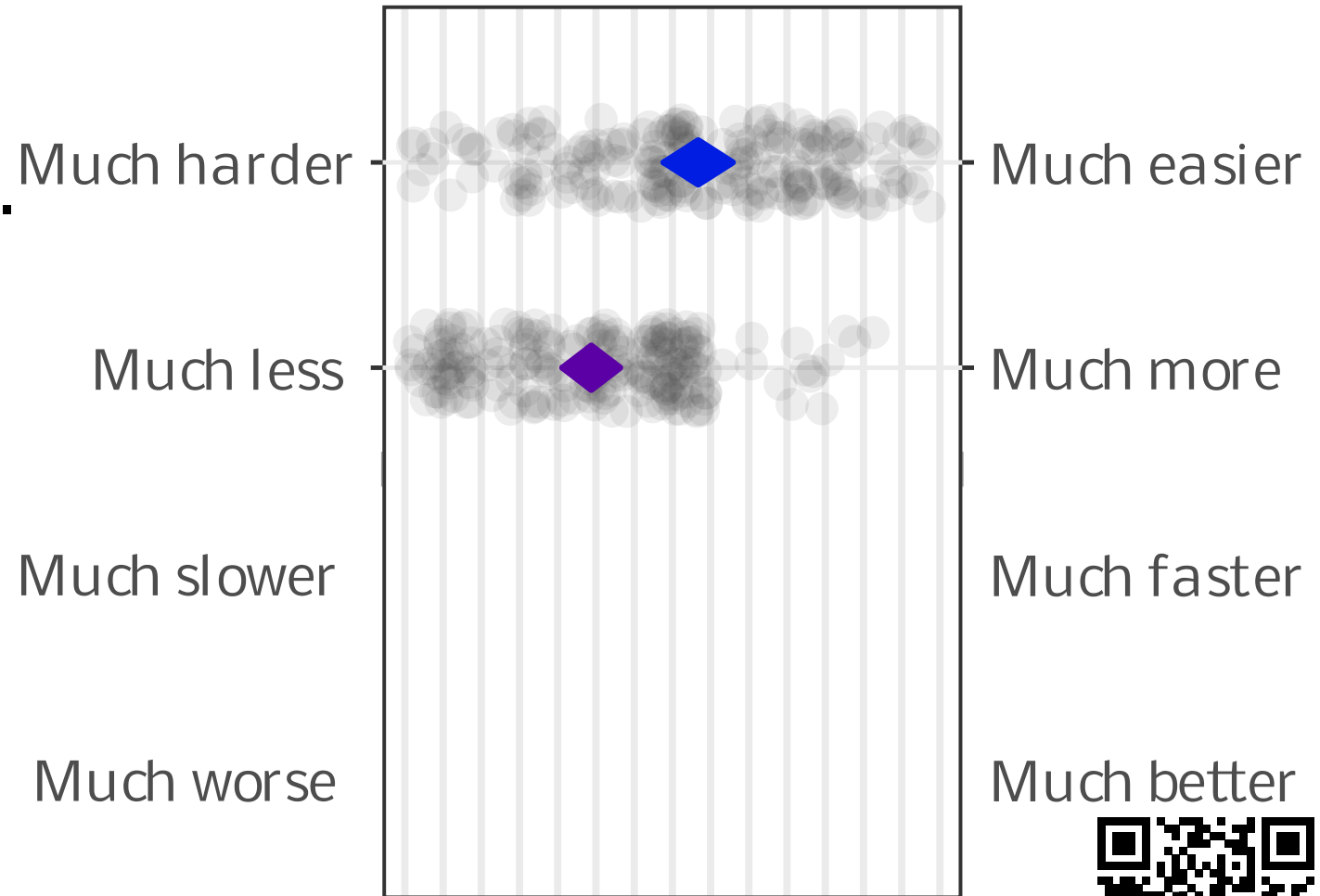


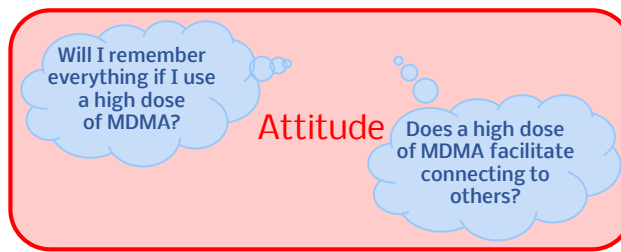
If I use a high dose of XTC, making contact with others is ...

If I use a high dose of XTC, afterwards I remember ...

If I use a high dose of XTC, time seems to pass ...

For my health, a high dose of XTC is ...





If I use a high dose of XTC, making contact with others is ...

Much harder

Much easier

If I use a high dose of XTC, afterwards I remember ...

Much less

Much more

If I use a high dose of XTC, time seems to pass ...

