



Teaching Tips

Video Intervention Projects: Using Technology and Cognitive Dissonance Theory to Enhance Learning

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INTRODUCTION

Video games, cable television, palm pilots, the Internet—today's students enter school with a multitude of technological experiences. Instantaneous access to information at the click of a mouse and easy access to popular movies and realistic computer games all combine to shape students' understanding of the world and their beliefs about health. Unfortunately, the line between fact and fiction can become blurred, especially when viewing persuasive advertising, watching popular movies, or playing computer games embedded with mixed messages about violence, substance abuse, and gender relations (Carter, 2002).

The purpose of this article is to provide health educators with a teaching tool that will draw on students' experience with technology and help them understand the powerful influence advertising and media play in shaping health attitudes and behaviors. A basic premise of this activity is the use of cognitive dissonance theory, which explains how people change their attitudes about themselves and their environment (Festinger, 1957). Moreover, all students can participate in this activity, because it is performed best in small groups with each member assigned an important task or role.

Broadly defined, the video intervention project is a student-constructed video com-

mmercial, minimovie, or public service announcement (PSA) designed to alter an unhealthy behavior among fellow learners. Different from an oral presentation or group debate, the overall purpose is not to present facts or to argue the pros and cons of an issue. Rather, the purpose of each 6- to 8-minute video intervention is for students to try to influence others, and for the teacher to facilitate a class assignment in which students can safely express positive attitudes about health.

Through a process of researching, writing, acting, and producing a video commercial, minimovie, or PSA designed specifically for their classmates, students are empowered to be creative much the same way advertisers explore techniques to try to persuade consumers to purchase products. In essence, the underlying philosophy of this activity is experiential learning. Research suggests that students are more receptive to health information when it is conveyed and endorsed by peers, so it makes sense to involve them in some form of content delivery (Fetro & Drolet, 2002).

Although a cursory understanding of persuasion techniques and the influence of media on behavior is one goal of the project, another important part of this teaching idea is the personal experience of actually doing and going through the project. In other words, the process of creating a video in-

tervention could potentially have greater effects on modifying individual behavior than on influencing the audience. Therefore, teachers who use this teaching strategy should understand that another important goal of the strategy is the positive effect that working in a group to reach greater goals has on behavior. That is, the process is more important than the product.

In this project, changing individual attitudes and behavior relies, in part, on implementation of the theory of cognitive dissonance. This theory explains that when people behave contradictory to their beliefs, they experience cognitive tension known as dissonance. According to Festinger (1957), humans are motivated to reduce this dissonance (discrepancy) between their behavior and beliefs about themselves. For example, consider a student who binge drinks. When initially presented with an intervention project about the prevention of binge drinking, the student who frequently drinks may be likely to experience cognitive dissonance toward the prevention message, finding fault with any number of issues.

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However, due to social pressures and peer endorsement of the intervention, coupled with the eventual public scrutiny of the final project by other peers in the class, the student is motivated to reduce dissonance by adjusting his or her thinking to a position that advocates responsible behavior (Barnett, Far, Mauss, & Miller, 1996). In fact, anecdotal evidence from students who have completed video intervention projects suggests deep attitudinal change from trying to persuade others to behave differently. For instance, in end-of-semester reflection assignments, several students wrote about modifying their personal behaviors, which perhaps was a result of the dissonance they initially experienced justifying and working within the group. The main point here is that this activity has the potential to positively influence not only the audience, but also individual student attitudes and behavior.

OBJECTIVES

Students will be able to

- (1) list various health risk behavior research sources;
- (2) briefly describe how media influences human behavior;
- (3) express positive attitudes and changes in behaviors toward health;
- (4) work effectively in groups that rely on technology; and
- (5) accept constructive feedback from peers.

MATERIALS AND RESOURCES

Each team is responsible for creating a final project that involves technology, so it is important to determine which students have access to video cameras, editing software, high-end computers, and the skills necessary to operate the devices prior to making team assignments. Identifying students with technological skills and assigning them to teams helps to ensure that each group has the technical skills to successfully complete the project.

TARGET POPULATION

This learning activity is best suited for

senior high school and college students, although programs involving student productions with technology are being conducted in elementary schools (see University of Hawaii Department of Educational Technology, 2002).

