

PREHAB: Interrupting A Deeper Pattern

A Development Solution For a Development Problem

Kennesaw State University 2011-2015

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Underlying any dysfunctional outcome is either too much or too little fear. Fear is a perception process. (Moore, 2016 p.21)

Abstract

Applied individual psychology and affective risk response research uncovered a pattern between two kinds of perception development. Development of one gives the appearance of delay in the other. The PREHAB method reverses this pattern as indicated by reduced negative consequences. Interventions focused on delayed development alone will be ineffective at best, harmful at worst. This impacts all prevention and treatment models.

Prehab results correlate with identification and intervention of high risk students ($r=.9$ or higher) in two convenient samples, $n=457$ and $n=678$, in two different years with non equivalent measure (AUDIT). Perception development occurs before Substance Use Disorders at a non spurious level of development.

A perception driven risk/benefit cycle is the necessary and sufficient cause of Substance Use Disorders.

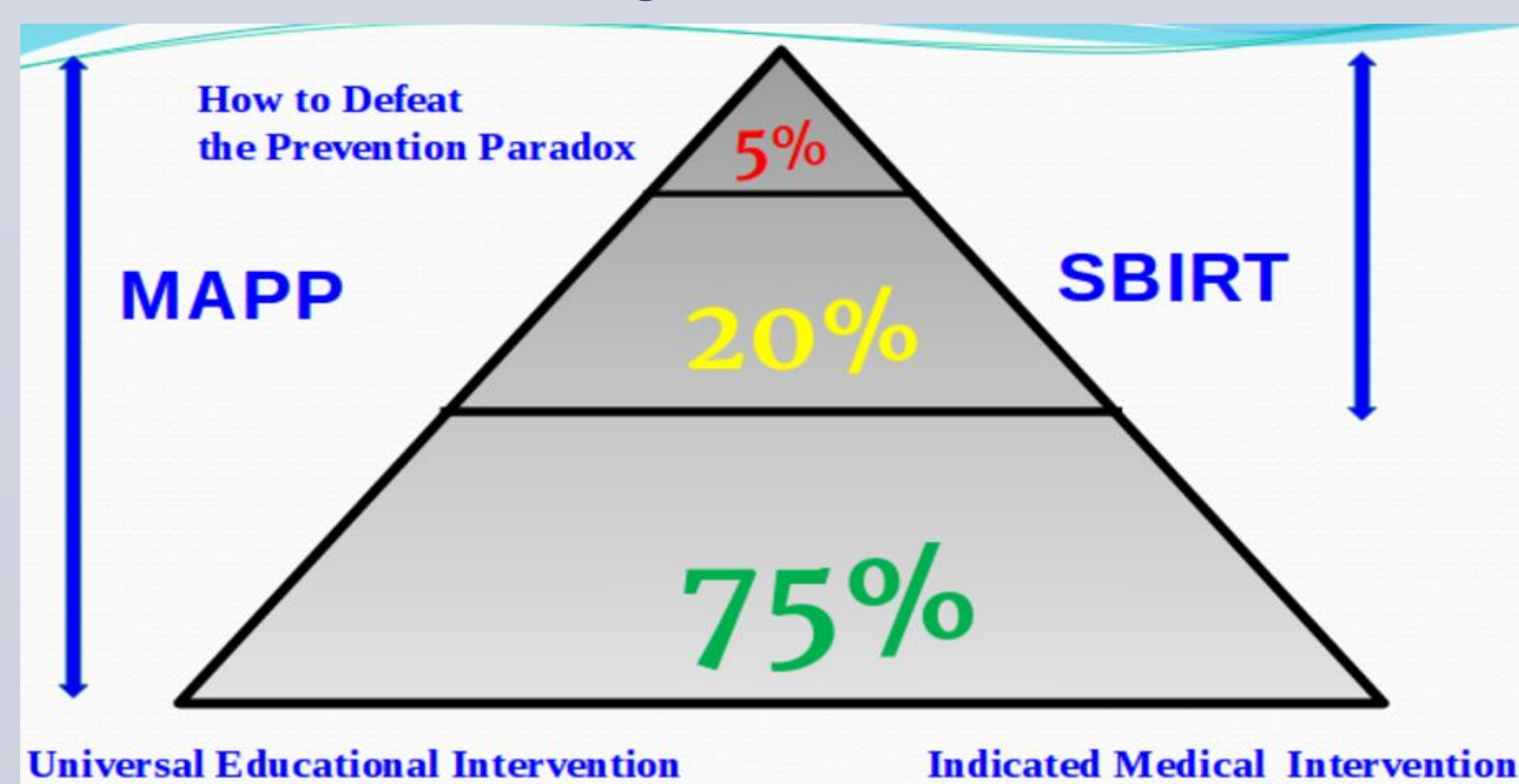
The inverse relationship between collaborative interventions and outcomes using KSU Clery Report Student Housing data (2016, Annual Security and Fire Safety Report, pp. 52,55,56) can be seen below, middle section. Increased interventions correlate with decreased outcomes and vice versa.