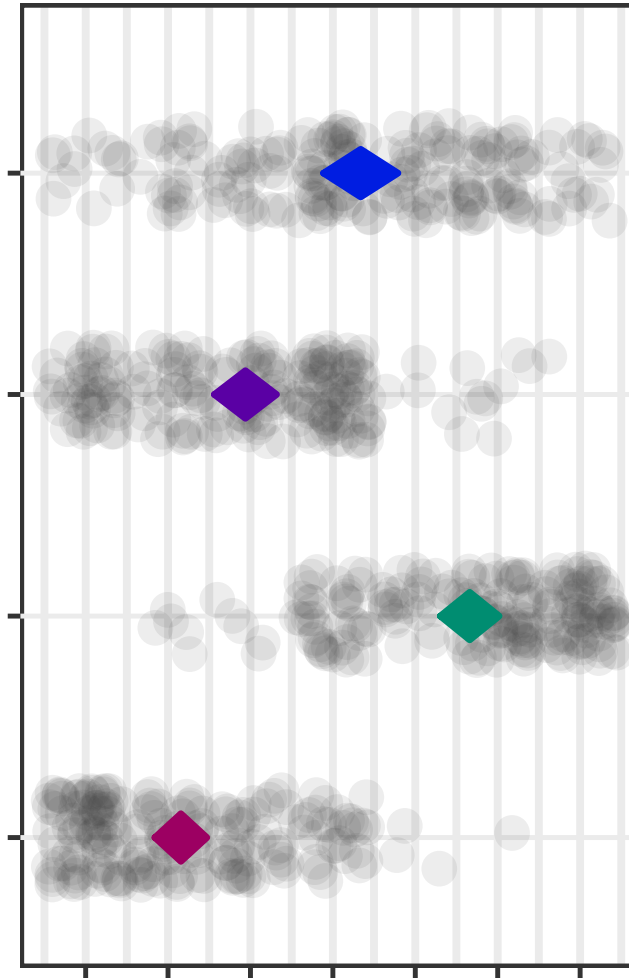
Much slower

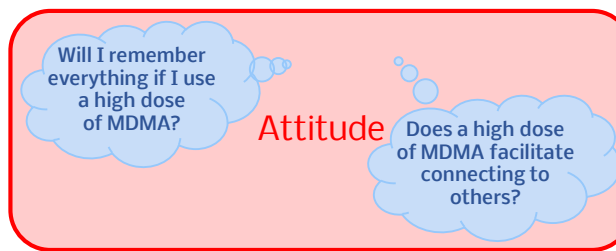
Much faster

For my health, a high dose of XTC is ...

Much worse

Much better





If I use a high dose of XTC, making contact with others is ...

Much harder

Much easier

If I use a high dose of XTC, afterwards I remember ...

Much less

Much more

If I use a high dose of XTC, time seems to pass ...

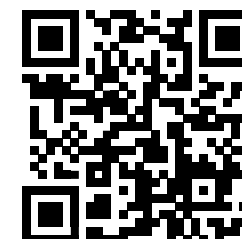
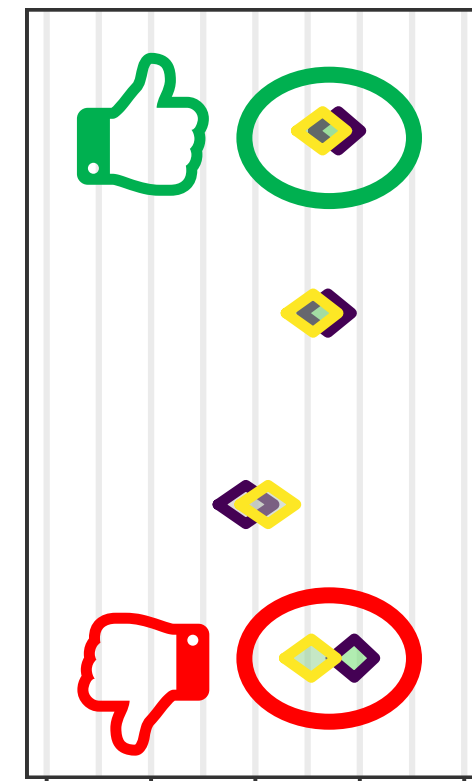
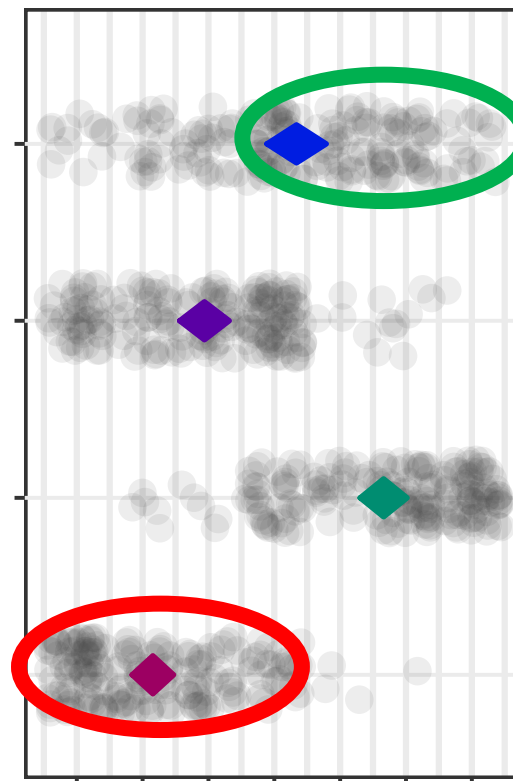
Much slower

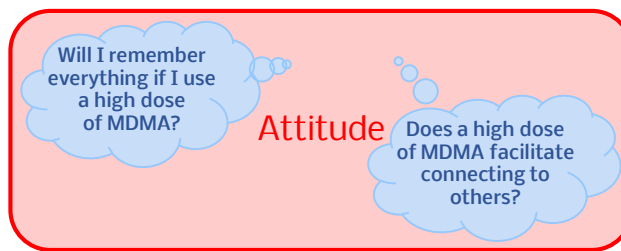
Much faster

For my health, a high dose of XTC is ...

