#12

PSYCHOTHERAPIES
As Broadcast Script
May 31, 1991

FADE UP ON LOGOS

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|---|---|
| NARRATION: Funding for this program was provided by The Annenberg/CPB Project. | The Annenberg/CPB Project |
| NARRATION: Sometimes, as we face life, we can master our experiences, sometimes we can't. | Mauve; fade up on music and pictures for open<br>1. boy looking into camera on stomach<br>2. children in schoolroom<br>3. girl at blackboard<br>4. boy alone with group off to side - zoom in on him<br>5. two people walking under catwalk<br>6. band<br>7. older black couple hugging<br>8. man and woman at table with chins in hands<br>9. man sitting on bed with face in hand<br>10. woman in mourning with hankie over eyes |
| MAIN TITLE | The World of ABNORMAL PSYCHOLOGY (over montage of photos) |
| SHOW TITLE | PSYCHOTHERAPIES |

TOM: I've been trying to keep cool. There are just so many things happening right now.

COOPER: You say keeping cool? [Yeah.] How do you do that?

TOM: Well, there are- there are just so many things happening in my life right now...

COOPER: I know there are.

NARRATOR: As we've seen in previous programs, there are a variety of treatments available for people with psychological disorders.

B-Roll: Tom and Cooper

In this program, we take a look specifically at psychotherapy as a treatment for people who may be having some trouble dealing with things such as personal or professional relationships, but who are functioning well in other aspects of their life.

We'll look at three kinds of individual psychotherapy: as well as therapy in other settings, like couples and groups.

GRAPHIC: different therapies in B&W

In order to do this, we asked actors skilled in role-playing to study some case histories and then improvise as patients with professional psychotherapists. For several sessions.

B-Roll: Tom/Cooper getting miked

The therapists knew the patients were actors but knew nothing about their cases. Each therapist later said that the actors were extremely convincing in their role-playing.

B-Roll: Tom/McCarthy miked

B-Roll: Couples miked

Research has shown that psychotherapy can be effective for certain kinds of problems and certain kinds of individuals. But how?

STILL: group therapy

Some experts have suggested that an essential component of the change process that goes on in therapy involves the matching of patient or client to therapist. And the special relationship that develops.

STILLS: of each patient

Dr. Marvin Goldfried, who will comment throughout the program, talks about the value of this therapeutic relationship.

Over Goldfried

GOLDFRIED (12-27 2:21) The therapy relationship is really quite unique and very different from any other kind of relationship that somebody would have with another person in the sense that when one sees a therapist, the therapist provides the patient with his or her own un- undivided attention. There is a total commitment to the welfare of the patient; there's a concern for the patient; there's a caring for the person.

And hopefully this will be communicated and the communication of another person who cares, who's concerned, who's attentive, who's interested in itself can be quite supportive, quite therapeutic and can help, to some extent to- to take the edge off whatever despair or demoralization or pessimism a person may have when they first enter therapy.

NARRATOR: The first therapy we look at can be considered to be the oldest form of talking therapies.

GRAPHIC: Tom/Cooper therapy
CHYRON: Psychodynamic Therapy

In this segment, an actor plays Tom, a man in his thirties, who is complaining of problems in dealing with his supervisor at work and who is upset because he thinks his girlfriend Patty is going to leave him.

GRAPHIC: CU Tom B&W

To an outsider, the information-gathering that goes on in a first session like this is not very exciting.

GRAPHIC: MS Cooper B&W

For the therapist, however, it's a chance to look for nuances and clues to what may be at the heart of the client's feelings of anxiety, depression, or as we'll see with Tom, actual physical discomfort.

GRAPHIC: CU Tom B&W

COOPER: Tom, could you tell me what brought you to see me today?

TOM: Well, I work as an assistant office manager at a large architectural firm and I've been having some difficulties with the guy who's directly above me. His name is Dave.

And when the general managership was opened, I applied for it. And Dave came in from outside the company and got it, and I guess I felt like I should have it.

I've been having a lot of difficulty in dealing with him since he's been there. I- it's even been manifesting itself physically.

COOPER: How is that?

TOM: I feel- I'm getting a lot of tension in the back of my neck. I get headaches. At work when I know that I have a meeting with him, I'll begin to- to sweat. I get very uncomfortable. I get nervous.

COOPER: Yeah.

TOM: And- but mostly it's- it's been getting really bad.

NARRATOR: As Dr. Cooper listens to Tom talking about these physical symnptoms, he may begin to get clues about deeper, hidden problems or conflicts.

B-Roll: Tom/Cooper therapy

In fact, discovering such buried conflicts is at the heart of psychodynamic theory, which was developed by Sigmund Freud.

Freud believed that unresolved issues or conflicts from crucial childhood years shape adult behavior.

GRAPHIC: Freud w/heading Psychodynamic
ADD: Baby in lower right
CHANGE: Woman in lower rt.

The purpose of therapy is to resolve these conflicts, which have been forced out of awareness in order to guard against the anxiety that would surface if the conflicts were felt consciously.

ADD: Resolve Conflicts

COOPER (12-5 :56) The fundamental principle of psychodynamic therapy is that there are thoughts and feelings which exist outside of awareness and are called unconscious or simply not within awareness.

And they exert a very powerful influence. And through creating conflicts and through guiding someone's behavior. The goal is to try and understand what these unconscious attitudes and feelings are.

NARRATOR: By asking a very simple and general question, Dr. Cooper encourages Tom to feel free to say anything that comes to mind, on the assumption that his conflicts will rise to the surface. Here, Tom divulges a very critical piece of his past.

B-Roll: Tom/Cooper therapy

COOPER: (10:27:) Could you tell me a little bit about what the rest of your life is?

TOM: Well, I live in the suburbs with a woman, Patty, and her daughter, Cindy. And well, there's- there's one thing that's- that's come up lately for me. That has to do with my family.

My older brother committed suicide when I was ten and it's something that's been on my mind lately; I've been trying to deal with it. I've been doing a lot of reading; I've been thinking about it.

I don't feel like I've- I've really dealt with a lot of the feelings that have gone along with- with- with that incident.

It's a big part of my life that I- I just haven't allowed myself to understand.

COOPER: (14:16) When did you find out that he died and when did you find out that it was really through suicide?

TOM: We found out the next day. I heard my parents talking; I heard my mother crying. And my father came in and spoke with me and told me that- that my brother had died.

And he said that he didn't want me to get all emotional about it because it just wouldn't help the situation with my mother. And then-

COOPER: He wanted you to sort of protect your mother?

TOM: He wanted me to- to be strong. And- and be there for- for my family because he said that he- he- he- he couldn't handle it if everybody was going to wind up in hysterics about it.

COOPER: That's a lot to ask of a ten year old.

GOLDFRIED (12-28 4:43) What Cooper was trying to do was to make it very clear to the patient that his sense of control and lack of self-expressiveness had it's roots early on when his brother committed suicide and his father told him that he had to be strong.

And in acknowledging that that was a lot to ask, he's kind of implying that- that he, first of all, that he shouldn't blame himself for doing that and that it was an unusual set of circumstances in his past, certainly it was, and also he tied it in to what was going on in his current life and the difficulty he had in expressing himself.

NARRATOR: As therapy progresses, and as Tom is on the way to recognizing some of the deeper problems behind his current complaints, Dr. Cooper is able to to help Tom discover these connections and to understand the meaning of his emotions and behavior, not only about this single event, but about what it may reveal about a general pattern of experience in childhood.

B-Roll: Tom/Cooper therapy

These interpretations are a key tool in psychodynamic psychotherapy.

Here, Dr. Cooper makes an interpretation that helps Tom gain insight into how his past is influencing his present, as well as how he feels about these influences.

COOPER (12-3 11:58) Who did you, who did you depend on when you were growing up? You were 10 years old and you're acting strong.

TOM: My family moved around a lot. My dad works with missionaries. And one of my friends in Mexico, I became good friends with his family.

So I guess that when I was young, there would- even though I didn't directly speak of what was bugging me at the time or anything, or talk to them the way I talk to you, they were there for me just in having a place to go and feel safe.

COOPER: Gee that was very fortunate. Very fortunate. They were, I guess they were a little different from your parents, just in the way they were.

TOM: Yeah, yeah. Well they were very warm. My dad is not warm. My mother is but I sort of feel like it's not, it's sort of a practiced warm.

COOPER: You mean she doesn't mean it?

TOM: She means it, but it's something that she was raised doing. Women are warm. It's part of her job.

NARRATOR: The family next door gave Tom what he needed. By making that point to Tom, Dr. Cooper helps him to see that his dissatisfaction with people in his present life is partly due to this unconscious childhood disappointment with his own family. All of this comes out only bit by bit.

B-Roll: Tom/Cooper therapy

COOPER: (Int.) Eventually, the unconscious issue of wanting let's say to be cared for the way a 10-year-old boy needs to be cared for would, would emerge in the therapy with me or it might emerge also in his relationship with someone else in his life.

So it, it emerges gradually and I don't think that the analyst, therapist, always knows in advance exactly what the conflict is. And that's why it takes time because it's not something that you can verbalize simply. It has a lot to do with his internal feelings.

NARRATOR: The psychodynmamic therapist helps the patient bring to the surface and understand the meaning of unexpressed thoughts and feelings through various means.

GRAPHIC: Tom/Cooper w/title Psychodynamic Therapy

The chief one of which is free association, encouraging the patient to say anything that comes to mind, no matter how bizarre or apparently irrelevant it may seem to be.

ADD: free association

The therapist also listens for and helps interpret slips of the tongue, and dreams and fantasies.

ADD: slips of the tongue

ADD: dreams, fantasies

Also crucial to psychodynamic therapy is the transference, in which the patient plays out or transfers onto the therapist, emotions and conflicts left over from important relationships, such as the mother, father or siblings.

Lose words

ADD: transference

By pointing out the transference to the patient, the therapist helps make the conflict conscious.

Back to live therapy

Dr. Cooper explains how Tom's conflict with his father may emerge in this transference.

COOPER (12-4 2:15) And I think he's going to, at some point, transfer onto me a lot of the feelings and attitudes that his father presented him with and we're going to have to deal with that transferential material so that he can see that he's automatically re-living or imitating or doing what he was asked to do and that he's not really relating to me. Part of what he's going to do, he's going to react as if I were people from his past and that's the transference.

NARRATOR: Another central concept of psychodynamic theory is that people develop defenses to keep painful ideas out of awareness, and theorists have named a whole series of these mechanisms -- including projection, repression, rationalization, denial, overcompensation, displacement.

GRAPHIC: therapy in upper rt.

ADD: Defenses

ROLL: projection, repression, rationalization, denial, overcompensation, displacement

GOLDFRIED (12-30 15:28) People are limited in their ability to do things for various reasons and somebody who's psychodynamic might say it's their defenses that are preventing them from doing something or saying something or realizing something, because if they did, they'd become too anxious.

And I think that the way- and therefore, what one needs to do is, from a psychodynamic point of view is to get them to loosen their defenses and feel less afraid to take the risk to open up and recognize what they're afraid of doing, or do what they're afraid of doing.

