

# USE OF VIDEO-TAPES IN PSYCHOLOGICAL MEDICINE

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## INTRODUCTION

It was in 1947 that perhaps the first use was made of closed-circuit television when the proceedings of five surgical operations were transmitted to a group of physicians at a medical meeting at Johns Hopkins (Berger, 1970). In psychiatry, the first reports of the use of closed circuit television in the teaching of medical students and psychiatric nurses, as well as residents were probably by Wittson and Dutton (1956) and later, Tucker (1957) and his colleagues reported on its use in treatment of the mentally ill.

Basically, video-tapes and closed-circuit television (CCTV) in psychiatry involve the use of television in a studio or clinic setting to enhance teaching or therapy. Being a visual as well as an auditory method, the impact is significantly greater than traditional methods especially so as the whole process can be replayed and discussed after the event. Since the late forties and fifties, both the equipment as well as the proponents of this form of training and therapy have grown considerably in the developed countries. However, in the developing countries, the use of videotapes in

medicine and more so in psychological medicine have lagged behind. Largely, this may be due to lack of expertise as well as the expensive equipment involved.

However, over the past five or six years, there have occurred several advances in technology that have resulted in the rapid proliferation of video equipment as well as increasing familiarity of personnel with video equipment. Television today is almost universally available and the compactness of equipment has resulted in readily available video equipment at reasonable prices. The advent of the video cassette-recorders (as opposed to the bulky reel recorders of earlier years) has facilitated the use of video technology in clinical and teaching practice more widely.

## USES OF VIDEOTAPES — IN TEACHING

The use of videotapes in psychological medicine are many and may be divided into three areas : that of teaching, therapy and research.

In the field of psychiatric teaching, video-tapes can be used in several ways.

### 1. Clinical Teaching

Many signs and symptoms in psychiatry appear and disappear with time and treatment, and as such, are not readily available throughout the year for teaching of undergraduate medical students. The videotape is useful in recording of these

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symptoms or signs for teaching of students and discussion with them as well at any time. The tape can also be replayed and stopped many times in the course of the discussion with ease. Many routine introductory instructions are often better presented on videotapes with suitable illustrations than in a live lecture in the limited time available. The discussion that follows would be more meaningful after the students have seen examples of actual cases. What must be emphasized is that the videotape is an adjunct to teaching, not an alternative. The teacher must still do his teaching and be around to discuss the tape with his students.

## 2. Teaching Interview Methods

The cornerstone of all psychiatric and medical practice is the clinical interview and the videotape can play a very valuable role in the teaching of interview methods. The teaching of techniques in the interviewing of patients can best be done by the live observation of an interview, the use of a one-way screen or a video-recording. The first two methods have obvious advantages but are handicapped by a lack of accurate recall of specific instances during the interview which may last an hour. Therefore, a combination of observing a live interview that is being recorded is particularly useful. After the interview, the video-tape can be replayed and discussion of techniques and aspects of the process carried out at leisure.

The trainees or students can each have their interviews recorded and replayed for a study of their own techniques so that modifications can be made and methods refined.

## 3. Teaching Specific Therapies and Procedures

In many instances, the therapy or procedures used in psychiatry are not readily taught to a large audience because of the patients' embarrassment, reluctance or inability to cooperate. The video often obviates this problem and can be used to replay special procedures such as, electro-convulsive therapy, family group or play therapy for students.

## 4. Patient Interviews For Case Conferences

The case conference or grand round still remains the focal point of numerous psychiatric teaching programmes. The audiences at these conferences are often large and numbers may range from ten or fifteen to a hundred or more. As there is growing emphasis on the patients' feelings and rights, it is often felt that the patient should not be subject to

the anxieties and embarrassment of facing a large though clinical audience. The video-tape is particularly useful in reducing this source of potential stress to the patient. The interview is pre-recorded or carried out live in a studio and observed at the conference room or auditorium by the audience. Thus, the patient's ease is maintained by a one to one interview situation, though he is fully informed of the audience viewing the monitors in another room.

## 5. Use of Video-Tapes In Continuing Medical Education

With the medical and psychiatric literature and research at a rich level of diversity and intensity, it is almost impossible to keep in touch with the latest developments in the field. The introduction of audiotaped "journals" in various branches of medicine in the fifties and sixties, has given birth to a number of video-tapes in medicine and psychiatry. Many psychiatric conferences and seminars are routinely video-recorded as are series of important topics. These can be made available as a source of continuing psychiatric education for psychiatrists and others in the field. Aside from this, the use of relatively simple video equipment can lead to the production of purpose-made films on specific syndromes or cases.

## 6. Psychotherapy Supervision

Psychotherapy has always formed a major part of psychiatric teaching and therapy. In the early years of psychotherapy teaching, the supervision of the trainee was done either on the basis of notes written by the trainee during the session or later from memory. The obvious problems of disrupting the therapy itself and relying on selective recall were accepted as necessary flaws in the system. With the advent of the one-way screen (or mirror) and suitable audio equipment, these problems were reduced somewhat. Audiotapes of the psychotherapy sessions also helped to provide an unbiased verbatim record of the proceedings for review and discussion by the therapist and supervisor. But the visual impact was missing in audiotapes. As communication between two persons depends on more than one sensory modality, the use of an added visual component adds considerably to the supervision process of psychotherapy sessions.

## USE OF VIDEO-TAPES IN THERAPY

While video-tape has been used in teaching the medical sciences since the forties, its use in actual treatment of psychiatric patients came later. Tucker in 1957 used videotapes for just such a purpose. Other early workers were Kagan (1962) and Ward (1962). Videotapes can play a particular useful role in the psychotherapies involving groups and couples.

