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Senior Project Proposal
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I. Title:
Audience Engagement: The Key to Successful Prevention Methods

II. Statement of Purpose:
Twenty-three percent of males and 22.5 percent of females ages 12-20, about 8.7 million people, reported drinking alcohol in the past month ("Underage Drinking"). Seventy-five percent of high school students have used addictive substances in their lives (CASAColumbia, 2011). Approximately twenty percent of kids aged 11-18 self-report being victims of online aggression (Whitson, 2013). One in every five children is statistically likely to self-harm (Crossley 2014). These statistics are just the beginning of why these are prevalent issues in our society, and why it is important that organizations such as Not My Kid work to prevent them.

I will be interning with Not My Kid, a non-profit organization based out of Phoenix, Arizona dedicated to empowering and educating youth, families, and communities with the ultimate goal of preventing destructive youth behavior. During my time with Not My Kid, I will be exploring different mechanisms of prevention and education measures. Through the analysis of primary and secondary data that will be collected, I will explore the effectiveness of education-based prevention methods in the forms of seminars and presentations in different populations in Arizona. By focusing on 2 or 3 specific communities and demographic areas, this research will allow me to evaluate the prevention methods in relations to factors such as age, gender, socioeconomic status, and more. Finally, I will be analyzing to see which "negative youth behavior" (drug abuse, unhealthy relationships, eating disorders, depression/self-injury, and internet safety) is most affected by education prevention methods. Furthermore, through my work, I hope to answer the question: which demographics of teens are most positively impacted by preventive interventions and which issues are most successfully effected by prevention intervention education methods? Ultimately, the goal of my project is to answer: When, for whom, and in what circumstances are educational prevention methods most impactful?

III. Background:
My interest in the field started with my classwork in AP Psychology, where we began to explore topics such as substance abuse, eating disorders, and self-injury. Since then, I have had the opportunity to volunteer extensively with the Camp Swift Foundation, a non-profit organization based out of Phoenix, Arizona which provides overnight summer camps and afterschool for disadvantaged youth in the inner city Phoenix area. Volunteering with Camp Swift and the children who attend Camp Swift has sparked my interest in working with nonprofit organizations and with youth.

I have learned, both through Camp Swift and my youth group involvement with the North American Federation of Temple Youth (NFTY), that when working with youth, you must adapt to the needs of each individual. For each individual, different measures and programing will affect him or her differently, which is why I am interested in evaluating Not My Kid's programs to see for

which groups of individuals it is most effective and to see how the organization's work can be adjusted to meet each individual's needs.

IV. Prior Research

A recent publication by Beth Berk from the Community Prevention Initiative explored what makes substance abuse prevention affective. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Initiatives for 2011-2014, there are three main types of prevention interventions: universal, selective, and indicated. Universal prevention is the broadest category, targeting the general public. Selective prevention intervention targets sub-groups with a particular risk-factor. Indicated preventive interventions target specific individuals with signs or symptoms indicating potential involvement with the disorder or risky behavior (Berk). In a recent study funded by the Center for Substance Abuse Prevention, Ph.d. Fred Springer found that "the programs that were most effective were programs that used reflective interventions... such as role playing, and videotaping and reviewing behaviors that take place in those role play situations." (Berk). Furthermore a study of 120 school-based drug prevention programs found "interactive programs to be significantly superior to non-interactive programs in their ability to impact drug use behaviors" (Tobler and Stratton).

Among teens in the United States, it is estimated that over 3 million adolescents have drinking problems, an issue that becomes a gateway to drugs such as marijuana, hallucinogens, cocaine, and heroin (Skiba, David, Monroe, & Wodarski). The authors continue to explain that adolescent substance abuse is correlated to the extreme thirty-three percent rate of all automobile injuries due to underage high blood alcohol concentrations and the reported eleven percent of adolescents using marijuana regularly, an issue that calls for improvement in prevention methodology. The authors continue to explain that successful prevention strategies focus on factual information, self-esteem building, and better decision making, citing the 1992 study by Botvin and Botvin . Salient factors of successful prevention efforts include comprehensive components and direction towards "individuals, families, peers, schools, communities, the media, and the workplace" (National Institute on Drug Abuse,1997). The most successful prevention programs are centered around six different ideas according to Skiba, David, Monroe & Wodarski: traditional information dissemination, fear arousal, moral appeals, affective education, psychosocial resistance skills, and personal and social skills training. In order to measure the efficacy of these measures, the social influence model attempts to focus on changes in "behavior, attitude, and knowledge in the context of the social environment" Most research regarding efficacy is centered around the social influence model.

