Freeman, A. (1994). *Depression: A cognitive therapy approach.* [Assessment and Treatment of Psychological Disorders: A Video Series] Newbridge Professional Program, Hicksville, NY 11802 — Includes video, learning guide, and CEU test.

Heitler, S. (1995). *The angry couple: Conflict focused treatment.* [Assessment and Treatment of Psychological Disorders: A Video Series] Newbridge Professional Program, Hicksville, NY 11802 — Includes video, learning guide, and CEU test.

Levent, R. F. (1997). *Men and emotions.* [Assessment and Treatment of Psychological Disorders: A Video Series] Newbridge Professional Program, Hicksville, NY 11802 — Includes video, learning guide, and CEU test.

Masterson, J. (1995). *Closet narcissistic disorder: The masterson approach.* [Assessment and Treatment of Psychological Disorders: A Video Series] Newbridge Professional Program, Hicksville, NY 11802 — Includes video, learning guide, and CEU test.

McGoldrich, M. (1996). *The legacy of unresolved loss: A family systems approach.* [Assessment and Treatment of Psychological Disorders: A Video Series] Newbridge Professional Program, Hicksville, NY 11802 Includes video, learning guide, and CEU test.

Meichenbaum, D. (1996). *Mixed anxiety and depression: A cognitive-behavioral approach.* [Assessment and Treatment of Psychological Disorders: A Video Series] Newbridge Professional Program, Hicksville, NY 11802 Includes video, learning guide, and CEU test.

Walker, L. (1997). *The abused woman: A survivor therapy approach.* [Assessment and Treatment of Psychological Disorders: A Video Series] Newbridge Professional Program, Hicksville, NY 11802 — Includes video, learning guide, and CEU test.

Available through: Newbridge Professional Program, 6 Commercial Street, Hicksville, NY 11802. 1 (800) 347-7829. Cost for each video is a standard $33.90 if you are a member of their book club, or prices vary depending on the individual video. Each video package includes a video, a manual and a CEU test.

Reviewed by

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Biographical Information

Terry Robertson is an Associate Professor in the Health, Physical Education and Recreation Department at Northwest Missouri State University. Terry is also the director of the College of Education and Human Services Abilities Laboratory at Northwest.

His clinical and research interests are in the area of social learning. Terry's teaching focus has been primarily on two topics; one the theoretical foundations of clinical practice in program preparation and two the integrated systems measurement and evaluation techniques. Currently, Terry has been retained by a number of municipalities to complete benchmark studies and performance audits of their agencies.

The relationship between theory and practice is an issue addressed daily by many human service professionals, as well as, by those whose role it is to help prepare scores of hopeful, prospective professionals. As most will agree however, there is usually a gap between theory and practice. Theory being considered more consistent and practice generally considered more dynamic. Similarly, educators, clinicians, and social scientists, probably agree that sound theory should lay the conceptual framework from which therapeutic recreation specialists should be providing services. Yet, we in therapeutic recreation (TR) have long discussed, debated, and even argued about the specific theories, their respective place in the curriculum, and how best to use (or not use) them. So, unintentionally, we may even have helped to widen the gap between theory and practice.

In an attempt to decrease this gap, professionals in therapeutic recreation (academicians and practitioners) have attempted a number of things. One initiative has been to seek an increased volume of research (both pure and applied, practitioner oriented, and/or collaborative), another has been to establish internal and external standards (e.g. credentialing, accreditation, etc.). Now there appears to be a couple of new initiatives, one is a search for protocols, standards of practice, and or "best practices." The other is an attempt to standardize academic preparation content (coursework and internships). These new initiatives are serving to help TR professionals standardize services and thus appear more unified, informed, and or accountable. It is also an attempt to patch the holes between theory (academic preparation) and practice (service provision). It should be noted that this gap between theory and practice is common to many human service professions.

Effective methods for both standardizing academic preparation and the identification of standards of practice are really what are being sought. If theoretically sound methods can be identified and widely utilized, we can all help to decrease the gap between theory and practice. Further, these methods would help us to develop and use a "common language of practice" and a "common base of practice skills" for use in preparation and in practice. One such method for constructing a "common language" and a common set of "practice skills" is to develop and standardize the use of theoretically sound professional preparation material, including case histories. The ability to consistently use, repeat, and report on key theoretical constructs helps to build a definable, defensible, and describable knowledge base. It further helps learners and practitioners communicate sooner and in an efficacious manner.

