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Video news

Is your video equipment gathering dust on the shelf?

How seriously do you take video as a learning aid? Do you despair at the poor quality of many so-called professional tapes and relegate the equipment to an occasional interview training session? If you do, you are not alone; and yet if properly exploited, videotape has unique advantages over any other learning method:

Catching fleeting moments This power to record and playback, perhaps again and again, the crucial moments of an assessment or therapy session has enormous teaching potential. The resultant micro-analysis can fine tune trainees understanding of psychodynamics, phenomenology, and therapeutic interventions. No other technique can freeze or playback reality in such a memorable way, the limits lying with the tutor rather than the equipment, and most importantly, suitable tapes can be made locally and cheaply since any psychiatric unit will have a wealth of clinical situations to utilise.

Demonstrating skills Trainees, whether undergraduate or post-graduate, regularly bemoan the scarce opportunities to watch experienced people at work. They usually get a lot of hands-on experience, but little opportunity to model their developing therapeutic skills on others. Perhaps as serious is the lack of opportunity fully trained psychiatrists have of watching colleagues at work. The video camera, by being a fly on the wall, can directly and intimately observe the skill of a therapist. This learning through watching can then be extended by focusing on the therapist's behaviour using micro-analysis as described above, giving viewers a chance to discuss techniques used and then perhaps practise them through role play.

Interview skills are commonly taught in a similar way, trainees observing themselves in action and this being used as a basis for improving technique.

Triggering discussion Video can quickly and vividly set the scene for a discussion seminar. A mother talking of her lost child; a homosexual talking of his sexuality; a relative describing her dementing mother; a social worker and a doctor discussing whether or not to admit compulsorily a patient to hospital. All snatches of real life where important issues are at stake, and where the observer can quickly feel involved. Somehow verbal accounts of situations rarely have the same impact, and this is important if as part of the learning process you wish to challenge or develop people's attitudes about problems.

A related use of trigger material is the examination of trainees or students. Examinees can be shown a 3–5 minute vignette, perhaps an interview with a patient, and then be asked to summarise key features observed and for this to be used as a basis for further questioning. It is also possible to show groups of students videotape snippets on which they have to answer written questions before moving onto further snippets.

Convenience Tapes are very convenient. A library of homemade phenomenology tapes or commercially made tapes such as those reviewed in this column can form useful browsing material for trainees; and a bank of video vignettes can be an invaluable resource for a tutor arranging teaching seminars or exams.

Limitations Television can be very boring. Commercial tapes can be preoccupied with information better got from books, and locally made tapes can be over-long, inaudible and lacking in spark. So you have to be very selective, using trial and error if necessary. Remember also that videotapes are rarely at their best when viewed alone: they should be part of a learning package which might include basic guideline information, tutor-led discussion, and if appropriate opportunities to practise techniques through role play or supervised clinical work.

Finally, television is no substitute for real life. Knowing and working with patients is the basis of learning. Video is merely a tool to extend how you are able to look at the substance and skills of our discipline.

Nicholas Rose

Videotape reviews

Anxiety and phobias

Videotapes are the ultimate form of passive learning. You slot in the cassette, switch on the set and sit back. The danger is that unless the film is exceptional, it is all too easy to switch off your mind or at least your critical faculties. To be most effective therefore videos need to be used as a teaching aid and combined with other learning methods. Videos can then be used in three broad areas. First as a model. Watching a competent professional in action, either in a real treatment situation or with role-played patients is an

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effective way of introducing the teaching of clinical skills. Second as a dramatic way of illustrating symptoms or clinical situations, and using this to focus explanation of psychopathology. Third, the filmed lecture or debate can both inform and provoke discussion.

The three videos reviewed here provide an example of each type of teaching aid. The first and by far the best is the *Psychological Assessment of Anxiety* made by the University of Birmingham. Approximately three hours of tape cover the first four sessions of therapy. We see the skilful role-play of a reserved, inhibited lady with agoraphobic symptoms being assessed by a sympathetic, experienced therapist (Dr John Marzillier). As an example of how to do a broad-based behavioural assessment, following the style of Lazarus or Meyer, this is hard to beat. The combination of a symptom-orientated analysis and a deeper exploration of personal and inter-personal factors allows behaviour therapy to start, while the therapist tactfully and patiently engages both the awkward patient and her business-like and hostile husband in discussion; an elegant demonstration of how to coax patients (or their spouses) to view their problems in a psychological rather than physical frame-work. Each session is followed by a short, sensible discussion, which highlights the main issues covered, and allows the therapist to explain why he chooses a particular structure for each session. This tape could well be used as the basis for a course on interview skills.

