# **NOTE TO USERS**

The original manuscript received by UMI contains pages with slanted print. Pages were microfilmed as received.

This reproduction is the best copy available

**UMI** 

### THE UNIVERSITY OF CALGARY

The Contribution of Video-Taped Feedback to

Interpersonal Awareness for

Adults with Intellectual Disabilities

by

Jason Slemko

#### A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

DEGREE OF MASTER OF SCIENCE

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

CALGARY, ALBERTA SEPTEMBER, 1998

© Jason Slemko 1998



National Library of Canada

Acquisitions and Bibliographic Services

395 Wellington Street Ottawa ON K1A 0N4 Canada Bibliothèque nationale du Canada

Acquisitions et services bibliographiques

395, rue Wellington Ottawa ON K1A 0N4 Canada

Your file Votre référence

Our file Notre rélérence

The author has granted a nonexclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-34996-9



#### **ABSTRACT**

This study examined the contribution of video-taped feedback to self-awareness of interpersonal behaviour in a group context with people with an intellectual disability. Eight adults participated in the study. Data was drawn from video-tape review of group discussions over ten consecutive weekly sessions. Transcripts were analyzed thematically and the experiences described constituted six categories: reference to self, reference to others, participation in a group, reference to the experience of video review, memory cues from video review, and audio visual equipment and recording process.

Participants valued their experiences in the group. Findings indicated that video replay in a social context was a positive experience and offered a range of experiences to the participants. This approach can safely be considered in an eclectic program delivering services to people with intellectual disabilities.

# TABLE OF CONTENTS

	Page
Approval Page	ii
Abstract	iii
Table of Contents	iv
List of Tables	vii
List of Figures	viii
CHAPTER ONE: INTRODUCTION	1
The Current Study	2
CHAPTER TWO: LITERATURE REVIEW	5
The Social Lives of People with an Intellectual Disability	5
Counselling Considerations with People with an Intellectual Disal	bility6
Services	7
Goals and Objectives of Therapy Addressing Social Functioning	9
Approaches to Therapy	10
Assets and Counselling Implications for Persons with an	
Intellectual Disability	11
Directiveness	12
Group Processes	12
Method	13
'Here and Now'	14
Role of the Facilitator	15
Play Therapy	18
Modelling	18
General Goals of Modelling	
Current Models of Social Skills Training	21

	Page
Research Question	24
CHAPTER THREE: METHODOLOGY	25
Participant Selection	27
Group Meeting Process	28
Video Recording	30
Ethical Considerations	31
Equipment considerations	33
Analysis	33
Trustworthiness of the Study	36
CHAPTER FOUR: RESULTS	38
Participant Involvement in Data Collection	38
Major Themes and Definitions	39
Reference to self	42
Self-Recognition	42
Physical characteristics of self	42
Behavioural characteristics of self	44
Reference to others	44
Recognition	45
Physical characteristics	45
Behavioural characteristics	46
Direct comments	46
Indirect comments	47
Participation in a Group	48
Group interaction	48
Development of personal relations	49
Opportunity for socializing	49
Reference to the Experience of Video Review	50

		Page
Think/	feel about being video taped	50
Previou	us video recorded experience	51
Amuse	ment	51
Memory Cue	s from Video Review	52
Audio Visual	Equipment and Recording Process	53
Record	ing Quality	53
Awaren	ness of equipment	54
Usage	of equipment	55
Method	dological Queries	55
Ideas fo	or improvement	56
Personal Refl	ections	57
Summary		58
CHAPTER FIVE:	DISCUSSION	59
Study Objecti	ves	59
Discussion of	Study Findings	59
Implications i	for Further Research	62
Conclusions		64
REFERENCES:		66
APPENDIX A:	Letter of Intent to Participants	74
APPENDIX B:	Research Consent Form for Participants	75
APPENDIX C	Text for Video Introduction	76

# LIST OF TABLES

		Page
Table 1	Research Themes, Sub-Themes, and Illustrative Quotations	40

# LIST OF FIGURES

		Page
Figure 1	Room layout in social sessions and in review sessions	78
Figure 2	Patterns of group interaction	80

### Chapter 1

### INTRODUCTION

Over the last 20 years an intellectual disability has been considered more a social and cultural phenomenon than a medical-genetic or cognitive-psychological one (Levine & Langness, 1986). As people with an intellectual disability increasingly live in the general community, rather than in institutions, social interaction continues to present a significant challenge. Many individuals with an intellectual disability will have social difficulties due to the lack of ongoing community support (Fletcher, 1984).

Services for people with an intellectual disability indicate that effective proactive approaches for social skill programs are important. The lack of knowledge of social skill and misperceptions of social situations may be barriers to having a good life (Black & Rojewski, 1998).

Eclectic, client centered and 'real world' approaches to social skills training may prove to be more successful than applying strict behavioural approaches (Gardner, 1967; Reiss, Levitan, & McNally, 1982). Although behavioral approaches continue to be used extensively in psychological services for persons with an intellectual disability, psychosocial factors are increasingly of concern (Jacobson & Ackerman, 1989; Riches, 1995). Furthermore, the perspectives of people with disabilities are being included in the research (Chadsey-Rusch, Linneman, & Rylance, 1997).

Individual and group counselling are considered important adjuncts to an eclectic approach that may include psychopharmacological, behavioural, and other treatment

modalities (Carpenter, 1989; Reiss, Levitan, & McNally 1982; Rotman & Golburgh, 1967; Laterza, 1979). The use of video playback may be a useful therapeutic adjunct in supporting and empowering persons with intellectual disabilities.

Video taped feedback has a long history and has been used extensively in the training of teachers and psychologists as a reflective and pedagogical tool. However, research articles reflect that video taped feedback for people with an intellectual disability has been used in behavioural rather than in client centered or existential contexts. Some directive videotaping and playback is having success in group therapy with individuals with a brain injury (Jackson & Gouvier, 1992). A group of newly braininjured patients who received several hours of videotaped feedback of their social interactions showed reductions in anxiety and significant improvements in self-concept and social skill (Jackson & Gouvier, 1992).

Extensive use of videotaping may work for some individuals and not for others (Berger, 1978). It has been observed by the author that video tape feedback provokes a wide range of responses. It is important from both a group and individual perspective to learn how people with an intellectual disability experience video taping and video replay of group interactions, and to discover what concepts they use as identifiers of this experience.

# The Current Study

This research will describe, through in-depth interaction and observation of a group comprised of adults with an intellectual disability, the contribution of video taped

feedback to the awareness of interpersonal behaviour in a social context. This research is an attempt to promote understanding in the area of intellectual disability and social adaptation and to suggest methods for community practice to enhance the quality of life for individuals with a disability.