In terms of case histories, the *Therapeutic Recreation Journal* has done a good job in sharing case histories for a number of years. Clinicians and or practitioners have used

case histories to help simulate clinical rounds and or treatment team meetings. The notion of individualized treatment is based on a case by case foundation. Some educators have also used them to help illustrate points, apply contextual frameworks, and to make understanding easier. Many textbook authors have also made use of case histories as tools to help readers understand concepts in context, real life context. There have even been a number of books written in TR using primarily a case history format. The real life context presented in a case history can help focus learners to an applied perspective in their problem solving. As TR professionals, the use of theoretically sound case histories can serve as an effective method to help decrease the gap between theory and practice. The difficulty has been to find something to interact with that has had enough theoretical support and "real life" depth in it to foster widespread acceptance and use.

The Newbridge Professional Program Video Series

The *Newbridge Professional Program*, a part of Newbridge Communications, Inc., has developed a video series that is focused on the *Assessment and Treatment of Psychological Disorders*. The video series currently consists of seven separate videos and according to the producers; each video deals with and "recreates an actual course of therapy. Some details have been changed to protect confidentiality." In addition to each video, the producers provide two other helpful items. First, they include a manual about the case history and the related treatments and second, they provide a self-administered knowledge test specific to the case presented and the theory/therapy utilized.

According to the producers each "manual provides: an overview of the theoretical perspective, practice model, and clinical interventions demonstrated on the video, a case summary, a session-by-session commentary and a quick reference guide to reenacted sessions." Some case specific manuals also provide a quick reference guide to the interventions provided. The manuals are well organized, clear, concise, and easy to use. The manuals are also well referenced with current literature. The models, figures, and intervention activities are easy to understand and try. I found the quick reference guides to be helpful, especially when I was searching for a specific intervention and or session on a given video. The videos all have colored or numbered cues that appear in the lower left-hand side of the screen that correspond to the quick guides. This allows one to clearly focus on specifics. My undergraduate students have reported finding some of the acting in various videos to be less than effective, but not distracting or unrealistic. This will be discussed later as it relates to each video case history. The program (the video, manual, and test in each video) "has been approved for continuing education credit" for some professions (TR was not listed) such as social work, psychology, and counseling (actual professions were listed on each specific test). A set of instructions on how to receive the continuing education credit (CEC = continuing education units or CEUs) and a request for the specific CEU fee ($30.00) is included with each video program. The number of continuing education credits given for successfully completing the video program is 3.0 CEC hours or 0.3 CEUs.

I would suggest, depending on the viewer's knowledge and or experience with each video topic, to review the accompanying manual before viewing the video. Especially, two sections, first a subtopic in each of the video manuals entitled "The Program" which is in the first major chapter of each and chapter two, "Background Information." In each of these sections, the authors/producers present an overview of the theory, as well as, how it applies specifically to the case history in the video. The manuals are all structured about the same, with four major sections: 1. Editor's Introduction, 2. Background Information Section, 3. The Course of Therapy, 4. Bibliography. The subtopics in each video of each chapter vary based on content. As a supplement to a course, you can purchase additional copies of the manual by writing to Newbridge Professional Programs, P.O. Box 949, Hicksville, NY 11801.

Depression: A Cognitive Therapy Approach

Depression: A Cognitive Therapy Approach is a 70 minute video that recreates the "key moments" in therapy with a 42 year old male client who has been referred for therapy by his wife. His therapist is Dr. Arthur Freeman, a highly respected, real life cognitive therapist and educator (University of Chicago). Although Dr. Freeman is not an actor, it is clear that he is a very skilled therapist. As he establishes rapport with his depressed client (actor) Edward Crane, we are lead into his conceptualization of the situation, the development of treatment goals, and his insight into his client's abilities and problems. We then move through the course of therapy (20 sessions of which we see 6) and observe as the client Edward is socialized into cognitive therapy as a model of treatment. We are able to see how the therapist uses specific intervention techniques such as: agenda setting, behavioral experiments guided association, the five-column dysfunctional thought record technique, homework, and reattribution. We get insight into the depressed views of self, world, and future, experienced by Edward and how cognitive therapy is used to help impart skills for challenging Edward's cognitive distortions, as well as, gives him models to use in his problem solving behavior. The video and manual also integrate assessment and evaluation strategies throughout. We see how a complete psychosocial history, a Beck Depression Inventory (BDI), and homework, related throughout the course of treatment to determine Edwards' status. The video and manual make it clear that cognitive therapy is not intended to be a cure, but a method for clients to use to be more effective in their coping. The manual points to the fundamental understanding in cognitive theory and therapy (also referred to by some as cognitive behavioral therapy) that the more depressed one is, the more behavioral techniques are to be used. It goes on to remind us that the less depressed one is, the fewer cognitive and behavioral techniques necessary for therapy. We also see that termination is thought of from the first session and not just at the middle, or end of treatment.