Perception Development: Nomothetic Causation?

- The variables must be correlated
- The cause takes place before the effect
- The variables are non-spurious
- Since no "complete cause" in Social Research...
- Necessary cause must be present
- Sufficient cause must be present

(Babbie, 2004 , pp. 90-94)

Objective



Applied Affective Risk Response System Research

Perception Risk Factors:

- #1 Risk / Benefit
- #2 Good / Bad
- #3 New / Familiar
- #4 Social Proof
- #5 Control
- #6 Commitment

(Moore, 2016; Inspired by Ropeik, 2010)

Stage	Physical	Mental	Perception	Outcome
0	No tolerance issues	No obsession issues	Constructive Paranoia Stable Risk / Benefit	No progression No smoking / No drunks Mature judgment
1	No tolerance issues	No obsession issues	New / Good Social Proof	Acute deaths & Accidents Or to Stage 0 or 2
2	Tolerance adjustment	Impulse	Value Attribution Group Polarization Euphoric Recall Escalation/Commitment	Acute deaths & Accidents Or to Stage 0 or 3
3	Tolerance peaks	Preoccupation	Familiar / Good Confirmatory Bias Optimistic	Addiction progression Or to Stage 0 or 4
4	Withdrawal	Obsession	Desperate for change - Cling to familiar Pain and Suffering Loss Acceptance	Dependence Recovery (abstinence) or Jails, Institutions, Death

