



SPR COMMUNITY

The Society for Prevention Research Newsletter

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President's Message



Deborah Gorman-Smith

Dear SPR Members,

I'm very pleased to serve as president of the Society for Prevention Research and to work with the SPR Board of Directors to address the increasing challenges that face the Society and the field of prevention science. As we have seen from recent events such as the decreases in funding in multiple areas of prevention research (e.g., CDC youth violence prevention funding), while positive research findings from the field are influencing federal, state and local policy and leading to an increased call for the use of evidence-based programs, funding for research to guide these programs and policies have changed. It is in this context that I see three major priorities for the Society over the next 3-5 years: 1) greater education about and advocacy for prevention science, 2)

increased opportunities for active involvement of the SPR membership in the strategic activities of the Society, and 3) increased long-term financial stability of the organization.

Greater Advocacy for Prevention Science: We as a field need to become much more vocal advocates for prevention programming and related research. It is clear that strong research findings are not enough. We need to better translate and communicate these findings if we are to have a greater impact on policy and programs that affect peoples' lives. While we have learned a great deal about etiology and risk for many problems and disorders and have some impressive evidence of the economic and social benefits of a number of prevention programs, there remains much to be learned. It is essential that we advocate for increased funding for this work, both individually and in an organized way as a Society. It is critical that we, as the leading scientific organization focused on these issues, form partnerships with other organizations that share these goals to create a strong voice in policy and practice discussions around federal, state and local efforts toward lowering the prevalence of the most common and costly problems of human behavior.

Increased opportunities for more active involvement of the SPR membership in the strategic activities of the Society: While the Board of Directors and some members of the Society have been integrally involved in the growth and development of SPR, the broader membership has generally been only minimally involved in activities other than participation in the annual meeting. The current financial stability of the Society and the development of a strategic plan now provide an opportunity to support increased member involvement in other aspects of the Society such as advocacy, communication, training, and conference planning. Increased member involvement, particularly by those representing minority groups through the recently created *Diversity Network Committee* and those earlier in the career through the ongoing leadership provided by the *Early Career Preventionist Network (ECPN)*, is critical to the continued health and development of the Society.

Increased long-term financial stability: Finally, we need to continue to work toward the longer-term financial stability of the organization. Over the last 10 years, the leadership of SPR has worked to stabilize the infrastructure needed to support the work and strategic activities of the Society. The R13 conference grant funded by NIH agencies (NCI, NHLBI, NIAAA, NICHD, NIDA, and NIMH) and most recently OBSSR and CDC is extremely important to SPR's ability to meet its goals. However, if we are to continue to work to meet the goals outlined in our strategic plan and expand the work of the Society, we need to expand our funding base and develop a long-term financial strategy.

2011 Annual Meeting Highlights: SPR's 19th Annual Meeting "Prevention Scientists Promoting Global Health: Emerging Visions for Today and Tomorrow", May 31-June 3, 2011 was a considerable success with more than 800 attendees. At the annual meeting we celebrated SPR's 20th Anniversary, 1991-2011. The annual awards presentation is a highlight of the meeting. Please join me in congratulating the 2011 SPR

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President's Message

Continued

award winners listed on page 13. Also, congratulations to *The Maximum Likelihoods* (Pennsylvania State University) the winners of the 6th annual SPR Cup. An interview with Rebecca Madill, captain, of the winning team is on page 7.

We are very pleased that the NIDA International Poster Session was held at SPR for the 4th year. During his welcoming remarks at the poster session Dr. Wilson Compton, NIDA, announced that the NIDA and the Mexican National Institute of Psychiatry Ramón de la Fuente Muñiz (NIP), along with the Mexican National Commission Against Addictions (CONADIC) and the Society for Prevention Research, have established the United States–Mexico Drug Abuse Prevention Research Fellowship. This new fellowship program will enable talented Mexican postdoctoral scientists to devote 12 months to drug abuse prevention research in the United States (for more details, see page 13).

Standards of Knowledge for the Science of Prevention: As part of SPR's strategic plan to advance prevention science and the training of prevention researchers, the SPR Board of Directors appointed a task group of prevention scientists and practitioners to develop a definition of prevention science and conceptualize and prepare a document that lays out the specific training needs for new prevention researchers. The [*Standards of Knowledge for the Science of Prevention*](#) developed by this task group puts forth a set of shared standards of training for both prevention researchers and prevention practitioners. Through this work, we hope, to facilitate a greater understanding of prevention science and help advance the training of prevention researchers. As with any evolving field of study, this document is considered a "living document" that will, by necessity, be updated as we learn more about the design and delivery of prevention interventions and advance our research designs and statistical methodologies to improve our understanding of the key operational elements of effective interventions. Many thanks to SPR's task group for developing these standards and to the National Institutes of Health for the support for the preparation of this document.

Prevention Science: I'm very pleased to announce that effective February 2012, SPR's journal *Prevention Science* moved from quarterly to bi-monthly publication. This represents a 20% increase in pages each year. Under the leadership of Editor Robert McMahon the 2-year Impact Factor for 2010 (announced in June 2011) was 2.754, placing the journal 11th of 114 journals in the Public, Environmental, and Occupational Health category. The 5-year year Impact Factor score was 3.47. Many thanks to Felipe Gonzalez Castro and David MacKinnon who after six years as Associate Editors resigned this year. We welcome three new Associate Editors J. Mark Eddy, Hanno Petras, and Stephanie Lanza who will join "veteran" Associate Editors Steven Schinke, and Zili Sloboda.

2012 Annual Meeting Planning: The 2012 SPR Program Planning Committee, chaired by Leslie Leve (OSLC), has been hard at work planning the 20th Annual Meeting "Promoting Healthy Living through Prevention Science". The committee is comprised of members of the board of directors, chairs of each of the SPR committees, as well as, representatives from the NIH, CDC, SAMHSA and ACYF. In addition to the program planning committee, The Early Career Preventionist Network (ECPN), the Diversity Network Committee (DNC), and the International Task Force (ITF) each plan their activities for the annual meeting. The program development would not be possible without the contributions from the 110 members who reviewed the 772 abstracts that were submitted. Each abstract is reviewed by three reviewers and the time commitment contributed by these volunteers is highly valued. If you didn't volunteer this year, please consider participating next year!