Much worse

Much better

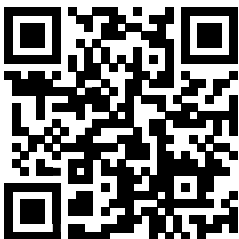
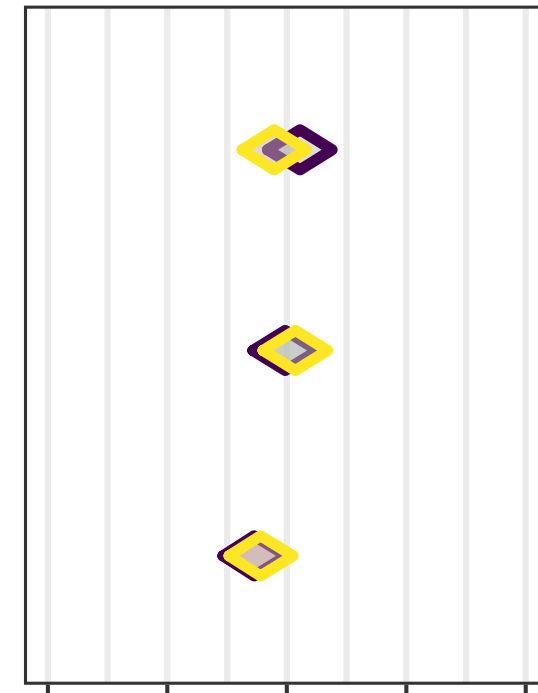
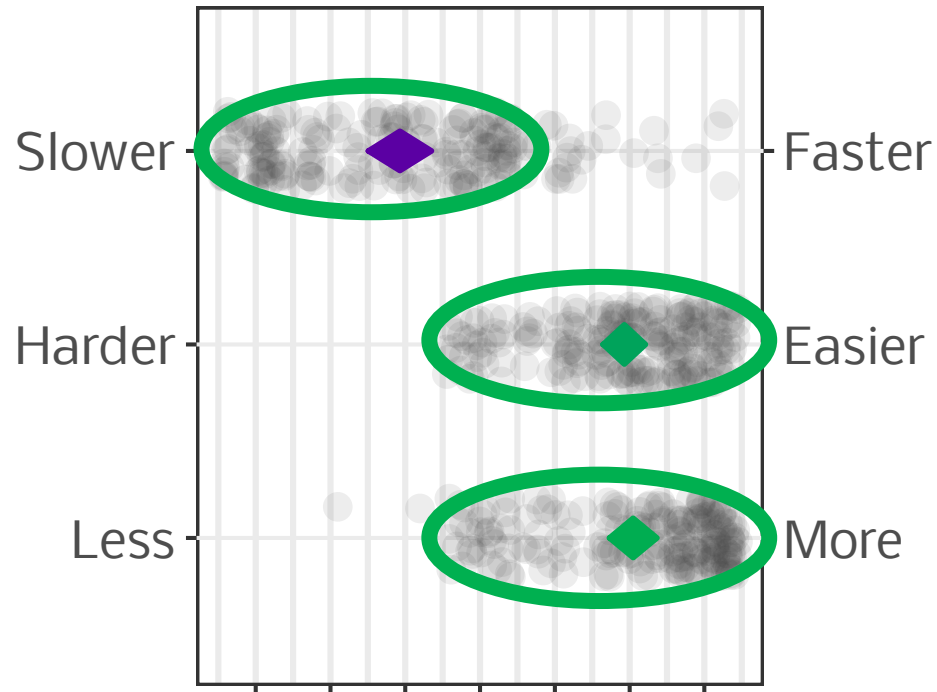