PROCEDURES

To assist with the selection of topics, a list of several health issues is provided from which students choose a topic of interest. Projects may include HIV/AIDS prevention; smoking cessation; coronary disease; high-risk sexual behaviors; substance abuse; drunk driving; binge drinking; skin cancer; spiritual wellness; hypertension; diabetes; and violence prevention.

Six weeks should be allotted for completion of the project, with the majority of work completed outside the classroom. The first 2 weeks should be used for assigning teams, selecting topics, and researching. During the next 2 weeks students should write scripts and begin to envision the final project and its take-home message. The final 2 weeks should be used for video taping and editing. Depending on student preference and access to equipment, final projects could be in the form of VCR tapes, CD-ROMs, DVDs, or streaming video (uploaded to a Web site). Each project should take 6 to 8 minutes to present, and 2 or 3 minutes should be devoted to completing a peer evaluation form given to all viewers.

About 10 minutes a week of classroom time should be devoted to checking student progress and determining whether students are meeting outside of class. Time should also be dedicated to discussing their successes and concerns. Early in the semester the teacher should gauge whether personality conflicts are arising among students and intervene. Ground rules for projects include no use of profanity, no stereotypes, no nudity, or anything deemed illegal (e.g., use of actual beer bottles to depict underage drinking, etc.). Once the timeline and ground rules are outlined, each team selects a target audience and tailors the intervention for a particular group (e.g., freshmen, seniors, student-athletes, etc).

The content and style of the interventions (e.g., a music video, song, skit, illustrated cartoon, etc.) are determined by the groups but must be approved by the teacher in advance. However, assignment of roles and tasks such as lead researcher, lead writer, lead choreographer, and so forth are determined by the team members, with the exception of lead audiovisual support person (which is determined by the teacher to ensure that at least one student in the group has access to technology). An expectation of the assignment is that each team member will assist to the best of his or her abilities with all aspects of the final video intervention production, in addition to specific tasks.

ASSESSMENT TECHNIQUE

Grading for this project occurs in three parts. First, each student submits a one-page typed summary describing how he or she contributed to the group. This short essay includes basic facts, statistics, and citations about the team's intervention, the purpose of which is to assess the quality of the student's reference list and his or her access to various health-risk sources.

Second, students type brief summaries describing the contributions of each team member to the final project. For example, did everyone attend out-of-class meetings? Did everyone on the team complete the task assigned to him or her? Should everyone be graded the same, or did some students participate at different levels than others? The purpose of these questions is to determine the effectiveness of the groups, including the integration of technology.

Third, to heighten the importance of the project and to enhance quality, as well as to assist students in accepting constructive feedback, each video intervention is peer graded using a 10-point feedback scale. All team members receive the average score as determined from the feedback sheet completed by peers according to the criteria presented in Figure 1. Part of the final presentation involves having students describe how their project is intended to influence human behavior and explain how



participation on the project team may have caused them to change their attitudes and behaviors about health.

CONCLUSION

Often labeled media literacy, there is a critical need to prepare children and adolescents to effectively recognize and differentiate among thousands of digitally produced images they receive and process daily (Van Horn, 2002). The American Academy of Pediatricians recently developed several policy statements to help "pediatricians, parents and children become more aware of the influence that media have on child and adolescent health." The video intervention project described in this article is one way to draw on students' increased knowledge of technology and combine it with deep-rooted behavioral change strategies such as cognitive dissonance theory and peer health educator approaches.

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Figure 1. Video Intervention Evaluation and Comment Form

Your name: _____

Names of group members you are observing:

1. _____

2. _____

3. _____

4. _____

5. _____

Assessment Criteria	Rubric	Score
Strategy	Message tailored to a specific audience: Yes No 1 point 0 points	
Delivery	Easy to see, understand, and follow: Yes No 1 point 0 points	
Creativity	Original, imaginative, and memorable: Yes No 1 point 0 points	
Informative	Presents ideas for solving problem: Yes No 1 point 0 points	
Effective	Raises awareness about a health issue: Strongly Agree Somewhat Disagree 3 points 1 point Somewhat Agree Strongly disagree 2 points 0 points	
Influence	Presentation likely to have a positive influence on my attitudes or behavior: Strongly Agree Somewhat Disagree 3 points 1 point Somewhat Agree Strongly Disagree 2 points 0 points	
Total=		