The strength of the second tape, *Not All in the Mind*, is the dramatic case vignettes. Seven patients, young and old, male and female, describe what anxiety means to them. For someone who has read the textbooks but never met a patient, these descriptions will be as pictures illustrating an otherwise dull text. They are lively, emotional and above all authentic. The first ten minutes would be an ideal tape to show to medical students. I say the first ten minutes because about halfway through the content switches from clinical material to eccentric aetiological speculation. We are informed authoritatively that phobias have a neurological basis, by way of disturbance of balance mechanisms, and are best treated with physical exercises to correct this. Not to be taken seriously, but, of course, the trouble with videos is that they carry with them a sort of pseudo-endorsement. "If it was worth making a film about there must be something in it", you are tempted to think.

The third and worst tape, *Talking About Anxiety*, is an example of all that can go wrong on a teaching video. The format follows the style of the late Roy Plomley on Desert Island Discs. Bland and irritatingly naive, questions are addressed to a psychiatrist who has an oppressive and patronising way of discussing his subject. While paying lip-service to the value of behavioural treatments, the psychiatrist shows a distinct bias against the use of medication. Later when dismissive about "symptomatic" treatment, and advocating discovery of "the real fear" beneath the phobia, his true colours start to show. Sure enough, he goes on to describe Little Hans, and claims that obsessive-compulsive patients are deliberately punishing themselves with their symptoms, because of heavy super-egos. "Misplaced aggression is the root of all obsession", he asserts. Why not title the tape 'A Psychoanalytically Orientated View of Phobias and Obsessions'?, then at least the viewer would not be mislead into thinking this is an objective, unbiased approach.

JOHN COBB

Behavioural psychotherapy

Seminars in Behavioural Psychotherapy: Straightforward Work and Troubleshooting comprise two introductory tapes on behavioural psychotherapy serving to de-mystify many of the procedures which may be read about by potential therapists, and hence may encourage them to seek further supervision or experience.

The first tape has examples of many of the procedures routinely included in behavioural work, and the viewer is expected to watch repeatedly in order to note all of them. The therapist reassuringly models how to ease a patient into exposure; and also makes clear the advantage in terms of progress of sticking to an agenda (although a slightly more collaborative agenda setting would have been nice, with the negotiation of time to be spent on multiple tasks). This tape also gave good examples of how patients play an active role in therapy; for example, the patient chose the hierarchy item to work on, and she was prompted to record coping techniques when she became panicky.

The second tape looked at three typical problem situations, and prompted the viewer to discuss possible solutions rather than to expect ready answers. There were good examples of the advantages of using regular measures and diaries, when the patient was able to use these to challenge pessimistic evaluations of progress. There was also good use of behavioural observation in the session, where the therapist noted an association between the patient's unfocused talking about problems, and increased tension. Questioning then led the patient to point out that this was not helpful; again emphasising her active role.

It would be helpful to have an additional tape where the therapist presented a formulation and rationale for treatment to the patient, because otherwise the beginning therapist may launch into procedures incomprehensible to the patient and have little idea where to go if treatment does not proceed smoothly. It was also unfortunate that the tape appeared to give the impression that in exposure and

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response prevention, the patient should resist the urge to ritualise until tension had reached an unbearable level; but this could presumably be discussed by viewers either with peers or supervisors as suggested by the tape.

In summary, these tapes would encourage a therapist new to this approach to believe that the procedures are straightforward, and neither mystical nor mechanical.

JOAN KIRK

HIV infection

Information about HIV infection, whether in written or visual form, tends to age rapidly, even when the central message remains essentially unchanged. By contrast, material which concentrates on attitudinal issues and emotional responses to HIV infection has a longer survival. In the last few years, a fair number of videotapes homegrown and from the US have become available, covering a variety of aspects of HIV infection, but with only limited attention being given to its psychological implications in a systematic way – it is easier to have a series of 'talking heads' than to produce material which allows opportunity for reflection and discussion among those watching the video.

One of the few exceptions is the video tape *A Positive Approach to AIDS Care*. This is a very well-produced training video with a practical and useful accompanying book. It has four parts and it concentrates on the problems experienced by individuals with HIV infection; the impact on hospital staff in relation to sexuality, substance misuse, disability, death and bereavement; the needs of carers; and practical aspects of counselling. In each section people with HIV infection and a variety of health care workers describe their personal experiences, and this is followed by discussion points. The video does not cover basic medical or transmission aspects, but it would be invaluable for anyone running training courses for health care or local authority workers.