As SPR leaders we work for you, but we can't do it without your participation. I encourage each of you to be an active and engaged member of SPR by attending the annual meeting, submitting your manuscripts to *Prevention Science*, contributing articles and commentary to this newsletter, nominating your distinguished colleague for awards, and spreading the word about SPR and prevention science.

I look forward to the coming months as the SPR board and our members work together to address the challenges facing the Society and prevention science.

Sincerely,

Deborah Gorman-Smith, PhD
President

Editor's Welcome



Hanno Petras

Over the past year as the Society for Prevention Research celebrated its 20th anniversary, 1991 – 2011, it has been a good opportunity to reflect about the Society's accomplishments and its place in the developing history of Prevention Science. Most of us were not around to attend the first couple of meetings or experience 20 years of SPR's history personally. In this issue of SPR Community we are pleased to share with you the reflections from

Sheppard Kellam and Zili Sloboda, two of the 19 founding members, and two past presidents of SPR.

We welcome contributions from members who wish to share their highlights of their experiences, anecdotes and memories of the SPR annual meetings and your reflections on SPR's role in the development of Prevention Science. We will publish them in the spring 2012 issue of SPR Community. Please send your contribution to Hanno Petras, PhD, SPR Community Editor at hpetras@jbsinternational.com. Please note that due to space limitations, the Newsletter editor reserves the right to edit copy that is received and to omit submissions that are not directly concerned with SPR annual meeting and activities.

We look forward to hearing from you.

With best regards,

Hanno Petras, PhD
Editor

Why Should We Care About Legalization?

By Kevin A. Sabet



Kevin A. Sabet

In November of 2010, a series of attempts at decriminalization and medicalization of marijuana nationwide culminated into a referendum in California on the full legalization of the drug. Though voters rejected the measure by a 53-47 margin, legalization remains a significant issue of discussion in the public square. The connection between drug prevention and these debates is a nuanced one. I argue, however, that legalization, should it be one day realized, will

greatly aggravate prevention efforts. Chief among a list of concerns is our experience with two already legal, dangerous drugs for youth – alcohol and tobacco. Those two drugs have taught us that legal status is a significant, if not the single most important, factor in the availability, price, and use of any drug, and that youth are particularly sensitive to price.¹ Furthermore, the costs to society of alcohol and tobacco – substances that are legal and taxed – are much greater than the revenue they generate. Federal excise taxes collected on alcohol in 2007 totaled around \$9 billion; states collected around \$5.5 billion. Combined, these amounts are less than 10 percent of the estimated \$185 billion in alcohol-related costs to health care, criminal justice, and the workplace in lost productivity.² Tobacco also does not yield net revenue when taxed. Each year, Americans spend more than \$200 billion on the social costs of smoking, but only about \$25 billion is collected in taxes.³ We also know that the criminal justice system is burdened by these costs. Arrests for alcohol-related crimes, such as violations of liquor laws, public drunkenness, and driving under the influence, totaled nearly 2.7 million in 2008. Marijuana-possession arrests under current laws in 2008 totaled around 750,000.⁴

And though levels of adolescent marijuana use have crept up in recent years, and in some cases have exceeded tobacco use, far fewer Americans regularly use marijuana and other illegal drugs compared to alcohol and tobacco. In each year of the past twenty, the Monitoring the Future survey has revealed that over 50% percent of kids cite getting in trouble with the law as a reason they don't use illegal drugs.⁵

¹ For example, see: Williams, J., Pacula, R., Chaloupka, F., and Wechsler, H. (2004), "Alcohol and Marijuana Use Among College Students: Economic Complements or Substitutes?" *Health Economics* 13(9): 825-843.; Pacula R., Ringel, J., Suttrop, M. and Truong, K. (2008), *An Examination of the Nature and Cost of Marijuana Treatment Episodes*. RAND Working Paper presented at the American Society for Health Economics Annual Meeting, Durham, NC, June 2008. Jacobson, M. (2004), "Baby Booms and Drug Busts: Trends in Youth Drug Use in the United States, 1975-2000," *Quarterly Journal of Economics* 119(4): 1481-1512.

² See <http://www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=399>. Also Harwood, H. (2000), *Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Update Methods and Data*. Report prepared for the National Institute on Alcoholism and Alcohol Abuse.

³ State estimates found at <http://www.nytimes.com/2008/08/31/weekinreview/31saul.html?em>; Federal estimates found at https://www.policyarchive.org/bitstream/handle/10207/3314/RS20343_20020110.pdf; Also see <http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf>; Campaign for Tobacco Free Kids, see "Smoking-caused costs," on p.2.

⁴ Federal Bureau of Investigation (2008) *Uniform Crime Reports*, Washington, DC. Available at: <http://www.fbi.gov/ucr/ucr.htm>

⁵ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2011). *Monitoring the Future national survey results on drug use, 1975-2010. Volume I: Secondary school students*. Ann Arbor: Institute for Social Research, The University of Michigan, 734 pp.

Experiences with prescription drug abuse also show that medicalization or quasi-legalization can lead to high use levels. Indeed, prescription drug abuse represents the fastest growing drug use category for kids over the past 10 years and a major source of drug mortality.⁶

Other than our experiences with alcohol, tobacco, and prescription drugs, we only have one other major example of legalization to draw lessons from: “medical” marijuana. Indeed, we are starting to see the effects of state sponsored marijuana distribution in the name of “medicine” in various states. Unfortunately, medical marijuana has not been widely studied, but there is an emerging literature on the subject. A major study in press in *Drug and Alcohol Dependence* by researchers at Columbia University looked at two separate datasets and found that residents of states with “medical” marijuana had marijuana abuse/dependence rates almost twice as high than states without such laws.⁷ A study in the September 2011 issue of *Annals of Epidemiology* found that, among youths age 12 to 17, marijuana usage rates were higher in states with medical marijuana laws (8.6%) compared with those without such laws (6.9%).⁸ The mechanisms driving these increases in use need to be studied further, but a hypothesis might be that use rises when “medical” marijuana programs affect the attitudes about the drug among young people. Certainly, *Monitoring the Future* has shown that fewer young people today see “great risk” in using marijuana regularly (see chart, above). In 1991, approximately 80 percent of 8th, 10th, and 12th graders perceived there to be “great risk” in using marijuana regularly. In 2010, those rates dropped to about 70 percent of 8th graders, 60 percent of 10th graders, and 55 percent of 12th graders.⁹