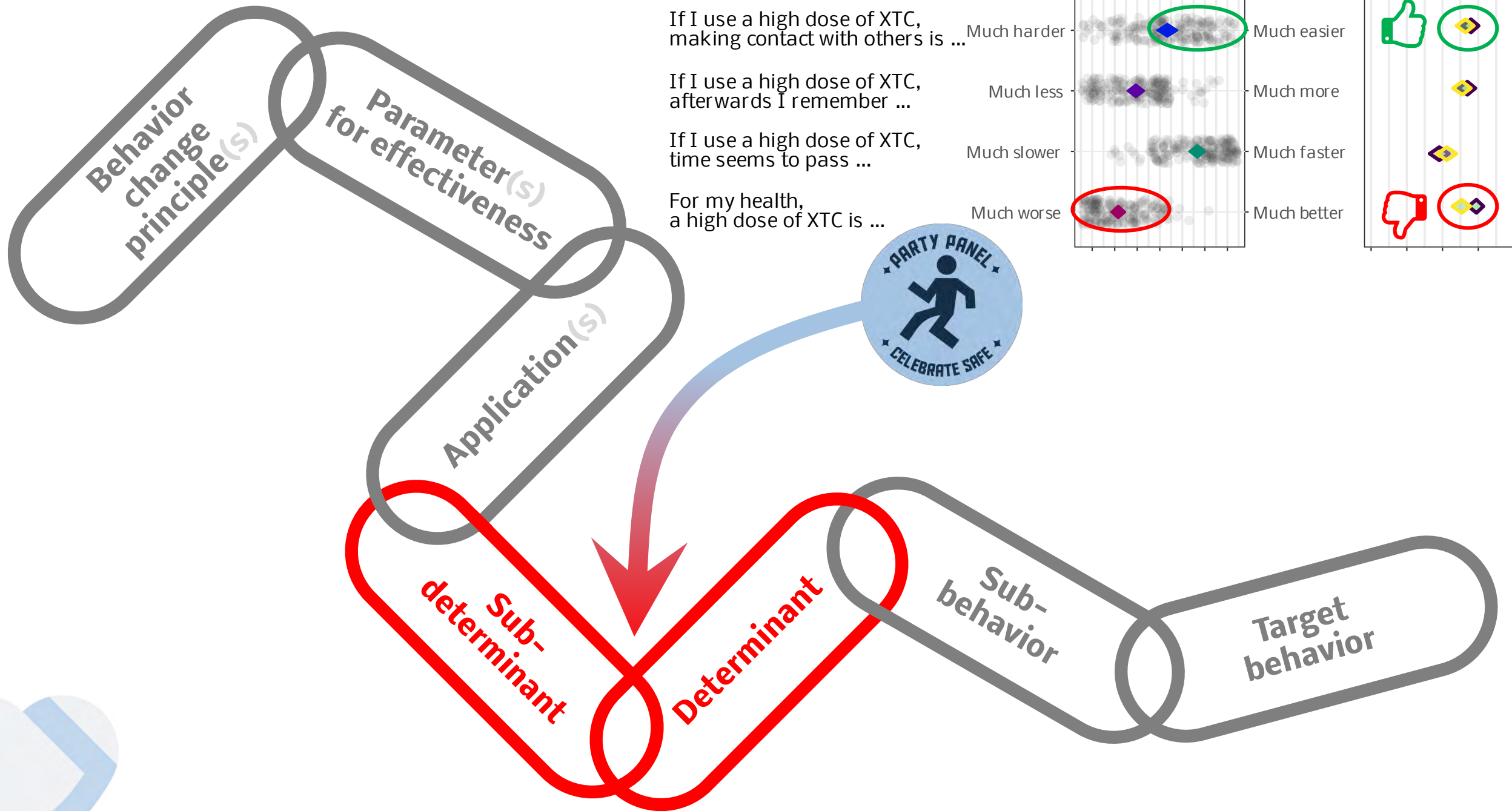


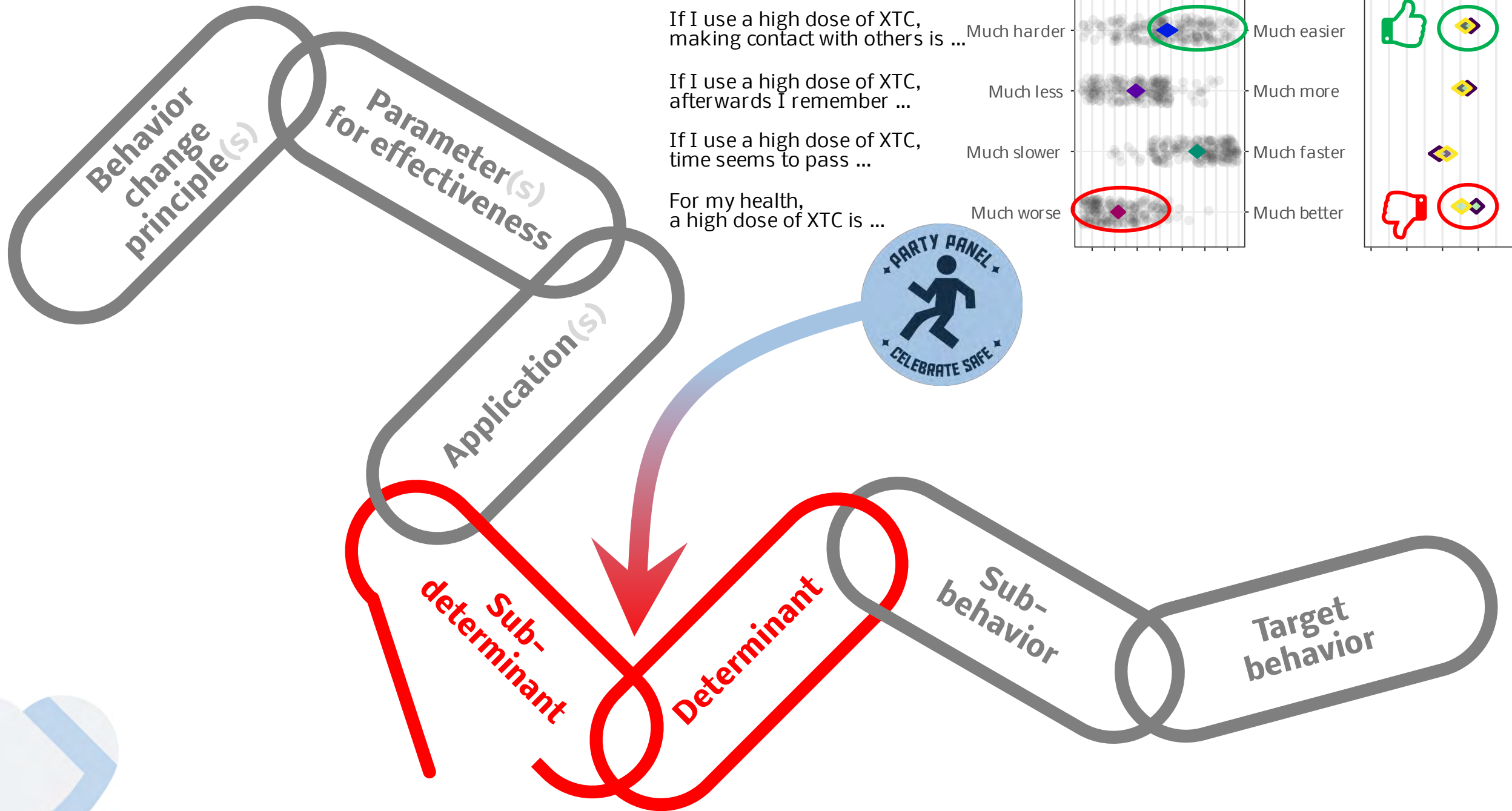
During an XTC trip, I prefer it if time seems to pass ...