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I was at Stage _____

I am at Stage _____

I plan to be at Stage _____

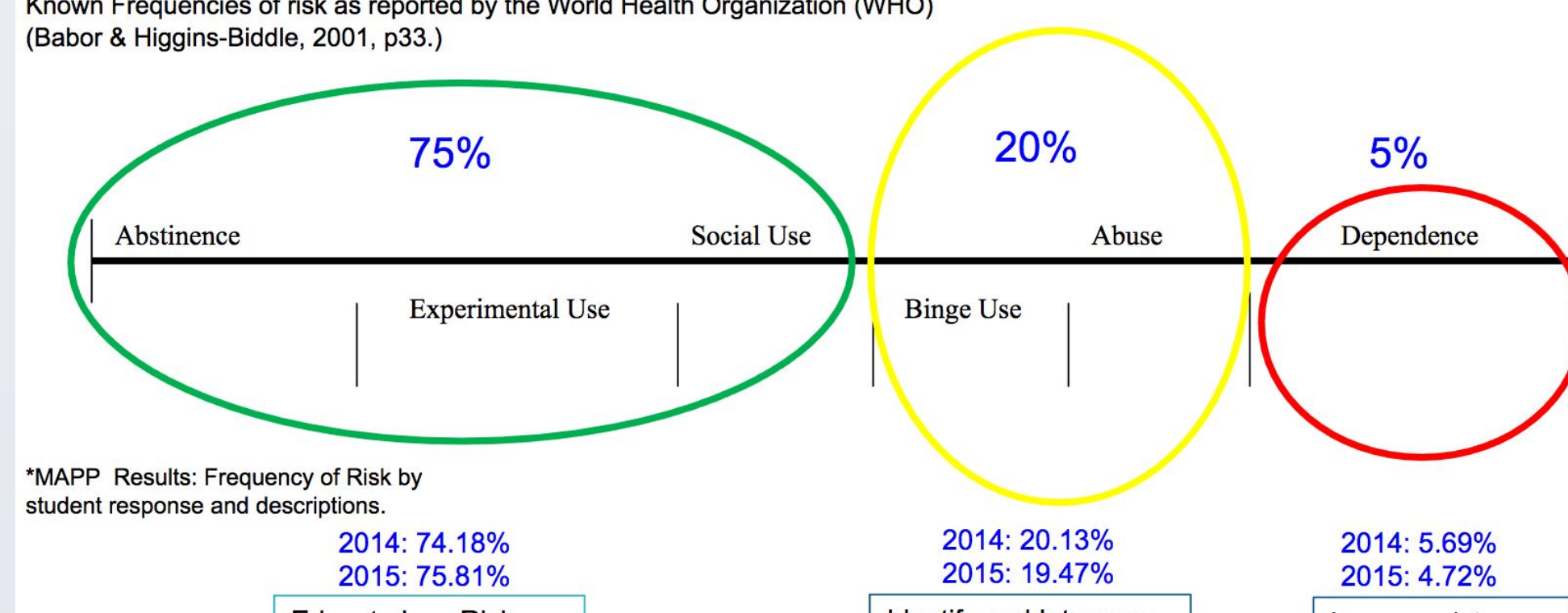
Temporal Assessment Variable

2 Student Type Variable 1 Student Outcome Variable 0



MAPP RESULTS FALL 2014 N=457 & 2015 N=678 PEER ED and First Year Students

Known Frequencies of risk as reported by the World Health Organization (WHO) (Babor & Higgins-Biddle, 2001, p33.)



*MAPP Results: Frequency of Risk by student response and descriptions.

2014: 74.18%
2015: 75.81%

Educate Low Risk

2014: 20.13%
2015: 19.47%

Identify and Intervene

2014: 5.69%
2015: 4.72%

Lower resistance

(Used with Permission O'Neil, 2012)
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INTERVENTION	2014 92/457 20.13%		2015 132/678 19.47%	
	TAV	Frequency %	TAV	Frequency %
010	29%	010	27%	
110	11%	110	12%	
121	9%	210	11%	
210	8%	021	11%	
020	7%	121	9%	
021	5%	321	5%	
320	4%	220	4%	
221	3%	120	3%	
331	2%	020	2%	
120	2%	231	2%	
220	2%	221	2%	
01.50	2%	430	2%	
01.51	1%	320	1%	

Affective Risk Response Discovery; Perception Risk Factor Order

Perception Driven Development results in Substance Use Disorders

Judgment Based Development Prevents Substance Use Disorders

Perception-Driven Risk / Benefit Cycle

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	High Benefit	Low Benefit
Low Risk	Stage 0. Improve purpose, take action in stage 1 Constructive Paranoia	Stage 2. Value Attribution, Group Polarization, Commitment Stage 3. Familiar, Good Confirmatory Bias Decreased acute, increased chronic consequences
High Risk	Stage 1. New, Good, Social Proof Increased acute and chronic consequences	Stage 4. Cling to familiar, Pain and Suffering, Loss Acceptance Severe Substance Use Disorders

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Judgment-Based Risk / Benefit Cycle

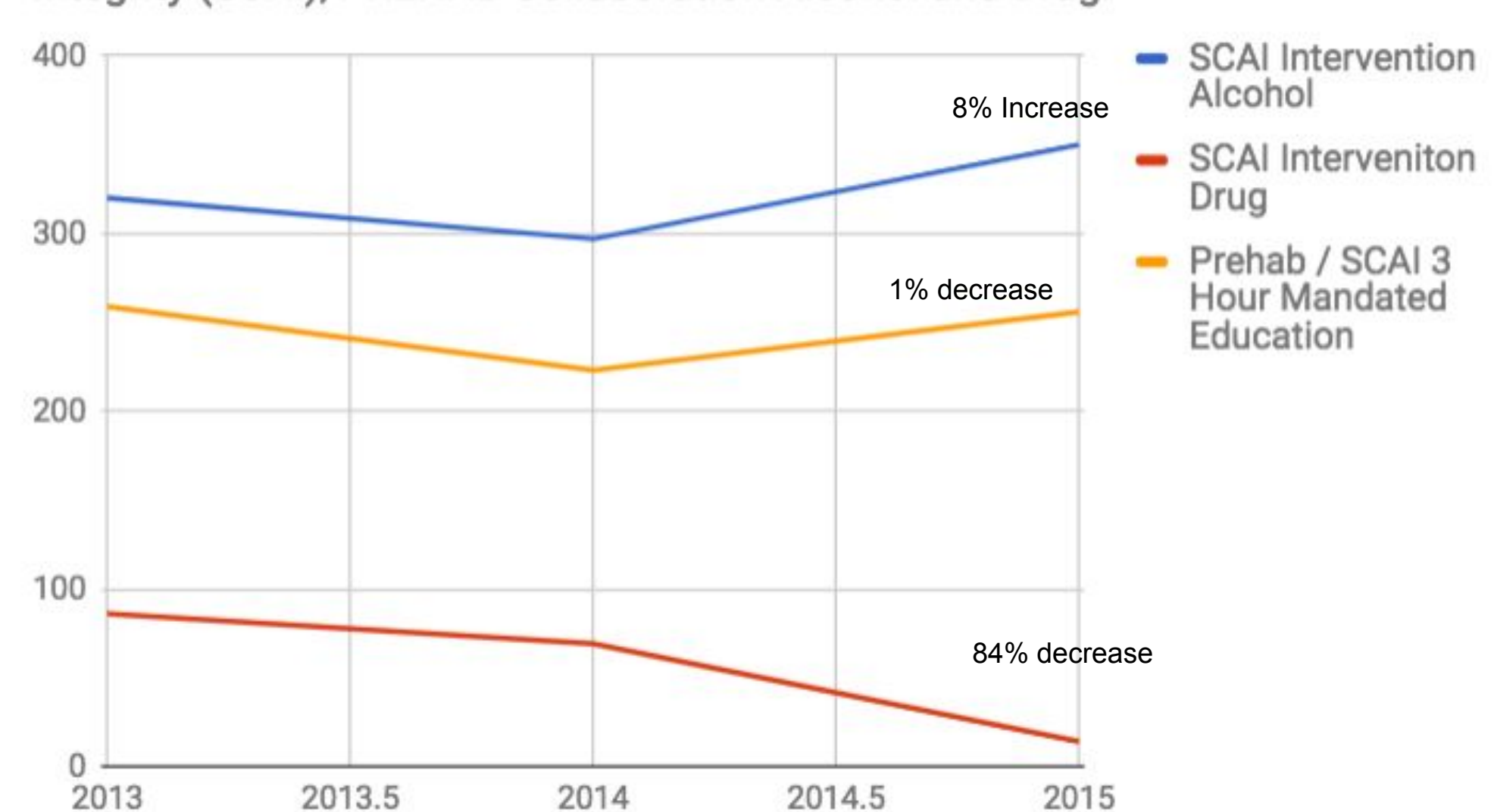
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	High Benefit	Low Benefit
Low Risk	Stage 0. Improve purpose, take action in stage 1 Constructive Paranoia Commitment, Familiar, Group Polarization, Confirmatory Bias Principles, Autonomy	Stage 2. Stage 3. Reduced and eliminated by Stage 1
High Risk	Stage 1. New, Good, Social Proof, Pain and Suffering, Loss Acceptance Retain High Benefit return to 0. Reject Low Benefit return to 0.	Stage 4. Eliminated to the degree Stage 2 and 3 are reduced.