International experiences should also give us pause. When Dutch “coffee shops,” selling marijuana in line with their government’s formal non-enforcement policy, started to adopt slick advertising techniques and embark on an unprecedented mass promotion campaign of their marijuana product line, young adult marijuana use tripled.¹⁰ The Dutch are now carefully and significantly reversing their marijuana policies.¹¹

Certainly, current drug laws can be refined and updated to better reflect new trends, and prevention science has much to contribute to such an effort. Laws and practices that have a disproportionate impact on minorities or clumsily apply severe penalties instead of intervention or treatment should be closely examined. A case can be made that mistakes in adolescence should not follow someone around for their entire life and be used as a means to deny education,

employment, or social benefits. Finally, the federal government can devote more research resources into prevention, as the benefits of such a strategy outweigh other drug control measures.

Regardless of the salience of other topics within drug policy, however, the discussion of legalization will continue to adorn city council meetings, TV talk shows, and the 2012 elections. As scholars and practitioners of prevention, we have much to contribute to those conversations, even if we may have traditionally chosen not to. But with adolescent attitudes and use rates changing for the worse, it is becoming clearer that we can no longer afford that luxury.

Kevin A. Sabet, PhD, served as Senior Policy Advisor to the Office of National Drug Control Policy Director Gil Kerlikowske in the Obama Administration. He now consults with NGOs and government organizations on research and policy matters. You can reach him through his website, www.kevinsabet.com or on Twitter @kevinsabet.

The opinions or views expressed in this article are those of the author and do not necessarily reflect the opinions and recommendations of the Society for Prevention Research and its Board of Directors.

⁶ Ibid.

⁷ Cerda, M. et al. (in press). Medical marijuana laws in 50 states: investigating the relationship between state legalization of medical marijuana and marijuana use, abuse and dependence. *Drug and Alcohol Dependence*. Found at <http://www.columbia.edu/~dsh2/pdf/MedicalMarijuana.pdf>

⁸ Wall, M. et al (2011). Adolescent Marijuana Use from 2002 to 2008: Higher in States with Medical Marijuana Laws, Cause Still Unclear, *Annals of epidemiology*, Vol 21 issue 9 Pages 714-716.

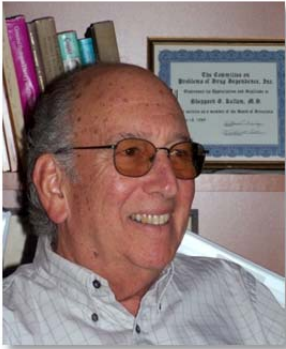
⁹ See footnote 5

¹⁰ de Zwart, W. M., Stam, H. & Kuipers, S. B. M. (1997). Kerngegevens: Roken, drinken, drugsgebruik en gokken onder scholieren vanaf 10 Jaar. Utrecht: Trimbos-instituut. Cited in MacCoun, R. and Reuter, P. (2001). Evaluating Alternative Cannabis Regimes, *British Journal of Psychiatry*. 178: 123-128

¹¹ “Government to scale down coffee shops,” Ministry of Health, Welfare, and Sport, Sept. 11, 2009. Accessible at <http://www.minvws.nl/en/nieuwsberichten/vgp/2009/government-to-scale-down-coffee-shops.asp>. Also see “Dutch border towns to close coffee-shops,” Expatica, October 24, 2008, http://www.expatica.com/fr/news/local_news/Dutch-border-towns-close-coffee_shops.html.

SPR's 20th Anniversary, 1991-2011: Capturing our History

By Sheppard Kellam



Sheppard Kellam

Every SPR annual meeting finds me wondering how we can document collectively the history of SPR. Maybe this became more salient to me personally as I began my 80th year and pondered the historical context in which I had spent all this time. History and development of SPR has been a prominent part of that context for me and I can guess for many of you. Who we SPR members are, what we continue to do together and how we came to be this way is salient for me and

probably for many of you. When Hanno Petras (*SPR Community* editor) and Jennifer Lewis (SPR executive director) asked me to write this note of invitation to all of you—and that's what this is-- it seemed a good idea for making our self-examination more institutional and shared. My memory includes such periods as early meetings before our by-laws and charter, the period of our meetings that trailed the College of Problems on Drug Dependence (CPDD) meetings, the first SPR separate meeting in Baltimore, the merging of NIDA supported researchers with those who had NIMH support and then the rapid growth of SPR membership, the first elections membership wide, the advent of our journal *Prevention Science*, the debating and writing of our rules and by-laws, the decisions to include broad areas of health and disorder in our prevention science vision, the opening of an SPR office and hiring our wonderful executive director with fears and worries about our capacities to support this growth. The birth and growth of the Early Career Preventionist Network (ECPN) was a milestone in SPR history as it became built into the by-laws. The first grants and contracts were a temporary strategy for how to plan for financing what we thought the mission should include. The debates were intense over how international SPR should be, but our new logo with the world at its center spelled out the direction for most of us. Debate was intense on how SPR should relate to the single discipline scientific organizations, the community organizations and service provider organizations. What were the debates like, who participated and what positions were most conflicted, and how resolved? Many, many of us participated in these debates and decisions or were part of the unresolved issues yet to be decided. I propose we write as the spirit drives us to contribute to our shared broad vision of prevention science and SPR. As Umberto Eco once wrote, all memory is reconstruction, but I say shared memory can be enriching and instructive as SPR ages and develops. What do you think? Is it worth a try? Our newsletter *SPR Community* would seem to be an ideal vehicle.

Sheppard G. Kellam, MD, an professor emeritus at the Johns Hopkins Bloomberg School of Public Health, is one of the founding members of the Society for Prevention Research, and served as president from 1998 to 2001.

