



prime NEWSLETTER

SPRING/SUMMER 2025

Prevention Research Institute™

SHARE YOUR THOUGHTS

We are currently updating Prime For Life - a process informed by careful analysis of research, the latest information on effective delivery methods, and YOU. We

value feedback from Prime For Life instructors, and have a few specific questions to ask. Please complete our survey regarding Prime For Life instructor tools and one of

the program activities. There is also space to share any additional feedback you wish!

**CLICK HERE TO
TAKE THE SURVEY!**



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Values & Choices

Through the Lens of Neuroscience

In Prime For Life and Prime Solutions we focus on the importance of values as guides and motivators for behavior. It's a core element of what we do at PRI and part of the message we impart to participants in our programs. Not surprisingly then, I was intrigued when a recent post by organizational psychologist Adam Grant endorsed a new book by Dr. Emily Falk, *What We Value: The Neuroscience of Choice and Change*.

One of my values is lifelong learning and there is nothing I love better than a new book that challenges or broadens my thinking. The same is true with listening to podcasts, watching videos, and attending lectures on topics different than the area I am working in. This process

opens me up to new worlds, and helps me to see other views and contexts. I also see my work in a new light and make new connections. In short, it keeps me from being parochial and keeps me intellectually honest. Is it surprising then that a new book with a fresh perspective excites me?

Let's begin with a little background on the author. Dr. Falk completed her PhD at UCLA, where she studied the integration of social psychology and neuroscience to better understand decision-making and human behavior. She is now a professor at the University of Pennsylvania, and the Chair of the Annenberg School of Communication. Her work focuses on the intersection of communica-

tion, psychology, and marketing. Her research targets the neuroscience of change, with a particular focus on where and how messaging affects specific brain regions and how that leads to decisions and behavior. This focus of messaging and methods is consonant with what we do at Prevention Research Institute, as well as what Motivational Interviewing has taught me; but she's coming at it from an entirely new angle.

Here is what is already stretching me. Neuroscientists have identified a "value system." When they use that term, they are not referencing moral tenets, guiding principles, or even economic reference points. According to Falk, values are "... the amount of reward your brain expects to derive from a particular action in a particular moment" (p XI). These scientists are focusing on brain areas, including the ventro-medial prefrontal cortex and ventral striatum, where our brain is making value calculations about choices. These brain regions are where we weigh different elements to arrive at a decision. Research shows that when blood flow increases in this region, we are more likely to change behavior to conform to a message, such as protecting our values and thriving in Prime For Life.

Now, here's where it gets really interesting. This is not a straightforward calculation that our brain does. Instead, it weighs things like our guiding principles, economic matters, consequences of past choices, moods, and opinions of others, to name a few. Nor is this a simple totaling up of relative merit.

Falk, consistent with what we have said, indicates that personal values influence sense of self and guide choices.

Perhaps even more curious our brain does operate on a common standard across systems, so it can compare apples to oranges. Even then, it is much more nuanced than is implied by the above.

The value system is dynamic and influenced by context. So, while "my values" might be clear, the values system in the brain helps me to understand more about why I sometimes

do not act in a manner consistent with those values. It is also influenced not just by my past experiences, but also what I predicted those experiences would be. Small interventions, like where we put our attention, influence the degree to which the "values system" is activated, and behavioral decision-making in line with a message is more likely.

There are also brain areas for self-relevance and what Falk describes as "social relevance." These areas show overlap with the value system but also light up other areas of our brain when active. Falk, consistent with what we have said, indicates that personal values influence sense of self and guide choices. She goes on to say that sense of self is malleable and not only choices influence this, but so do short-term contextual factors.

Falk also notes the importance of messaging that matches our self. While that is not surprising, it does suggest that things like our reflective listening could be more finely tuned to help light up those parts of our brain. Let me give you an example.

Earlier I told you some of my values, and particularly how I enjoyed

reading books. A general reflection would be:

Finding a new book is exciting to you. It opens new worlds.