This specific video program is a very effective tool and a valuable resource. Even though the primary target audiences are not therapeutic recreation professionals, we need this level, type, and specificity in our clinical preparation and practice. The clinical interventions presented in the manual (both cognitive and behavioral) are very appli-

cable to TR services. The homework assignments prescribed in this video for the client to complete are primarily leisure in focus. Additionally, the holistic nature of cognitive therapy is consistent with the eclectic nature of therapeutic recreation. Audiences of varying levels of preparation will benefit from this video program.

The Angry Couple: Conflict-Focused Treatment

The *Angry Couple: Conflict-Focused Treatment* is a 73minute video that recreates "key moments" in the six-month course of treatment (21 sessions of which we see 5) for a relatively young couple (actors) in their early 30's. They are married (2 1/2 years), it is the first marriage for both, and they are both employed and distressed. They have been in couples counseling for fighting and communication problems but were not satisfied with the outcome after four sessions. Their therapist is Dr. Susan Heitler; a real life leader in conflict focused treatment. Dr. Heitler is a clinical psychologist, practicing in the Denver, CO area and an active author, speaker, and leading therapist. According to producers, the "angry couple," Judith and Richard, are lead through Dr. Heitler's "highly original approach for helping couples quickly cut through impasses that prolong their conflict and obscure fundamental issues."

One of the benefits of this video program is the clear focus on anger as a natural part of any serious conflict. " A conflict is a situation in which seemingly incompatible elements exert force in opposition or divergent directions." The phrase "seemingly incompatible" is important because according to the literature cited in the manual, a perception of opposition is often sufficient enough to create conflict. A second benefit to this video is the use of two separate theories (game theory and negotiation theory) not regularly mentioned in TR literature.

The manual states that this "approach rests on two assumptions: (1) that emotional and interpersonal distress result from poorly handled conflicts, and (2) that whether conflicts are intrapsychic or interpersonal, healthy resolution alleviates distress. Treatment is grounded in an understandings of the conflict-resolution process and its content, the 'how' of resolution, as well as the 'what' of conflict." It is appears to be a complex theoretical approach that utilizes straightforward behavioral techniques in a three-phased course of service. The three goals of conflict-focused treatment are identified as (1) reduce symptoms, (2) resolve the content of conflicts, and (3) build communication skills. Thankfully, the manual does indicate up front those that this theory/therapy may be contraindicated for. They suggest that those who, for whatever reason, cannot grasp the basic concepts of cooperation and empathy and or be willing to learn and apply them, should not be involved (they give very specific examples in the manual).

The video presents the therapist as an effective mediator with this difficult couple. Dr. Heitler's commentary is also an asset in this regard, as she gives step by step guidance through the course of treatment. Her specific steps to defusing anger in a treatment situation are believable, and are creative. She does not take sides. The behavioral drills that are used to build communication skills are very applicable to TR and many other

professions as well. The parts that appear beyond our current scope of practice, include things such as exploring the underlying origin of issues from a psychoanalytic approach, the complete control of the clients treatment, and the level of counseling involved.

Undergraduate students or young professionals may have difficulty understanding the use of this approach as a form of therapy as it requires knowledge of theoretical content not regularly featured in TR literature. However, the manual and video are effective in presenting the notion that successful clinical practice can involve the ability to take a focused problem-solving approach. It also appears that this approach to conflict is relatively new, so many other human service providers may not be aware of this approach. It is however, a valuable resource for experienced professionals.

Men and Emotions: A Psychoeducational Approach

"Normative male alexithymia" or an inability to identify and or describe one's emotions is the focus of this enlightening video program entitled *Men and Emotions: A Psychoeducational Approach.* The premise of this theory is that males have been raised and taught to hide their emotions. "Traditionally, both fathers and mothers have taught their sons that 'boys don't cry' and that 'real' men are strong and silent," resulting today in many men suffering from normative male alexithymia.

The "real life" therapist in this video series is Dr. Ronald Levant an Associate Professor of Psychology, in the Department of Psychiatry, at Harvard Medical School. Dr. Levant is in private practice and "one of the founders of the new psychology of men." According to the authors/producers this approach is not the same thing as the psychology of man. The course of therapy presented in this video case history follows Raymond (an actor) a man of middle age (40), through his 12 sessions (we see seven of them) of therapy and its "key moments." Raymond is married; he and his wife are college educated. He works as a financial consultant and has a satisfactory, unexceptional work history. His wife and he are now expecting their first child and it appears that his wife is experiencing distress over his lack of feelings and concern over her.