The video *Talking about AIDS*, which also includes a training booklet, is targeted to general practitioners and health care workers, and it aims to provide information about HIV infection and about the psychological needs of patients. While the video is technically well produced, involving examples of good and bad consultations in general practice, its content is somewhat alarming, in particular the examples of 'good practice'. One way of using this video would be to encourage the audience to 'spot the mistake', or give examples of alternative ways of dealing with each situation. Some of the factual information is also a little out of date.

Mental health workers may find useful some of the videos aimed at providing education about HIV infection to young people. Among them, *Have You Got it Taped* (with booklet) is a very well produced video dealing in a humorous and also serious way with the topic. It has several parts: 'Nothing to do with me'; 'Read all about it'; 'The condom fairy'; 'HIV test'; and 'Living with AIDS'. The ideal way to benefit from these videos would be during group discussion and as part of a training programme. Other educational videos aimed at young people where the psychological aspects are touched upon include *What is AIDS?* (Walt Disney, Viewtech, 1988, and *AIDS Sex Prejudice* (London Borough of Lambeth, Albany Video, 1988).

PEPE CATALAN

Tape details

Ratings	**Audience**
*** highly recommended	P psychiatrists
** recommended	M multi-disciplinary
* worth looking at	UG undergraduates
0 no rating	PG postgraduates

Psychological Assessment of Anxiety: Agoraphobia

Production:	University of Birmingham
Distributor:	University of Birmingham, TV Unit, PO Box 363, Edgbaston, Birmingham B15 2TT
Details:	Video; 4 × 50 mins; 1986, £100 + VAT
Rating/audience:	**, PG

Not All in the Mind

Production:	Phobic Research Group
Distributor:	Video in Pilton, 30 Ferry Road Avenue, West Pilton, Edinburgh EH4 4BA
Details:	Video; 20 mins; 1988, £21.20 + VAT
Rating/audience:	0, M, UG and PG

Talking about: Anxiety. Talking about: Phobias and Obsessions

Production:	Professor Malcolm J. Brown
Distributor:	Concord, 201 Felixstowe Road, Ipswich, Suffolk IP3 9BJ
Details:	Video; 31 and 37 mins; 1986, 2 × £50
Rating/audience:	*, M, UG and PG

Seminars in Behavioural Psychotherapy: Straightforward Work and Trouble Shooting

Production:	University of Manchester
Distributor:	Currently AV Department, Department of Psychiatry, University Hospital of South Manchester, West Didsbury, Manchester M20 8LR

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Details: Video; 40 mins; 1986, £109.25
Rating/audience: *, M, UG and PG

A Positive Approach to AIDS Care

Production: National Association of Citizens' Advice Bureaux with Terence Higgins Trust
Distributor: NACAB Vision, AV Unit, Myddleton House, 115/123 Pentonville Road, London N1 9LZ
Details: Video; 93 mins; 1988, £120+VAT
Rating/audience: **, M, UG and PG

Talking about AIDS

Production: Software Production Enterprises for Wellcome Foundation
Distributor: BMA Foundation for AIDS, BMA House, Tavistock Square, London WC1H 9JP
Details: Video; 16 mins; 1988, £13
Rating/audience: *, M, UG and PG

Have You Got it Taped?

Production: Albany Video
Distributor: Albany Video, The Albany, Douglas Way, London SE8 4AG
Details: Video; 57 mins; 1989, £30
Rating/audience: *, M, UG

Scribe's column

Hood's syndrome

On perusal of certain papers, of some antiquity, in my possession, I recently discovered what I can only suppose to be the first reported (self-reported) case of seasonal affective disorder, or SAD. Moreover, the case is of special merit in that it might enjoy the nosological status (see Reed, 1946) of being a distinct subtype – *month specific* SAD. The affective state of the author (one Thomas Hood, 1799–1845) can be guessed by the prominent position given to the single exclamation 'No!' on the sheet giving the following description of his clinical condition:

"No sun – no moon!
No morn – no noon –
No dawn – no dusk – no proper time of day –
No sky – no earthly view –
No distance looking blue –
No road – no street – no 't'other side the way' –
No end to any Row –
No indications where the Crescents go –
No top to any steeple –
No recognitions of familiar people –
No courtesies for showing 'em! –
No knowing 'em! –
No travelling at all – no locomotion,
No inkling of the way – no notion –
'No go' – by land or ocean –
No mail – no post –
No news from any foreign coast –
No Park – no Ring – no afternoon gentility –
No company – no nobility –
No warmth, no cheerfulness, no healthful ease,
No comfortable feel in any member –
No shade, no shine, no butterflies, no bees,
No fruits, no flowers, no leaves, no birds –
November!"

Ezra the Scribe

Reference

Reed, H. (1946) Naming of parts. From *A Map of Verona*. London: Cape.

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