



Published in final edited form as:

Health Commun. 2013 October ; 28(7): . doi:10.1080/10410236.2012.762825.

Introduction for Symposium on Engaging Youth in Prevention Message Creation: The Theory and Practice of Active Involvement Interventions

Kathryn Greene* and Michael L. Hecht

*Kathryn Greene is Associate Professor in the Department of Communication at Rutgers University. Michael L. Hecht is Distinguished Professor of Communication Arts and Sciences at the Pennsylvania State University

This symposium explores the health communication prevention strategy of engaging youth in message creation. We label these “active involvement interventions” because the key underlying common component is having adolescents (usually in groups) actively plan and/or produce prevention messages such as anti-smoking, drinking/driving, or texting and driving. Some of these active involvement interventions are grounded in principles of community based participatory research (CBPR) that include involving participants in meaningful ways, and this new and exciting new direction is exemplified by some media literacy interventions (Banerjee & Greene, 2006, 2007; Greene, 2012; Greene et al., 2012a, 2012b; Austin & Johnson, 1997) and *keepin' it REAL (kiR)*, a school-based substance use prevention intervention (Hecht & Miller-Day, 2009).

Active interventions are becoming more common for a number of reasons. Most of these interventions are intended to target high risk behaviors such as substance use. These behaviors tend to emerge in late childhood and accelerate in frequency and intensity through early adolescents and up through late adolescents (do we have a good cite or just use drug cites?). These are periods that are characterized by increasing peer influence (Bauman & Ennett, 1996; Prinstein, Boergers, & Spirito, 2001) and indifference by high risk youth to intervention by adults and institutions. As a result, strategies that utilize peer-produced messages or engage these youth, themselves, in message production as the intervention strategy may have a better chance of success of reaching this audience. This is consistent with studies showing that peers often have a positive influence on adolescent health behaviors (Valente, Hoffman, Ritt-Olson, Lichtman & Johnson, 2003). Meta-analyses of the drug prevention literature show that peer involvement is an effective strategy (Tobler et al., 2000), perhaps because peers are seen as credible and the strategy, itself, is cost effective (Turner & Shepherd, 1999).

To date, however, we know little about the mechanisms underlying intervention effects or which components of these interventions account for success. This is, in part, because peer education has developed as a largely atheoretical strategy (Turner & Shepherd, 1999). As these active involvement interventions become more pervasive as a strategy for campaign design, understanding and explaining these processes becomes ever more important. There are two broad uses of active involvement interventions: having youth create messages as a strategy for message development (e.g., *kiR* where youth assist in video development) and using message development as a strategy for influence (e.g., media literacy production processes or *kiR* booster lessons). We focus this symposium on the latter.

The symposium presents two theoretical perspectives that describe how active involvement interventions function, two examples of studies using active involvement approaches, and an integrative response to the symposium collection. We begin with two theoretical orientations

toward active involvement interventions. The first presents the cognitive-based Theory of Active Involvement (TAI). TAI uses social cognitive theory's notion of self regulation and multiple perspective taking to propose necessary components of successful active involvement interventions. Greene's TAI theory argues that engagement causes participants to reflect on the health promotion perspective advocated in the messages and compare these messages with their own perspectives/behavior and that of their peers, leading to reconsideration or reinforcement of participants' perspectives. The theory includes a sequence of components such as the engagement required to process the intervention, immediate outcomes, moving to reflection, finally predicting cognition and then behavior. The paper concludes with recommendations for using TAI in health campaigns.

The second symposium paper presents a narrative framework based on the belief that knowledge is stored in and communicated in narrative form. Miller-Day and Hecht argue that the process of creating prevention narratives redefines the stories that participants have about drugs and drugs use through mental and behavioral modeling. This process of narrative redefinition is enhanced by the level of engagement in the process and is predicted to result in social proliferation. The Narrative Engagement Approach argues that active engagement in messages is associated with increased identification, liking, and perceptions of realism that result in attitude, intention, proliferation, and ultimately behavior change. Thus, the approach posits that active involvement in narrative development heightens engagement with the messages created producing cognitive and behavior change.