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NARRATOR: The fact that feelings and thoughts can be too difficult to deal with to enter our conscious mind means that the psychodynamic therapist will spend a great deal of time helping the patient uncover these buried thoughts and emotions.

B-Roll: Tom/Cooper therapy

TOM: (12-1b 6:45) I don't know, I'm really caught up in a problem here in a sense of duty to my job and doing it well.

NARRATOR: In Tom's case, it appears that, as a child, he developed a strict sense of duty to avoid dealing with more intense and dangerous emotions.

MS Tom

COOPER: (2B 6:00) When did you find out that Andy died through suicide?

TOM: I found that out when my father told me.

COOPER: He told you that at the time? And did you ask him, like why?

TOM: No, I was- I remember being really scared a the time and I didn't want to ask anybody anything.

COOPER: So you dealt with it just by tightening up and keeping it in. [Yeah.] And your father, I guess, would've approved of that, or did approve of that. [Yup.] And your mother also?

TOM: She was probably the most outwardly emotional in my family about the incident.

COOPER: You mean in terms of her grief?

TOM: Yeah. And we all pretty much were just trying to be strong for her.

COOPER (7:29) So how did other people in the family including you, grieve the loss of Andy?

TOM: I don't think we did. Not really now that I'm an adult and can look at it. We just put on a...

COOPER: A front. And inside though, you kept your feelings tight.

TITLE: COGNITIVE-BEHAVIORIAL THERAPY

GRAPHIC: Tom/Morris therapy

NARRATOR: The cognitive-behavioral model, rather than focusing on past experiences of childhood or unconscious conflicts, tries to understand factors in the present that are influencing and maintaining thinking and behavior.

B-Roll: Tom/Morris therapy

This model draws both on cognitive theory, which believes that faulty thinking causes maladaptive behavior and emotional problems; and on behavior theory, which emphasizes the importance of altering current behavior rather than focusing on the past.

GRAPHIC: person shape w/title Cognitive-Behavioral
ADD: faulty thinking

ADD: current behavior

For Dr. Laurette Morris, the past mainly offers clues to the source of faulty learning patterns, with the focus on encouraging new ways to behave.

B-Roll: Tom/Morris therapy

MORRIS (12-15 7:35) You can't discount the learning experiences that occur earlier on in life. To the degree that they seem to be part of an overall pattern that still is being maintained, then they are of interest to me.

It does not necessarily mean that I have to go back to that time in his life to create a behavior change now. You see, it just- to me it's information that tells me how he developed the patterns that he has now and when we talk about behavior change, I like to focus on what currently- current situation's he's dealing with.

NARRATOR: In this cognitive-behavioral session, the actor playing Tom presents therapist Laurette Morris with the same problems he told to Dr. Cooper in the psychodynamic session.

B-Roll: Tom/Morris therapy

Dr. Morris focuses in on Tom's lack of expressiveness that Dr. Cooper identified earlier, but concentrates primarily on his problems at work.

MORRIS: (7a :45) What would you like to be able to say to your boss if you had another opportunity to communicate the way you've been feeling. What would you like to tell him?

TOM: That he shouldn't be in this position. That he's not helping anybody being in this position. And I'd just, I don't think that he's a good manager.

MORRIS: Now how realistic do you think it is to tell someone that? [I couldn't.] Right. Okay. And how do you think he'd react if you told him that?

NARRATOR: The role of the cognitive-behavioral therapist is to help the patient develop new thought patterns which lead to more productive behavior; and to practice more appropriate behaviors in this safe therapeutic setting.

B-Roll: Tom/Morris therapy

MORRIS: (7a 2:11) Okay. Is there something else you could communicate to him that you think would make working with him easier? He's obviously in that position.

TOM: Well, I keep hoping that he'll realize that if he just leaves me alone, he can go off and do whatever he wants to and, and things will get taken care of and he can just lay off. He feels that he's doing his job when he's giving me a hard time; he thinks that that's part of his job is to stand over my shoulder and watch me work and find what he thinks are mistakes in my work.

MORRIS: So it sounds like it would be useful to you to learn how to cope with his style in a way such that you don't end up with headaches, and you know, pain in your neck and other reactions that you're having, because you can't control him.

NARRATOR: Changing faulty or non-productive thinking is the goal in a technique called cognitive restructuring, which we see in this session.

B-Roll: Tom/Morris therapy

WIPE: same people, different session

In this case, the topic is Tom's difficulty in expressing himself with his supervisor at work, and his eagerness to assign blame.

TOM (13B 13:26) I heard him come and I heard him joking with the secretary and my first thought was "This is going to be a wasted day. All this work that I'm doing right now is futile." And I suddenly got very very angry and was sort of angry at myself for putting the time and effort in to correct the problem.

MORRIS: Now what exactly did you say to yourself? You said you got angry at yourself.

TOM: Well my first thought was "Okay, Dave's here, he's going to come in, and we're going to have to take care of something else and this project is going to get laid aside and he's going to say that that wasn't an important thing to get done anyway and it's never going to get done until there's a crisis.

The second thing I said to myself was "Well what a fool you are for even thinking that you can be effective while he's around. Why are you bothering?

MORRIS (13:23) So what we're talking about is that you two often disagree about how the job should be done. It sounds like you start to do the job the way you think it should be done and when you realize that he might want it done differently you put yourself down for having your own ideas about how to do the job. You referred, you said, "What a fool I am to do this." Now, do you really believe that you were a fool in that situation?

TOM: (14:10) I don't of course I that what I'm doing is important and it's not really a waste of time.

MORRIS: What else could you of told yourself then instead of saying "What a fool I am". As you've described it, you might be interrupted from what you were doing, or you might not be able to finish it. Instead of calling yourself a fool because you even attempted to do it, what else could you have told yourself?

TOM: Well I could just be angry at him. i just feel really powerless.

MORRIS: And what sort of thoughts do you tell yourself that support that belief that you're powerless?

TOM: Well I'm- I'm in a very real sense powerless because I, because of our relative positions in the company.

MORRIS: Okay. How do you think you could reframe your view of the situation such that you don't end of blaming yourself because he's the boss.

TOM: I don't know if it's possible. I'm actually thinking that I may have to change jobs soon.

MORRIS: Do you think that would be the solution to your problem?

TOM: I think so because I- I've gotten, I- I got along just fine in this job before he was there. Just fine. I really enjoyed my work. I loved it. I really liked the company. I liked the people there. And now it's all turned around. It's him, it's not me.

NARRATOR: Cognitive restructuring is only the beginning. Once the patient has learned to recognize and then re-evaluate faulty thinking, and thereby reduce emotions that interfere with productive action, the therapists and patient role-play or rehearse these new actions.

GRAPHIC: Tom/Morris therapy B&W
ADD: Cognitive Restructuring

ADD: Role-playing new actions

For instance Dr. Morris might role-play Dave with Tom playing himself several times until Tom feels comfortable in this hypothetical situation.

Some of the work Dr. Morris is doing with Tom begins to pay off. Here, in a later session, she talks with him about the gains he's made from the cognitive restructuring technique.

B-Roll: Tom/Morris therapy

MORRIS: (14a ab 09:39) But I've seen great improvement in terms of your ability to cope with Dave and not to let Dave generate all these negative reactions about yourself.

TOM: Yeah. I- I still- I still feel very negatively toward him.

MORRIS: Towards him?

TOM: Yeah.

MORRIS: Okay, Okay.

TOM: And I think that my- my starting to think about moving on is not so much what it might have been a month ago when I felt really out of control of the situation, it's more like I'm realizing that, yeah, my ideas are good, and they're, and I'm a good manager and this company is not allowing me to be a good manager.

So what I'm doing now is realizing I'm worth more than this and I can probably be happier someplace else that would appreciate what I have to offer.

MORRIS: Which is a very different phenomenon altogether. And I think it's healthier for you.

TITLE: GESTALT THERAPY

STILL: Deborah/Cohn therapy

NARRATOR: If cognitive-behavioral therapy is concerned with changing behavior, and psychodynamic therapy emphasizes insight or making the unconscious conscious, Gestalt therapy focuses on becoming aware of and expressing emotions in the here and now.

B-Roll: Deborah/Cohen therapy

COHEN (12-17 2:05) We look at people as having a tremendous range of resources...

...Intelligence, emotions, energies, creativity, desires, needs, wants, abilities and we also tend to see that people have limitations in what aspects of themselves they have access to and also what aspects the environment they feel that they have access to.

NARRATOR: Often, these limitations or inhibitions require an active intervention on the part of the therapist.

B-Roll: Deborah/Cohen therapy

In Gestalt therapy, the therapist uses such techniques as exploration of dreams, creative visualization, and body-centered awareness.

GOLDFRIED: Let's just start with what you're aware of right now.

DEBORAH: Okay, right now, I'm aware of the fact that my thighs feel kind of tight and I can feel the air pushing against my belly.

COHEN: Okay.

DEBORAH: And there seems to be a while area of tightness right in through here.

GOLDFRIED (12-31 7:43) Gestalt therapy very much is attuned to what is going on physically with the patient...

Over Deborah/Cohen therapy

...and tries to help them to become aware of what is going on in their body and how they're experiencing it and although it had it roots in psychodynamic therapy, Gestalt therapy moved on and began to work with the idea that a person's emotional experiences have an impact on their body.

And it's kind of like a- the remnants of the past somehow can be detected by seeing what is going on in somebody physically as well as their current emotionality.

NARRATOR: Here, therapist Alan Cohen works with Deborah, who is not an actor, on helping her become more aware of bodily sensations and the feelings that accompany them.

B-Roll: Deborah/Cohen therapy

COHEN: (12-19A 4:20) What are you aware of in your legs right now?

DEBORAH: It's kinda like they're clutching. They're holding their ground.

COHEN: Now if you were going to let your legs speak, rather than "they," "I". Speak as your legs.

DEBORAH: "I'm not too sure about this. Wait a minute. Not one more inch. Let's see where we're going here. I'm not real sure about this."

COHEN: Great.

NARRATOR: A tool called the empty chair technique helps clients find within themselves the influence of key people who have contributed to the client's personality and experience.

B-Roll: Deborah/Cohen therapy

COHEN: So, for example, if someone is telling me about their mother, and complaining to me about their mother...

...I might be more interested in having them visualize this mother in the chair sitting opposite them and complain to the mother and heighten the experience of complaining.

COHEN: (12-19A) Now see if you can pay attention to what feeling goes along with that.

DEBORAH: The fear comes up again.

COHEN: Fear, ok.

DEBORAH: "You're gonna squash me." That's is feeling that comes along with that.

COHEN: Who's the you? Who's going to squash you?

DEBORAH: "Mom, you're going to squash me."

COHEN: Ok. So now we have a dialogue with Mom. Ok. Now, put Mom in that chair. You stay right where you are. Put Mom in that chair. Before you speak to her, let yourself see her, visualize her. Describe what you see.

COHEN (12-17 14:18) In Gestalt therapy, we start with the present situation.

B-Roll: Deborah/Cohen working with empty chair therapy

The present situation consists of what the person presents as the patient and how they present themselves.

So we're interested in the presenting problem...

...For example, I'm feeling depressed or I'm thinking about changing my job or my marriage isn't working out or I'm lonely or whatever.