Wittson and Dutton (1956) described the use of two-way television in group psychotherapy. In group psychotherapy, the interaction and dynamics are often varied and intense so that the therapist and co-therapist fail to pick up cues or monitor changes. The video replay of the group may show up both verbal as well as non-verbal cues that add new dimensions to the group process and individual reactions. Insight is something that many patients have difficulty in achieving in psychotherapy. The video-taping of a group session helps by giving an opportunity for individual patients to see themselves interacting in particular social and stressful situations. Aside from personal insight, the individual has the opportunity to observe on videotape group dynamics and reactions that would ordinarily have been missed by him.

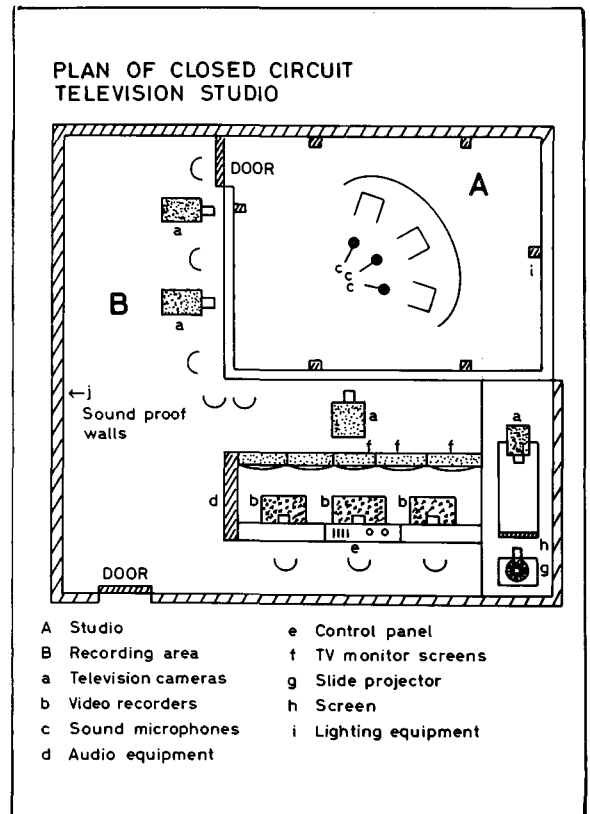
The use of video-tapes in marital therapy and family therapy has distinct advantages. These are related to unrecognised processes that are present in interaction between members but previously unrecognised. Members' attempts at deviation, denial and other verbal defences are clearer on video-tapes discussions of sessions than is the case in unrecorded ones. The evaluation of each session by the participants is more objective and less subjective than is otherwise the case.

## RESEARCH

Use of video equipment in research has not been as widespread as in its use in teaching or therapy. It can be used to study patients' improvement with medication and therapy. It can also be used to study diagnostic criteria across cultures or even between individuals. Research related to medical education techniques and various psychotherapies can benefit by including video-recordings in them.

## TECHNICAL ASPECTS OF VIDEO-TAPING

The detailed description of technical equipment and procedure used in video-taping is clearly



beyond the scope of this paper. It would be however necessary for therapists or teachers involved in the use of video-tapes in psychological medicine to be aware of some basic aspects of the technology involved.

### The Equipment (see plan above)

The basic equipment consists of:

- (1) video camera
- (2) video recorder
- (3) audio equipment suitable for video recording
- (4) a suitable sound-proof studio with adequate lighting equipment

There is a very wide range of each of these and many refinements of each, such as remote control for the cameras, switching and special effects equipment, portable equipment, sophisticated audio-equipment and one-way mirror studios where the cameras and microphones are invisible to the interviewer and interviewee. The main factor that determines the type and sophistication of equipment used is usually the cost.

The studio used for videotaping should if possible be centrally air-conditioned (especially if there is going to be use of powerful lights) and sound-proofed to facilitate quality recording of sound. It should have railings for curtains and background of various types as well as a number of casual low chairs, low tables and other furniture for alternative interview settings such as those involving groups. Decorations should be minimal, so as not to distract from the main focus of the participants. The equipment available in the market is varied in both sophistication and price. However, as there are distinct systems of television transmissions and recording (the PAL, SECAM & NTSC), the equipment used should be confined to one system. They are not interchangeable. For video systems used in closed-circuit studios as described, there is need to stick to one or the other system. Coming into the fast expanding video market are also video discs which are largely for playback purposes.

#### **VIDEO-TAPE STORAGE AND LEGAL ASPECTS**

As in the case of all other audio-visual material, the storage and availability of video-tapes is an important aspect of their use. A video-tape library is necessary if there is to be optimum use of this media with the availability of reasonably inexpensive recorders and television monitors, there can be viewing rooms set-up in libraries where video-cassettes can be signed out by students interested in various topics and played at leisure. There is a need for simple sets of instructions on the use of the video-recorder to be clearly available for intended users in the viewing room.

The video-taping of patients for teaching or therapy comes within the purview of other medical illustration and record procedures, and requires informed consent of the patient. This can be done

by the patient on a suitable form by the patient himself or responsible relatives if the patient is a minor. The consent should allow the use of the taped material to restricted audiences of health professionals so that confidentiality of the patient is strictly maintained. For specially video-taped productions, it may also be necessary to apply for copyright.

#### **CONCLUSION**

Just as the overhead projector, the medical cinematography and the 35 mm. slides have pioneered in medical education in the past, the video-tape is making its impact today in the field of medical education. In the skilled hands of the therapist too, the videotape can play an important role in therapy of psychiatric patients. With the recent advances in technology, this sophisticated medium of communication is rapidly becoming easily available to the practitioner of psychiatry in all parts of the world.

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