The goal of this research is to explore the reactions to, and feedback about, video replay as it relates to the individuals in a group. It serves as an opportunity to experience and explore a social milieu with video taped review as an approach to interpersonal awareness in a social context.

The opportunity for participants to make observations on group interaction, comfort, and awareness of the distinct norms of the group as well as on their role in a social situation will be provided in this study. It will also enable the recording, transcription and analysis of the words of the participants regarding their observations, thoughts of what they saw, heard, felt and valued. This study will contribute to the understanding and sensitivity to the experience of self evaluation through video replay in a social context. The video taping process of this group is different from other groups as it is video taped with the expressed purpose of viewing the recording and providing feedback on the process in the same session.

A group approach with audio-video taped feedback may contribute to developing awareness of oneself, others, and the group. The author also has an interest in this research because not much has been done, considering advancements in access to

carncorder technologies and audio-video digital recording capabilities with personal computers, in the area of self observation through video tape replay.

This study is a way to begin to examine the belief that self awareness may contribute to developing and maintaining relationships and what interventions are most effective. The author's first interest is to create understanding of a specific approach for people with disabilities who have concerns with social development. A second interest is the development of non-directive, accessible services and approaches for people with disabilities.

The participants come to self-discover through attending this group. Videotaping of social sessions may contribute to interpersonal behavior, experience and understanding. The researcher's contribution is to facilitate video tape feedback in a group context. The researcher benefits through observing interpersonal behavior of people with intellectual disabilities and having the unique opportunity to experience their lives.

### Chapter 2

# LITERATURE REVIEW

The literature that encompasses the fields of disability, social skills training and approaches using audio-video feedback is substantial. However, the literature on video review has reference mainly to using this approach with individuals. There were no references to the contribution of video review with groups. In light of this gap in the literature, there is a need to explore research that contributes to incorporating knowledge of group process and video review.

The video taped feedback used in this study is an approach to counselling people with intellectual disabilities to enhance their self-concept and social skills. Although the literature does not directly speak to the experience of group video replay for adults with intellectual disbilities, this literature review will examine the current knowledge and approaches that were used in the conception, development and implementation of this study. Included is an overview of accumulated literature on the social lives of people with an intellectual disability, counselling considerations with people with an intellectual disability, current models of social skills training and the potential benefits and use of video taped feedback for people with an intellectual disability.

The Social Lives of People with an Intellectual Disability

People with an intellectual disability find it difficult to cope in our present society that is complex and demanding in terms of behavioral and social correctness (Fletcher, 1984). There is pressure on individuals to be productive and achievement oriented in a

value system directed towards wealth and intelligence. The confidence and feelings of self-worth of the individual are directly related to the value system in which they are enmeshed. When a person does not measure up to this value system he or she is less valued. It is thus imperative that mental health professionals understand this social context and react accordingly to assist persons with an intellectual disability with their emotional and social challenges.

Low intelligence may increase the risk of emotional disturbance while limiting the individual's ability to solve social problems thus decreasing the opportunity for adequate treatment (Reiss, Levitan, & McNally, 1982). Situational problems may create emotional disturbances inasmuch as social, interpersonal and coping skills are poorly developed (Jacobson and Ackerman, 1989; Fletcher, 1984). Some of these problems include anxiety, rejection, poor self concept, interpersonal and social adjustment problems, depression, loss of valued relationships, anger and social withdrawal.

Counselling Considerations with People with an Intellectual Disability

There is a lack of good outcome research with psychotherapy generally (Jacobson & Ackerman, 1989). Despite the paucity of experimental outcome research, it is argued that there are enough case study data to justify the use of psychotherapeutic techniques among persons with an intellectual disability (Reiss, Levitan, & McNally, 1982). A concern about outcome in behavioural research is generalization of the therapeutic session treatment effects. Generalization of trained responses are less likely with people with an intellectual disability indicating the necessity of an evaluative approach (Matson,

1984). Matson (1984) puts out a plea for multiple assessments as the best means of determining psychotherapeutic outcome because of the variability and complexity of the responses that are being treated. Rating scales, such as the behavior problem checklist and the Louisville Fear Survey, may be useful in providing data that will augment direct observations (Jacobson & Ackerman, 1989).

It has been demonstrated that 10 weeks of group counselling of a primarily verbal nature is effective in enhancing the social adjustment skills of institutionalized residents with a moderate level of intellectual impairment (Lee, 1977). Video playback is useful at least as a therapeutic adjunct and at most an important contribution to effective behavioral interventions (Gasman, 1992). Hosford (1980) has found that having clients view themselves on videotape is followed by both changes in affect as well as self-descriptions of performance. The following review is an attempt to bring together the key issues concerning video replay as an adjunct to personal and social skill development of adults with an intellectual disability.

### Services

It is generally understood that people with an intellectual disability are greatly ignored and underserved (Matson, 1984; Reiss, 1982). Furthermore those individuals with an IQ in the 70-80 range may have a greater need for services than do those with an IQ below 70 since they are ineligible for many of the entitlements, compounding the difficulties in accessing services to assist in coping with stress and social problems.

Reiss, Levitan, & McNally, (1982) have identified three major difficulties in the service delivery system to persons with intellectual disabilities and emotional problems. Emotionally disturbed persons with an intellectual disability fall through a gap in the service delivery system between mental health centers serving emotionally disturbed people and developmental centers serving persons with an intellectual disability. Intellectual subnormality is such a salient aspect of persons with an intellectual disability that emotional problems tend to be overshadowed in importance and attributed to low intelligence rather than psychosocial history.

Many psychologists in the field focus primarily on behaviour management and educational problems. Although their contribution has been great, broader approaches are being developed to enhance psychological services for people with an intellectual disability (Robertson & Brown, 1992; Lovett, 1985). There is a need to increase the supply of psychotherapy services for people with an intellectual disability and also to broaden the range of behavioral techniques (Reiss, Levitan, & McNally, 1982).

A method proposed to develop sustained psychotherapeutic services for this population has been to develop them at the University. University-affiliated programs can create clinical services in areas where insufficient services exist. They can provide opportunities for basic and clinical outcome research. They also can provide facilities for training future professionals and paraprofessionals currently serving persons with an intellectual disability (Reiss, Levitan, & McNally, 1982).

Practicing clinical psychologists could help alleviate the need by making an effort to treat at least some people with an intellectual disability. There is a need to incorporate instruction on mental health services approaches in graduate psychology training programs that are preparing students to work in developmental disabilities settings (Jacobson & Ackerman, 1989). Graduate training programs can help by providing some experience for future clinicians to work with people with an intellectual disability (Reiss, Levitan, & McNally, 1982).