But we're also interested in how the person presents themselves. Someone who presents him or herself as lonely and in the process of doing that is avoiding eye contact is showing us not only that they're lonely but how they keep themselves lonely, by avoiding contact.

DEBORAH: "Mommy this hurts. You're squashing me. I don't like this. It hurts."

COHEN: Does she hear you? [No.] No. She doesn't hear you. Okay. Now come over here. Now could you be the mother who doesn't hear her daughter? Speak as that mother. What's your- what's your experience as this mother?

DEBORAH: "Honey, I'll be with you in a little while, I've got the turkey in the oven and I'm juggling 5 or 6 different things right now. Just be quiet for a little while and I'll get back to you. I have to get this done. I have company coming and it needs to get done on time."

COHEN: Now what's your reaction to this little girl over here who's kind of asking

for your attention while you're trying to do things?

DEBORAH: Irritation and guilt.

COHEN (12-17 ab 17:30) We are looking to create new situations; we are looking to provide for the person the possibility to become aware of how they maintain an old status quo and also to provide the opportunity to try out new experiences and behaviors.

And therefore to try out new ways of experiencing themselves and the world.

B-Roll: Deborah/Cohen therapy

NARRATOR: So far, this program has concentrated on the differences between forms of psychotherapy:

The Psychodynamic emphasizing insight.

GRAPHIC: Tom/Cooper therapy in box getting bigger to screen

COOPER: So you dealt with it just by tightening up and keeping it in. [Yeah.] And your father, I guess, would've approved of that, or did approve of that.

NARRATOR: The Cognitive-Behavioral emphasizing changes in thinking and behavior.

B-Roll: Tom/Morris therapy

MORRIS: What else could you of told yourself then instead of saying "What a fool I am"? What else could you have told yourself?

TOM: Well, I could just be angry at him.

MORRIS: And what thought would that have...

TOM: Which I usually am anyway.

NARRATOR: The Gestalt emphasizing experiencing the body and its way of expressing emotions.

B-Roll: Deborah/Cohen therapy

COHEN: And what are you aware of in your legs right now?

DEBORAH: It's kind of like they're clutching. It's- they're holding their ground.

COHEN: Now if you were going to let your legs speak, rather than "they," "I". Speak as your legs.

NARRATOR: In practice, however, most present-day psychotherapists integrate their methods of doing therapy, often borrowing from orientations other than their own, in order to meet the particular needs of their patients.

GRAPHIC: three therapists

GOLDFRIED (12-30 20:17) So a behavior therapist who is focusing on action but sees that the patient really needs to expereince more emotionally, can use methods of Gestalt therapy.

NARRATOR: The psychodynamic therapist might choose to use cognitive or behavioral techniques to encourage patients to act in new ways.

B-Roll: Tom/Cooper therapy

GOLDFRIED: In it's highest form, I would think of it as more of an integrative approach to different forms of therapy. To be able to select from other forms of therapy somthing that may seem to be dictated by the case at hand.

TITLE: COUPLES THERAPY

GRAPHIC: Couples therapy

NARRATOR: Often an individual's relationship with someone else becomes central to the therapy. So sometimes, it makes sense to actually bring family members or significant others into the therapy session.

B-Roll: couples therapy

Here, two actors, using case histories of real people, play Wanda and Harry Jakes. Wanda has already had a few sessions with the therapist.

Now for the first time, they are meeting with the therapist together as a couple.

RIVAS-VASQUEZ: (12-8a 1:23) Well I'm really glad that you wanted to join us. What's going on?

HARRY: I don't know. I don't know.

WANDA: You don't have to look at me like that.

HARRY: Like what? This is what I don't know. You don't have to look at me like that. Like what? How did I look at you?

WANDA: If, the real reason Harry agreed to be here is because the other night- it's- it's really- we don't have to go into it. It's- it's so minute. No, it's foolish. It really is foolish.

RIVAS-VAQUEZ: Tell me what happened. Tell me what happened.

WANDA: It's unbelievable. Because I didn't make, didn't make the- this time it was the pork chops the way your mother wanted the pork chops made. And I told you the reason why which I usually don't, and so then you must be doing something to me so he should be here.

HARRY: What?

RIVAS-VASQUEZ: What happened the other night with the pork chops?

GOLDFRIED (12-29 5:56)
Very, very frequently, couples will come in for treatment complaining that they don't communicate to each other. And what they will then bring up are what seems to be very, very trivial issues...

B-Roll: couples therapy

...(6:31) The therapist in couples work operates under the assumption that the disagreement about this surface issue is really a reflection of an underlying agenda that's hidden.

So that there's a need to get to this hidden agenda and recognize that the trivial arugment is really about something different.

(12-29 6:50) And typically the hidden agendas involve two major issues and the vast majority of cases where there's couples problems.

The issues of control and the issues of love. The issue of control is who's in charge. Who's the active one. Who's the passive one? Who's telling who what to do? Who's stepping on somebody else's freedom?

The issue of love is really the issue of the absence of love. It's you don't care about me. You don't pay enough attention to me. You're not concerned about my welfare.

So the pork chops may very well be you don't care about me. He's something that I like and you don't care to do something for me...

...which means that you don't love me.

B-Roll: couples therapy

HARRY: How long have we been married? How long have you known how they're supposed to be made? It was a little thing. Not a big thing. Not a big deal.

WANDA: It's the same thing. It's the same thing over and over and over again. And beside which, who, I mean, really, in terms of how important is it with the pork chops when what it really comes down to is just everything. It doesn't make any difference what it is. If it's not the pork chops, then it's- it's something else.

RIVAS-VASQUEZ (12-11 14:50) I think that essentially family therapy is a situation in which you are dealing with different individuals as they combine in a system...

B-Roll: couples therapy

...(12-11 15:25) A family does go through stages of development and you have to understand what stage of development this family is at. You have to understand how they are either in mesh, or are they in terms of being intertwined too much, and they are not allowing the members of the family to be their own person.

HARRY: (12-8a :35) I just like things to be nice and smooth. I'm under a tremendous amount of pressure at work and I don't need to be made to feel that I'm under the same kind of pressure at home. And home should be a place that is a good place to come to.

RIVAS-VASQUEZ: Emotion-free?

HARRY: Unstressful.

RIVAS-VASQUEZ: Okay. Sometimes emotions can be stressful.

HARRY: Alright.

RIVAS-VASQUEZ: So your wife has all these feelings inside of her and she has all of these emotions and you find it difficult to deal with them and you feel sort of inadequate when she goes on crying? Is that what's...
HARRY: No, I don't feel inadequate. I don't ever really feel inadequate about anything. What I feel is as I said, is confused. The least little thing can set her off and I frankly don't know what it is.

Even today, as soon as I open my mouth, the big sighing and the tears started and we're off and running again and this is what happens at home.

B-Roll: couples therapy

RIVAS VASQUEZ (12-11 1:09) Wanda and Harry are not a very uncommon couple...

...Wanda and Harry is the combination of an individuals, you know, the sort of obsessive-compulsive type of personality that everything has to be so and with an awful lot of structures. And who actually is very attracted to feelings but very scared of them at the same time.

(12-11 1:30) And then on the other hand, Wanda has more of the hysterical features of the hysterical personality and she's all emotion...

...and feeling and what was happening was that probably what attracted the two of them to each other is what now is pushing them apart.

B-Roll: couples therapy

NARRATOR: As Dr. Rivas-Vasquez points out, she sees many people like this where both people are trying to get what she calls their "neurotic" needs met.

RIVAS-VASQUEZ (12-12 2:15) So as one individual goes to therapy, individual therapy now, and they work through their neurotic needs, they lose the need that they had for the other person and the relationship might break because relationships are a balance. Granted that many times they are a neurotic balance but nevertheless a balance.

GOLDFRIED (12-29 19:05) See one of the complicating factors in doing couples work is that the focus is not solely on the communication or the relationship but there are personal issues that each one has.

And while the therapy is not trying to deal terribly much with these personal issues, it must recognize them, it must recognize that the limitations of how any individual reacts with a spouse is a function of their own personal limitations which might be the subject matter of individual therapy.

NARRATOR: That's exactly what Dr. Rivas-Vasquez suggested for Harry, to get at his feelings about the difficulties in the marriage. She sees him in a solo session.

B-Roll: Harry's therapy

RIVAS-VASQUEZ: (9B 16:03) If perhaps I could understand you a little better so I could help her, and the two of you could essentially understand what each other is all about. See, when people are unhappy, we're talking about people not having emotional needs being met.

HARRY: It's an intangible thing. It's- a lot of times people don't know what will make them happy. And you know she wasn't too clear about exactly what would make her happy so, you know, that's something she's going to have to figure out.

RIVAS-VASQUEZ: Perhaps the three of us at a later date might be able to do that.

HARRY: Maybe.

RIVAS-VASQUEZ: What makes you happy?

HARRY: (9B 17:44) Order. When everything about me is in order then I can think clearly. It's like before I'm about to do an operation having everything laid out exactly the way it's supposed to be.

And having everybody in place. And having things done because it's such a precise function. And that should be carried over into everything.

When my house, when everything I own, when the people in my life are in order then I can keep thinking clearly.

RIVAS-VASQUEZ: It must be quite distressing to you then when you see this amount of emotion that are really lacking order. Sort of uncomfortable.

HARRY: Well I suppose emotions can be in order also...

NARRATOR: Although Harry Jakes is beginning to open up, the gap between the Jakes' is apparently very great.

B-Roll: couples therapy

In addition to recommending that they continue couples therapy, Dr. Rivas-Vasquez will probably suggest that each of them continue in individual therapy as well.

TITLE: GROUP THERAPY

GRAPHIC: group therapy

PAUL: (12-22b 1:04) If I could trust people enough or trust you guys enough to talk to things while I'm working them out, it would probably make life a lot easier.

NARRATOR: In the group setting, each person comes with his or her own kind of problems.

B-Roll: group therapy

But group therapy offers the opportunity to discuss and work through common issues as well.

It also offers a safe atmosphere to take risks in expressing feelings, trying out new behaviors, and giving and receiving honest feedback.

GOLDFRIED (12-30 11:40) In individual therapy, the relationship between patient and therapist becomes very important. In group therapy, it's the cohesion of the group that is parallel to that therapeutic relationship...

...(12-30 12:00) So that the group in that sense becomes really an ideal living laboratory for people who are having problems in dealing with others, regardless of what these problems may be.

NARRATOR: Dolores McCarthy, a social worker, leads this group session involving her actual clients, some of whom she also sees individually.

Over McCarthy

MCCARTHY (12-25 1:10) One of the things about a group is you have a chance to see how a client will act with other people instead of just report situations. So it's a real life experience for a client...

B-Roll: group therapy

...Another thing is that they'll get a real sense of sharing, not being alone, didn't feel so different, they get a real sense of hope from hearing other people go through situations, particularly people that are

dealing with issues with other people, relationships and so on.

They get a chance to practice, maybe getting the courage up to talk about something that's frightening or to somebody who's shy, it'll be a chance to be more open. And also to get feedback from peers and those things really work best in a group setting.

