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The Online Space Presents a Unique Opportunity for Psychological Sciences to Improve the Health of Youth

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are far more likely to be perceived by adolescents as likeable and authoritative, a perception that commits them to taking incremental risks by vividly minimizing the likelihood of such risks and perpetuating the myth that the teen years are the only time for experimentation and sexual identity development. Such discounting of the validity of health information can take the form of glamorizing the supposed benefits of risk taking, adolescents' perception of which was found to be significantly higher than their risk perceptions (Peters et al., 2009). In sum, we acknowledge the enormous (potentially positive) influence of computer-mediated communication on adolescents' sexual practices, but we remain concerned that it can also spread misinformation, perpetuate myths of safe sex, and encourage risky behaviors. In response to Lightfoot's (2012) titular question "Where Do We Go From Here?" we strongly recommend that in order to help young people see through the informational noise in cyberspace and enhance their own critical thinking about the various diverse and wide-ranging views available online, HIV prevention activists bear such technological downsides in mind. They could, for example, actively strive to minimize the impact of such downsides by presenting the risks without condescending to their target audience and by ensuring a more resonant set of emotionally congruent arguments from peers and credible, well-respected figures.

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- Palasinski et al. (2013) suggested that technology has the ability to "spread misinformation, perpetuate myths of safe sex, and encourage sexually risky behaviors" (p. 887). While we do not disagree that these dangers exist, they do not negate the premise of Lightfoot's (2012) article. To our detriment, too often the discourse around the use of technology is about its dangers, and as a result we are slow to react and leverage these technologies for prevention and preventive messaging. We agree that the quality of what is online is of paramount importance and that training adolescents to discern and evaluate online information is warranted. Lightfoot did not suggest that adolescents simply be instructed to go online and find information. It is important to note that the audience for her article was psychologists and public health professionals who are developing programs that target adolescents. As reviewed in her article, the literature on the use of technology, including the Internet, social media, and mobile technologies, strongly indicates their potential as a means for providing relevant, important, and accurate information and behavior change strategies to adolescents. Therefore, we argue that psychologists and public health professionals should be using these tools in delivering targeted information and strategies to adolescents, not that the adolescents should be finding information on their own.
- In their comment, Palasinski et al. (2013) contribute to a misapplied assessment of the dangers of technology. For example, they suggested that access to pornography online provides adolescents with mixed messages about sexual behavior. However, we would assert that equating an intervention specifically designed to reduce HIV/STI (sexually transmitted infections) risk behaviors with exposure to pornography is misleading. Pornography is not an "educational exposure" intended to educate youth on how to have safe or protected sex. Similarly, it is misleading for the authors to equate the behavior of gay men who are searching for sex online (Tikkanen & Ross, 2000) with adolescents receiving an evidence-based intervention via technology. We assert that there are not mixed messages with regard to HIV preventive behaviors. The field is clear on what are safer sexual behaviors, and porn sites and spaces where adults are looking for sex are not the places for HIV prevention interventions or reproductive health education for adolescents.
- Palasinski et al. (2013) further confused the argument presented in Lightfoot's (2012) article by discussing the possibility that adolescents will share risky behaviors they engage in without negative

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The Online Space Presents a Unique Opportunity for Psychological Sciences to Improve the Health of Youth

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In the article "HIV Prevention for Adolescents: Where Do We Go From Here?" (Lightfoot, November 2012), Lightfoot suggested that given the continued unacceptably high rate of HIV among adolescents, there is an urgent need to expand current approaches to HIV prevention for this vulnerable group. She proposed that in order to adequately address HIV among adolescents, consideration and attention should be given to family-based interventions, social determinants and health disparities, new theoretical models, and utilization of new technologies. With regard to the use of new technologies, she advised that tools such as the Internet and social media are how adolescents access each other, information that is important to them, and the broader world. Consequently, these technologies present a unique opportunity for reaching adolescents for health promotion. In their comment, Palasinski, Riggs, and Allison (2013) recommended that the downsides of technology be kept in mind when utilizing new media for prevention. They identified a number of concerns with new media and technology. However, the issues they raised in their comment should be considered in the context of the empirical evidence and of the significant need for youth to connect with evidence-based interventions.

consequences online, which in turn will lead peers to also engage in those behaviors. Concerns about the iatrogenic effects on adolescent behavior of participating in treatment groups have been examined in the literature. A recent meta-analysis suggests there is little support for these concerns (Weiss et al., 2005), and there is no empirical support for such effects for sexual behavior outcomes. In addition, this issue has not been reported in the literature on the technology-based HIV preventive intervention studies that have been successfully conducted. As with *all* interventions, it is important to study how and if the strategies we use have unintended effects, including those conducted online. Palasinski et al. also implied that adolescents will not view information as credible unless it is delivered by figures such as peers and role models. Again, the authors do not provide empirical support for this assertion, and the success of technology-based interventions suggests otherwise.

In summary, what Lightfoot (2012) asserted in her article is that there is emerging empirical support for utilizing technology and new media as an efficacious strategy for delivering behavior change

interventions to adolescents. Palasinski et al. (2013) did not provide evidence that, when developed and employed as a targeted strategy for HIV prevention as described in Lightfoot's article, technology will "spread misinformation, perpetuate myths of safe sex, and encourage risky behaviors" (p. 887). The lack of quality in what is generally available online does not mean that we should abandon the tool. The best avenue into the world of adolescents might require use of their preferred tools, whatever the challenges and limitations these tools may present. The reality is that 95% of teens are online (Madden, Lenhart, Duggan, Cortesi, & Gasser 2013), and over half of 7th–12th graders report looking up health information online (Rideout, 2010). It would be a huge disservice to adolescents, and psychologists would be remiss, if we do not reach out to adolescents where they are. Particularly with regard to HIV prevention, not to do so would result in a dire consequence, the continued transmission of HIV among this vulnerable population.

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