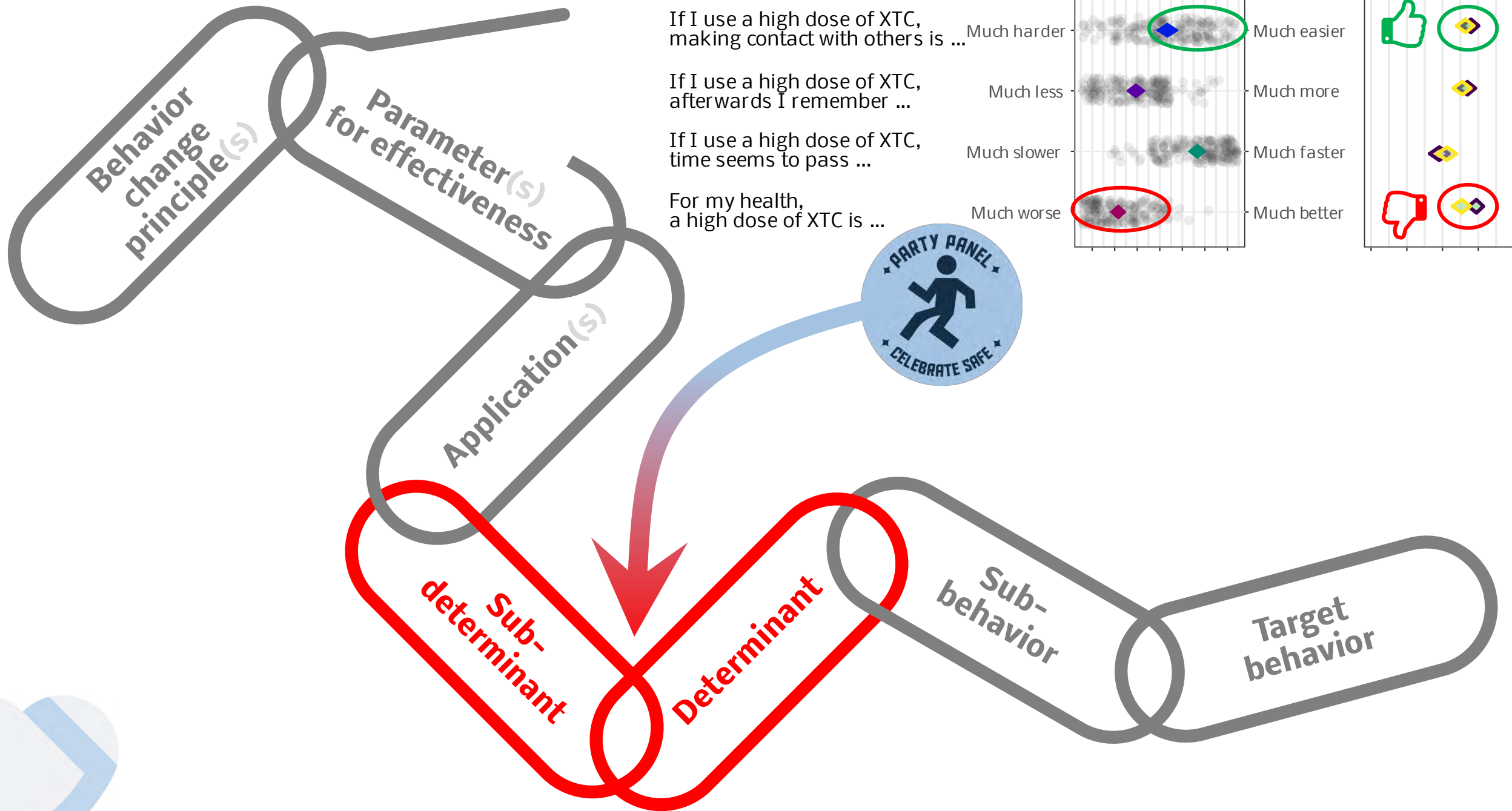
When using XTC, I prefer it if making contact with others is ...