PAUL: (12-22b 1:10) I mean, I do have that independent streak and I really want- I want to be able to do it myself and not risk, you know, having to give up something to- to get help.

McCARTHY: What would you risk here? What is that you....

PAUL: I don't- I'm not sure. I mean, I don't know exactly but there is some kind of- there is some fear of losing control or- or-

I- I'm trying, I guess one of the big fears is that I'll become too dependent on it. Th at I- that I have such a need to be dependent on people that if I start, yeah, I mean, I can- I'm giving you a concrete example.

I've talked about Jen in the past and we're sort of involved again. But I feel like I'm afraid now, that, because she's my one outlet in terms of being open, I can cry in front of her at any- at the drop of a hat. I can talk to her about anything. I can really tell her what I'm feeling at any moment.

I feel like I'm sort of putting all my eggs in that one basket, and it's gonna be too much for her to handle. And so I'm like sort of pulling myself back and saying stop, you know, don't pick up the phone and call her because she can't, she doesn't need your burdens on her too.

NARRATOR: Group therapy can be of various therapeutic orientations. In leading this group, Dolores McCarthy uses a combination of approaches. Over McCarthy

MCCARTHY (12-25 8:58 My training is what would be called pscyhodynamic or psychoanalytic in- in the way that I think through the situations but I have been influenced a lot by interpersonal approaches to psychology. In other words, how people act in the here and now with each other at a particular place.

You can trace that back to an origin in somebody's childhood, but I think that's only if something gets stuck that that should be done. It's not to me the purpose of therapy; the purpose is to have new experiences with real people in life.

DEBBIE (12-21b 4:45) I was thinking over the weekend, I wanted to ask you all a question 'cause last week I remember towards the end I was saying I felt like two different people most of the time, like this emotional person, this logical person.

And I was wondering how I acted, if any of you would tell me do I act like two different people. Or do I ever- cause I'm always curious if it's something that I just keep inside and I worry and wonder about it myself or if it's something I do on the outside. And sometimes I use like people's reactions as mirrors to how I feel about myself, and then I get like, I wonder.

VOICE: Do you think that you've actually shown those two people here in the group?

DEBBIE: Well I think I have. See, I'm not sure sometimes if I oversimplify it and make it two separate people or it's just something I've created in my head and it's more of a free-flowing thing but I like make it...

JEAN: I don't know if you've been two separate people more than like two different layers. Because I think there's a side of you that's very, is a very good listener and you're very emphathetic and you're very helpful and logical and rational, you know when anybody's talking about something that's going on.

And then, you know, I'll be honest with you, it surprises me, like we talked about your apartment, and we talked about, you know, your work situation, your partner, and your old boyfriend, and I really thought, "My God" you know you're going through so much" and it took me by surprise that all this was happening.

Because for a long time, you know, you were just- you would talk a lot about your family because we talk a lot about our families here. And you were so, you know, helpful and empathetic and then I kind of feel like- I was surprised that you had all of these other kind of mini-crises going on 'cause that's what they are and they seem to be- I mean they only seem to come out I think when they seem a little overwhelming to you.

DEBBIE: Right well that's what my life has been like in the last couple of years. It's just slowly gotten to a point where it seemed like it was manageable, then it became unmanageable, then I became frantic and I became crazed. That's when I thought like I wonder how I'm acting because I'm just keeping this craziness inside or if it's really like coming out.

McCARTHY: That's probably why you want to find out tonight.

DEBBIE: Yeah, that's why I want to find out because I've been thinking about it since the last, the last group. Because when I said that, then it became- it became very real to me that I did see myself as two people.

And I remember you made a comment, well, which one of you comes here. And then I started wondering, well, which- does one of me or does both of me come here or...

McCARTHY: Do you think Jean's description makes sense, like she sees one side as the logical and the other side kind of in crisis? Is that what you saw?

JEAN: Yeah. I felt like there was one side that really wanted to come out that it's hard for you to let out, you know.

DEBBIE: Yeah, it does most of the time. That's the side I just- I never let out I don't- don't really know like how to do it.

PAUL: Yeah, because I mean the impression I get is you come here and you're- you're always very rational and very level and you know everything's on an even keel.

And though you talk about the problems you're suffering, it's like you've already gone, you've already like put them at a distance and you're just telling us about them rather than experiencing them with you necessarily.

LOTS OF VOICES HERE

PAUL: What you bring here is a very calm, rational person. And I mean I get the impression from what you're telling us, that's not how you are all the time and so you're not letting us on the other side completely. And I can certainly identify with that.

DONNA: I think all of us have read a lot more of what's- what's really there then you have expr- not expressed but shown but I makes me realize how- how controlled you really are. And because there are a lot of things going on like I said- I remember one time when you were describing your life, it reminded me of like a swamp, you know.

Just lots of roots you know, intertwining and twisting around and- and the fact that you do handle all of this I have I think, maybe more confidence in your ability to control them all then you do but maybe...

MCCARTHY (12-25 4:12) One of the things that you get especially in a group is you get a...

B-Roll: group therapy

...transference to the group not exactly in the specific sense that if somebody is like their father, like their mother, like their brother, but a kind of transference to the world.

In other words, the way they see the group is often how they see the world. So someone who may feel on the kind of shy side, on the fearful side, would be fearful about being that way in the group...

...(12-25 11:15) Paul was saying I really want to be able to share more because in the past few weeks we've been talking about why he doesn't, how he tends to keep things to himself and how that limits him in his outside life as well as in the group.

Over Paul

PAUL: I mean I feel like I've accomplished something here in, over the past year, but I'm really, I'm real tentative about it.

McCARTHY: You're afraid the ideas the group give you won't stick with you. [Yeah.] That even when you're alone you push everything away.

PAUL: That it's so new, you know, this is- I never really...

NARRATOR: Sometiems after a great deal of talk, there are moments when the group falls silent and the therapist chooses not to intervene.

B-Roll: quiet group therapy

MCCARTHY (12-25 10:26) There are different meanings of silence and one of my jobs is to read what the silence is...

...(12-25 10:00) Often when there is a silence in the group, what it is is people processing information in a group. They really need time to let it sink in and sometimes talking can be more a way to push something away.

So one of the things is to get a kind of tone of the silence. Is it a silence of people thinking or is it a silence of kind of resistance where people are afraid?

If I would sense that the silence was more a fear to go forward that I would interrupt and comment about the silence but if the silence were people integrating information, I think they need that to kind of make what's happening in the group personal to them.

MICHAEL: I was thinking when you were talking about your parents and saying, you know, about the issue of them understanding what you do and all that, I was also thinking about myself and my parents and- and you know, whether they understand what I do and all, and what I'm trying to do.

I'm at a point right now where I don't know whether they'll understand completely. And there's one side of me that's trying to deal with that fact. And there's another side of me that's saying that I may be going by them so quickly that I may not, I may not be that dependent on them any longer for them to understand me.

And, I mean, I don't know if you are that much over that, you really don't care that much as to what your parents understand your doing or not?

DEBBIE: No, I still care. I still care a lot. That's the part that's the most, that I am really working on now with Dolores is the separating from my mother, you know. Like I've done it physically and now I feel like I need to find a way to put it in a good perspective emotionally 'cause, you know, I just can't seem to navigate around it.

NARRATOR: Psychotherapy is barely 100 years old. Psychologists and researchers are continually searching for the best therapy for each patient or client.

B-Roll: group therapy

This effort to match therapist and orientation and setting with individual needs will doubtless continue as experts refine their understanding of the complex process that is psychotherapy.

#13

AN OUNCE OF PREVENTION
As Broadcast Script
June 11, 1991

FADE UP ON LOGOS

| | |
|---|---|
| NARRATION: Funding for this program was provided by The Annenberg/CPB Project. | The Annenberg/CPB Project |
| NARRATION: Sometimes, as we face life, we can master our experiences, sometimes we can't. | Mauve; fade up on music and pictures for open<br>1. boy looking into camera on stomach<br>2. children in schoolroom<br>3. girl at blackboard<br>4. boy alone with group off to side - zoom in on him<br>5. two people walking under catwalk<br>6. band<br>7. older black couple hugging<br>8. man and woman at table with chins in hands<br>9. man sitting on bed with face in hand<br>10. woman in mourning with hankie over eyes |
| MAIN TITLE | The World of ABNORMAL PSYCHOLOGY (over montage of photos) |
| SHOW TITLE | AN OUNCE OF PREVENTION |
| NARRATOR: People make home movies to remember the good times. | Home Movies: Birtday Parties |
| Usually the movies show us at our best, or at our most human. | Wedding |

If viewed at the end of a lifetime a person might say, "It was all right. I had some fun and weathered the storms."

Birthday party

But what does it take to remain relatively unscathed even as the storms come and go? Is there a way to help people meet life's challenges, and maintain psychological well-being?

Teens dancing

An ounce of prevention is worth a pound of cure goes the old saying, but it's easier to say than to do.

Baby walking

PRICE: (13-1, CU, AB. 5:40/WITH SUPER) Prevention is this kind of ineffable thing; it's something that you can't conceptualize easily and we don't usually conceptualize it as a society.

NARRATOR: Dr. Price used to treat people with disorders; now he designs programs to prevent those disorders.

Over Price

PRICE (13-1,CU,6:02) That when you prevent something, nothing happens. Something that-something that could have happened didn't happen. And that's very hard to see. We're oriented to problems and to crisis and to curing them. Prevention has a kind of elusive quality because of that.

NARRATOR: Since the early 1960's prevention researchers have focused on how to prevent psychological disorders by decreasing such risk factors as poverty, child neglect, social isolation, and the effects of major life stressors like family illness.

Over Price

PHOTO: Woman with boy

PHOTO: Kids sitting in chair in hovel, Old woman in room, Child without hair with mother looking through clear curtain

These risk factors can contribute to severe dysfunction, conduct disorder, major anxiety, substance abuse, personality disorders, and depression.

GRAPHIC: police w/boy,

Mary from anx.
Teen drinking from sub.ab.
Borderline girl from per.
Jessica from assess.

Psychologists have also identified ways to increase such <u>protective factors</u> as positive role models, specific coping skills, and good parenting.

PHOTO: three generations fishing

Graduation photo
Black man with child

These factors can help shield people from the damaging effects of life's crises. But the work has to be done throughout one's life.

Woman kissing mother's cheek

COMER (#1,AB.18:00,CU) All the major events of your- your life, the birth of children, going off to school, or hardships, difficulties, loss of loved ones; there are a while variety of changes that take place in the lives of people. You need to prepare people to do that.

Now you can start preparing people from the very earliest age, from the time they're little children, you prepare them- you begin to prepare them for change and adjustments and making adjustamtns but it isn't a one shot deal. There isn't a single thing that you can do.

NARRATOR: In the next hour we'll examine four prevention efforts -- out of many around the country. These efforts are targeting critical stages in the life cycle and teaching strategies that help people handle their lives more successfully.

GRAPHIC: kids, adolescents, adults, edlerly in boxes

TITLE CARD: EARLY CHILDHOOD: SAN ANTONIO, TEXAS

NARRATOR: These look like happy children. How can they remain this vibrant? This involved in their worlds?