In view of limited time and financial resources, using time limited treatments that are relatively easy to teach to therapists and serving groups rather than individuals as often as possible, are ways that the counselling profession may circumvent the lack of services for people with intellectual disabilities.

Goals and Objectives of Therapy Addressing Social Functioning

Basic objectives of counselling people with an intellectual disability include

addressing social functioning (Brown & Hughson, 1987). Acceptance, permitting

expression of emotional reactions and outlining standards for acceptable conduct within the ability of each individual are common themes in counselling literature (Thorne, 1948; Hurley & Hurley, 1987).

A suggested goal of therapy is for the client to develop a relationship with a person which enables their views to be heard. This is in contrast with often restricted relationships with parents and various other caregivers and agencies (Hurley, 1988). Being there as an accepting member of society is one way of counteracting this social

reality as a counsellor. Counselling may be the first opportunity for many individuals to experience such a relationship. Basic needs of people with an intellectual disability, such as attention, security, power, fairness, and accomplishment can be fulfilled within the counselling process (Jageman & Myers, 1987).

# Approaches to Therapy

Common counselling approaches for people with an intellectual disability are work adjustment, employment placement and behavior therapy (Gardner, 1967; Roessler, Cook & Lillard, 1976). Also, psychoanalytical orientations have had success. Treatment for the above approaches is similar to that used for all adult clients (Matson, 1984). Psychoanalytic approaches encourage the exploration of how handicaps and associated functional limitations affect the individual (Fletcher, 1984, Sovner & Hurley, 1983). They also provide a reassuring setting for the non-judgmental sharing of fantasies. This supports the client's image of being a worthwhile person while helping to cope with the pain of repeated rejections (Slivkin, 1982).

Empathy, respect, genuineness, warmth, and ability to engage in confrontation are identified as five elements of effective helping. Stereotyping, overemphasizing symptoms, ambition (the need to live off client successes), and encouragement of dependency and helplessness ought be avoided (Berliner, 1986). Accepting the client as he is, understanding reality as the client sees it, accepting the client's life circumstances and being consistent are principles for achieving a therapeutic relationship (Hurley & Hurley, 1987). Keeping the relationship devoted to the client, expressing genuine interest

in the person and being a real person will assist in drawing the client out. Familiarity with the individual's idiosyncratic gestures and behaviors learned by being with the person and contacting individuals in his or her life helps the therapist to develop a "real" relationship.

As in any learning, repetition is important as is talking about feelings and problems. Focusing on the client's strengths provide an opportunity for success. Silence must be avoided. A silent, staring, and waiting therapist may be seen as rejecting and critical (of course, some silence may be reflective of anxiety and can be useful if the anxiety is properly acknowledged).

Various reflections like the following can be used as effective feedback.

Situational reflections: "You're looking at the floor"; facial reflections: "Your face looks sad"; word for word reflections: Client-"TV, oranges, ha, ha, ha, voices", Therapist-"TV, oranges, ha, ha, ha, voices"; body reflections: "you're rocking your body from side to side"; and reiterative reflections: "earlier you were rocking your body from side to side" (Prouty, 1988).

# Assets and Counselling Implications for Persons with an Intellectual Disability

It has been suggested that a person with an intellectual disability may increase the chance of her or his positive counselling outcome because of the assets the person brings to the counselling session as well as corresponding counselling implications (Jageman & Myers, 1987). Persons with an intellectual disability generally want to please and seek out the counsellor. They will respond to encouragement and trust the directions of

counsellors. They often have the available time for counselling and for practicing problem resolutions. They will self disclose, and freely share their own feelings and experience. They will model others and be responsive to role playing techniques.

## **Directiveness**

Directiveness is setting structure and limits as necessary and maintaining the focus of the therapeutic interaction on relevant issues. It is generally accepted that therapy with people with an intellectual disability should be directive (Szymanski & Tanguay, 1980; Hurley & Hurley, 1986). At the same time, the degree to which therapy must be directive is controversial and dependent upon the individual receiving therapy. The therapist has to give the client the opportunity and encouragement for spontaneous production and expression of feelings and should not force an issue or give leading questions (Szymanski & Tanguay, 1980).

# Group Processes

The phases of the group process are similar when working with most groups. The initial interview includes making appropriate introductions, responsive listening and interpretation by other members (Hurley & Hurley, 1986). In the initial phase, goals, ground rules and problems are discussed. In the middle phase there is the development of trust, in which the facilitator expresses concern and organizes the thoughts of the group. In the termination phase the facilitator is sensitive to the threat of rejection that may be felt by the clients. A gradual approach including consistent reminders is an effective approach to termination (Rotman & Golburgh, 1967).

### Method

The clinical relevance of group psychotherapy has been acknowledged (Jackson & Gouvier, 1992). Clinical benefits of group treatment for people with disabilities may include decreased isolation, and the provision of a secure environment to overcome the denial of disabilities and resistance to growth. The group format results in expectations by persons with disabilities to develop more competent and independent functioning (Jackson & Gouvier, 1992).

Regardless of approach, the "curative" factors remain more or less the same for all groups (Jackson & Gouvier, 1992; Yalom, 1970). A different emphasis placed on various factors may be suggested by the uniqueness of a person with an intellectual disability. From the existentialist approach and perspective, the conditions for change curative factors fall into 10 categories: (1) imparting of information, (2) instillation of hope, (3) universality, (4) altruism, (5) the corrective recapitulation of the primary family group, (6) development of socializing techniques, (7) imitative behavior, (8) interpersonal learning, (9) group cohesiveness, and (10) catharsis (Yalom, 1970). Curative factors in psychotherapy remain consistent across groups with various compositions (Yalom, 1970).

From the lists of goals and curative factors, it is evident that the existential elements of the group format are broad ranging. The existential approach is mainly interested in resocialization, reeducation, and support. There is also an emphasis on the importance of the individual to reframe their own lives into a meaningful context

however he or she chooses. The person has the freedom to reshape his or her own identity, which is in a continual process of growth and change. People continually interact with the environment, take in information, and grow and change as they deal with a continual influx of information (Todd & Bohart, 1994).

## 'Here and Now'

A 'here and now' approach can be used effectively since the conceptual skills of the person with an intellectual disability to project into a 'what if?' situation may be difficult. The concept of 'here and now', the temporal moment through which the process of therapy operates, the immediate present, is promoted as the means to involved social interaction. The group's attention is turned upon itself and the amount and intensity of interpersonal interaction is increased, thereby enhancing the development of group cohesiveness and the opportunities for interpersonal learning.