The approach presented is a four-step process with three additional elements added to fulfill the therapy. In order, the seven-step outline is as follows: (1) Preliminary psychoeducation, (2) Step 1 is developing a vocabulary for emotions, (3) Step 2 is learning to read the emotions of others, (4) Step 3 is keeping an emotional response log, (5) Step 4 is to practice making emotional awareness automatic. This is followed by (6) moving to deeper issues, and finally (7) termination of therapy. There are three interrelated theories in this approach: A Rogerian focused empathy for the client, a cognitive-behavioral approach with emphasis on psychoeducation, and family systems theory to understand relationships. Each of these theories is familiar to at least some TR professionals. The producers emphasize that a time factor is imbedded within this approach, indicating that in most cases therapy will last less than one year. The interaction between the therapist and the client, enhanced by the commentary by the therapist, helps to

establish and understand guidelines for clients to develop and use emotion related vocabularies. Specific behavioral techniques such as role playing, logging of emotional responses, distinguishing between concepts and actions, and relationship exploration, are all similar to interventions that TR professionals may provide. In conclusion, the use of a psychoeducational approach may help to reinforce those in TR who are choosing to focus on leisure education interventions, although the idea that men may have role related stress problems and or identity issues is probably not new to anyone.

Closet Narcissistic Disorder: The Masterson Approach

The treatment of clients with personality disorders is often very challenging because of their imprecise fit symptomologically within the traditional diagnostic manuals, and because of the wide range of functional abilities one may possess. Just as difficult as the course of treatment, is trying to teach or explain to students how one diagnosed with a personality disorder is to be treated. This video provides assistance in both cases. It should be noted that the specific diagnosis of "Closet Narcissistic" does not appear in the traditional diagnostic and or classification manuals. The manual included does a solid job explaining how and why it doesn't, as well as, how it could and should, including subtypes.

In this video program entitled *Closet Narcissistic Disorder: The Masterson Approach*, we follow the "key moments" in the therapy of a 31 year old male David (an actor) over a two year period. During this two-year period there are 96 therapy sessions (we see 12 of them) presented in this relatively brief, but very full, 66 minutes video. The manual is essential in this one, as the pace is very quick as in contrast to some of the other videos in the series. Topics covered in sessions include, testing via confrontation to see if a diagnosis of "Borderline" is confirmed or if it should be Narcissistic, sexual acting out, disorders of the self-triad, projection, countertransference, suicidal fantasies, and finding the evidence of new abilities within the client. The manual accompanying this video is very helpful because it outlines the diagnosis and the relationships between the theories used in this approach.

Specifically within this video the "real life" therapist, Dr. James Masterson is a widely recognized international authority on personality disorders. He maintains a private practice in New York City and is an adjunct clinical professor of psychiatry at Cornell University Medical College. In his approach to this diagnosis, Dr. Masterson uses three theories to frame his treatment. Two of the three theories are familiar to TR professionals; they are "Self Theory" and "Developmental Theory." The third theory, familiar to some in our field, is known as "Object Relations Theory." According to the author of the manual accompanying the video, Dr. Ralph Klein, M.D., "object relations theory is the psychoanalytically based study of the internalization of early interactions between child and parents (primary care givers). The vocabulary of object relations theory consists of ego functions, defense mechanisms, and object relations units, which consist of self-representations, object representations, and their linking affects."

One appealing part of this video is its use of so many common terms, theories, and interventions. The fast pace and scope of topics covered, help to make this video seem shorter than it is. The introduction of a new way to examine, treat, and just look at folks diagnosed with personality disorder is also appealing. Finally, the integration of the three theories to establish a new diagnosis and accompanying treatment can serve as a model for our profession.

The Legacy of Unresolved Loss: A Family Systems Approach

In the fifth of the seven-video programs being reviewed, we experience a change in focus from either individual and or couples therapy, to family therapy. In *The Legacy of Unresolved Loss: A Family Systems Approach,* the "real life" therapist is Dr. Monica McGoldrick, a clinician, educator, and author. Dr. McGoldrick is the Co-Founder and Director of the Family Institute of New Jersey and an Associate Professor of Psychiatry.