This is a fine reflection, and Falk might suggest we light up that self-relevance system by being more specific:

This book challenges you by tapping that part of you which wants to learn and grow.

The specificity of that second reflection, linked to a core sense of self, increases the self-relevance. In turn, the greater self-relevance might lead me to more strongly engage with the message and thereby increase my likelihood of acting consistent with it. In this case, finishing the book while deeply considering what I can learn from it.

I am still in early days of this book, so I have much more to learn. The information I am gleaning is a long way from making it into Prime For Life Version 10. In the interim, my "value system" is lighting up.

Reference

Falk, E. (2025). *What We Value: The Neuroscience of Choice and Change*. WW Norton & Company.



David B. Rosengren, Ph.D.
PRI President



Prime For Life Version 10

All Call for Field Testers!

You have been hearing about it and Prime For Life Version 10 is moving closer to field testing every day!

Current Status

Our team is deep in the process of gathering feedback, conducting research reviews, engaging in conversations, drafting text and fresh new scenes, and creating animations and video material. Training team members will soon conduct preliminary testing for flow and consumer feedback on new content. After this phase, we will be ready for YOU!

Prime For Life Instructor Field Testing

Not sure what field testing might entail? Well, if you are a sensation seeker, impulsive, rebellious, and/or gregarious (ha!), it might be right up your alley! Field testing changes by the moment and requires quick preparation often with “unfinished” draft materials. You might also be asked to conduct focused feedback sessions with your group or short surveys during the testing phase. If you are still reading, you just might enjoy the task!

I am interested, what's next?

First Step: Send an email to Michelle.Stephen@primeforlife.org by July 31, 2025, if you are interested in joining our Version 10 Testing Team.

Interested instructors will be notified to schedule a Zoom or Teams session with a Prime For Life Coach to deliver Prime For Life Version 9.5 and receive Coaching before field testing begins.

Coaching? What's that all about?

Using the Moving ForWarD Quality Assurance Tool, a Coach will serve as your listener while you deliver a segment of Prime For Life. Your Coach will share observations with you, based on your delivery, to help you prepare for field testing.

I will be watching my inbox for you and, hey, you might even receive some Prime For Life swag for joining us!



Michelle Stephen Seigel
PRI Director of Training & Programs



New Prime Focus Module Coming Soon!

Derek and Aaron filmed a new module for Prime Focus, discussing vaping, nicotine, and more!

The videos are currently in post-production, and we look forward to sharing them with you soon!

Curious about Prime Focus?
CLICK HERE for more info!



SPEAKING OF SWAG...

Shop the [PRI Shopify Store](#) for a variety of products.

Most are available in multiple sizes and colors.

Customer service provided by Shopify.

New Faces at PRI

Meet Dr. Aaron Weiner & Dr. Julie Schumacher

We are excited to welcome two people to our PRI Team!

Aaron Weiner, PhD, ABPP, is a counseling psychologist, former head of APA's Division 50 Society of Addiction Psychology, and nationally recognized expert in youth and young people, vaping, nicotine, and THC.

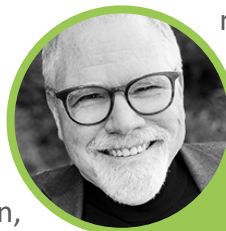
As Executive Vice President, Aaron will be a key member of our management team. An excellent public speaker, as many of you have experienced in CE sessions over the past 6 months, he will add to our training team in areas that our Prime partners keep asking for – youth, vaping, nicotine, THC, and other drugs.

He has also been working with our Technology, Business Development, and Marketing Team members to help us think through how we evolve

as an organization and grow into the future.

Julie Schumacher, PhD, is a returning team member. Julie is a distinguished clinical psychologist at the University of Mississippi Medical Center (UMMC). She serves as the Professor and Vice Chair for Education in the Department of Psychiatry and Human Behavior.

Her career is marked by significant contributions to clinical practice, research, and education, including her work in dissemination and implementation of evidence-based practices. She co-authored the book, *Psychological Treatment of Medical Patients Struggling with Harmful Substance*



David B. Rosengren, Ph.D.
PRI President

Use (Clinical Health Psychology Series).