Home Movies: picnic

If they continue to receive parental warmth and attention, if stressors don't pile up on them or their parents.

Woman and kids on bed

If they are exposed to supportive environments, the outlook can be good.

Man and son w/cereal bowl

But for troubled or unprepared individuals, parenting can be burdensome, not joyous. And children may suffer.

Diane and kids at table

DIANE (13-9, AB. 19:50, ECU) ...it was very traumatic because when I came home with her...

...I really didn't know what to do with her. You know, she would cry and cry and cry. Most of her childhood years she spent crying. I didn't know for what reason she would cry.

NARRATOR: Diane Mendes and her family live in the Mirasol Housing Project in San Antonio, Texas.

B-Roll: Diane and kids leaving house

The early years with Vanessa, eldest of her three children, were very difficult.

DIANE: (13-10,2:13,ECU) I used to hit her, spank her, you know...

...I didn't understand that kids, when she was three or four I didn't understand that kids would get into stuff. And, you know, like to explore things. And when she would get into things I would just, you know, spank her on the hands and tell her, scream at her, don't do it or get out of there, you know. Scream at her a lot and she would get scared when I would scream at her.

De COLON: (13-16, WS, 14:18) There was neglect and there was some forms of physical abuse in that she was using severe discipline with the child.

NARRATOR: Mercedes de Colon is the Director of Programs for Avance, a prevention project for low income Mexican-American families. Diane is enrolled in a special project that prevents child neglect and abuse.

Over Mercedes

B-Roll: arriving for class

DE COLON: (13-16,9:00,WS) Our goal is to work with the families, to stabilize them, to educate them, to motivate them so that they will be able to concentrate on their role as a parent, the importance of that role so that they will be able to pay more attention to their children, give more nurturing to their children and to not be neglecting of their children because that is why they are in this program, they are neglectful in different ways.

NARRATOR: Children who are neglected often show impaired cognitive development, aggressive behavior, and extreme difficulty relating to others.

PHOTO: Boy standing apart from crowd; pan rt. to crowd

DE COLON: (13-16, 13:18, WS) They're isolated; they don't have a chance to socialize; they don't have the motivation to learn, to want to be with others, they don't trust in those who are supposed to care for them and that distrust then goes to others where they're not able to build relationships.

NARRATOR: Vanessa is deaf in one ear, but Diane didn't know this.

B-Roll: Diane and Vanessa in the classroom.

DIANE (13-10, 1:12, ECU) I used to just say to myself I'm tired of it, I'm tired of it. And now that she's grown up a little bit and now that I understand that she has a hearing problem I don't get angry at her. I'd rather- right now I'd rather understand her more.

NARRATOR: Many Avance parents were themselves emotionally deprived as children. Such adults often find it impossible to give emotional sustenance to their children.

B-Roll: Diane & kids walking across parking lot

This damaging cycle is preceisely what Avance is designed to correct, a cycle that can harm children of any income group.

B-Roll: Mirasol project

But it's more difficult to break when coupled with the social factors that prevail here at Mirasol.

95% of the families live below the poverty line,

75% of the adults didn't graduate from high school,

30% abuse drugs and alcohol. In short, poverty and deprivation are major contributors to many psychological problems.

Avance helps parents overcome their emotional and economic problems through a structured process.

GRAPHIC: Avance wall

Parents learn about child development, effective parenting, and appropriate forms of discipline.

ADD: Diane hugging kid

They complete their education and receive job skills training.

Diane with GED folder

Once that's accomplished, the parents are given job placement assistance.

Hands on keyboard

As the families pass through these phases they become less chaotic. The parents grow more responsive, and so do the children.

B-Roll: Diane reading to kid

Gloria Rodriguez started Avance in 1973.

Over Rodriquez

RODRIGUEZ (13-20, CU, 16:35) We just want to assist that parent with the adequate knowledge and skills and support that is needed so that they can raise their children and impove themselves emotionally, economically and socially and so in essence the whole family advances forward and that's why we have called this program AVANCE. It is a Spanish word meaning to advance and to progress. We strongly believe that people can move forward with adequate support.

DIANE (13-9, 9:32, TWO-SHOT WITH JESUS) I get like this anger, I don't know. (Mary: Because Jesse makes you mad?) Sometimes he does. Like that day, when I told you I had spanked Vanessa, the washing machine was broken, the TV was broken...

NARRATOR: This is a home visit; it provides support to the families. Mary, like 80% of the Avance staff, is a graduate of the program and a role model for people like Diane.

B-Roll: Over home visit footage

MARY (13-9, 10:33) Relax and say the little prayer that I told you because that always helps a lot. When you take your mind out of that anger you have, cause I know you have this anger that you want to take it out on the children but if you think about something else and try to relax and get away from them, go outside and come back, you're more relaxed and you forgot about why you were mad. And just try to focus on, hug 'em, or try to talk to them instead of being yelling at them.

MARY (Int.) (13-19, 4:44, ECU) I have two older daughters, one 23, one 24, and I was young with them. I didn't know how to take care of them the way I know now with my 4 and my 5 year old. I never paid attention to them.

I was always, like, you know, trying to- the same as Diane, trying to, you know, hit them because I would be mad at my husband and never understanding them, never knowing that I was the first teacher to them before they went to school because I was a young mom myself. I didn't even finish high school myself.

(5:32) So when Avance came to me that I started coming to parenting classes I realized what I had missed with my older daughters and now what I was able to teach my 4 and my 5 year old.

NARRATOR: Parents from the Support Team are arriving at Avance for a group meeting. While they're in class, the children will be in the child care center.

B-Roll: Diane & Jesus arriving

Taking Jesus into care center

It's an enriched environment where they explore and socialize.

Care Center Activities:

This, combined with the education the parents receive, has a positive effect on the children.

They become more curious about the world, develop better language skills, and grow more trusting of others.

Reading in care center

Listening to record
Coloring

This has been shown to lead to school success and higher self-esteem.

CARE CENTER TEACHER: Let's look at the yellow one- the yellow one, the yellow hat, the yellow one.

Over Jesus trying on hats

NARRATOR: Diane's younger children are already benefitting from Avance.

And Diane has learned how to encourage Vanessa's growth.

B-Roll: Diane in center

DIANE (13-10, AB. 8:00, MS) She asks a lot of questions and I never thought that answering her was- I never thought that answering her was the right way, the right thing to do. And at Avance they told me that it, you know, was right...

...At Vanessa's age, children at that age ask a lot of questions and Vanessa...

Over Vanessa in care center

...is one of them she wants to know everything, I mean, the whole, everything that's going around.

NARRATOR: Nothing is one dimensional at Avance. This toymaking activity, after which the toys are taken home and used by the parents with their children, also has the purpose of creating a social group for these isolated parents.

B-Roll: Woman making easter baskets (13-10)

DE COLON (13-16, end of tape) They lived in entirely different parts of the community and now when they come together, they've exchanged phone numbers, they'll call each other, there's a very friendly atmosphere and they know that they can call upon each other and that they share the same experiences, they're not alone...

...They need to break the isolation in order for them to be- to be humans. We all have a need to have friends, to be with other people and isolation can be very devastating for them.

NARRATOR: Neglected children often live in very disorganized families.

B-Roll: Kids listening to record

In this class, the parents learn a specific coping technique: how to set goals by keeping a daily activity book. This helps them take charge and reduce chaos.

B-Roll: parents group (13-10 & 11)

MIKE (13-11,13:13) I wanna hug my kids today when they come home from school.

NARRATOR: Mike is a single parent with six children.

B-Roll: Reaction shots from group members.

MIKE (13-11, 12:57) I want to be able to just change my way...

...(13-11, 13:36) And now my children do come home from school and you know they come in and I'm glad.

Instead of where's your books and where's your work and what're you going to do, you know, it's the first thing is a kiss, a hug and, you know, you know, how was your day and actually sitting down, sitting down, and you know, the first one or two children to come in, sit down, how was your day, you know, how'd they treat you.

(14:10, CU) And, you know, what did your teacher say toady. You know, did your teacher say that you are the handsomest, that you are the prettiest.

It doesn't seem like much but when you do keep track and write down, you know, you can just amaze yourself at how many things you can accomplish in so little time.

Various cover shots (13-11, 17:05-18:50

NARRATOR: To involve more fathers in the program, Avance started these special father groups three years ago.

B-Roll: Dads entering Avance for father's meeting. (13-18, top)

REUBEN: And you are ____ and also you play an important part in the emotional development of your children so this is a lesson we had; I hope you all remember it.

MAN IN BLUE SHIRT: (13-19, 00:59) [ALL IN SPANISH.] I was fixing an electrical appliance -- I had a tool box -- and my six year old daughter came. And she says, "I'll help you. I'll help you." And then she accidentally knocked all of my tools over and the appliance was knocked over.

SUBTITLES:

I was fixing an appliance at home.
I had my tool kit and my six-year-old daughter cam in, saying, "I'll help you, I'll help you." But she knocked over my tools and the appliance started to wobble.

And so I started to think -- at that time I was having some money problems -- I was getting mad and everything but I started thinking what are these kids going to do next, right?

And so i was thinking, I had some money problems them, and I would get angry, and I started thinking, what will these kids do next, right?

So I told her, come here, come here. I'm going to help you. Bring your bicycle. While you're fixing it, I'll fix this and we'll see who wins. And now everytime I fix something she brings her bicycle and she wants to help me.

So I told her, come here. I'll help you. you can help me. Bring your bike. While you're fixing it, I'll fix this and we'll see who wins. Now, whenever I'm fixing something, she brings her bike and wants to help.

(1:44) This is a way in which there's communication with love and they can be with me. So now she always says, "Can I help you, Daddy?" And I say sure, come on.

This is one way we can be together and there's communication in a loving way. Now she always says, "Can I help you?" I say, "Sure, come on."

M. COLON: (13-17, 17:30) Their role is very important in the lives of their child and again, they did not have this nurturing when they were children so therefore they don't know that that is a role that they can play.

So they are taught how to do that. They are taught the importance and they are given opportunities to have experiences with their child. And they- when they begin to practice these things with their children, they come back with emotions that they didn't feel before.

RODRIGUEZ: Their role is very important in the lives of their child and again, they di not have this nurturing when they were children so therefore, they don't know if that is a role that they can play.

So they are taught how to do that. They are taught the importance and they were given opportunities to have experiences with their child.

And they- when they began to practice these things with their children, they come back with emotions that they didn't feel before.

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| NARRATOR: The Avance staff is continually evaluating the effectiveness of its program. | B-Roll: parents group |
| In 1991, they found that parents who were in the program were more likely than those who weren't to be: | GRAPHIC: Diane in upper left w/ 1991 Study |
| less restrictive, less punitive, more emotionally encouraging, less aggravated by their children's behavior, and to have an intellectually enriched home environment. | ADD: Less restrictive<br>ADD: Less punitive<br>ADD: More encouraging<br>Lose; ADD: Less aggravated by children<br>ADD: Enriched environment |
| These changes have been shown to lessen the chances of a child growing up with such behavioral problems as school delinquency, academic failure, and conduct disorder. | B-Roll: Babies in child care |
| Dale Johnson is a psychologist and the chief investigator at Avance. | Over Johnson |

JOHNSON (13-14, ab. 15:30, MS) But I think what happens in Avance is that these coercive cycles don't need to develop. Do this; I won't. You'd better, I'm going to get you; try and make me. That kind of- kind of cycle that can so easily develop. And over time, lead to a real pattern of conduct disorder.