After an XTC trip, I prefer remembering ...









Behavior
change
principle(s)

Parameter(s)
for effectiveness

Application(s)

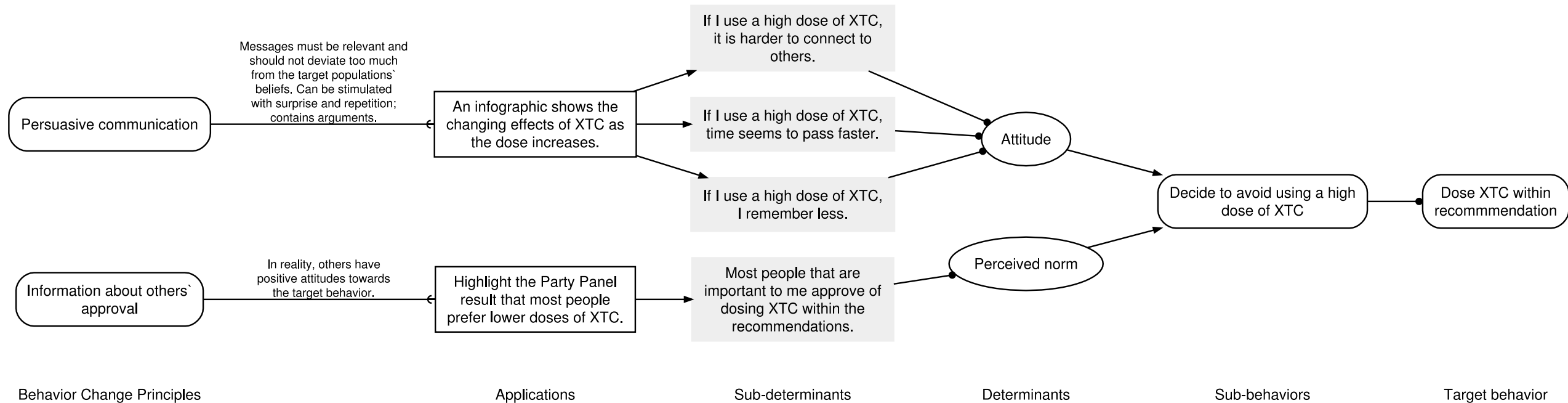
Sub-
determinant

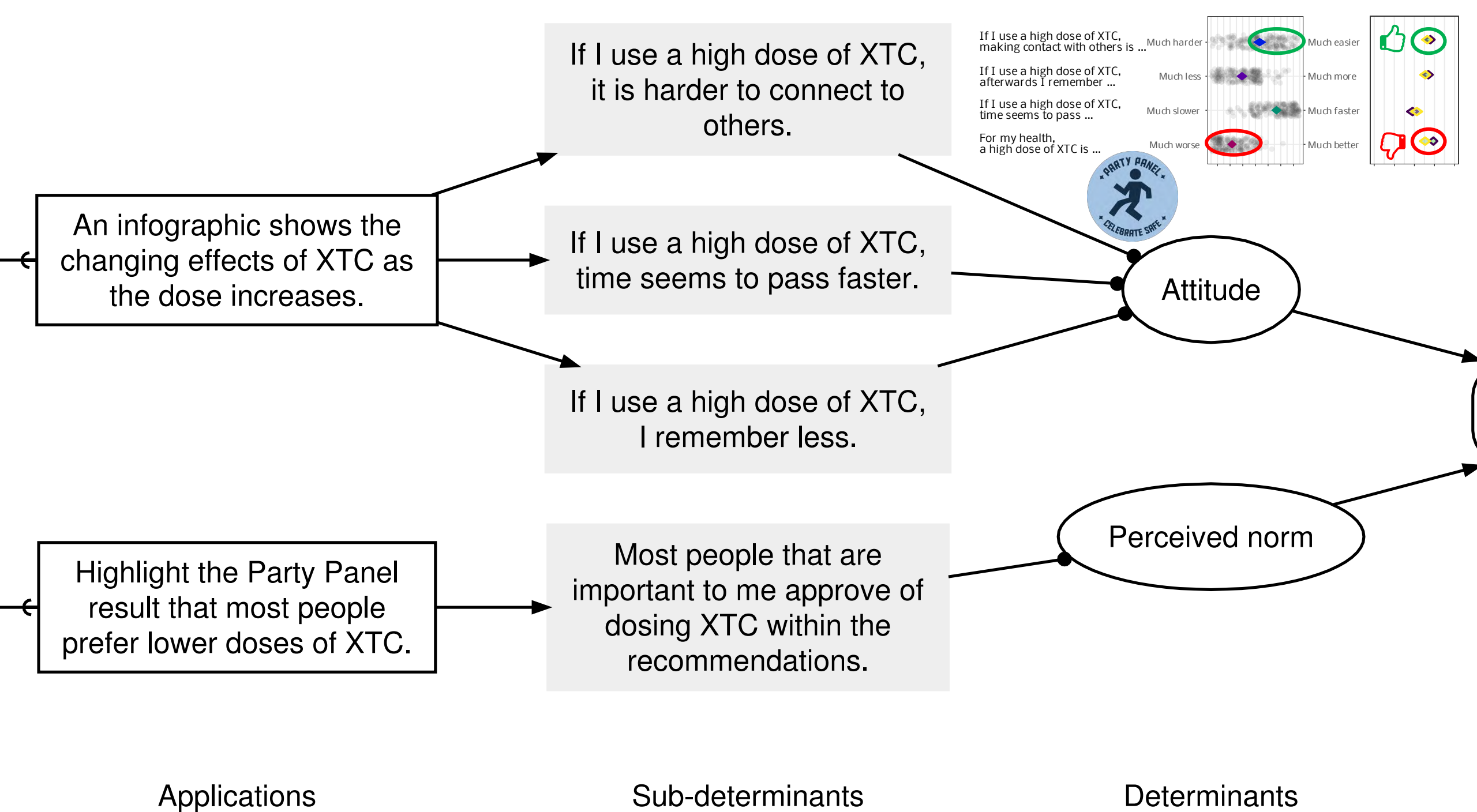
Determinant

Sub-
behavior

Target
behavior

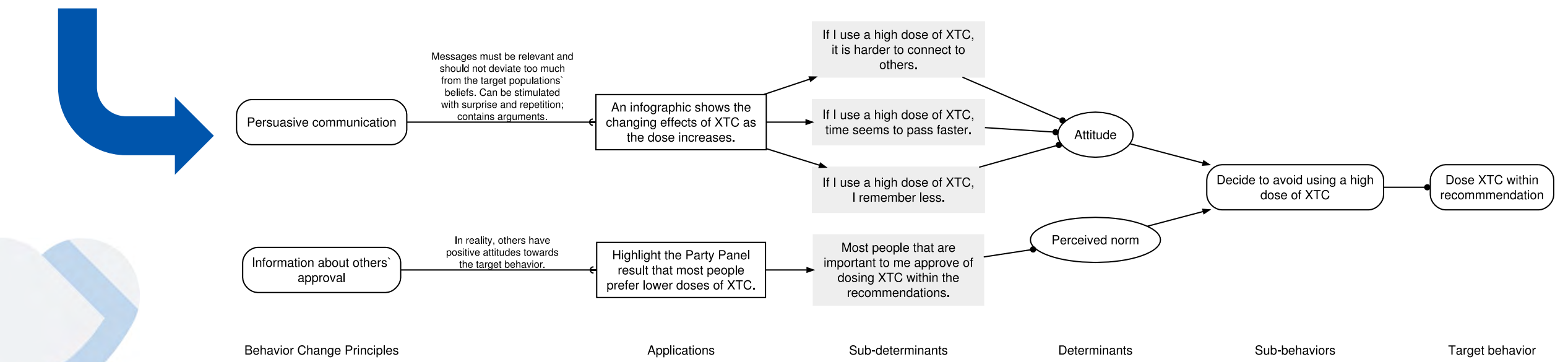
Acyclic Behavior Change Diagram (ABCD)