As our new Research Director, Julie will build out our capacity to evaluate and extend our knowledge about PRI services and programs.

Aaron and Julie will join us as full-time staff on July 1. We are looking forward to having them as teammates!

Alcohol Awareness Month

April is Alcohol Awareness Month, and this year PRI recognized it in a BIG way! We launched a new program for FREE. Prime Focus, our latest, shorter-form online program about protecting what we value by making low-risk alcohol and drug choices was available to anyone, any time, all month long (April 2025).

For more information on Prime Focus, visit:
www.primeforlife.org/programs/primefocus

Curious about what implementing this program for a group looks like?
Set up an overview chat with PRI's Director of Business Development, Derek Jorden.



Four online modules.
An in-depth look at alcohol choices.

Take the course
for FREE this April!

ALCOHOL AWARENESS MONTH




Is THC Really a Gateway Drug? Let's Unpack It.

There's been a lot of debate over the years about whether or not THC (cannabis / marijuana) is a gateway drug when used by teens. I've always found this curious because, coming from a drug treatment background, it's incredibly clear that the vast majority of people who use drugs like cocaine, methamphetamine, heroin, or fentanyl don't start by using those drugs – they use a “softer” drug first. The data supports this as well: When you look at past research, very few people start a drug journey using one of these “harder” substances, as opposed to using THC beforehand.

So where does the controversy come from? The answer is largely due to framing. Specifically, people think being a “gateway drug” means using THC products will *cause* an individual to use other substances – that because someone uses THC they are going to move on to use other, harder substances. This causal definition of being a gateway drug was published in a report put out by the National Institute of Justice just a couple years ago.

However, this definition is flawed. Being a gateway substance does not mean that it's causal - it means it increases the risk that someone is going to use another substance later down the line. When you look at the

definition through the lens of risk, viewing THC as a gateway substance makes a bunch of sense.

The Two Pathways: Biological and Social

How does THC act as a gateway substance? There are two main pathways: biological and social.

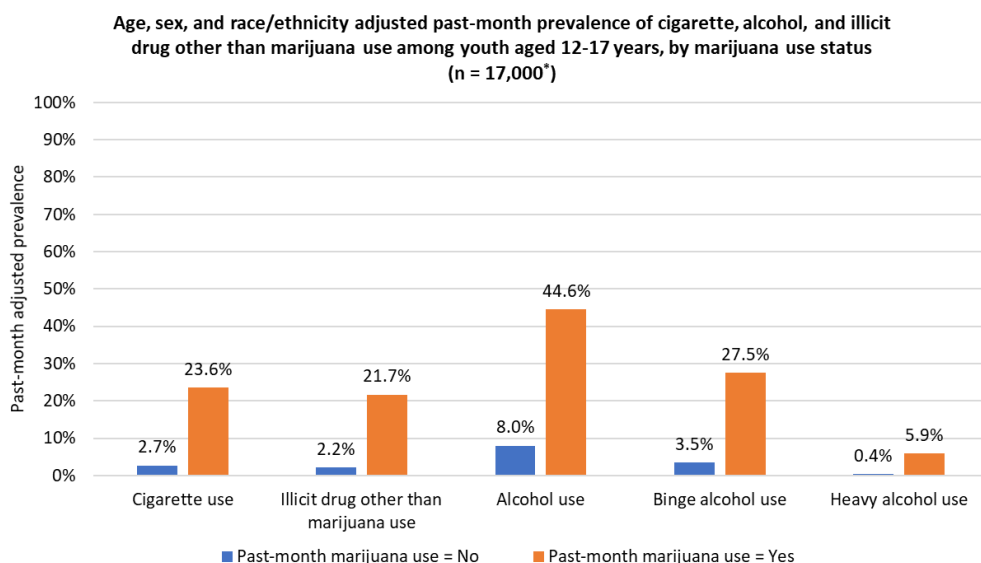
The biological path involves a process of chemical priming or cross-sensitization, wherein when someone uses THC products their brain becomes more sensitive to the positive reinforcing effects of other drugs. We see this in fMRI studies of the human brain – individuals who have used THC products in the past tend to respond more strongly and

positively to other drugs than someone who has not.