It does not develop if the parent and child, if the parent, especially, finds ways to anticipate the child's noncompliance, with a child's difficulties, and deal with that problem early on.

NARRATOR: Over time, the parents become more successful in the relationships with their children. The next step is to help these fathers and mothers master the world of work.

B-Roll: Parents with kids in day care

JOHNSON (13-15, 8:44) We've seen from the first wave of families that have been included in our evaluation that Avance grad-participants do take more classes, they do go on and get their high-school equivilancy.

Well, I- I think that what will happen is they will get their jobs and that they'll have more money; they'll get out of the poverty cycle in some way and- and while this does not assure a happy life ever after, at least it brings people out of this terribly marginal condition that we find a lot of families in.

RODRIGUEZ (13-21, WS, 14:48) As the parents get the knowledge, get the skills, see the results, they feel a sense of empowerment, they feel now that they can change things and that they too are going to be part of the solution to this very complicated problem that seems very overwhelming for anyone and sometimes we can wonder how some people are making it...

...living in the conditions that they are living in without the support and without the resources that you and I may have.

B-Roll: parents making toys

DIANE (Int.) (13-10, AB.12:45, ECU) Vanessa just tells me, I want to finish high school and I know she will.

B-Roll: Vanessa at desk

As of Veronica she tells met that she wants to finish high school and go to college...

B-Roll: Veronica saying pledge

...And Vanessa, well she just tells me she wants to finish high school and I say well, okay, you know, that's good, that's good.

TITLE CARD: ADOLESCENTS: NEW HAVEN, CONNECTICUT

TEACHER: (13-35, AB.8:32, WS) What type of problems do middle school students encounter? What kind of problems do they have? Yes.

B-Roll: interior of school

8:41 STUDENT: Gang fights.

TEACHER: Gang fights. What other problems do we have in middle school?

STUDENT: Alcohol. Alcohol

8:53 TEACHER: Alcoholism among middle school students, yes.

STUDENT: Grades.

9:08 TEACHER: Grades. Your grades in school. That's pressure isn't it.

NARRATOR: Grades and fights aren't the only pressures felt by middle school students. Young adolescents are, almost by definition, also at risk for substance abuse, conduct disorder, dangerous sexual behavior and depression.

B-Roll: students in classroom

Which is why the 10 and 11 year olds here at the Jackie Robinson Middle School in New Haven, Connecticut are part of a district-wide prevention effort; one that attempts to keep problems from developing by teaching students how to make effective, healthy decisions.

Dr. Weissberg is Director of Prevention Research Training at Yale.

Over Weissberg

WEISSBERG (13-47, AB.2:08,MS) Early adolescents are developing their identities, they're trying to- out new behaviors, new identities...

...There- there are a variety of choices that you have to make in early adolescence. If you make good choices, doing well in school, staying away from drugs, not engaging in- in premature sexual behavior, in some ways, it's a time that can be exciting, you learn a lot and gain a lot and end up having a happy adolescence that lays the foundation for...

B-Roll: students in school

... a- a solid adulthood.

(3:17) On the other hand, if you engage in some of these high risk behaviors, and they have a negative impact, that can lay a foundation for future trouble and difficulties. (3:27)

NARRATOR: It is possible to guard against these high risk behaviors if young people are surrounded by the right environments: a cohesive, supportive family; positive adult role models; and schools that respond to the students' academic and social needs.

PHOTO: drill team

Man eating cake surrounded by family
Teacher at blackboard
Ethnicly mixed classroom

Adolescence has always been a period of great personal change -- social, psychological, and biological. But, to many experts, the stressors confronting today's youth seem harder than before.

Kid sitting in pond in rain

Troup of boy scouts

Two boys fighting

COMER: (#1,WS,AB.12:20) There are more options, there are more decisions that young people have to make. There are more models of undesirable behavior out there that they have to know how to handle.

They need more adults in their lives to help them learn how to handle those things. They have fewer adults in their lives because more people are working, both parents are working, or they're traveling long distances, they're very busy, there are more single parent families, there's more divorce, there are just fewer adults at a time when then need more help and support in their development.

NARRATOR: To help children wade through these stressors, the City of New Haven started the Social Development Project in 1989. Tim Shriver oversees the project.

B-Roll: through door of classroom

Over Shriver

SHRIVER (13-51, 5:16,MS) Schools are going to have to start teaching children how to deal with these stressors. Now we can't do that on a hit or miss basis. We have to teach it in the same way we teach math or reading.

How do we equip a child to read a book so that when they graduate from school, they can read a book. We do it by starting in kindergarten with sounds, with vowels, with-with- with words. You have to do the same thing in order to equip children to be able to negotiate extremely complex and very, very stressful social situations.

(5:48) We've got to start in kindergarten with the basics and we've go to continue that on a regular and ongoing way right through being a senior in high school.

| | |
|---|---|
| NARRATOR: What they offer in New Haven is systematic, classroom-based instruction to teach children critical thinking skills and problem-solving. | GRAPHIC: school int., CU students, |
| All adults involved in the schools, parents, teachers, and administrators alike, use the problem solving techniques and work together in a collaborative way in School Planning and Management Teams. | team meeting, |
| Mental Health Teams <u>also</u> bring adults together to focus on the climate of the schools and how that climate contributes to the success and failure of the students. | mental health meeting |
| Dr. Comer has been instrumental in changing the New Haven Schools. He believes that schools with negative climates, in which adults work in isolation, create difficulties for students. | Over Comer |

COMER (#1,AB.2:30, WS) Create a good climate in the school and that good climate is what makes it possible for the staff and the parents to interact well and when the staff and the parents interact well, the children can identify with both the staff and their parents. They can be motivated by both to achieve at the level of their ability and that's what's critically important. (3:10)

(#1,AB. 7:20,MS) And it is in that climate of good relationships that the adults create that gives them then the authority to serve as role models, guides, mentors, to the children.

NARRATOR: Dr. Comer points out that the difficulties of adolescence appear in all socioeconomic groups.

Over Comer

COMER (#1,WS,11:10) All you have to look at is the suicide rate, the problems of alcoholism, drug abuse, teenage pregnancy and the like. All are in middle income, lower income, families alike.

Middle income families often have more resources and when their children get into trouble can- can provide the kind of supports they need to handle those things. But their children have serious problems.

TEACHER: (13-33,4:45,MS) Now there are six steps to problem solving and if you realize that you have a problem, what is the very first thing that you need to do? ...

B-Roll: kids in classroom

...What is the very first thing that you'd like to do? Lamont? (4:44)

LAMONT: Stop, calm down and think.

TEACHER: Stop, calm down and think. Why is it important?

BOY IN BLUE: (AB. 7:55) Cause if you don't calm down, you may do something negative.

TEACHER: Ok, good, if you don't calm down, you may do something negative and that may cause...

BOBBY, IN PINK SHIRT: more problems.

TEACHER: (5:14) Who can tell me how do you know when you have a problem? How do you know there is a problem? (BUTT WITH -- 5:41) What happens to your body?

STUDENT: Your palms start sweating.

TEACHER: Your palms get sweaty. What else happens to your body?

STUDENT: (6:20) Your heart beats fast.

TEACHERS: Your heart beats fast. What else?

NARRATOR: Cheryl Merrit and her students are reviewing a six-step problem solving framework. This step-by-step technique, based on a traffic light model, helps children learn to master their thoughts, feelings and actions so they can handle social situations and pressures effectively.

B-Roll: classroom shots

Traffic Light

B-Roll: classroom shots

TEACHER: (13-33,8:24) So once we know the problem, we can go to step three? What is step three? Shantee?

STUDENT: Set a positive goal.

TEACHER: (13-33,8:41) Set a positive goal. What is a positive goal? Who can tell me? Why- what is- why do we want our goals to be positive?

STUDENT: So- so you won't do something that'll hurt anybody.

TEACHER: (9:10) Alright we don't want anyone else to get hurt. Once we've set a positive goal, we know how we want things to end up, what do we want to do next? What is our step?

STUDENT: Think of lots of solutions.

TEACHER: (AB.9:20) Think of lots of solutions. What not one? Why not one solution and let's go and do it? Tiffany?

STUDENT: Cause if that one doesn't work, you have another one.

TEACHER: All right. One may not work so you want to have another one ready. What- what are other reasons you want to think of lots of solutions? Yes?

STUDENT: So you- you could have a choice of the best one.

TEACHER: Correct. You want to be able to choose the very best one.

NARRATOR: Students learn to apply the model to stressors common to <u>all</u> children of this age.

B-Roll: CU students

For instance, a teenager may want to meet someone but not know quite how to do it or a youngster may be challenged to a fight.

COMER (#2,18:15,MS) I remember a child transferring into our school and someone stepped on his foot and he was ready to fight and another child said, hey man, we don't do that in this school and he looked around and sure enough the expression on the faces of the other children said we don't do that.

But my point is is that children take on the attitudes...

...and the way of working that is acceptable and expected in that particular environment. And then they pass it on and expect that of other children and that's the way you prevent problem behaviors within the school and problem behaviors that could go on and lead to social problems and psychological problems.

B-Roll: CUs students in classroom

NARRATOR: The technique has also been adapted to especially dangerous situations.

WEISSBERG (13-48,5:22,WS) It's not enough just to say don't do it. It's not enough just to provide information about the legal, social and health consequences of drug use and expect that students upon hearing that will remain drug free.

In fact, if anything the research show that providing that information alone will not lead to a change in the students'...

...health practices at all.

B-Roll: classroom scenes

(6:08) It's much more important to focus on ways to promote health enhancing behavior and beliefs.

TEACHER: (13-33, 15:02) All right, we're going to prepare for our roleplay today.

(BUTT) I want you to set up a situation and I want you to write down on the form that I'm going to give you the problems.

(15:40) I want you to write down the positive goals. I need you to write down at least three solutions that you can try.

NARRATOR: This group's situation revolves around a pregnant teenager. Her goal is to keep the baby. Her solutions are to go to her parents and a counselor for help.

B-Roll: children in classroom

GIRL W/HEADBAND: Well, I don't have no money and I talked to my mother and my father and my father said he don't- he'll think about it and my mother says she's not going to help me and she told me to go talk to my father and I'm scared. I don't know what to do.

NARRATOR: Interestingly enough, it is not the role playing itself that makes the point, but the group discussions before and after that help the teenagers internalize these lessons.

B-Roll: Group from 13-34.

TEACHER: (13-35, 7:10) Did she get the kind of help she was looking for when she went to her parents? [NO] She didn't so what happened? Her first solution didn't work. Her plan didn't work. So what did she- what did she have to do? What did she have to do then? Yes, Tom.

TOM(STRIPED SHIRT): Go to a counselor.

TEACHER: (7:27) She went to a counselor. What happened from there?

