

CINEMA-MOVIE-FILM THERAPY FOR THE GROUPS

Place:

St. Vincent Hospital and Health Services, Erie, PA

Program:

Intensive Outpatient Treatment Program consolidating Group Movie Therapy Sessions

Coordinator:

Fuat Ulus, M.D.

Period:

September 2005 - October 2007

Description:

Day Hospital-Partial Care-Intensive OP Treatment orientation

Mondays, Thursdays and Fridays

1:00 PM – 4:00 PM

Fridays:

Psycho-education groups, RN with psychiatric training discusses scheduled topics with the patients AND their families,

Mondays and Thursdays:

A behavioral health professional such as psychologist, social worker or psychiatric RN discuss the scheduled theme with the participants about an hour followed by psychiatrist's bringing several VHS-DVDs clips of which are watched with the group. These clips are selected to

compliment the previous session coordinated by the behavioral health staff.

Applied School of Thought:

Transactional Analysis

Parent (Believing), Adult (Thinking) and Child-Adolescent (Feeling)

Patient Selection:

Those whose behavioral condition would be in need of more frequent care than that of routine OP follow up [Loss, changes, health crisis and etc.], transferred to program by their therapists and start being followed again after they are discharged from the program

Those who are released from the inpatient units and in need of a therapeutic buffer zone between the facility care and community living

Those who cannot leave their family whole day

Those who cannot leave their jobs or education for days

Those who do not like their environment to learn that they are ill

Counter-Indicated Patients:

Active psychosis

Morbid physical problems [Sleeping, continuously coughing, in need of leaving the group for the bathroom frequently, asthma, and etc.]

Extreme personality dispositions

Intellectually challenged

Demented

Dynamics of the Sessions:

Open-ended groups

The patients introject what is being watched on the screen

They project their own beliefs, thoughts and feelings on the screen
The participants feel comfortable of these shifts into the third, neutral medium where discussions of them are carried out without any guilt, shame or any other personal concern

They start realizing their own inner world while the therapists observe clues reflective of the patients' problems

Presentation of the clips varies; the coordinator gives brief information before the clip is shown vs. the clip is shown without any background information vs. it is stopped and the participants are asked what is going to happen next

The Themes:

Anxiety, depression, anger, fear, forgiving, judgment, problem solving, healthy living, beliefs, thinking, love-like-being in love, submissive-assertive-aggressive communication styles

They address the last therapeutic stages of response-recovery-remission-rehabilitation-redemption

Data Collection:

Two sets of forms are distributed at the end of each session:

The first set is for the participants; they are asked why they are there' what they watched' whether they liked the movie clips' whether they were helpful and if so, how, what additional presentations they would be expected and etc. [Subjective evaluation]

The second set is for the therapists; they review the patients' attitude, behavior, and progress, whether they seem to be happy with the sessions, learn something, clues about their difficulties and etc. [Objective evaluation]

Both materials are filed for data collection

Finances and Insurance:

Like other administrative duties such as scheduling, cancellations, no-show follow up; psychiatric RN coordinates the insurance communication

Copyright:

The hospital paid the annual fee of Motion Picture Licensing Corporation license

Overview:

There were average four patients for each given session [Highest ever was twelve while lowest ever was one]

Provided each participant is being counted as one patient for given sessions there were 700 plus “patients” being seen in two years run

Average nine out of ten patients liked the movies, entertainment and educative atmosphere

Average seven out of ten patients stated that the sessions were helpful for them to learn about their problems and do something about them

Average five out of ten patients stated that the sessions provided practical remedies in their lives

Goals and Objectives:

The goal was keeping the patients out of the hospital, providing treatment for recovery on OP setting

The Program met his goal as only three patients, during two years of service, out of seven hundred plus needed to be hospitalized

Shortcomings:

The Program has never been advanced into close-ended groups

The Program has never been having any entrepreneurial promotion

Despite many potentially productive channels, the hospital administration preferred the status quo from the very beginning, would not be in favor of promoting it; the flyer was produced with Dr. Ulus' name being mentioned in it but its distribution was very poor

From the facility's own resources to drug companies to NIMH all refused research grant requests

The only validity and reliability measures were limited to those set of evaluation forms