However, while biological priming has a strong evidence base, this doesn't actually matter if an individual never uses another drug. Someone must come into contact with, or have access to, other drugs for any sort of gateway or drug sequencing progression to occur.

So where would someone come into contact with these stronger substances, such that biological priming could have an impact?

This is where the second element of gateway sequencing comes in: social influence.



*Substance Abuse and Mental Health Services Administration (SAMHSA) requires that a descriptions of overall sample sizes based in the restricted-use data files has to be rounded to the nearest 100 to minimize potential disclosure risk.
Source: DuPont, Robert L., et al. “Drug use among youth: National survey data support a common liability of all drug use.” *Preventive Medicine*, vol. 113, 11 May 2018, pp. 68-73.

We tend to spend time with people who are like us and engage in similar activities. If a teen spends time with people who regularly use intoxicating substances recreationally, they're more likely to encounter stronger intoxicating drugs than if they spent time with friends who do not use drugs at all. They are also now associating with a peer group that gives them permission to possess and use illegal substances (even in states where THC is legal, it isn't legal under 21) for fun, which makes it less of a jump to consider doing this with other illegal substances.

The social aspect is a critical one when it comes to teen substance use prevention, as substance use behaviors are often spread socially. Typically, a teen doesn't come into contact with intoxicating substances naturally; drugs are either offered to them directly by friends, or use is modeled by adults or what they see in media. The social milieu that surrounds us has a very strong impact on what we view as normal and what we give ourselves permission to do. In fact, a recent study found that a friend's use of THC products at age 17 was more predictive of someone developing a substance use disorder as a young adult than their own use of cannabis was. Our social ecosystem has a very strong impact on our developing identity.

In sum, the mechanism of action for a gateway effect is twofold: biological priming and social facilitation. The two combine to create the strong statistical linkages between THC and other drug use we've seen over the years.

The Bigger Picture: It's Not Just THC

There is a wrinkle to this narrative: Virtually all intoxicating substances cause biological priming and can be a gateway substance, not just THC. Opioids, cocaine, nicotine—you

name it, they pretty much all cause biological priming for other drugs.

So why do we talk about THC being a gateway drug so much? It has to do with the social norms side of the equation again: THC acts as a gateway drug because people simply tend to use it earlier on in the drug sequencing process.

The reason people tend to use THC before other drugs, like cocaine or meth is rooted in perceptions of risk. In the world of substance use prevention, there's a clear, inverse relationship between the perceived risk of a drug and the likelihood someone will use it. Put another way: We're less likely to use drugs we think will cause us significant harm.

For THC, perceived risk has been steadily declining for the past 30 years, despite the potency and actual risk of the substance increasing over the same span. Thus, THC is used earlier in drug sequencing progression than other drugs like cocaine and heroin because the latter are viewed as far riskier than THC.

The Staircase Effect

That said, THC/cannabis is often not the very first impairing substance a young person uses. If we think of substance use being like a staircase, where stronger, dangerous drugs (like heroin or meth) are Step 5 on the staircase, data show THC is generally Step 2 or Step 3. The first step for most people is either nicotine or alcohol, with the step after that being THC. Nicotine, in particular, shows similar gateway effects to THC in terms of biological priming.

If THC isn't the first step in the drug sequencing progression, again, why do we talk about it so much? Even

though it isn't Step 1, people usually don't make it to Steps 4, 5, or 6 without taking the THC step, which is generally Step 2 or 3. The first step absolutely matters, and reducing teen nicotine use is critically important for this and other important health-related reasons. But just because THC isn't the very first step doesn't mean it's not worth talking about, particularly if data indicate people generally will not move on to further steps without taking the THC step. And the data around this are very clear: THC use is strongly linked to increased risk of moving on to harder, stronger drugs.