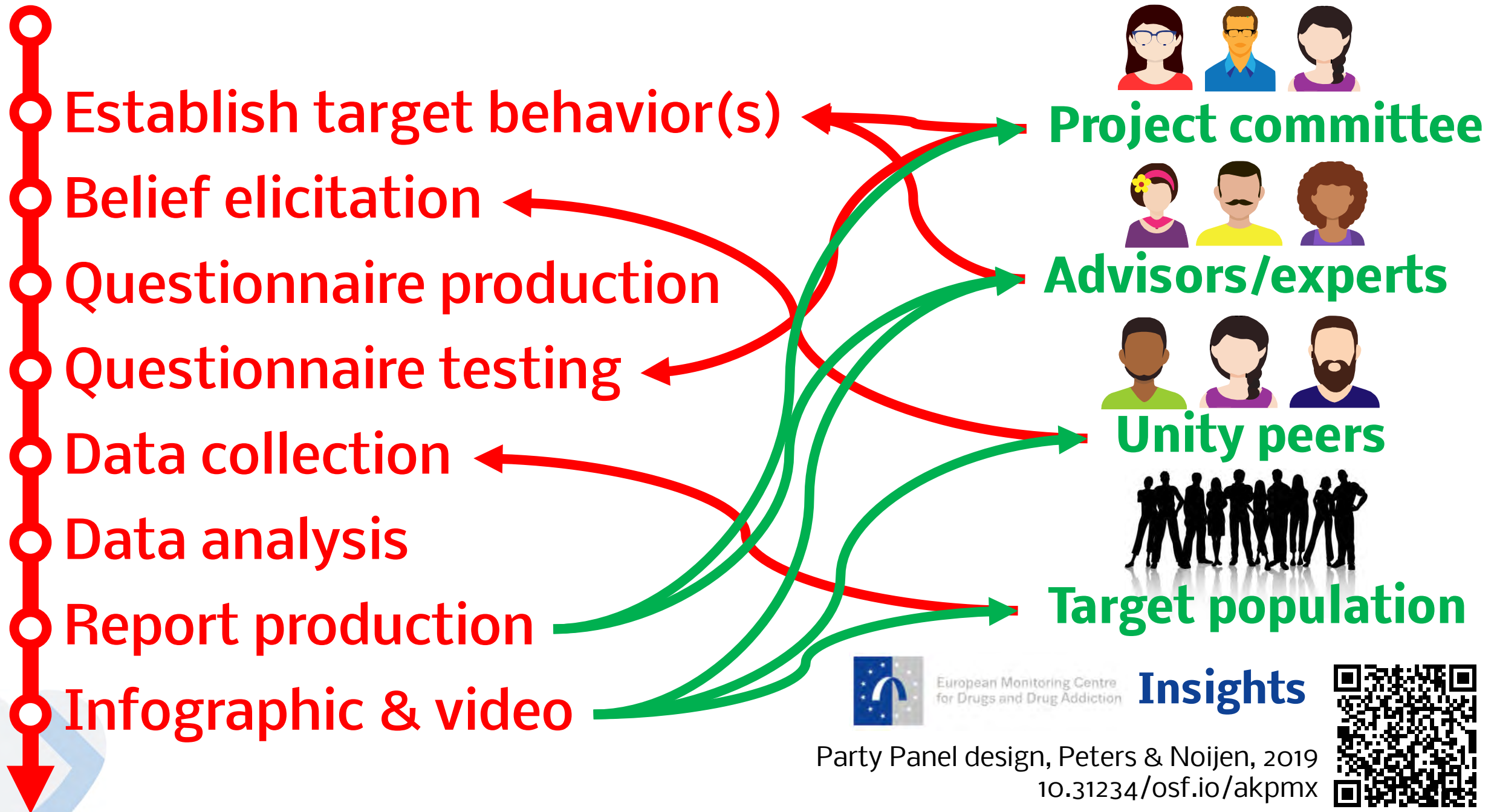




Behavior Change Principles

	A	B	C	D	E	F	G
1	Behavior Change Principles	Parameters for effectiveness	Applications	Sub-determinants	Determinants	Sub-behaviors	Target behavior
2	Persuasive communication	Messages must be relevant and should not deviate too much from the target populations' beliefs. Can be stimulated with surprise and repetition; contains arguments.	An infographic shows the changing effects of XTC as the dose increases.	If I use a high dose of XTC, it is harder to connect to others.	Attitude	Decide to avoid using a high dose of XTC	Dose XTC within recommendation
3	Persuasive communication	Messages must be relevant and should not deviate too much from the target populations' beliefs. Can be stimulated with surprise and repetition; contains arguments.	An infographic shows the changing effects of XTC as the dose increases.	If I use a high dose of XTC, time seems to pass faster.	Attitude	Decide to avoid using a high dose of XTC	Dose XTC within recommendation
4	Persuasive communication	Messages must be relevant and should not deviate too much from the target populations' beliefs. Can be stimulated with surprise and repetition; contains arguments.	An infographic shows the changing effects of XTC as the dose increases.	If I use a high dose of XTC, I remember less.	Attitude	Decide to avoid using a high dose of XTC	Dose XTC within recommendation
5	Information about others' approval	In reality, others have positive attitudes towards the target behavior.	Highlight the Party Panel result that most people prefer lower doses of XTC.	Most people that are important to me approve of dosing XTC within the recommendations.	Perceived norm	Decide to avoid using a high dose of XTC	Dose XTC within recommendation





USING ALCOHOL OR OTHER DRUGS IS NEVER WITHOUT RISK

I LOVE MY EARS

THINK FOR YOURSELF, CARE ABOUT OTHERS

PACE YOURSELF: EAT, SLEEP, RAVE.

DON'T PUSH YOUR LIMITS. BE RESPONSIBLE

BE PREPARED FOR ANY TYPE OF WEATHER

TAKE YOUR TIME TO CHILL

ALWAYS HAVE SAFE SEX

THE FIRST AID TEAM IS YOUR FRIEND.

DON'T DRINK, DRUG AND DRIVE. YOU ARE A BIG RISK FOR YOURSELF AND OTHERS.

15.1

17.1

19.1

16.1

18.1





(Session 1c)



Rutgers

**BEN JE
OKE?**



**ZIE JE ONGEWENST
SEKSUEEL GEDRAG?
STEL DE VRAAG!**

Ongewenst seksueel gedrag is niet oké, ook niet bij concerten, op festivals en in de clubs. Als je denkt dat iemand wordt lastiggevalen, vraag dan: 'Ben je oké?'

Zo hebben we allemaal een mooie tijd.

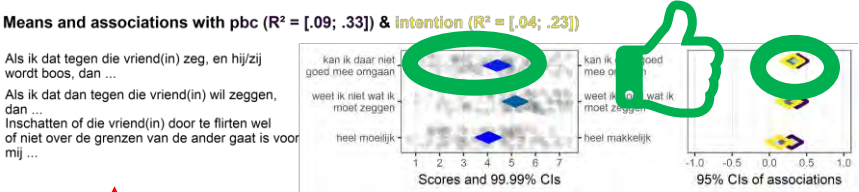
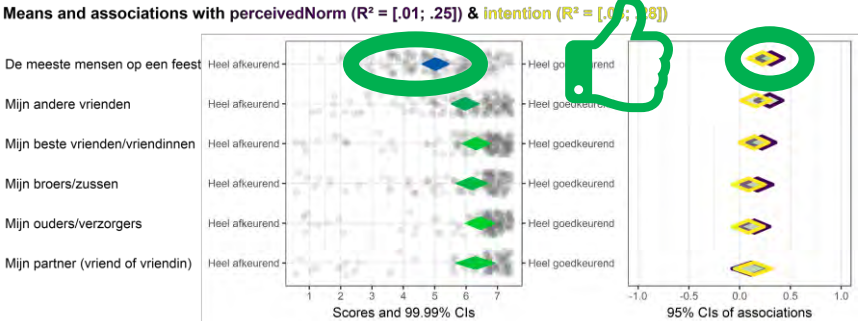
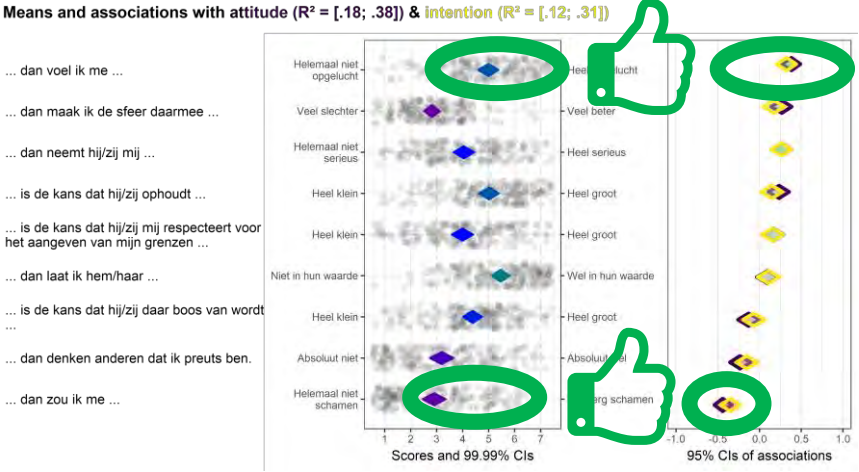
DOE MEE!

HOE? STEL DE VRAAG: BEN JE OKÉ?