STUDENT IN YELLOW: They would give her help. She- the first thing- time she said she didn't have no money on her so she got help. They gave her help.

NARRATOR: The Social Development Project involves the entire staff in this prevention process.

B-Roll: Mental health team meeting

This is a weekly meeting of the Mental Health Team. On the agenda: a report on a recent fire in the school, plans for helping 8th graders with the transition into high school, and the death -- five days earlier -- of an 11 year old student named Trenton who was killed in a hit and run accident.

WOMAN IN RED: (13-37,AB.18:20) Where we stand right now is we had the wake yesterday and a lot of students did go, particularly his classmates.

WHITE MAN WITH STRIPED SHIRT AND GLASSES: (13-37,4:24) I know in the classroom, the students had asked to take his books and materials and include that as part of the memorial in the classroom. (4:31)

WARNER (Int.) (13-42,AB.2:35,CU) I think that had we not gone through the process of letting them grieve, we probably would have seen a lot of suspensions; we probably would have seen a higher absence rate; we probably would have seen children just shutting down period but if you're going to educate children, if you're going to teach children, you have to give them the opportunity to release the things that are bothering them.

WOMAN IN RED: (13-38,2:57) I think that I agree with you and that's why I think we need to have some kind of ongoing support for the classroom so there is some kind of forum for them to- to be able to talk about how they're feeling and to talk about- talk about things long beyond the- all the attention they're getting right now. (3:15)

NARRATOR: These students meet weekly to share feelings about people in their lives who have died, sometimes through illness and other times through violence.

B-Roll: Death/Dying group 13-39

This kind of intervention can help prevent such disorders as major depression, adjustment disorder, and post traumatic stress disorder. One member of the Mental Health Team, Jakki Royal, leads the group.

ROYAL: (13-39,16:12) Wanda, what kind of feelings did you have when your stepfather died?

WANDA: (16:19) I was sad and mad.

J.ROYAL: (19:02) Were you close to him?

WANDA: (19:04) He was the only person I really could talk to when I had problems. (19:07)

J.ROYAL: (13-39, 11:15) What are some of the first feelings you have when somebody, you know, dies in your family?

GIRL WITH GLASSES: Shock.

J.ROYAL: (11:15) Shock. What do you mean by shock?

GIRL WITH GLASSES: Shock.

J.ROYAL: What do you mean by shock?

GIRL WITH GLASSES: (11:21) Well, some people feel shock- Well, in my instance when my mother died, I feel a shock, you know, and I feel like I didn't have no- no circulation or nothing. I was just mad, upset, angry, you know. I was going crazy, you know. (11:33)

J.ROYAL: (14:37) Devon do you remember when your mom died?

DEVON: It was just painful. Ai- it- that's all I could say. It was just painful.

ROYAL: How old were you?

DEVON: How old I was? I think I was seven.

ROYAL: You think you were seven. How- how did you find out that she died?

DEVON: Cause when I knew- I knew she would- I knew she was dead when they called and my aunt started crying on the phone. So then I knew she was dead. That's all I can remember.

ROYAL: Do you remember her anymore?

DEVON: [NOD]

COMER: (#1,MS,4:12) When there's a loss of a loved one, there's a loss of a sense of support, of the- being valued. Sometimes they feel abandonment and all kinds of feelings.

Those feelings can lead to depression, but if nothing else, they could lead to not being able to address the academic- the material and their minds can be in other places...

...And also by having the adults around them who are important to them address those issues...

B-Roll: Death/dying group

... they feel supported by those adults and those adults become people then that they can take instruction from, leadership from, guidance from, because they're important people in their lives.

NARRATOR: Research has demonstrated that the Social Development Project is having a positive impact on the students' behaviors. Normally, delinquent behavior increases among young adolescents.

B-Roll: Death/dying group

WEISSBERG (13-48, 14:45,MS)
We find that students who have been in our...

> ... program have maintained an equal level of involvement in delinquent behavior, in contrast our control groups have shown increases of almost 40%.

NARRATOR: Studies have also examined the number of times this intervention must be introduced to maximize its effectiveness.

B-Roll: Teacher in classroom

Compared to all other groups, eighth graders who had learned Life Skills in the 6th and 7th grades were doing significantly better in several areas.

Their solutions were more likely to involve compromise and cooperation rather than fighting;

GRAPHIC: student in upper rt. w/Social Development Project Research; ADD: Compromise & cooperation

they had better peer relationships, coped well with anxiety, felt more popular, were less impulsive and had more self control.

ADD: Better peer relationships
ADD: Coped well with anxiety
Lose; ADD: Felt popular
ADD: Less impulsive

The Social Development Project can't eliminate the risks of adolescence. But the project is helping these children to develop powerful, effective skills for negotiating life.

B-Roll: students making lists and CUs of students

If those skills continue to be developed and nurtured, they should serve the children into high school and beyond.

TITLE CARD: ADULTS: ANN ARBOR, MICHIGAN

ALFONSO: (13-5, AB. 16:50) I've been laid off a little over two months. You get to the stage, you're out there, you're looking, what am I doing wrong, why am I- why am I not getting responses that I think I should be getting back. You start feeling a little depressed. You go through a whole lot of different changes.

NARRATOR: Adult life is full of crises and challenges. Our need for help in weathering those crises doesn't end after high school.

Over Alfonso

Home Movies: wedding

PRICE: (13-1) We've really only just begun to realize that adults continue to develop. The development isn't over when you're 18 years old but continues throughout your whole life...

...We develop different senses of ourself- we devel- we experience transitions in our familial life and our work life and that transitions that have to be negotiated.

Those transitions can be negotiated especially effectively when there are social supports in the environment to help us do it. They're not always available and many times prevention programs simply provide that kind of social support and affirmation.

NARRATOR: Many unemployed people become depressed and anxious. In severe cases, unemployment can result in stress related illnesses like high blood pressure, and behaviors such as substance abuse, family violence or suicide.

News footage: unemployed people.

PRICE: (13-1) What do you really lose when you lose a job. You- you lose a lot more than just income although income is crucial...

B-Roll: Unemployment office

...You lose relationships that you have with people at work, you lose a sense of self-esteem, you lose the confidence that you can get back into the labor market in many cases as well.

NARRATOR: Dr. Price and his colleagues at the University of Michigan developed the Jobs Project, a preventive intervention targeted at recently unemployed workers. The goal?

Over Price

B-Roll: JOBS Project footage

To help strong people maintain their strength through this stressful period; and to give those who need it special skills.

In this way, to get people back into good jobs <u>and</u> to prevent depression, anxiety, and other psychological disorders.

DENNIS (13-5, 13:38) I think when you first get laid off you go through many emotions. One is a little- you're mad at yourself or you're mad at your employer. You feel a little depressed; you feel embarrassed, I think, when you lose a job.

NARRATOR: The Jobs Project staff recruits people from unemployment lines. The goal is to <u>prevent</u> disorders from occuring, so the staff recruit people who don't already have serious psychological problems.

B-Roll: Scenes from an unemployment office.

Each group meets for five consecutive mornings. During this time participants and trainers develop a rapport that is key to the success of the workshops.

B-Roll: Joanna, Dennis and Keith in a role playing exercise about obstacles. (13-4, 7:42)

TRAINER: This time we're going to do a role play on how to handle a difficult question. We're going to do a role play as it relates to someone who's had too many jobs. I'm going to play the applicant and Sharon's going to play the employer.

NARRATOR: Role-playing gives participants an opportunity to practice handling some of the tough situations that may come up during the job hunt.

B-Roll: Role play from Jobs Project

DENNIS: (13-4, 7:42) Joanna is going to be applying for a factory foreman's job. [Right.] And some of the obstacles that we're going to be- we're going to address is that you're going to be applying for a non-traditional job- a male job. (7:56)

JOANNA: So, knock, knock, knock. Here I am.

DENNIS: (8:12) I'm wondering if you have any questions or concerns about taking this type of position because it does seem to be a non-traditional job.

(8:28) If you have any fears that if- when you get on to be the foreman, that people that will be reporting to you will be able to accept your authority?

JOANNA: (8:36) Well, I've heard that a lot. But I have worked with men over my- in the last five or six years and I grew up with brothers. I've got six brothers and so I kind of- we fought together and we've talked and we just overcome a lot. And a real strong father figure in the home. And some of the other jobs I've had have involved supervising men.

PRICE: (13-3) One of the things that research has shown us... Over Joanna

...is that if you can identify potential obstacles early on and begin to become psychologically innoculated by planning alternative courses of action, you're much better able to cope when you actually encounter the obstacle.

DENNIS: (9:43) Some people might think that you might not be 100% qualified for the job and the position because you are a female in this type of environment. How- how do you feel about that?

JOANNA: (9:55) I've heard those kind of statements before. But what I really believe is that I can bring a lot to this job. That I'm just as qualified as any man for a factory foreman. And my experience will hold up.

You know, the resume that you- that you have, I think that I'm responsible; I feel that I carry myself in a professional way, but I want people to respect me too so I'm going to respect whoever that is and I think my track record can stand for itself.

DENNIS: (10:25) All right. Very good. Thank you very much.

PRICE: (13-1) This is not a passive sort of thing that you can learn out of a book, it's a social act, it's a social acheivement... B-Roll: Role Play

...Another thing is that this is a kind of learning that requires that you get support from your colleagues as you go along. So there's a fair amount of encouragement for people in the learning process to support each other...

KEITH: (13-4, AB.11:10) You really sounded confident and you did not give in at all to the sexuality issue. You just handled that just perfectly and everything was really positive.

JOANNA: Thanks Keith.

TIM: (11:17) What did- what did you all find useful about this?

CATHY: (12:03) A lot of times you may think these are our fears but you never really confronted them because you never bring them out but in this group we bring everything out.

In the past week, we've brought out so much and just by listening to other peoples' fears I find out, well, hey, I had that kind of fear too. But I- I diffused it in such a way that it's not a fear any more. (12:27)

PERSON: You feel stronger in what you believed in.

NARRATOR: By the fifth morning most participants feel optimistic. Now the trainers prepare them for setbacks, such as losing motivation or feeling depressed.

B-Roll: Jobs Project

Through group problem solving, these people learn a preventive strategy for anticipating these setbacks.

TIM: (13-5, 1:09) Let's think about what we'll could do when one of these problems comes up or any of these problems. Let's take- let's say we're feeling a little depressed.

KEITH: (13-5, 4:19) I'm not going to have the problem that I may have had in the past, feeling that way. I- I'm really believe that way but should it get that way, I would plan to pull out my manual and review some of those notes.

DENNIS: (13-5, 2:50) I think the other thing you have to do is keep a positive perspective and force yourself to get up and do it and again make a plan and stick to it.

TIM: Make a plan?