The Bottom Line

To sum it up: Yes, THC is very much a gateway drug. It greatly increases the chance someone will progress to using more dangerous substances; and, if someone never uses THC products, the chance they will ever use these other substances is very low. Prime For Life participants need to make their own decisions about the risks they are willing to take, and what's right for them and their own life. The more we understand about how THC gateway effects actually work, the better equipped we are to make informed choices about our health and future.

Aaron Weiner, Ph.D.
PRi Executive Vice President



Prime For Life 420

Prime For Life.
Addressing THC use.

Prime For Life instructors have access to a THC-focused version of the program: Prime For Life 420.

Check it out online!

And look out for Teach & Talk CE Sessions on the topic, located on the **Training Events** page when available!

MAHALO

A LETTER FROM ROYLENE, *Prime For Life Instructor*

I love how Prime for Life starts with “What do I value? What is important to me in life?”

Here are a few things in my life that are very important to me, the things I treasure most:

1. I treasure my faith in Jesus.
2. My health
3. My family
4. My position in Driver Education

First of all, Jesus is number one in my life because through Him I have all that I need. He’s blessed me with my health (life), a family, this job of having the privilege to be a Driver Education Assistant in this office, where I have completed my circle in my career objective.

Because of the work I do, I want to look and feel my best; it has motivated me to live healthy and exercise both physically and spiritually. Balance of my physical and mental being is very important to me because, I need to be well for my family, my position in my job, and to be active with my church.

Prime For Life plays a major role as it can be used for many aspects in life. It reminds us to protect the things that we value, especially our well-being, in order to protect other people or things that we value. This was the perfect place to be at a time in my life. As we all know, life is precious, and we can all help each other protect our families and loved ones by sharing our roadway communities and making low-risk choices, and still live a happy and rewarding life.

It all started when I first worked in the courts as an entry level clerk. I was hired by a local Japanese woman who gave me the opportunity to work alongside her in reprographics, the print shop that created all the forms, manuals, etc. for the courts. It was located in the basement of our courthouse. She believed that every “local” should have a chance with no experience to work a position by showing their best effort. I knew that when God entrusted me with the little responsibilities that I had been given, He was setting me up for bigger and better things. The clerk position was a temporary job for six months and when it was about to expire, a full-time position opened and I applied with confidence for that full-time position. I went through the interview and testing. Driver Education followed up with me through a letter of qualification pending background check. I was happy to receive the call of being offered the clerk typist position for Driver Education. I was hired in June 2000 and within a year, had advanced to clerk supervisor, overseeing six clerk typists. I trained each of them and through hard work and experience, most of these clerks have moved on to higher positions in the courts. I worked for 17 years in Driver Education; however, after applying for a Driver Education position and being turned down time and time again, I felt it was time for me to venture out to new experiences throughout the courts, where I was hired as a Judicial Clerk for six years. This position brought me more knowledge and understanding of the courts. About this time, the Driver Education position opened up once more. I applied and confidently went through an interview with a panel of three, and I was hired. This was something I have wanted to do and now it has been fulfilled. I knew that it wasn’t in my timing but God’s. I have now come full circle in my career as this was where I wanted to be to finish my years in the Hawaii State Judiciary.

Although the training process has been challenging, I know that if I persevere and keep my eyes on the goal of being a Driver Education Assistant, everything will eventually fall into place. My passion for helping people will make my life worth living because I have the privilege of making a difference in others, helping people have a better life.

Prime For Life has helped me to see the purpose of what I do. It also lines up with my life in Christ. In Prime For Life, I learned that what you value the most is what you protect, whether it’s a person, a place, an object, or a belief. Similarly, in my life with Christ, the things that I value are the things that I love and protect: my health (life), my career (helping people), my family, and my faith in Jesus. Everything we teach in Prime For Life applies to everything I believe in for my life. It’s about making the right choices.

Roylene, Driver Education Assistant, State of Hawaii Judiciary & Prime For Life Instructor



Cancer Risk at Low Levels of Alcohol Consumption

Let's Explore.