The material of the past is often used as content on which others express their opinions. The discussion may be moved into the present by using open questions such as "how do you feel about that now?" or declarative probes, such as "that still has an effect on you." This will help shift focus from the person he or she was, to who he or she is.

"It is effective to focus on the here-and-now because the interpersonal behavior in the group of each patient is an accurate representation of his interpersonal behavior outside the group. By using this material, which is experienced by all the group members, rather than past material ('there-and-then') or material from the current life of one patient outside the group ('there-and-now'), which may concern only one patient, the leader may more meaningfully involve all the members in the group therapeutic work" (Yalom, 1975).

The effectiveness of the here-and-now process is based on focusing the attention in upon itself. This increases involvement and cohesiveness. It also increases affect by dealing with issues of immediate and common concern. Social adaptability is forwarded in a style of direct interpersonal communication. Turning the group's scrutiny upon interpersonal behavior encourages feedback, maximizing opportunities for interpersonal learning and change (Yalom, 1970).

# Role of the Facilitator

Yalom (1970) stresses that the curative factors in group therapy are primarily mediated by the other members, who provide the acceptance and support, the hope, the opportunities for altruistic behavior, and the interpersonal feedback. Members of the group also talk with one another before, during, and after the session and assist members in various ways. Traffic control, condensing, and reframing is facilitated by the group members. They maintain focus and provide a framework for understanding. The members encourage each other in their struggle and achievements and provide a climate of caring. Controlling conflict and conflict resolution is often regulated appropriately by the group in circumstances of emotional intensity. Using the interactive pattern for communication enables the group to deepen cohesiveness through their interaction (Figure 2). Interpretations are offered by group, that is, the therapist defers to the group for interpretations. For example, the therapist could ask, "What do you think of what he/she just said?"

The role of the facilitator is to be both a model setter and a participant in the group. A model of non-judgmental acceptance and appreciation of strengths will promote a healthy, rather than psycho-pathological oriented group. Modelling interpersonal honesty and spontaneity as well as judicious restraint must be done in order to encourage the same behaviour in others, while maintaining the needs of the group. It is important to accept and admit one's fallibility. An important error to consider, is that one might be too guarded in his or her responses and interactions. Overcaution from the facilitator will be modelled by the members of the group.

As far as being a participant in the group, full membership is not possible in the role of facilitator (Yalom, 1970). The facilitator is usually the only person looking at the group from a holistic perspective. The reliability from the members of the group to view the therapist with biases and unreasonable attributes should be expected, yet the member's perception of other members is more accurate (Yalom, 1970). Rather than as a 'participant', the role of the facilitator may be more accurately described as a 'facilitator of interpersonal learning'.

The agenda must be set by the members of the group. There should be no assertion of one's own agenda in the process. Learning how not to assert yourself is an element of the technique. Not talking is attempted by the facilitator to open up time for the members to speak and to facilitate intragroup communication. Fostering and maintaining cohesiveness is important and is similar to fostering the client/therapist relationship in individual counselling. The cohesiveness of the group provides an

atmosphere of trust, and thus, a stronger alliance may be achieved to facilitate exploration.

The facilitator is deeply involved in the process as are the other members of the group. "In this arena the therapist is not the passive observer waiting to analyze events as they spontaneously emerge. For the existential therapist, group therapy represents an opportunity for the members, including the therapist, to discover *self* hood in person-to-person contact. The therapist is actively engaged with the client, giving unequivocal messages, expressing his need for response, and projecting his *self*-consciousness" (Edwards, 1982).

The needs of the group members always take precedence over self-disclosure by the therapist. The concept of shifting with the clients but remaining authentic is described as being an "authentic chameleon" (Lazarus, 1993). That is, the therapist may change his or her level of formality or informality, the degree to which he or she discloses personal information, the extent to which the therapist initiates topics of conversation, and in general, when and how to be directive, supportive, or reflective.

The expression of immediate feelings about the group or an individual should be encouraged, however, the focus should not be current or past life problems exclusively.

At the same time, these issues may be important for providing an environment of understanding.

### Play Therapy

Play therapy and art therapy interventions have had some success giving interesting and creative tasks to achieve the expressing of oneself, to gain a feeling of accomplishment, to develop his or her talent, and to enhance general feelings of well-being (Bialer, 1967).

Music and art therapy share similar goals. They strengthen voluntary inhibition of motor acts and offer a series of successful experiences, such as constructive discharge of emotion through sound. Songs serve as media of communication and percussion instruments foster free expression and improvisation (Bialer, 1967).

Role play gives the opportunity for group sociometric exploration (Schramski, 1984). Rehearsing situations helps bring out unforeseen consequences. Reality confrontation, value judgment and evaluation of social perceptivity are ways to rehearse social responses to situations. Role play allows for social reversals and exploration of solutions.

# Modelling

Modelling can be used as a strategy in and of itself or as a basic component of other frameworks, such as skill training in instructional counselling where, along with verbal instruction, practice, feedback and transfer training, it can contribute to a powerful change strategy (Martin & Heibert, 1985).

The closer the characteristics of the model matching those of the client, the greater the identification of the client to the model, which contributes to improved

attending. It is expected that the client will attend more diligently to images or sounds of themselves rather than of someone else (Cormier & Cormier, 1991).

Audio or videotape feedback has been used in a variety of ways, some of which do not truly constitute modeling. Some use of video-recording is with unedited tapes being reviewed by the client as a tool in therapy or as an adjunct to therapy (Andrew, 1993; Gasman, 1992; Ray & Saxon, 1992). Visual feedback is effective during the course of behavioral rehearsal because it helps clients understand the criteria that separate appropriate from inappropriate behavior and skilled performances from inadequate ones, through the interpretive comments of the therapist (Rimm & Masters, 1979). Audio or videotape feedback is maximally effective when subjects are specifically instructed to focus on certain aspects of their behavior (Nay, 1976).

The behavior and conditions in which the behavior occurs and the level to which a successful performance is determined is information needed to clearly define the goal (Cormier & Cormier, 1991).

Many people suffer greatly due to excessive inhibition, constriction of options, or perfectionistic and self-driving attitudes. Modeling interventions can help these clients by helping them to evolve and implement more permissive personal perspectives which invite more tolerant lifestyles (Rosenthal & Steffek, 1991). Bandura (1971) states that when people are unable to function effectively due mainly to faulty or deficient behavior, modeling is not only the most appropriate, but often an essential, means of developing

requisite skills and interpersonal competencies. This indicates that modeling interventions can be considered for a wide variety of presenting problems. More specifically, types of client problems that have been addressed successfully with video self-modeling includes social withdrawal (Meharg & Woltersdorf, 1990).