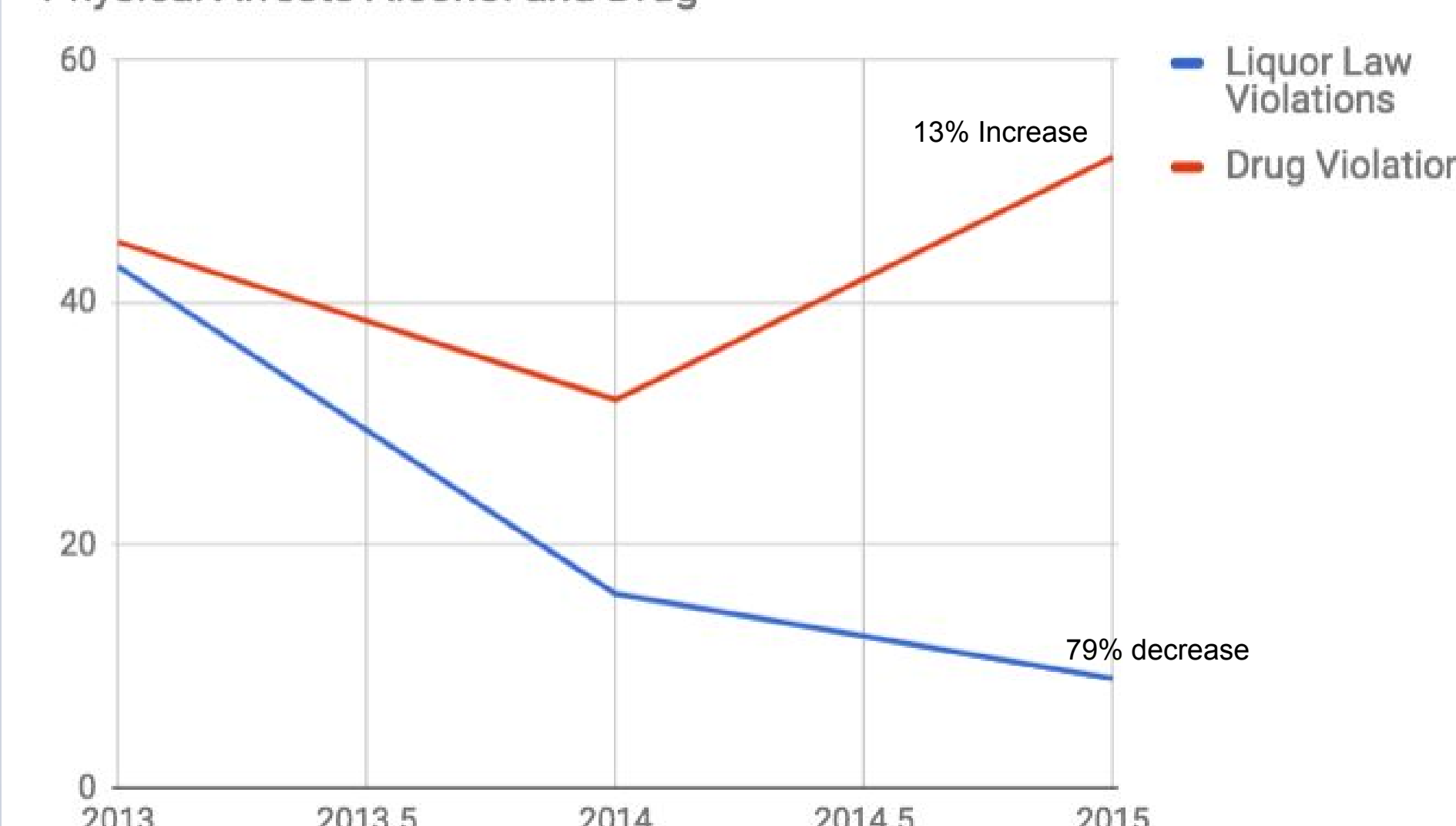
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Collaborative Based Intervention and Outcomes