Introduction

Despite the connection between heavy alcohol consumption and several types of cancer having been well-established for many years, public awareness of this risk has been low. Awareness increased significantly early this year when then Surgeon General Vivek Murthy recommended adding cancer warnings to alcoholic beverage labels—a recommendation we applaud. This announcement also prompted the media to focus more on the potential cancer risks of even low levels of drinking.

Estimated Incidences of Cancer at Low Consumption

A growing body of research does suggest low levels of drinking—such as one drink per day, or possibly less—might lead to a small increase in cancer risk for some individuals. In 2020, it was estimated that alcohol consumption led to about 4% of new cancer cases globally. Of these alcohol-related cases, 25% (1% of all new cancer cases) were estimated to have occurred from drinking up to 2 drinks per day.

So, why aren't the Low-Risk Guidelines in Prime For Life® (PFL) lower?

Based largely on this evidence, some groups have lowered their alcohol guidelines. So, it makes sense to wonder why PRI has not reduced its low-risk guidelines for alcohol.

Before we make any changes to the guidelines, we carefully consider the strength of new research which might suggest changes. Below is some of the evidence and other factors we considered.

Most Low-Level Drinkers Do Not Experience Serious Harm

Most people drinking 1–2 drinks daily do not suffer serious health consequences and live slightly longer on average than people who abstain. Despite some recent headlines and studies suggesting otherwise, this longer lifespan seems to be at least partially due to reduced risk for some forms of heart disease and for type 2 diabetes. Nonetheless, research has not proven that alcohol can be beneficial—other lifestyle

factors might contribute. For more on the potential beneficial effects of low-level drinking for some people, see [“Can drinking alcohol be beneficial to some people?” on the PFL Dashboard](#).

There are Significant Inconsistencies and Limitations in This Research

Some studies show increased cancer risk at low levels, while others do not. In addition, there are numerous limitations in this research which warrant caution in concluding low-level drinking significantly increases cancer risk. Below are some of the major limitations.

Measurement and Reporting Issues

- Self-reported alcohol use is often inaccurate, especially among heavy drinkers. Consequently, heavier drinkers are

sometimes misclassified into lower consumption categories.

- Cancer studies have not asked about drinking speed, and few asked about whether alcohol was consumed with food—both of which

Self-reported alcohol use is often inaccurate, especially among heavy drinkers.

affect blood alcohol levels and, potentially, cancer risk.

- Many people drink more than their “usual” amount on occasion, which isn’t captured in consumption averaged to a daily or weekly amount. This is another reason that heavier drinkers are sometimes misclassified into lower categories

Mathematical Averages Are Sometimes Fictitious Representations of Reality

Alcohol intake is typically averaged to a daily or weekly amount, which can be a very poor representation of real-life drinking and hide the wide variability in drinking patterns. For example, a person consuming 14 drinks on Friday night and none the rest of the week, another person consuming seven drinks on Friday night and seven drinks Saturday night and none the rest of the week, and a third person who consumes two drinks each day of the week would all have the same average of two drinks per day over a week’s time.

This is not just a theoretical issue; evidence shows:

- In U.S. studies, many women and men who averaged two drinks per day exceeded low-risk guidelines on some days.
- Studies in the EU show similar patterns in many countries, with higher weekend consumption.

In sum, research suggests that many people classified as drinking “moderately” engage in high-risk drinking on a fairly regular basis.

Genetic Vulnerability

Some individuals metabolize alcohol and acetaldehyde (a carcinogenic byproduct) differently, increasing their cancer risk even at low alcohol levels. These individuals might experience facial flushing, nausea,

or rapid heartbeat after consuming small amounts of alcohol.

Risk for specific cancers, such as breast cancer, can also be affected by genetic differences even among people who have not experienced a flushing response.