JOANNA: (13-5,10:21) I think you just have to allow yourself to be depressed. (BUTT) And just for me to pretend that I didn't feel awful, you know, to me is not right. So I mean. 3:23

TIM: (13-5) Realizing that you're going to have those feelings- you're going to feel a little down.

| | |
|---|---|
| NARRATOR: What evidence is there that the Jobs Project actually prevents depression and anxiety? After the initial set of seminars in 1985, follow up studies were done at one month, four months, and two and a half years. | GRAPHIC: Still frame and begin blue grid over it |
| The studies showed significant differences between the experimental group and the control group, who just received a brochure about job hunting. | ADD: Dennis w/Experimental<br>ADD: factory workers w/Control |
| People from the experimental group showed lower levels of anxiety and depression and were more likely to be re-employed in higher paying, more satisfying jobs. These findings were consistent for each follow up study. | Grid w/Experimental & Jobs Project Results<br>ADD: Less anxiety & depression<br>ADD: better jobs<br>LOSE words |

Even those participants who remained unemployed showed less depression and higher levels of confidence.

ADD: Less depression
ADD: More confidence

So, in the end, the Jobs Project showed that by building coping skills, social supports, and other protective factors, unemployment was reduced. So were emotional problems that psychologists know often occur with job loss.

B-Roll: Jobs project

And it turns out that the financial benefits have been considerable, too.

PRICE: (13-2) We found several things that we were really fairly surprised by.

One was that the people who had been in the Job Project were earning more money and had higher quality jobs and furthermore, since they were earning more money, they were also paying more taxes, more state taxes and more federal taxes.

And if you looked at the increase in the amount of the taxes that they paid even over that two and a half year period, the increase in taxes actually meant that the Jobs Project was paying for itself in about seven months.

NARRATOR: For the participants, being with others in the same situation has had benefits impossible to measure.

B-Roll: Jobs Project

DENNIS: (13-5, AB. 13:50) When you get here, you find out that other people are in the same situation that you are in; it happens to people; it doesn't happen to you specifically. You're not isolated. (14:03)

JOANNA: (13-5, AB. 12:55) When I came here, I know I've got a lot going for me but when I came here, I- I- I had that lack of confidence like I- you know, and I wanted- I didn't know what was going to happen in this group but over the- the week, we've been affirming one another and I- I've been able to take a look at just what I have accomplished and now the tears are tears of joy that- of the opportunities that I've had and I'm excited about going out and putting these things into practice. (13:32)

TITLE CARD: OLDER ADULTS:
AUSTIN, TEXAS

A.ALLISON: (13-25,15:01) When he became ill I just had to take over. It was just like having another child again but instead of growing up he grew less and less able to make decisions but I did have some hard times. I remember at night sometimes I just sat in the bathtub and cried because of the fact, why did this happen to me?

NARRATOR: Mrs. Allison's husband died. Matters were made worse because her children lived far away and she had no support system.

Over Allison

Old age often revovles around such losses and problems. Though not always: some older people are luckier.

Elderly people who lack a strong support system like this are especially vulnerable to depression and other psychological disorders.

Home Movies: Old woman's birthday party

SINGING HAPPY BIRTHDAY ON HOME MOVIE.

NARRATOR: So one important goal in prevention is to provide a sense of community where none exists.

The final section of this documentary looks at preventing disorders like depression, in older people, by providing specific services.

B-Roll: Elderly people walking, out on lawn, etc.

In addition, we'll show how the creative organization of those services can also have a powerful preventive effect.

Bert Kruger Smith, a gerontologist, saw that services for the elderly existed in Austin, but how they operated needed to be changed.

Over Smith

SMITH: (13-27, 8:11, CU) I saw a number of small agencies working on behalf of older people but working alone, spending most of their time and most of their thought on worrying on how to- how to make the month's rent, not what kind of services they could provide.

I saw agencies that had a sense of turf-ism. They- it was their agency and they weren't going to work with any others.

This I found very worrisome because we all had in mind the goal of doing the best we could for older people and it occurred to me and several of us who stayed the course that if we could get these agencies working together, maybe if they lived together in a sense, if we could get offices that were ajoining, that they could begin to talk with one another, work with one another and that the total would be much greater than- than any of them could achieve by themselves.

NARRATOR: Enter AGE, Austin Groups for the Elderly. More than 15 agencies, housed in one building, all with a different mission, yet coordinated to cover a wide spectrum of activities and services for older people. In just its first two years, AGE served over 24,000 people.

B-Roll: exercise group, Allison answering phone, door signs from AGE. (13-30, AB.9:00)

B-Roll: child care, elderly group

Everything from the Gray Panthers of Austin to the Seniors' Respite Service is available in this building. Each organization has specific goals, often preventive in nature.

Door signs

Elderhaven is a unique day care center for about 35 adults. Some clients are unable to care for themselves adequately, others have been abused and need shelter.

B-Roll: elderly man planting, elderly group talking together

This, combined with other services, is an alternative to institutionalization.

Without the structure provided by Austin Groups for the Elderly, older people often get lost in the social services system. This structure in itself is preventive.

SMITH: (13-27, AB.4:00, MS) They may go to one agency and find out that agency can't help them and then they are removed from any kind of help.

What really happens and we can't document prevention, what really happens then is that they go back then to their home or wherever they've been, they become increasingly impaired.

Whatever has been the problem becomes worse and finally they'll probably have to go to some long term care facility maybe prematurely, maybe at great cost to the community or to other- other resources because they haven't been able to be helped at a primary point, where they could have functioned for a great deal longer time.

NARRATOR: Several mutual help groups meet at AGE. They offer a psychological safety net to people undergoing difficult life circumstances.

B-Roll: grandparents group

WOMAN IN BLUE STRIPED SHIRT: (13-32, AB.4:40) I couldn't believe that anybody else would- would get caught in a mess like I was in because, I love the baby and he needed protecting and he needed caring for but I also knew that- that I wasn't going to be able to get him into the schools and the doctor and a whole lot of other things unless I had custody. (5:02) And to do that, I was going to have to face my own son and the child's mother...

NARRATOR: This group is called Grandparents Raising Grandchildren. Sometimes their grandchildren were abused or abandoned, in other cases occasional babysitting turned into full time parenting.

B-Roll: grandparents group

WOMAN IN BLUE STRIPED SHIRT: (13-32, AB.5:40) I had been through two years of pure unadulterated hell as far as I was concerned. (6:02) Then to walk in a room and everybody in there knew exactly what I felt like and what I was talking about and they understood why I wanted to cry one minute and laugh one minute and why I was mad and who I was mad at and why I felt guilty. (6:14)

WOMAN IN DARK BLUE: Don't you kind of think it's instant acceptance because I mean, we're all standing in the same shoes.

NARRATOR: Another service is a hotline, called Information and Referral for Older Adults, part of Family Eldercare, Inc.

Billboard
B-Roll: Arlene on the phone, answering a caller's question.

ALLISON: You need transportation to a doctor's appointment?

NARRATOR: Austin Groups for the Elderly coordinate their efforts and consolidate their expenses, making it less costly for everyone.

Over Allison

SMITH: (13-28,5:21,CU) It gives them money to use for programs. They- here they have common areas, they have coffee machines, all of the kinds of things that are available to them without any extra cost so that should give them more money for their own programs. We have centralized services so that every one of them doesn't have to have a computer, typewriter, secretary, et cetera. And that's a savings.

NARRATOR: A theme that cuts across all the agencies is old people working with young people. For instance, clients from Elderhaven take part in the care of the children who attend this day care center.

B-Roll: elders at the Open Door Day Care Center.

HOLTZMAN: (13-29, 11:59, MS) Those children are bringing new life to these older people so that they aren't focusing...

...on morbid ideas about their own decline or their pending death in the future or whatever it is that's bothering them.

NARRATOR: Many of the people who benefit from Austin Groups for the Elderly are actually those who work there -- as volunteers. Like Julia Young, many have experienced the losses of older age.

B-Roll: elders and children

Over Young

YOUNG: (13-23, 15:21) Well, at first I just knew I was going to enjoy it because I had been off once before with- with illness and I enjoyed being off so much so when I retired I figured this is really going to be it. And I was going to get to see all my stories I hadn't seen in 18 or 20 years. And I was going to do nothing.

But I found that doing nothing wasn't really what I enjoyed doing because I, at times, I would think I was sick. I would have pains that really weren't there.

HOLTZMAN: (6:56, CU, 13-29) As you start to sink into that sort of cycle, you begin to feel sorry for yourself, you begin to think you're not worth much, you may get very tired, not sleep well, headaches increase. There are a variety of things that can happen that are the beginning symptoms of depression.

YOUNG: I would get up and go to the store, I'd feel better. Just get on the telephone, I'd feel better.

(15:59) So I found that staying at home wasn't for me. I've worked all my life and I guess I'm a people person, I enjoy being around people when I'm around them. I forget myself, I guess that's what it is really.

HOLTZMAN: (13-29,13:12,MCU) In a way, yoy're putting youself out for others but you're getting a lot back in return...

...It means that your self as a being, is worth something. It reinforces that in your own mind. Even though you may not be conscious of it at any given momemnt, so that the volunteer who is successfully moving out and helping others, has more to gain from it than what they give in the way of self-esteem and good mental health as a result.

A.ALLISON: (13-26, 1:00) You get something here that is really tough. Someone's parent shows the signs of Alzheimer's and they no longer can keep them at home or first they need day care for them.

Well, you know this could be me and it could be my children and you just forget yourself in getting into that book and telling them all the things that are available. You just forget about yourself and become involved in other things.

NARRATOR: With tremendous effort and determination, it has been possible for the agencies of Austin Groups for the Elderly to coordinate their efforts in the service of older people, younger people, and the continued life of the agencies themselves.

B-Roll: exercise group

ELDERLY WOMAN: I'd like to get barefooted and take off my clothes.

NARRATOR: And as people at AGE are fond of saying, sometimes just a conversation in the hallway can change a life.

B-Roll: elderly group talking

Tens of millions of Americans will be dysfunctional at some point in their lives.

GRAPHIC: map

Depression, anxiety, substance abuse, violent behavior all cost great pain and discomfort.

Map: man sitting on bed inside, man w/head in hands, catwalk, burglary

Families are torn apart, individuals suffer for years.

man & woman at table
girl at blackboard

The financial cost of this is also high. Billions of dollars are wasted in lost productivity. Billions more spent in direct mental health care by corporations, the government, insurance companies and individuals.

GRAPHIC: turn map down and add dollar signs growing from map

Which is why the money that is spent on prevention -- no matter how high it may have to be -- seems worth it to many experts.

Different color dollar sign going up and others going down

COMER: (#2,14:40,CU) If you don't function well, it costs the society more in the long run and so it's much better for the society to pay to help people function than to pay to deal with the problems that grow out of not functioning. The cost of depression, the cost of acting out- acting up kinds of behaviors, is just enormous and we underestimate it all the time.

NARRATION: Life stressors and psychological disorders can affect anyone. But we can strengthen ourselves by diminishing risk factors, teaching parenting skills, providing contact with supportive people, and making our schools and social services better coordinated and more responsive to those in need.

GRAPHIC: Avance, New Haven, Jobs Project, AGE

Prevention can work. Avance, The Social Development Project, the Jobs Project, and Austin Groups for the Elderly.

Taken across the lifespan, day by day, such prevention strategies help guard against some of the terrible psychological disorders that can afflict us all. And these strategies provide psychological nourishment that we know leads to sound mental health.

B-Roll: exercise class

Jesus trying on hat

Joanna at Jobs Project

Mothers making easter baskets

Children in classroom