Session 2D



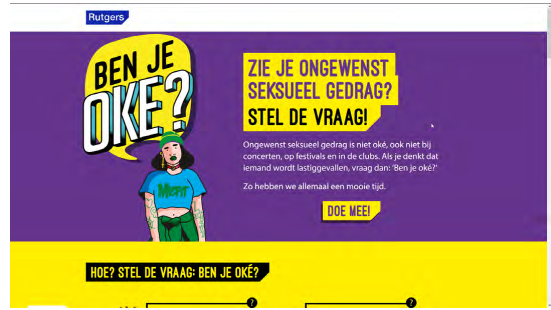
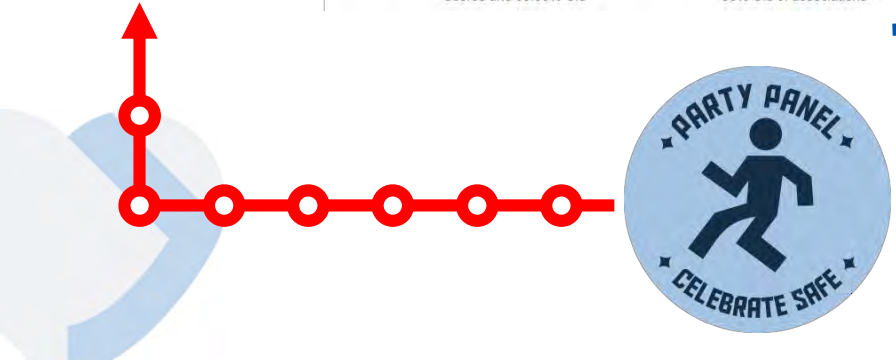
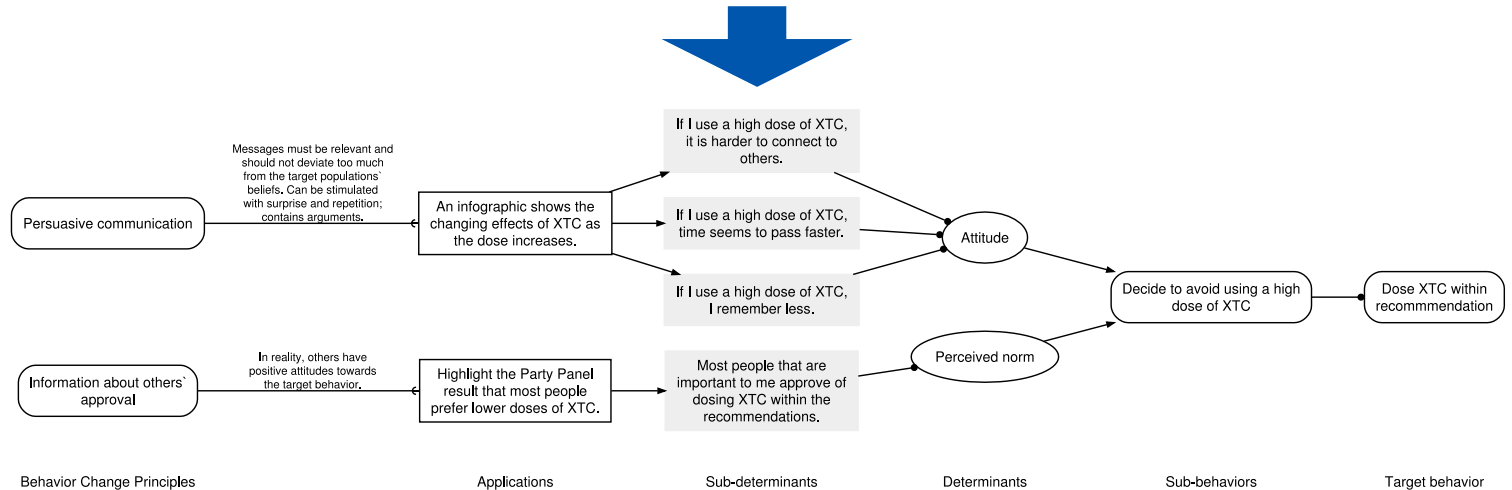


abcd-xtc-example

File Edit View Insert Format Data Tools Add-ons Help All changes saved in Drive

fx Behavior Change Principles

	A	B	C	D	E	F	G
1	Behavior Change Principles	Parameters for effectiveness	Applications	Sub-determinants	Determinants	Sub-behaviors	Target behavior
2	Persuasive communication	Messages must be relevant and should not deviate too much from the target populations' beliefs. Can be stimulated with surprise and repetition; contains arguments.	An infographic shows the changing effects of XTC as the dose increases.	If I use a high dose of XTC, it is harder to connect to others.	Attitude	Decide to avoid using a high dose of XTC	Dose XTC within recommendation
3	Persuasive communication	Messages must be relevant and should not deviate too much from the target populations' beliefs. Can be stimulated with surprise and repetition; contains arguments.	An infographic shows the changing effects of XTC as the dose increases.	If I use a high dose of XTC, time seems to pass faster.	Attitude	Decide to avoid using a high dose of XTC	Dose XTC within recommendation
4	Persuasive communication	Messages must be relevant and should not deviate too much from the target populations' beliefs. Can be stimulated with surprise and repetition; contains arguments.	An infographic shows the changing effects of XTC as the dose increases.	If I use a high dose of XTC, I remember less.	Attitude	Decide to avoid using a high dose of XTC	Dose XTC within recommendation
5	Information about others' approval	In reality, others have positive attitudes towards the target behavior.	Highlight the Party Panel result that most people prefer lower doses of XTC.	Most people that are important to me approve of dosing XTC within the recommendations.	Perceived norm	Decide to avoid using a high dose of XTC	Dose XTC within recommendation



Party Panel data & resources:
<https://gitlab.com/partypanel>



Confidence Interval-Based Estimation of Relevance (CIBER):
<https://a-bc.gitlab.io/website/tutorial/ciber>



Acyclic Behavior Change Diagrams:
<https://a-bc.eu/apps/abcd>



Party Panel data & resources:
<https://gitlab.com/partypanel>



Confidence Interval-Based Estimation of Relevance (CIBER):
<https://a-bc.gitlab.io/website/tutorial/ciber>



Acyclic Behavior Change Diagrams:
<https://a-bc.eu/apps/abcd>



Thank you!

Gjalt-Jorn Peters
Open University of the Netherlands
matherion 
gjalt-jorn@behaviorchange.eu @