Next, the symposium presents two articles demonstrating the processes of active involvement in the context of one type of adolescent risk taking, substance use. Both studies engage adolescents in the process of creating substance use message prevention messages. The first example is based on a study comparing high school and college students planning anti-alcohol posters following a brief media literacy intervention labeled *Youth Message Development*. Results indicated that all student produced posters multiple and varied production features, used a slogan and counter-arguments to support the slogan, often depicting negative consequences of alcohol use or a positive/negative consequence comparison. High school and college student posters were similar on many features but differed in that college students produced more posters depicting positive consequences of not using alcohol while high school students produced more posters using before/after comparisons. Beyond specific message feature recommendations, the findings imply that adolescents perceive that messages targeting them should focus on immediate or short term consequences of alcohol use rather than long term consequences and could further emphasize benefits of alternatives to drinking.

The second example of an active involvement intervention examines youth produced narrative messages as part of the “booster” phase of the *keepin it REAL* curriculum during which 8th grade lessons are used to reinforce or enhance 10th grade lessons. Drawing on principles of cultural grounding and narrative engagement theory, this study identifies the persuasive strategies used by youth in developing messages, including an examination of whether the messages take narrative form and highlight the *kiR* intervention strategies. The adolescent produced messages presented more didactic than narrative forms, although there was some variation by medium. The most common message strategies included negative action and identity appeals. One measure of the success of *kiR* is that, indeed, the messages promote use of the REAL strategies, although the use of narrative form was more common in video messages.

The symposium concludes with commentary by Michael Slater. The commentary highlights how the symposium collectively, and the articles individually, address significant questions and propose areas for future research.

Acknowledgments

This publication was supported by grant number R21DA027146 from the National Institute on Drug Abuse to Rutgers University (grant recipient), Kathryn Greene, Principal Investigator and grant number R01DA021670 from the National Institute on Drug Abuse to The Pennsylvania State University, Michael Hecht, Principal Investigator. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Institutes of Health.

References

- Austin EW, Johnson K. Effects of general and alcohol-specific media literacy training on children's decision making about alcohol. *Journal of Health Communication*. 1997; 2:17–42. [PubMed: 10977232]
- Banerjee SC, Greene K. Analysis versus production: Adolescent cognitive and attitudinal responses to anti-smoking interventions. *Journal of Communication*. 2006; 56:773–794.
- Banerjee SC, Greene K. Anti-smoking initiatives: Examining effects of inoculation based media literacy interventions on smoking-related attitude, norm, and behavioral intention. *Health Communication*. 2007; 22:37–48. [PubMed: 17617012]
- Bauman KE, Ennett ST. On the importance of peer influence for adolescent drug use: Commonly neglected considerations. *Addiction*. 1996; 91:185–198. [PubMed: 8835276]
- Greene, K. Active involvement: A brief media literacy approach to substance use prevention; Paper presented on a panel highlighting the value of Communication Research at the annual meeting of the Society for Behavioral Medicine; New Orleans, LA. 2012 Apr.
- Greene, K.; Elek, E.; Magsamen-Conrad, K.; Banerjee, SC.; Hecht, ML.; Yanovitzky, I.; Catona, D. Formative research impact on the development of a brief media literacy intervention targeting adolescent alcohol use; Paper presented at the annual conference of the National Communication Association; Orlando, FL. 2012a Nov.
- Greene, K.; Yanovitzky, I.; Magsamen-Conrad, K.; Elek, E.; Banerjee, SC.; Hecht, ML.; Carpenter, A. A theory-grounded measure of target audiences' motivations to process media literacy interventions; Paper presented at the annual meeting of the National Communication Association; Orlando, FL. 2012b Nov.
- Hecht, ML.; Miller-Day, M. The Drug Resistance Strategies project: Using narrative theory to enhance adolescents' communication competence. In: Frey, L.; Cissna, K., editors. *Routledge handbook of applied communication*. New York and London: Routledge; 2009. p. 535-557.
- Prinstein MJ, Boergers J, Spirito A. Adolescents' and their friends' health-risk behavior: Factors that alter or add to peer influence. *Journal of Pediatric Psychology*. 2001; 26:287–298. [PubMed: 11390571]
- Tobler NS, Roona MR, Ochshorn P, Marshall DG, Streke AV, Stackpole KM. School-based adolescent drug prevention programs: 1998 meta-analysis. *Journal of Primary Prevention*. 2000; 20:275–336.
- Turner G, Shepherd J. A method in search of a theory: Peer education and health promotion. *Health Education Research*. 1999; 14(2):235–247. [PubMed: 10387503]
- Valente TW, Hoffman BR, Ritt-Olson A, Lichtman K, Johnson CA. Effects of a social-network method for group assignment strategies on peer-led tobacco prevention programs in schools. *American Journal of Public Health*. 2003; 93(11):1837–1843. [PubMed: 14600050]