Reflections on SPR and Prevention Science: Past, Present and Future

By Zili Sloboda



Zili Sloboda

Funding for prevention and prevention research has decreased dramatically over the past 10 years. What does this all mean for SPR? This may be an opportune time for those of us in the field of prevention to unite and coordinate an effort--if not to control but at least to guide and shape—the future of prevention. And that is what the membership and the board of the Society for Prevention Research is currently doing.

This movement has its roots in the discussions of the founding members of SPR. In the spring of 1991, the National Institute on Drug Abuse sponsored a meeting of prevention center directors hosted by Ralph Tarter at his center at the University of Pittsburgh. The purpose of that meeting was to share research activities and discuss findings and challenges. What I find so interesting looking back on that meeting is how inclusive it was. It included biologic types like Michael Bardo and geneticists and those interested in contextual and cultural issues like Gene Oetting and Ruth Edwards.

When we met at that time there was a sense that we prevention researchers had much in common and much that distinguished us from our same disciplinary colleagues. We recognized that our professional groups—psychology, sociology, and epidemiology—did not give our etiologic and intervention research priority status. Furthermore, given that our work focused on drug abuse many of us had been marginalized by our professional associates. We saw that by establishing a society for prevention research we could not only provide a forum for us to share our work but also we could introduce our younger colleagues to a cross-section of prevention research being conducted nationally. We also thought by coalescing most of the prevention researchers in the country, we would create an intellectual force to move prevention research forward to inform practitioners, policy makers, and the public.

During the first few years, the SPR membership consisted primarily of drug and alcohol abuse prevention researchers. However, when the new leadership at the National Institute of Mental Health discontinued funding annual conferences for its prevention researchers in 1997 those researchers asked to join SPR. Since then prevention researchers from other social and health areas joined SPR and our membership has increased to over 800 members. In addition, as a result of European researchers attendance at the U.S. SPR a new EU-SPR has just been established.

This beyond the prevention of substance abuse has underscored the existence of a cross-cutting science of prevention. However, it has taken us several years to recognize the need to establish this field and articulate how prevention science is different from contributing sciences of psychology, sociology, epidemiology and biology. By acknowledging the special nature of prevention science we are then able to make recommendations for the training of prevention scientists within both research and practice tracks. A document has been prepared for the review of our membership by a task group of the training committee that outlines the areas of competencies that go towards the making of a prevention scientist and is available on the SPR website.

The process of working through these issues has influenced the conference themes and emphases over the past years on areas that have been somewhat neglected. In addition, SPR has established special focus areas at its conferences. These areas are part of what we call mapping advances in prevention science or MAPS. About four years ago SPR began a series of workshops and presentations at the conference on integrating biological and psychosocial perspectives on the development and prevention of behavioral problems that have negative outcomes or Type I translational research. This effort began with a conference held in January 2007 at the University of Oregon on “Neuroscience and the Prevention of Mental Illness and School Failure”. Fifty-five attended this conference. As one of those attending, I found it a very exciting and successful meeting. This conference was followed by a preconference workshop held prior to the 2007 annual SPR meeting, “Underlying Mechanisms in Liability for Dysregulatory Behaviors” and a provocative plenary of the meeting: “Genes, Environment, and Metabolic Programming: Opportunities for Preventive Intervention” with Dr. David Barker of the University of Southampton, Dr. Michael Rutter of King’s College London, and Dr. David Reiss of George Washington University Medical Center. Another preconference workshop was given: “Antisocial Behavior: a Clinical and Social Problem Considered from Evolutionary Perspectives”. An issue of *Prevention Science* will be devoted to a series of papers examining the intersection of biological and behavioral issues. We also expected through this process that more representatives from biologic areas of research who are interested in influencing prevention will become members of SPR.

A second MAPS initiative has been initiated to focus on Type II translational research, research associated with taking interventions to scale. The issue of Type II translational research is one that has been addressed by many groups cutting across many disciplines. The SPR Type II translational research task group has been working to develop a document that incorporates these perspectives into a definition and the components that constitute this type of research.

Where do we go from here? I see several new or extended directions for SPR. We need to continue our work of defining prevention science and to developing related documents such as those focused on Type I and Type II translation research. These documents will

serve to stimulate support for research and to educate members of the field of prevention and policy makers.

A second very major direction for SPR is in the area of advocacy. We need to demonstrate that there is a distinct field of prevention science and that prevention science can make a difference in the quality of individual lives and therefore in the quality of our society. We have partners in prevention who share our mission. Most noteworthy has been the National Prevention Network that represents prevention specialists across the country. With the Network and other groups we need to develop an advocacy and communications plan that shares common objectives and messages. Our advocacy committee has identified several audiences for our prevention messages including our membership and prevention researchers who not members of SPR, university administrators, practitioners and allied professionals in many settings, policy makers at all levels, funders, journalists and other media professionals, and the public. Each of these groups has different priorities and interests in prevention and therefore warrant varying messages presented in appropriate formats. Prevention researchers and practitioners need to speak with one voice to be a force that is heard by all of these groups.

Each of you as prevention scientists has opportunities to educate your state and local legislators and the public. The advocacy committee is planning on preparing materials that are “policy maker”- and “media”-friendly that will be made available on the SPR website for your use. In addition we wish to add a web-based advocacy training program to the website for those interested in becoming active in being spokespersons for prevention.

Another direction SPR needs to take is to develop an integrated research agenda for prevention. This research agenda would reflect not only SPR members’ research areas but include input from our practitioner and federal and state partners. We need to have a plan that addresses epidemiologic and etiologic issues and recognizes that in order to be effective, multiple prevention strategies that reflect context (time and place) and cultural diversity are needed to improve the public’s health.

And finally, we need to attend to assuring the stability of an infrastructure to support prevention services. Such an infrastructure would need to include ongoing and coordinated funding for prevention service delivery and research, professionalization of prevention specialists (training, licensing/credentialing, monitoring quality), and incorporation of prevention services within established community provider groups.

Zili Sloboda, ScD, a director at JBS International, Inc. is a founding member of the Society and served as president from 2007 to 2009.