Modelling may not be successful as a result of either failures in the attentional system, inadequate coding of modelling stimuli for memory representation, retention difficulties, motoric deficiencies, inadequate reinforcement or if there is an absence of appropriate matching behaviour following exposure of modelling stimuli (Bandura, 1971). It is imperative to ensure the procedure is matched accordingly to the client and that the interfering variables are controlled in order to increase the salience of the intervention (Bandura, 1971).

To implement a self-as-a-model intervention, a video or audio tape is made to gain some objective idea as to the client's present level of performance on their behaviors. An *in-vivo* tape can be created if it is reasonable and accessible to the client at the time.

When people are not used to being audio or video taped they may be distracted at first with the format. In these cases it may be useful to allow the client to familiarize him or herself with the equipment, what they look or sound like on the monitor and the experience of performing in front of a camera or microphone.

# Current Models of Social Skills Training

The need for social skills training (SST) for those with an intellectual disability has been recognized and training tools have, and are, being developed (Hall, Schlesinger, & Dineen, 1997; Riggio, Watring & Throckmorton, 1993; Roessler, Cook & Lillard, 1976). Trower (1984) differentiates between social skills training and social skill training, indicating that social skills are identifiable elements and sequences of rulegoverned behavior like social routines, and social skill is the process of generating behavior designed to achieve a goal. Trower argues that intentions and not only specific behaviors indicate the appropriateness of social activity. It is, therefore, the generative role of cognition in the form of perception, conception, belief, aim, desire, intention, etc., that is critical to social success. The values and beliefs that people with an intellectual disability hold of themselves and others, can be explored with them as a means of providing understanding of their social selves. Beliefs they hold about themselves and about how they want to live and relate can be clarified by asking the person what they believe and what they value about themselves and others. "It is only through their voices, and the careful examination of what they say and do in everyday life that we can fully interpret their behavior independently of the label of retardation" (Levine & Langness, 1986). In other words, from the perspective of the general culture, the social behavior of a stigmatized group may seem to need adjustment. However from the perspective of the marginalized culture, social interaction may be consistent with their evaluation of themselves and others.

Exploration of behavior in a social context, which involves beliefs, provides an opportunity to discuss the meaning of the behavior in the social interaction. Sensitivity to the personal constructs of the individual and/or the constructs of the culture provides an opportunity for understanding and not just compassion, condemnation, or some other reaction to different social approaches. With community integration it is hoped there will be more than mere acceptance of persons with an intellectual disability, but rather an embracing and supporting them *as they are* and not as the dominant culture(s) dictate *they should be*.

In social skills training the trainer may not consider it proper by the tenets of the paradigm to ask the client to express his or her view of his or her problems, desires and intentions, self-concept, expectations and so on, since these subjective variables are not only "unscientific" (being allegedly unobservable) but have no direct utility because the "organisms" behaviour is externally determined (Trower, 1984). If intentions are not defined by the individual, the social construct of the trainer will be used to establish the criterion for success and goal achievement. The consequence of this methodology is that it takes away the ability of the individual to develop unique constructs that are more adaptable to the social environment. It has the effect of preventing the individual from constructing beliefs and intentions that are his or hers to be challenged, thus creating dependency and entrenching the belief that they have no power and are controlled, that may result in disabling the individual. "What trainers do, of course, is to reintroduce intentional, psychological concepts, not from the literature, but from their own tacit

knowledge about human beings, social interaction, social roles and norms. However, they do it "unofficially and implicitly" (Trower, 1984; p. 66). "To be capable of helping the mentally retarded child or adult, the group therapist must have resolved his or her own ambivalence toward this group, and he or she must be prepared to educate peers and the community in those techniques that improve the socialization skills of retarded persons" (Slivkin, 1982).

The task of the social skills training therapist must therefore be not only to teach skills, but to facilitate the client's recovery of his power of agency, i.e., to change his or her own personal view as a passive organism. It is the empowering process of the agency approach that allow for the gain in control over one's own life, learning about choice-making and willful behaviors, and the constructive use of video is just one of many possible strategies.

Research has been done to illuminate the perspective maintained by individuals with an intellectual disability (Angrosino, 1994; Edgerton, 1984; Jacobs, 1980).

However the social skills research mainly involves self evaluations on rating scales (Brewer & Weber, 1994; Cooker & Nero, 1987) rather than attempting to understand the participant's framework of him or herself in a social context. The views they hold of their own identity are important to understand, considering the complex issues of independence, power, and opportunity that individuals with an intellectual disability encounter.

# Research Question

been primarily based on the behavioural model with only a rare brief comment as to how the subject reacted to the feedback process as an aside, and not from the point of view of the client as a participant. This lack of reporting the experience and voice of participants leaves a void in the research of counselling, SST, and more specifically, video-taped feedback as a method for change. The current study attempted to address this shortfall by examining the experiences of participants through video tape review in a social context and their perceptions of what the video taped review meant to them. To achieve the aims noted above, the research question addressed in this study was: How would participants in a video taped review group describe their experiences?

### Chapter 3

### METHODOLOGY

The present research examined the views of persons with an intellectual disability pertaining to the use of video review in social interactions. The group was designed to provide support and encouragement to persons with an intellectual disability in unstructured interactions with other people.

An interpersonal approach was used since it tends to promote interaction among all members of the group. A "here and now" orientation was also used in order to maintain the group conversation in the present. This served to involve all participants since less abstract thinking outside the content of the group, and memory of past events, was required. Group members acted as a feedback loop to check the perceptions of each other. Peer feedback from members of the group can be more meaningful from participants in the group than from the therapist/facilitator since it can be more representative of feedback in the environment. This encourages generalizability of the educational and therapeutic effect more than if the facilitator becomes the focus of interaction.

The author chose the phenomenological method of inquiry (Patton, 1990) to elicit and intuit the group processes involved in being in a video review group of this kind.

The phenomenological approach is well suited to investigations attempting to uncover the meaning of human experience in a real-world context. A qualitative research design was selected for the research because of the exploratory nature of the research and the

unstructured group. A quantitative experimental study cannot relate the realities of the in-depth experience of another human being and how that person thinks and feels about that experience. Predetermined categories or rating scales formulated by researchers may be irrelevant to the participant's perceptions of events because of a lack of understanding of the people being studied. This is especially true when considering that the person may be coming from a distinct perspective due to the differential treatment he or she receives in society due to stigmatization.