During the course of the recreated 18 weeks of therapy of the Rogers family, we view them in eight different sessions. Starting with what appears to be a rebellious teenager's behavior, we quickly move into deeper issues dealing with the loss of the child's grandmother and biological mother. We also view the relationship problems associated with the loss across several generations. Said problems include issues of gender, ethnic heritage, and remarriage after the loss of the biological mother. Dr. McGoldrick uses a "genogram" to work through the Rogers' course of treatment. A genogram appears similar to a sociogram, but the focus is on genetic family relations. The use of the genogram, as utilized in this case, was for assessment purposes, and for treatment. The homework given to the family and the behavioral rituals that are prescribed, help the family deal with their loss and its related grief. The issues and interventions are believable. The interventions resemble those that a TR professional might use and the introduction and use of the genogram added an unexpected twist on the treatment. The 86 minutes video does not appear to move as fast as some of the other videos, but the depth of the issues and the complexity of the relationships within the family help to make this understandable. The genogram appears to be a valuable and useful tool for systematically sorting and then treating family related issues.

Mixed Anxiety and Depression: A Cognitive-Behavioral Approach

"Anna (actor) is a 40-year old woman who experiences recurrent bouts of panic and has a long history of depression." Her treatment spans a 12 session course of care, of which we see eight sessions during the video. Her "real life" therapist is Dr. Donald Meichenbaum, a Professor of Clinical Psychology at the University of Waterloo in Ontario, Canada. According to the producers, Dr. Meichenbaum "holds the dual distinction of having been voted 'one of the ten most influential psychotherapists of the century' [reported by the American Psychologist] and being the most cited psychology researcher at a Canadian University."

Anxiety disorders are probably the most common form of mental illness. Most of the folks with an anxiety disorder usually suffer from depression. As such, it is reported

that these folks may have an increased set of symptoms and an increased intensity of symptoms. The chances of a TR professional in mental health, working with someone diagnosed with an anxiety disorder, are very high. Furthermore, a TR professional using a cognitive-behavioral approach to treat someone with an anxiety disorder is also likely. This video has widespread application. The unique part about this video case history is that the therapist uses a "constructive narrative perspective" (CNP) in his approach. The cognitive-behavior therapy (CBT) from a constructionist perspective is less structured than traditional CBT, and thus may seem to be more exploratory in appearance. Constructivists do not believe people are depressed because they distort reality and it is not the therapists job to educate clients regarding their distortions, instead one is to help clients appreciate how they go about constructing their own realities. In any case this approach to an established theory will help to expand our knowledge based and thus give one a choice in terms of implementation.

Dr. Meichenbaum gives a well thought out, organized, reenactment of therapy. His step-by-step outline of how to use assessment procedures to establish priorities and a collaborative treatment plan is beneficial. He also points out how to use the client's "story" and how to pick out the client "metaphors" in their story that reveal the connectedness between their thoughts, feelings, and behaviors. The presentation of stress management techniques to teach intra- and interpersonal skills is also a plus. A final note, Dr. Meichenbaum does an excellent job of empowering Anna to take credit and responsibility for change. It is an interesting, challenging, and insightful video program worth owning.

The Abused Woman: A Survivor Therapy Approach

The final video in the series that I reviewed is entitled *The Abused Woman: A Survivor Therapy Approach* and is 89 minutes long. Possibly because it was my final review, or possibly because of the increased length and or my lack of experience working in this area, this video appealed to me the least and I have the least amount of concrete comments about it.

It is a recreation of "key moments" in the two-year course of treatment of a 36-year old woman called "Sarah" (an actress). Sarah has a long history of abuse sexually as a child and battered as an adult. Sarah is treated in the video by "real life" therapist Dr. Lenore Walker. Dr. Walker is a very well known therapist, who has worked extensively with abused, battered, and neglected woman. In fact, her 20 plus years of related experience enabled her to formulate and train others in a treatment approach that she refers to as "survivor therapy." Dr. Walker offers comments throughout the course of the video pointing out both the basic principles of her approach, as well as, some of the fundamental phases of the approach. The video stresses the importance of a good first interview assessment, and its components. The how to of crisis intervention plans is presented in very straightforward fashion. The other part that I found interesting and beneficial, was the light that it shed on cycle of abuse. Finally, the most important part

of this video to me was that it showed that women who have been abused could be helped to build healthy lives.

Conclusion

The development and use of these interactive, real life, educationally oriented video case history programs is a "should be" in the academic preparation of TR students. It would in fact, be nice to see the development of TR specific video case history material. The videos reviewed, while not specifically directed at TR professionals, should be used as models for us to build our own, share our own, and to use our own theory based case histories. They are also good tools for presenting the relationship between theories and therapy. These seven video packages would make a nice addition to the professional libraries of practitioners, educators, and students.