Examples from Research on Breast Cancer Risk and Alcohol

Meta-analyses tend to suggest there is a 5–10% increase in risk at intake averaged to one drink per day and 20–30% for two drinks daily. In contrast, some studies show no evidence of increased risk until consumption exceeds two drinks per day. One explanation for these inconsistent findings is that people with the same averaged intake might have very different risk profiles depending on how they drink. For example, women drinking 14 drinks over 1–3 days have been found to have higher cancer risk than those spreading the same amount over 4–7 days.

Studies of cancer risk in general also show that frequent low-level drinking with meals carries less risk than infrequent heavier drinking or drinking on an empty stomach.

Confounding Factors

Studies only adjust or control for some of the many other variables that can affect cancer risk. For breast cancer, these include number of births, age at first birth, breastfeeding duration, use of contraceptives, menopausal status, hormone replacement therapy, genetics, diet, prenatal alcohol exposure, age at which drinking occurred, larger percentages of body fat, and second-hand smoke exposure. These, and other factors, can distort the relationship between alcohol and cancer risk.

“

The guidance provided in PFL is very comprehensive. Unlike most guidelines, ours include a limit on speed of consumption and a maximum number of drinks in a day, and state that low-risk drinking includes having food in the stomach. We also provide guidance on adjusting down for several individual factors.

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Unlike most guidelines, ours include a limit on speed of consumption and a maximum number of drinks in a day, and state that low-risk drinking includes having food in the stomach. We also provide guidance on adjusting down for several individual factors.

Respecting People’s Autonomy

The 0-1-2-3 guidelines are informed by a comprehensive review of well over a thousand studies and related scholarly articles from researchers worldwide. Despite this extensive evidence base, the findings regarding cancer and other health risks associated with low-level exposure remain inconclusive and methodologically limited. Consequently, the current guidelines are not automatically adjusted downward for the

general population. While individuals with a more precautionary stance may advocate for stricter limits, we consider that the ultimate decision rests with individuals, based on their personal risk tolerance. Our role is to provide an accurate and balanced understanding of potential risks so people can make informed decisions. Notably, research and practical experience suggest that overstating risks might inadvertently discourage individuals from adopting meaningful behavioral changes.

How We Address This Risk in Prime For Life®

- We stress that “low risk” does not mean “safe.”
- We share that some research suggests alcohol consumption within the low-risk range is associated with a small increase in cancer risk—particularly for breast and colorectal cancers, and for mouth and throat cancers among individuals who smoke.

- We highlight that people who have experienced a flushing response to alcohol might be particularly at greater risk of cancer.

- We encourage those concerned about potential cancer risks—especially individuals with additional risk factors for alcohol-related cancers—to consider adjusting the guidelines downward.



Mark Nason
PRI Research Analyst

factors, and their values. Nevertheless, some might decide to make no adjustment to the 0-1-2-3 guidelines. People are more likely to make low-risk choices if their autonomy is respected—they are not told what they should or must do—and when risks are not overstated.

Author's Note:

Most of this article is a much-abbreviated version (with some editing assistance from an AI program) of a cross-referenced document located on the PFL Dashboard, “**Low risk is not ‘no risk’: Cancer risk associated with drinking within the low-risk guidelines.**” If you are interested in more detail and/or want references, please refer to this recently-updated document.

Summary and Conclusion

While low-risk drinking does not seem to increase overall mortality risk or harm the health of most people, it might still increase risk for some health problems, such as cancer, for some people. This might be especially true for those with genetic predispositions or other risk factors. We recommend people consider adjusting the low-risk guidelines for alcohol downward based on personal health, family history, other risk

Farewell, for now...

At PRI, we talk a lot about knowing what we value and living in accordance with those things. This approach to life is at the core of Rita Dykstra, PhD, our current Research Director. She loves her family. When it became clear that she and her husband Daniel wanted more for their four children than what they were receiving in school, she decided to step away from PRI and take on the role of head educator, as well as *Dr. Mom*.

It was a hard decision. Rita loves being part of the PRI team and we love her. She also loves Julie Schumacher and was excited to work with her again. Then the higher calling became apparent, and a choice had to be made. Even though we are sad to say goodbye to Rita, we also support her decision to live her values. We wish her well in her new role as the head of the “Dykstra Academy” and expect periodic progress reports!