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6th Annual SPR Cup Winners, The Maximum Likelihoods, Pennsylvania State University, Rebecca Madill, D. Max Crowley, Yao Zheng, Lawrence Lo, Katie Gates

An Interview with the 2011 SPR Cup Winners

In recognition of the importance of the collaborative process to the field, the Society for Prevention Research (SPR) annually sponsors a friendly competition amongst teams of researchers for the honor of bringing home the Sloboda and Bukoski SPR Cup. The Cup is named for two of the founders and long-time active members of SPR, Dr. Zili Sloboda and Dr. William Bukoski. The Cup competition is an opportunity for an unique experience: several independent teams of scientists, each working with the same data set, problem solve together for a brief period of time and then jointly present their ideas to each other and a larger group of experienced prevention scientists.

At the 19th SPR Annual Meeting, four teams competed for the 6th Annual SPR Sloboda and Bukoski Cup. The teams all worked with the same data set the Second Injury Control and Risk Survey (ICARIS-2). Collection of this dataset was sponsored by the National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

SPR Cup teams received the data set two months prior to the annual meeting. During the months preceding the meeting, each team conducted a literature review, generated hypotheses, conducted analyses, and prepared a presentation for a 10-minute symposium talk on their results. The four teams presented their results during an invited symposium at the SPR annual meeting. A panel of senior prevention scientist judges and the audience at the symposium rated the quality of the research work and of the presentation.

SPR Community interviewed Rebecca Madill (captain) of the 2011 SPR Cup winning team, *The Maximum Likelihoods*, Pennsylvania State University. Madill's team mates are D. Max Crowley, Yao Zheng, Lawrence Lo, and Kathleen (Katie) Gates.

SPR Community: What motivated you to compete in the SPR Cup?

Madill: We all thought that the combination of methodology, prevention science, and competition sounded like a lot of fun--it's not something you find at any other conference. We were especially motivated by the opportunity to put our methods skills to the test with an unknown dataset. We also knew we would be entering the competition in the footsteps of several incredible Penn State SPR Cup teams, which gave us the confidence to proceed.

SPR Community: How did the team come together?

Madill: Yao, Max, and I are in the same cohort and spend a lot of time together. Yao suggested we put a team together, since we are all interested in prevention and methodology and we have worked together in the past. We mentioned the competition to our friends Lawrence and Katie, who specialize in methodology, and they thought it would be an interesting opportunity for them to apply their skills to prevention science.

The team really came together over the two months. In the beginning, we struggled to settle on a topic from the huge dataset. As the competition drew closer, we realized we had to pick an idea and just move forward. We gave ourselves a deadline by scheduling a practice talk at our Methodology Center. We spent hours together every day. Each team member took on a primary role, such as the cost-of-illness analysis or PowerPoint presentation, so that we could finish in time. It was strange the way roles developed, as it seemed we were all in charge of our weakest area. For example, a methodologist took charge of the lit review. That was an endless source of jokes.

SPR Community: What inspired you to choose your topic?

Madill: Everyone on our team is interested in how individuals change across time, and how prevention science can improve outcomes through universal, selective, and indicated prevention. When we found that so many individuals across the country reported symptoms of 9/11-specific PTSD, we were inspired by the possibility of identifying a population of individuals who might benefit from selective intervention following a traumatic event. Because exposure to the 9/11 terrorist attacks was not caused by race, gender, socioeconomic status, or other common variables that are often confounded with exposure to the traumatic events (e.g., combat, domestic violence), it was an incredible opportunity to understand the negative, lasting effects of exposure to interpersonal violence.

SPR Community: What was the biggest challenge in preparing your presentation?

Madill: Surprisingly, the cross-sectional dataset posed the largest challenge. Everyone on the team has an interest on individual change across time, so we are most experienced with methods for measuring change. When we learned that we had one-time telephone survey data, we knew we would have to think outside of our boxes. We had to re-visit statistical methods we had learned years ago and not used since!

SPR Community: In what ways did this experience change how you thought about prevention science and a career as a prevention scientist?

Madill: The experience didn't really change the way I thought about prevention science, but it did make me realize the importance of the teamwork that goes into a high-quality prevention study. The knowledge of every team member was critical to making our presentation effective, and the advice we got from the Methodology Center after our practice talk was invaluable. A career in prevention science is even more appealing knowing that I will be collaborating with experts in many different disciplines, and answering fascinating research questions that are outside of my primary interest areas.

SPR Community: Do you have any recommendations for future SPR Cup teams?

Madill: My advice for future SPR Cup teams is to set a deadline for your final research question—and stick to it! You will need much more time that you might expect to put your presentation together and practice your talk. Seek out opportunities to give practice talks, and give yourself plenty of time to incorporate feedback. Finally, don't try to use fancy methods just for the sake of fancy methods. Focus on the questions that need to be asked, and select methods that can best answer those questions.

International Task Force and International Networking Forum

By Brenda A. Miller



Brenda A. Miller

2011 Annual Meeting

The SPR International Task Force (ITF) planned two events for the 19th SPR Annual Meeting “Prevention Scientists Promoting Global Health: Emerging Visions for Today and Tomorrow”. The ITF organized the plenary session titled “How Should Prevention Science Contribute to the Global Plan to Eliminate Severe Poverty?”

on Friday, June 3, 2011. The presenters were Dr. Selim Jahan, Director Poverty Practice, Bureau for Development Policy, United Nations Development Program; Hugh Evans, CEO of the Global Poverty Project; and Dr. James Jackson, Daniel Katz Distinguished University Professor of Psychology, Professor of Health Behavior and Health Education, School of Public Health, and Director of the Institute for Social Research, University of Michigan. Dr. John Toumbourou, School of Psychology, Deakin University, chaired the plenary. The presentations made clear that there has been significant progress in understanding and addressing the international determinants of severe poverty. Large groups of young people in the developed nations are being successfully mobilized to support these international efforts. Against this backdrop there are many opportunities to more assertively and strategically address poverty in minority groups within the USA.

The ITF also organized the pre-conference International Networking Forum. The purposes of this session were: to provide an opportunity to meet colleagues from around the world who are engaged in issues related to prevention science; to offer opportunities to develop partnerships; to identify topics of interest for future conferences; and to discuss common issues and strategies that are relevant to prevention science and that will impact global health.

During the 2011 networking forum, three working groups were formed around the following issues.