The choice of a qualitative design for this study is based on the assumption that the motives and meanings of the participants will emerge through interacting with one another. Through their words and behavior they communicate and verify their own experience. People may make greater sense out of their experiences and in doing so, create their own reality that impacts on their behavior (Locke, Spirduso & Silverman; 1993). Therefore, an assumption of using this research design for this purpose is that if members of a group view and talk about impressions of themselves in a social context, knowledge will be gained about the impact of video review on beliefs and attitudes that ground social behaviour.

A group was decided upon in order to stimulate discussion among themselves, about themselves and others, within a social context. Video review was used to generate discussion about the group's social perception, conceptions, beliefs, aims, desires, intentions, etc. The establishing of trust in an accepting atmosphere and maintaining an

awareness of the needs of the individuals, contributed to the cohesiveness of the group (Carey, 1994). The dynamics of the group lent itself to discussing video review in a social context (Patton, 1990).

### Participant Selection

Interested participants for this research were selected through service providers from local agencies for people with intellectual disabilities. The service providers were invited to nominate individuals who they felt might benefit from participation in a group being video-taped with group review of the video tapes. If the potential participants indicated some interest, the service provider showed them a video of the researcher outlining the purpose of the research and a description of what they could expect in a group session. If they did not have a video machine, the contents of the video were provided in written form (Appendix C) and provided with the video so it may be read by, or to, the interested candidate. If the potential participant was still interested, the service provider asked them if they would give their phone number to the researcher (or some way to contact them: i.e. address and time to meet). Eight participants were recruited. The researcher then talked to each person by telephone or in person at the agency where they were connected. When the participant list was completed, a meeting time was agreed upon with the participants. A meeting schedule was then distributed.

The researcher met with the participants to discuss the cover letter (Appendix A) and the consent form (Appendix B) which was discussed and signed at the first meeting which included consent to be videotaped. The consent form informed everyone of their

rights as a participant to leave the group at any time should they wish to, and that the video tapes would be destroyed shortly after the last meeting.

Clarity of purpose and process was essential in order to ensure agreement for participation in the research and allow a forum for uncertainties to be resolved. The critical aspect of group membership was a willingness to participate in the group and the research project.

The research aims were presented to the group members in broad terms. The researcher emphasized that the participants could share their experiences and lives, and to enjoy themselves. Throughout the meetings the researcher emphasized that if bringing up topics were of a painful nature, members could gain support from each other. It was also emphasized that the purpose of the research was to enable discussion involving what reviewing the videotapes was like for them.

### Group Meeting Process

The group ran once a week for 10 weeks and each videotaped session was approximately 60 minutes long. An interval of one week between sessions was chosen so that the participants had time to reflect on the previous session and to maintain a relaxed schedule. Each of the ten sessions consisted of three parts. The first part consisted of recording 25 minutes of group social interaction. This part was scheduled to obtain a recording of interpersonal behaviour. The second part consisted of recording 20 minutes of the group reviewing the first 25 minute group recording on the monitor (participants were video-taped while they watched themselves on video tape). This part was

scheduled to obtain a recording of participant comments while they viewed their interactions. The third part consisted of recording a 15 minute group debriefing. This part was scheduled to obtain comments and recommendations about the video review process.

The transcribed videotapes formed the data base. During the course of the group, the videos were reviewed by the author so discussion that might be profitable could be further explored or opened at the next group meeting.

The sessions consisted of the group interacting freely and without parameters on the discussion while being video taped for the first 25 minutes. This part of the session was intended to be a social session, where the group members talked about their lives or whatever else that interested them. The purpose for the social session segment was to provide an open environment for self-expression and interpersonal communication.

The first 25 minute part of the session was free in structure. The researcher participated naturally in the discussion, responding to questions, and when required, initiating conversation. At the same time, the researcher assisted in establishing the group process by redirecting communication between group members (Yalom, 1970; Laterza, 1979).

The second part of each session was held in the same room and the group watched the video from the first 25 minute recording. Group interaction during participant observation of the first recorded social segment was video taped. The second session was for the participants to review the initial recording. The purpose for the

second part of the session was to collect data on group and individual reaction to the video tape of their own social behaviour and also of the behaviour of other members of the group. This procedure increased the opportunity to focus on themselves as an object of discussion and to interact with the other members in generating a broader base of reflection (Carey, 1994).

The second 20 minute part of the session was directed to capture the views of the participants about themselves and others, and to discuss the video representations of themselves on the monitor. Feedback was provided by the group members regarding their own and others' performance. Participants require practice and feedback to work effectively with video review. Practice was accomplished by the weekly opportunity for the participants to familiarize themselves with being recorded and trying out new behaviours. Feedback was accomplished by the participants verbalizing what they were seeing and hearing at the same time they were observing and listening to the tape. The researcher acted as a technician by operating the video unit to start and stop, rewind and fast forward etc. as desired by the group participants. The researcher also acted as a group facilitator to ensure the viewpoints of individuals had an opportunity to be expressed in an atmosphere of acceptance.

### Video Recording

The video camera was conspicuously placed so that interaction with the camera could take place, as the participant chose. The presence of the video camera was expected since the participants knew they would be viewing themselves later. The

participants had the opportunity to make something explicit to the video camera that they wanted to see in the following sessions. The presence of the video camera also made the process more overt.

The video process for recording served several functions. It enabled individual identification of group members for accurate transcription. Also, video review facilitates a different view of the self in the group experience by "assisting the self to experience the various perspectives that group members hold toward it, thereby altering its own perception of itself" (Skafte, 1987). Thus, more information and insight to the participants' viewpoints may be generated. The presence of the video camera can enhance cohesiveness in therapeutic sessions (Gasman, 1992) which can provide focus for the group to talk about themselves and others in the social context without requiring the facilitator to be overly directive in soliciting information, thus reducing facilitator bias.

#### **Ethical Considerations**

The research proposal was submitted to, and approved by, the University Research Ethics Committee. The research was designed with a view to the participants receiving benefit from their involvement. Full disclosure of the purpose of the research and the role of the participants in the research was provided. Informed consent and the understanding of the purpose of the research was imperative for the participants to offer appropriate information and to focus their reflection on what was relevant to the research goals.

Participants were informed that any previous videotapes were available should they request additional review of the data. It was important for the successful completion of the research that the participants knew the goals of the research and how they were involved in the process.

The researcher closely monitored the group to ensure positive outcome and to avoid any possible harmful consequences. Sessions over the ten weeks established involvement and commitment on the part of the researcher and the participants, and provided a predictable, safe environment. Figure 1 illustrates the room layout in the social sessions and in the video review sessions.

Participant reaction to video review and the group process was closely monitored by the researcher. Video review in marriage counselling has identified some cautions in its use (Ray & Saxon, 1992). However, the process of video review is reported to have a positive effect on individuals generally, and, in the worse case, a neutral response is reported (Gasman, 1992).