As shown, extensive research has proven that there is merit to prevention methods for risk-behavior such as drug abuse in teens. This research is supported by the recent legislative focus on mental health as decreed by the Affordable Care Act. In 2011, the Partnership for Drug-Free Kids, an organization very similar to Not My Kid, released a study stating that even after a brief one-hour intervention aimed at giving parents information, significant effects were noticed in the parents' teens (Goldberg). This study suggest that, along with other factors, the parents receptiveness is an important factor in the success of these prevention programs, and thus is another variable to account for.

V. Significance

Twenty-three percent of males and 22.5 percent of females ages 12-20, about 8.7 million people, reported drinking alcohol in the past month ("Underage Drinking"). 75% of high school students have used addictive substances in their lives (CASAColumbia). Approximately 20% of kids aged 11-18 self-report being victims of online aggression (Whitson). And one in every five children is statistically likely to self-harm (Crossley). These statistics are just the beginnings of why these are prevalent issues in our society, and why it is important that organizations such as Not My Kid work to prevent them. Extensive prior research shows that drug use can be limited by successful prevention intervention methods. Can these methods be applied to these other prevalent risky teen behaviors? It is vital that we work to limit these issues in our society. In order to make these programs most effective, researching which social, gender, socioeconomic, and ethnic groups are most receptive to the programs is an important step in designing programming that limits these risks among youth.

VII. Methodology

The methodology is already in process currently with the previous research and background knowledge I am acquiring before going into my internship. Once I have gained thorough knowledge of the topics at hand, I will begin my on-site research. I will accompany the presenters to the various schools and community centers where the prevention presentations are given. There I will do several things.

First, I will administer surveys to each participant at the presentation. These surveys will be used to collect data about the characteristics of the participants and how receptive they are to the presentations before the presentations begin. These surveys will ask participants to report age, gender, socioeconomic status. The second part of the surveys will ask participants to report on a 5-point scale, with one being "not at all" and 5 being "extremely". Questions will be the following: 1. How likely are you to engage in this activity? 2. Would you speak to your friends about this activity? 3. Would you tell others to engage in this activity? 4. Would you tell others not to engage in this activity? 5. Do you believe this is a serious and harmful activity?

Second, during the presentations I will be observing the participants to take note of which participants were most engaged and the general reactions among the participants to the particular topic and presenter. At each presentation I will be taking notes on the following. 1. during 5 minute intervals, I will be tallying how many participants are on their phone. 2. I will be taking notes on eye-contact throughout the presentation. 3. I will take notes on how many questions are asked by participants.

Third, I will administer surveys immediately after the presentation to assess the effect the presentation had. These surveys will collect data on the aftermath of the presentation. They will be the same surveys as the before surveys just without the demographic questions.

Fourth, I will note distinctive qualities of the presentation so that I may compare it alongside the data from each presentation.

Finally, I will provide each school with surveys to administer to the participants one or two weeks later. However, this additional source of data will only be possible in certain presentations and schools/communities depending on how pragmatically possible it is in the situation.

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Once all of the data is collected, I will begin to assess each presentation, its participants, and its efficacy. As I asses more and more presentations I will begin to compare the assessments, looking for key similarities and correlations among the presentations. I will compare each factor in order to answer my research question and determine what it is that makes the successful presentations successful.

VIII. Problems

Because we are relying heavily on survey use, a few bias errors arise as problems. First, since we cannot force every participant to respond to the surveys, there is a voluntary response bias: those who are more excited are more likely to complete the surveys, therefore skewing the results. Additionally, with surveys there is always potential for bias in the questions, another factor that may cause problems with the results. Another problem comes from confounding variables. For instance, a group of younger female teen participants may normally be very attentive and be strongly affected by the presentations. However, if, for example, they all stayed up late because they had a big test on the day of the presentation, the surveys may show them to have not been affected by the presentations, a result created by a confounding variable. Additionally, as I am the only person performing the observations, the results are prone to researcher's bias. The last problem that may occur is dishonesty in the surveys, but hopefully this can accounted for by having a large number of surveys distributed.

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