- *Encouraging support for global efforts in prevention science research:* Issues discussed included: a) How to engage more international people and agencies/organizations to come to SPR and connect with SPR Membership; b) Feasibility of encouraging a “summit” meeting as a way of engaging the diversity of organization focused on global health and disease prevention; c) How to better publicize international efforts; d) Possible future SPR conference topic possibilities should include more information on funding of international efforts; e) Possible addition of more poster roundtables to encourage more attendance and interaction at international sessions.

- *Sharing programs strategies, and evaluations:* Issues addressed included: a) How to promote a wider array of global health topics at the SPR conference more especially focus on topics other than substance misuse; b) Identifying and encouraging cross country comparisons; c) Focusing more clearly on cultural adaptations to existing programs and strategies at the SPR conference; d) How to increase opportunities for developing networks and collaborations at the SPR conference.
- *Developing Competencies for Prevention Sciences:* The SPR committee on training met with a group of international colleagues to discuss how SPR could support and encourage the adoption of training in the international arena. A document had been circulated to the attendees of this subgroup following the networking forum. This document emphasized the issues related to providing training internationally to develop a Prevention Science. One of the issues for countries around the world is that prevention is not always defined the same way and thus the relevance of scientific findings from other countries may not be immediately apparent because of these definitional issues.

2012 SPR Annual Meeting

The ITF is actively engaged in planning for the 2012 SPR annual meeting. An invited symposium is being submitted for consideration that will focus on strategies for linking the science of prevention to worldwide efforts to control obesity. The ITF is also planning the annual International Networking Forum which will be held Tuesday, May 29, 2012

International Researchers Involvement

SPR members and past conference attendees are keeping the international presentations visible on the 2012 program. We are pleased to report that 120 abstracts representing researchers from 35 countries were submitted for the 2012 annual meeting and that 16 international researchers served as abstract reviewers.

If you are not currently a member, you are encouraged to join SPR and become active in shaping future conferences.

Submit your ideas to the ITF about your interests in attending the International Networking Forum and your willingness to work with the ITF in planning for the upcoming pre-conference session.

Ongoing Communications

In addition to this newsletter, the ITF has been promoting communication with international researchers through the use of email lists that have been generated over the past several years. Members, prior attendees, and identified individuals who share an interest in Prevention Science and have an international focus are contacted by SPR to encourage participation in the Annual Meeting and to share news throughout the year.

Another mechanism for communicating with a wider group of international colleagues who want to assist the ITF in moving issues forward will be to solicit ideas from representatives of different parts of the world to expand the ideas and focus of the ITF. If you are

interested in serving as a representative for your country or region, please send an email that states your name, contact information, affiliation, and what you would like to accomplish through the ITF to bmiller@prev.org and cc: jenniferlewis@preventionresearch.org. A major focus for the ITF this year will be to expand the core membership of the ITF with a larger advisory group for the task force. Through this expanded network, we plan to build upon our earlier efforts and build a stronger collaboration among prevention science researchers and specialists.

Brenda A. Miller, PhD, a senior research scientist at the Pacific Institute for Research and Evaluation, is a member of the Society for Prevention Research Board of Directors, chair of the International Task Force, and past chair of the 2011 Conference Program Committee.

SPR Joins the WHO Violence Prevention Alliance

By Brenda A. Miller

As part of the ongoing efforts of the SPR's International Task Force's efforts to build international networks, SPR has joined the World Health Organization's Violence Prevention Alliance. The VPA focuses on interpersonal violence. The VPA is not a grant making organization but rather an alliance. The Violence Prevention Alliance (VPA) is a network of WHO member States, international agencies and civil society organizations working to prevent violence. VPA participants share an evidence-based public health approach that targets the risk factors leading to violence and promotes multi-sectoral cooperation. Participants are committed to implement the recommendations of the *World report on violence and health*" <http://www.who.int/violenceprevention/en/>.

SPR members can read more about the VPA projects by visiting this website:

www.who.int/violenceprevention/about/project_groups/en/index.html

The Annual Meeting of the VPA for 2012 will be held in Munich, Germany, April 16-17, 2012. You can learn more about the annual meeting by visiting this website:

www.who.int/violenceprevention/events/2012/1604/en/index.html

Member News

PUBLICATIONS

- Brown, E. C., Low, S., Smith, B. H., & Haggerty, K. P. (2011). Outcomes from a school-randomized controlled trial of Steps to Respect: A School Bullying Prevention Program. *School Psychology Review*, 40, 423-443.
- Brown, L.D., Goslin, M.C., & Feinberg, M.E. (2011). Relating engagement to outcomes in prevention: The case of a parenting program for couples. *American Journal of Community Psychology*, *Online First*.
- Fagan, A. A., Arthur, M. W., Hanson, K., Briney, J. S., & Hawkins, J. D. (2011). Effects of Communities That Care on the adoption and implementation fidelity of evidence-based prevention programs in communities: Results from a randomized controlled trial. *Prevention Science*, 12, 223-234.
- Gavin, A. R., Hill, K. G., Hawkins, J. D., & Maas, C. (2011). The role of maternal early-life and later-life risk factors on offspring low birth weight: Findings from a three-generational study. *Journal of Adolescent Health*, 49, 166-171.
- Harrell, P.T., Mancha, B., Petras, H., Trenz, R.C. & Latimer, W.W. (*in press*). Latent classes of heroin and cocaine users predict unique HIV risk factors. *Drug and Alcohol Dependence*.
- Hawkins, J. D., Oesterle, S., Brown, E. C., Monahan, K. C., Abbott, R. D., Arthur, M. W., et al. (*in press*). Sustained decreases in risk exposure and youth problem behaviors after installation of the Communities That Care prevention system in a randomized trial. *Archives of Pediatrics and Adolescent Medicine*.
- Hawkins, J. D., Oesterle, S., Brown, E. C., Monahan, K. C., Abbott, R. D., Arthur, M. W., & Catalano, R. F. (*in press*). Sustained decreases in risk exposure and youth problem behaviors after installation of the Communities That Care prevention system in a randomized trial. *Archives of Pediatrics and Adolescent Medicine*, online first Oct 3, 2011.
- Petras, H., Masyn, K., Buckley, J.A., Ialongo, N.S., & Kellam, S. (2011). Who is Most At-Risk for School Removal? An Application of Discrete Time Survival Analysis to Understand Individual- and Contextual-Level Influences. *Journal of Educational Psychology*, 103(1), 223-237.
- Petras, H., Masyn, K. & Ialongo, N. (2011). The developmental impact of two first grade preventive interventions on aggressive/disruptive behavior in childhood and adolescence: An application of Latent Transition Growth Mixture Modeling. *Prevention Science*, 12, 300-313.