Confidentiality was fully honored by changing the names of the participants and others who were mentioned in conversation in the transcripts. Individual data were analyzed and identifiable characteristics were altered.

A clear description of the use and destruction of the raw data (video tapes, field notes with identifying labels, etc.) was provided in the cover letter and consent forms (both of which were discussed with the participant individually prior to the first meeting, and with the group at the first meeting). All data was stored in locked facilities at the

University with eventual destruction of the raw data upon completion of the research.

Access to the video tapes among group members occurred only in group sessions to ensure security. The sessions were transcribed verbatim from the videotape.

#### Equipment considerations

Consideration of equipment is important particularly in the use of video recording. A zoom lens that was capable of wide angle shots for constricted areas and the capability for close up shots lent itself to versatility in video use. Light and sound considerations were important for generating a usable, quality recording (Andrew, 1993).

Data for this study was collected utilizing an Hitachi VM 3260 video recorder, low z input Shure four channel mixer, four low z output 660 model Electrovoice microphones, RCA cables, and a Sony stereo model tc-k311 autoreverse video cassette deck.

#### Analysis

The tapes were transcribed in total in order to preserve the context. Group categories, patterns and themes were noted during transcription. Analysis of group data can be complex, but it is similar to other qualitative analyses (Carey, 1994). Following the transcription of the videotaped material, the author read the transcripts thoroughly in order to achieve a high degree of familiarity with their content. The purpose of the study, the role of video review in the examination of social skill development involving exploration of the social beliefs and expectations of people with an intellectual disability, guided the analysis and interpretation of the data.

Two types of data were derived from the video review sessions: transcribed data from discussions of the group while viewing the social interaction video, and transcribed data from reflective discussions during a post video review question and answer period. Transcript material that was obviously not about the experience of being video taped or material that was not triggered by the presentation of the video tape review was excluded from subsequent analyses. This included statements about hobbies, holidays and things the group members had done during the day and so on.

All the data was transcribed and formed the basis for the analyses. The discussions of the group while viewing the social interaction video and the reflective discussions were used mutually to either support or disconfirm (in other words to verify the data in either case) the data in the respective transcriptions. Participants' quotes taken from transcripts of data collection sessions were identified by a code name, session number, and transcription page number. The analyses developed participants' pre-reflections and reflections into six major themes.

The text from each individual was analyzed separately to generate individual categories and patterns. Focus on the individual cases was to ground the specific individual context before the cases were aggregated and compared (Strauss & Corbin, 1990). Through the case analysis, themes were identified, collected and filed for easy retrieval. The session notes, recorded after each session, were used for review and development of observations and themes.

Observations of the tapes revealed the context and source of each phrase. This context-rich method enabled a rigorous examination of the participants' words. The words of the participants that were prompted by the video tape were used in the analysis. The final transcript for analysis was obtained through a process of deletion of those phrases that were incidental to the lives of the research participants and not relevant to examining the contribution of video replay in a group context. For example, phrases regarding what someone did the night before or how they got to work were deleted (unless the phrase was prompted by reviewing the video tape). Comments that were relevant and attributable to video replay in parts one and two of the sessions as well as the comments in the debriefing part of the sessions (part 3) were included in the analysis. The comment included in the analysis were based on two items. They were the content of the comment (as derived from the context of the comment through in-depth reviewing the video tape) and to whom the comment was directed. This assisted in grounding the categories directly with the transcript text.

The method for analysis of the data incorporated three stages of analysis: (1) delineating incidents applicable to each category (in this research, the category that emerged from the data), (2) integrating categories and their properties, and (3) comparing the categories. The methodology as adapted from Glaser and Strauss (1967), provided a basis for category development through individual and group analysis in the present research. Individual and group themes were established and compared. Anomalies that arose from the data were investigated. Theoretical issues relating to rules, personal

identity and social skills (Hogan & Cheek, 1983; Juhasz, 1983; Riggio, 1986; Brown & Hughson, 1987), were used to compare and contrast the findings.

#### Trustworthiness of the Study

In this study, several measures were utilized to increase the trustworthiness of the analysis and interpretation of the research. Trustworthiness in qualitative research is essentially the counterpart of reliability and validity in quantitative research (Lincoln & Guba, 1985).

Trustworthiness was facilitated in this research through a number of ways. The group appoach in this study enabled the researcher to compare the responses of the various participants. The extent to which consensus is found within the group about their experience of video replay can indicate the trustworthiness of the information collected. Furthermore, the video review segment and debrief segment were also compared. The researcher was able to determine if the words and behaviour of the participants while reviewing the video was distinctly similar or different from those of the participants during the debrief segment. This study involved conducting a number of sessions enabling data to be compared across sessions, where comparisons of the comments stemming from each participant were made from session to session.

The accuracy of the analysis was also enhanced by the researcher being intimately involved with the actual data collection. The researcher was present, and served as facilitator, at each session. The researcher made every effort to develop a relationship of trust with the participants by accommodating the individual needs of the participants. The

researcher was available by phone to the participants between sessions for any of their concerns or for them to inform the researcher of cancellations. The participants were also contacted each week to remind them of the next meeting. Transportation needs were accommodated and efforts were made to establish the comfort of each participant. Discussions with participants inevitably occured before and and after the group sessions to address any of the participants' concerns and to build on the relationship between the various group members and the researcher outside the context of the sessions. This approach served to reduce the distance between the participants and the researcher.

Transferability is supported by two conditions. An explanation was provided in the research literature review indicating the group processes used and the background to the development of the group. The methodology provided a description of the time, place, context, and culture of the group.

Confirmability was assisted in this research by demonstrating the logic used to construct the interpretations of the data. This assisted in permitting open scrutiny and assessment of the research outcome. By the extensive use of direct quotations in the construction of the categories and their development is an open and direct aid to establishing a connection between the data and the analysis and interpretation.

#### Chapter 4

#### RESULTS

The group discussions over the 10 week period yielded rich and varied material that can be interpreted and analyzed in many ways.

### Participant Involvement in Data Collection

The group consisted of eight individuals with an intellectual disability, four women and four men, between 20 and 39 years of age. There were four core members that attended the sessions almost always. This core group consisted of two women and two men. Also, there were two men who attended approximately 65% of the time and two women who attended 50% of the time.

It was observed that the members of the group talked with one another before, during, and after the session, and were helpful with assisting one member with her wheel chair. They greeted one another with warmth and enthusiasm. From the first group, the participants discussed topics they introduced about their own concerns regarding work, friends, home and life in general as well as the experience of video review.