Prime For Life Syllabus Options

Which one do I choose?!

A Selection Guide

There are quite a few Prime For Life delivery options to choose from and sometimes selecting the syllabus to best meet your group's needs is challenging. Below is a bit of information to help!

Program options are organized around three terms: Universal, Selective, Indicated. We didn't create the terms. Like Prime For Life, these terms originated back in the 80's, when MTV and topsiders were cool. Robert Gordon proposed these categories to better define the term "prevention." Later, the Institute of Medicine (IOM) adopted and expanded the terms many prevention professionals now recognize and apply to make decisions on programming strategies.

Sometimes the decision about which Prime For Life syllabus to use is simple—the state or system determines the length and focus. For example, in Iowa all impaired drivers receive a minimum of 12 hours of Prime For Life – an appropriate program length for an "indicated" audience. In Georgia 20 hours are required; in Utah, 16. Very straightforward.

When working in other settings, often we make the choice and the

decision can be influenced by several variables – most commonly, "How much contact time do I have?" When shopping for a syllabus, the Prime For Life Instructor Dashboard offers criteria to guide your decision.

Universal: The 4.5-6-hour and 8-hour Universal syllabi are designed to meet the needs of group participants without any known increased risk factors. This universal prevention syllabus option is most frequently used by instructors in secondary schools as a component of guidance, science, or health curriculum. Many adult and parent groups receive this program, too.

Selective: The 4.5 hour Universal/Selective, 8-hour and 10-hour syllabi are designed for groups whose members may have increased risk for problems and may or may not be making high-risk choices. PRI recommends this syllabus for military personnel and college students.

Indicated: The 12-, 16- and 20-hour syllabi are designed for groups whose members are actively making high-risk choices and who may have incurred legal consequences or sanctions as a result.



Universal/Selective Syllabus Option Now Available

The pace of the new syllabus facilitates engagement, especially with my Gen Z school-based audience. The new option allows deeper connections with the curriculum in the Reflecting Unit and moves us through Exploring faster.

- Jay Pedelty, PRI Trainer & Field Tester

Choose the new 4.5-hour Universal/Selective Syllabus in the App Settings and **CLICK HERE** for the printable outline!

Note: This syllabus option utilizes the **Exploring** version of the Prime For Life Participant Workbook.

With the IOM language in mind, here are a few examples (though there are many more!):

- A **Universal** prevention effort might address all adults in a retirement community with 4.5 hours of Prime For Life.
- A **Selective** approach might include all 7th graders in a school—“selecting” this group based on criteria in a local youth or school survey noting high risk choices often arise between 8th and 9th grade. This group might

receive the 4.5 Universal/Selective option.

*The 4.5 Universal/Selective Syllabus is NEW!! See sidebar on page 11. If you would like a personal tour of the 4.5 Hour Universal/Selective Syllabus please **connect with me via Calendly**. And, watch future Prime For Life Notes for registration information to join a “Teach and Talk” continuing education session high-*

lighting the flow of this new syllabus option later in 2025!

- An **Indicated** approach would be serving the 9th graders who violated school policy with the 12-hour option of Prime For Life.



Michelle Stephen Seigel
PRI Director of Training & Programs

HOW TO CHANGE YOUR SYLLABUS



Navigate to the Prime For Life App on the **Instructor Dashboard** and click the settings wheel icon in the top right area of the App. Select “Change Syllabus.”



Scroll through the list of options and make your selection. You’ll notice the new 4.5 Hour Universal/Selective now!

Run Update

Click Run Update and you are IN! Navigate around and explore the e-manual to prepare. You will notice some sequence changes and/or abbreviated content.

Prefer a video tutorial?
Learn to change your
syllabus **HERE!**

PRINTABLES?
WE HAVE THEM!
SYLLABUS OUTLINES
INSTRUCTOR E-MANUAL

Not familiar with the
Exploring version of the
Prime For Life Participant
Workbook?
Preview it **HERE!**