GRANTS

Renee M. Johnson, Ph.D., MPH, an Assistant Professor in the Department of Community Health Sciences at the Boston University School of Public Health, has received a career development award from NIH (K01-DA-031738) to examine the associations among neighborhood-level factors, patterns of marijuana use in adolescence, and social problems in emerging adulthood.

Primary mentors on this project are Dr. Judith Bernstein of Boston University School of Public Health and Dr. Nicholas Ialongo of Johns Hopkins Bloomberg School of Public Health (JHBSPH). Johnson will also be collaborating with Dr. Katherine Masyn of Harvard Graduate School of Education and Dr. C. Debra Furr-Holden of JHBSPH.

Johnson will use data from Dr. Ialongo's Baltimore Prevention Program (BPP) dataset, a longitudinal study of 678 Baltimore youth. She plans to link the BPP data with violent crime data from the Baltimore Police Department and with objective data on neighborhood-level social and physical disorder collected as part of Dr. Furr-Holden's innovative "Neighborhood Inventory for Environmental Typology" (NIFETY) project. (Also see: Furr-Holden, Smart, Pokorni *et al.* The NIFETY method for environmental assessment of neighborhood-level indicators of violence, alcohol, and other drug exposure. *Prevention Science* 2008; 9:245-255.)

The 5-year grant was awarded by the National Institute on Drug Abuse (NIDA), and responds to their stated priority of assessing the determinants of substance use among vulnerable populations. Johnson's findings will identify modifiable neighborhood-level factors associated with marijuana and other substance use, and will be strategically disseminated so as to inform prevention.

POSITIONS

J. Mark Eddy, Ph.D., has been named research director for Partners for Our Children (POC) at the University of Washington. In addition to his research director duties, Dr. Eddy will serve as a research professor at the University of Washington School of Social Work.

SPR Community welcomes contributions to Member News a regular feature of the newsletter. If you would like to have your recent honor, award, professional appointment, and publication featured in the next issue please forward the details of your achievement to Hanno Petras, PhD, SPR Community Editor at hpetras@jbsinternational.com.

In Memoriam

John B. Reid (August 28, 1940 - February 5, 2012)

The Oregon Social Learning Center welcomes friends, colleagues, and family of John Reid to share a celebration of his contributions to prevention science in a Memorial Event to be held on the afternoon of April 20, 2012, at the Conference Room of the Downtown Athletic Club, Eugene, Oregon (999 Willamette Street; exact time TBA).

Local and national prevention researchers, including Carolyn Webster-Stratton, Hendricks Brown, and other colleagues will share a few memories of John, and an informal social hour with light refreshments will be held.

After receiving his PhD from the University of Oregon, John taught at the University of Wisconsin for 5 years before returning to Oregon to develop a program of research aimed at improving outcomes for children and adolescents with behavior problems. Together with Gerald Patterson, he cofounded the Oregon Social Learning Center (OSLC) in 1977. John had an extraordinarily productive and influential career. He was the Principal Investigator on 9 grants from the National Institutes of Health that ranged from 2-15 years in duration. He served as a Co-Investigator on twice as many. He was the Director of OSLC's Prevention Center for over 20 years, and was the Executive Director of OSLC for 18 years. John published over 130 articles, chapters, and books, many of those with an early career scientist as co-author. John served as a peer reviewer and chaired review committees for the National Institutes of Health, the Institute of Education Sciences, and the WT Grant Foundation.

John was a devoted mentor and supporter of early career scientists. In collaboration with his family, the OSLC has established 'The John B. Reid Early Career Award'. Funds from this award will go to support the development of OSLC-based early career scientists by providing a small individual stipend, or support funding for a small pilot study led by an early career scientist.

If you wish to make a donation, you may do so through OSLC Developments, Inc (ODI), a non-profit 501(c)3 organization. Please indicate 'The John B. Reid Early Career Award' in the memo line. Contributions are tax deductible and can be mailed to:

Debra Dethlefs, Administrator
OSLC Developments Inc.
10 Shelton McMurphey Blvd.
Eugene, OR 97401

MARK YOUR CALENDARS!

SPR 20TH ANNUAL MEETING

Promoting Healthy Living through Prevention Science
Hyatt Regency Washington, May 29-June 1, 2012
Washington, DC

Tuesday, May 29, 2012

8:00 am – 7:00 pm	Registration Open
8:00 am – 5:00 pm	Pre-conference Workshops
5:30 pm – 7:00 pm	Welcome Reception NIDA International Poster Session

Wednesday, May 30, 2012

7:00 am	Registration Open
8:30 am – 10:00 am	Plenary Session I
10:15 am – 11:45 am	Morning Concurrent symposia and paper presentations
1:45 am – 1:15 pm	ECPN Lunch (registration required)
11:45 am – 1:15 pm	Lunch on your own
12:00 pm – 1:00 pm	Brown Bag Special Interest Groups *NEW EVENT*
1:15 pm – 2:45 pm	Early Afternoon Concurrent symposia and paper presentations
3:00 pm – 3:45 pm	Presidential Address
4:00 pm – 5:30 pm	Afternoon Concurrent symposia and paper presentations
5:45 pm – 7:45 pm	Evening Poster Session, Technological Demonstrations, and Reception
9:30 pm – 12:00 am	Annual SPR Minority Scholarship Benefit Dance