KSU Student Housing 2013-2015 Interventions: Student Conduct Academic Integrity (SCAI), PREHAB Collaboration Alcohol and Drug.



KSU Student Housing 2013-2015 Outcomes: Campus Police Citation and Physical Arrests Alcohol and Drug



Conclusions

Given student responses, and reduced negative consequences, the human affective response system can be developed through education. (Moore, 2016, p.xvii.) Changing the order of perception risk factors determines quality of judgment. The result is reduced negative consequences, autonomy and high benefit lifestyle.

Conventional interventions that treat symptoms and equate caution or accountability to judgment explain why negative outcomes continue in spite of billions invested and "evidence" collected.

Presenter	Age	Gender	TAV	Your comments are welcome
LM	19	m	420	The Educator was great and very strong to stand and give a testimony
J	27	m	34.5	This has been an eye opener as far as my issues w/alcohol. I have been aware of my issues and problems w/drinking, but this has been very revealing as to some of the reasons.
LM	18	f	330	I drink and use amphetamines on a weekly basis. I don't find it a necessity but definitely a very strong want. I want to slow down eventually. The 4 stages really helped me realize that I may have a bigger problem than I thought + I could really relate to a lot of the mental processes described in the addiction cycle.
LM	19	f	320	This presentation opened my eyes. I like the speaker's use of personal experience.
PM	19	m	221	While the presentation is helpful and does encourage thoughtful decision making, it only seems like it'll reach stages 0-2 because 3&4 probably will deny having a problem & be dismissive.
JM	18	f	221	Presentation was valuable. I learned a lot. I'm trying to figure out if I'm an alcoholic but hopefully I can recover from my actions.
P&J	18	f	210	I feel that is something that is important for all college students to know. Educator knew what he was talking about very well. I would make it on an easier level so people don't get bored and pay more attention.
LM	18	m	121	Thank you for being so informative, I'm going to change some of my habits. The 70% of death being low risk is scary. I had so many drinks that other night my room mate turned me on my side B4 threw up & probably saved my life. Thank you.
TJ	18	f	121	It's interesting to know that most people who are harmed by alcohol are those that are not necessarily addicted
LD	18	f	120	This helped me open my eyes to see the truth about alcohol and drug use / abuse. Thank you so much for taking the time to teach me, and help me become aware of the effects and the future effects this usage withholds. Heartshape. You helped me understand me ten times better and the risks I am at. Thank you for helping me out.
PM	18	f	110	I have had a family member at stage 4 and this presentation helped me better understand what he is/was going through. Stages most helpful. N/A
PM	19	m	110	Good presentation. I learned a lot of new things. Made me think more about what I do.
LM	19	m	010	This was fantastic, thank you
PM	19	f	010	I enjoyed learning about the processes of addiction on a deeper level. The examples and explanations were helpful and created a better and unique understanding.
PM	18	m	010	Very good presentation. I hope that all learning communities see this presentation. All freshmen must know this information about addictions.

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$$\text{RISK} = \text{HOST} \times \text{PERCEPTION RISK FACTOR DEVELOPMENT}$$