Games as a Measure of Risk Prevention

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Ensuring Treatment Fidelity
- The data needed extensive cleaning and transformation
  - Player ID Discrepancies
  - Time Discrepancies
  - Score Retrieval and Normalization

How do we best prepare children for these situations?
- The relationship between the high correlations of minigames and the objective of this study

Age and Treatment Efficacy
- Minigame scores overall showed improvement after age 11 but slightly worsened at age 13
The minigames examine situations beyond the students’ ages, but students achieved roughly the same scores for each minigame despite their age
- We recommend testing the Control Group with the same minigames to evaluate efficacy
Concerns regarding treatment administration:

- Normal game events take longer to complete on average than mini games which are more engaging and provide scores for treatment evaluation
- P-values are derived from Wilcoxon Test since data has heavy outliers and is non-normally distributed
  - Outliers removed from barchart visualizations (still preserved in Wilcoxon Tests)

“Time spent” calculates the difference between the initial and terminating timestamp for each action of a specific player

- The only non-significant difference in average time spent exists between 11 and 12 year olds