Thursday, May 31, 2012

7:00 am	Registration Open
7:15 am – 8:25 am	NIH Grants
8:30 am – 10:00 am	Plenary Session II
10:15 am – 11:45 am	Morning Concurrent symposia and paper presentations
11:45 am – 1:15 pm	Lunch on your own
12:00 pm – 1:00 pm	Brown Bag Special Interest Groups *NEW EVENT*
1:15 pm – 2:45 pm	Early Afternoon Concurrent symposia and paper presentations
3:00 pm – 4:30 pm	Afternoon Concurrent symposia and paper presentations
4:45 pm – 5:30 pm	Keynote Speaker and Awards Presentation
5:45 pm – 7:45 pm	Evening Poster Session and Reception
7:45 pm – 8:45 pm	Diversity Network Reception

Friday, June 1, 2012

7:30 am	Registration Open
8:30 am – 10:00 am	Morning Concurrent symposia and paper presentations
10:15 am – 11:45 pm	Plenary Session III
11:45 am – 1:00 pm	Lunch on your own
1:00 pm – 2:30 pm	Early Afternoon Concurrent symposia and paper presentations
2:45 pm – 4:15 pm	Afternoon Concurrent symposia and paper presentations
4:30 pm – 5:15 pm	SPR Membership Meeting/Conference Wrap-up



REGISTER TODAY!

Go to the SPR website at <http://www.preventionresearch.org/2012-annual-meeting/> and click on "Registration Information".

Early bird deadline is on or before April 27, 2012.

In order to be eligible to register for the discounted rate, you must be a current SPR member for the January 1-December 31, 2012 membership year. To join or renew your membership, please go to <https://secure.preventionresearch.org/membershipapplication.php>.

HOTEL RESERVATIONS

Discounted room reservations are available through the Hyatt Reservations Department at 1-800-233-1234. Please refer to the 2012 SPR 20th Annual Meeting CODE "G-SPRE" when making reservations.

SPR has negotiated special discount room rates for you at the Hyatt Regency Washington on Capitol Hilton. Your patronage of this official hotel makes it possible for SPR to secure the meeting room space needed for this event at greatly reduced cost. Please book at the Hyatt and book early.

Reservation deadline is May 1, 2012.

U.S.-Mexico Drug Abuse Prevention Research Fellowship Awarded

The first NIDA U.S.-Mexico Prevention Research Fellowship has been awarded to Argentina Servin, MD. Dr. Servin is a physician at the Eudermic Clinic in Tijuana, Baja California, Mexico and a Professor in the Community and Research Program at the University Xochicalco, School of Medicine in Tijuana, Baja California, Mexico. The start date for the Fellowship is May 1, 2012.

The NIDA US-Mexico Drug Abuse Prevention Research Fellowship provides a unique opportunity for Mexican researchers to obtain postdoctoral training with a NIDA-supported U.S. mentor. The mentors for this first Fellowship are Steffanie Strathdee, PhD (Associate Dean of Global Health Sciences, Harold Simon Professor and Chief of the Division of Global Public Health (GPH) in the Department of Medicine at the University of California, San Diego (UCSD), School of Medicine) and Dr. Jay Silverman (Professor in the Division of Global Public Health, Department of Medicine, at UCSD).

Dr. Servin's research will focus on family context and intergenerational factors associated with female sex work-injecting drug use (IDU) and HIV acquisition and transmission risk among female sex worker-IDUs in Tijuana and Ciudad Juarez, Mexico. The findings from this study will inform development and pilot testing of a prevention intervention for female sex worker-IDUs and their children. Dr. Servin will acquire advanced statistical training; develop skills in ethical research conduct, peer review of manuscripts, and grant writing; and develop skills in conducting prevention intervention research. Dr. Servin's research career goal is to develop and test HIV prevention interventions for vulnerable populations in the United States-Mexico border regions.

The next application deadline for the U.S. Mexico Drug Abuse Prevention Research Fellowship is November 1. For more details visit <http://international.drugabuse.gov/fellowships/postdoctoral-training/us%E2%80%93mexico-drug-abuse-prevention-research-fellowship>.

Society for Prevention Research 2011 Awards

Presidential Award—Mary Ann Pentz, PhD, Professor of Preventive Medicine and Director, Institute for Prevention Research, University of Southern California

Nan Tobler Award for Review of the Prevention Science Literature—David MacKinnon, PhD, Foundation Professor, Arizona State University

Prevention Science Award—Leslie Leve, PhD, Senior Scientist and Science Director, Oregon Social Learning Center

Public Service Award—Rick F. Cady, Prevention Manager, Addictions & Mental Health Division, Oregon Health Authority

Community, Culture, and Prevention Science Award—William R. Beardslee, MD, Academic Chair, Department of Psychiatry, Children's Hospital of Boston and Gardner-Monks Professor of Child Psychiatry, Harvard University

Translational Science Award—Luanne Rohrbach, PhD, Associate Professor of Research, Institute for Health Promotion and Disease Prevention, University of Southern California

International Collaborative Prevention Research Award—Gregor Burkhart M.D., M.P.H., Scientific Analyst for Prevention, European Monitoring Centre for Drugs and Drug Addiction

Service to SPR—Ty Ridenour, Ph.D., Research Associate Professor and Director, Translation Module, Center for Education and Drug Abuse Research, University of Pittsburgh

ECPN Early Career Award—Emily Rothman, Sc.D., Associate Professor, Department of Community Health Sciences, Boston University School of Public Health

Friend of ECPN Award—Daniel Shaw, Ph.D., Professor and Chair, Department of Psychology, University of Pittsburgh

Renew or Join SPR Membership for 2012 TODAY!

SPR is now accepting membership dues for the 2012 calendar year. If you were a dues paying member in 2010 or 2011, renew your membership online at www.preventionresearch.org. All others can join SPR by filling out a new member application online or download the PDF version at www.preventionresearch.org. If you have any questions regarding membership, please email info@preventionresearch.org.

Prevention Puzzle

Like all other parts of your body, your brain also needs exercise. Research has shown that solving a Puzzle is one of the most beneficial exercises for the brain. You are to find 13 terms related to "Socialization". The solution is shown at the bottom of the page. Good luck!

G D T R I P C H E L J M N R E
N G E M O U N R Y N J O L R S
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- AGENTS
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- CONTEXT
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- CULTURE
- DECISION
- DEVELOPMENT
- GOALS
- INTERACTION
- REPertoire
- SETTING
- SOCIALIZATION
- VULNERABILITY

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