Each participant present during data collection sessions contributed to the discussions and there appeared to be an increased sense of comfort as the participants got to know each other and became familiar with the video-review process. QU, UO, SO and US were the most verbal in the group. The researcher asked questions of each participant and took care that they could express their views with as much time and encouragement as they required. NH was the only participant who did not contribute much detail to the

discussion. She participated through her encouraging gestures and acknowledgments of the other participants, and her enthusiastic reaction to the monitor. Group members included her in the group by interacting with her in group discussions and by referring to her on the video monitor during video review.

Extended answers tended to come more from participants who were outgoing. Participants responded to questions relating to their video review experience and contributed in each session they attended. Three microphones were used to record discussions which enabled recording greater detail of side conversations.

# Major Themes and Definitions

The major themes resulting from the analysis are listed below. Each theme is presented with a definition that denotes which participant comments were included.

- 1. Personal characteristics: Participant comments regarding themselves during video review.
- 2. Characteristics of others: Participant comments regarding others in the group.
- 3. Participation in a group: Participant comments regarding group participation.
- 4. Reference to the Experience of Video Review: Participant comments speaking directly to their experience of video review.
- Memory cues from video review: Participant comments indicating reminders from video review.
- Audio-visual equipment and recording process: Participant comments about the technical equipment and the process of video recording and playback.

The six themes regarding the contribution of video taped feedback emerged as in Table 1. Table 1 indicates the themes and sub-themes that developed out of the phrases of the participants speaking to the contribution of video tape replay in the group. A corresponding phrase that is illustrative of the theme and sub-theme is included. Participant experiences in the group will be described using these themes and sub-themes as a framework.

Table 1: Research Themes, Sub-Themes, and Illustrative Quotations

Table 1: Research Themes, Sub-Themes, and Hustrative Quotations			
Themes	Sub-Theme	Illustrative Quotation	
Reference to self	Self-Recognition	"That's me!"	
	Physical characteristics of self	"It adds fifty pounds to ya"	
	Behavioural characteristics of self	"I get quiet sometimes"	
	comments regarding the representation of video to self	"I just like seeing myself"	
Reference to others	Recognition	"There's all of us"	
	Physical characteristics	"you look better with a hat on"	
	Behavioural characteristics a. direct	"how come you sit there so quiet?"	
	b. indirect	"he makes everyone laugh"	
	Evaluative comments regarding the contribution of video to others	"People having a good time"	

# Research Themes, Sub-Themes, and Illustrative Quotations (continued)

Themes	Sub-Theme	Illustrative Quotation
Participation in a Group	Group interaction	"I liked seeing everybody else and talking about things"
	Development of personal relations	"meeting new people"
	Opportunity for socializing	"just for the sake of getting out of the house"
Reference to the experience video review	Think/feel about being video taped	"it adds something to my of lifeI like it"
	Previous video recorded experience	"I never did this before, it's kinda cool"
	Amusement	"we're having a barrel of fun"
Memory cues from video review		"oh now I see what he said"
Audio-visual Equipment and Recording Process	Recording quality	"it was too noisy"
	Awareness of equipment	"why is that thing on?"
	Usage of equipment	"you're holding the microphone too close to you face"
	Methodological queries	"what do you do with these tapes?"
	Ideas for improvement	"if I ran the camera"

#### Reference to self

Reference to self was based on themes expressed by participants which elucidated specific characteristics regarding comments about themselves in the group discussion.

The category consists of three sub-themes including: (a) self-recognition, (b) physical characteristics of self, and (c) behavioural characteristics of self.

#### Self-Recognition

"That's me!"

Self-recognition was based on themes expressed by participants which elucidated specific characteristics regarding comments identifying themselves in the group and on the audio-video tape. Everyone was aware of their presence on the monitor and shared that awareness, as in: "Can you see me Greg?". The group members expressed enthusiasm and anticipation in seeing themselves: "OK, when am I coming in the doorway?".

Two members expressed some initial shyness and one participant moved out of camera view, saying: "you can't see me...I like hiding...don't get me in this". Self-recognition comments were more frequent in the first few sessions indicating that this response is extinguished though familiarity with seeing themselves on video.

### Physical characteristics of self

"It adds fifty pounds to you"

The sub-theme 'physical characteristics of self' was based on participant comments of their personal physical characteristics upon viewing themselves on the

audio-video tape. Attributes were both positive and negative, as in the following: "see my little gray hair...I got a bit of gray hair...unusual for someone who is only forty...I look pretty good on camera". Validation for how the participants looked or sounded was sought: "My voice...now I know what's wrong...it sounds muffled...it does, doesn't it?...my voice sounds muffled?".

Video review offered an opportunity for participants to see themselves, get feedback from others about their physical attributes, and work toward solutions for change, as the following two excerpts indicate: "On Tuesday, I went to the hospital for a seating reposition in my wheelchair because my spine is curved and it tilts me this way...and they put two cushions, one on each side, and it felt uncomfortable so I took one out...but I noticed on the TV tonight that I was still sitting more to this side, and I don't like that, I want to improve that, if I can sit more straight. That's the only thing I don't like...my posture", and, "it looks like I'm drowning in this jacket. Jes...its so big. I should have taken it off before. When I wear it I look big in it. I do look big in it. The sleeves are so long...that's why I wanted to give it away...back to her...but she said, "no I don't want it"".

Participants also commented on the representation of themselves on the monitor, such as, "I just like seeing myself", and from another participant's perspective, "if we didn't have that (the monitor) we wouldn't know what our appearance would be like...a chance to see what the good and bad in each person, including myself too, what we think we should improve on...I slouch too much...I noticed that I have a bit of a ponch".

### Behavioural characteristics of self

"I get quiet sometimes"

The sub-theme 'behavioural characteristics of self' was based on participant comments regarding their personal behavioural characteristics in the group and on the audio-video tape. Video replay assisted participants to recognize what they do and to analyze the value of the behaviour.

In the following excerpt, a participant who joked frequently said: "well, we all have to have a sense of humor anyway...I mean what's the fun of being here unless you have a sense of humor...I don't know, it's a side of myself that I never knew was there or something...cause usually I'm kind of quiet and shy. Not much to talk about really".

Another participant expressed the following: "The only thing I found as a surprise is I told Joan she was so quiet...and noticed afterward that sometimes I am really quiet too, and sometimes it bothers me. Sometimes I don't notice it, but sometimes it bothers me when people, and including myself, are really quiet. I don't know why, but it does, but I don't know why that is. It just bothers me sometimes". The use of video in both these cases allowed for a realization of their own behaviour that is curious to themselves. This provided an opportunity for exploring and reflecting on personal behaviour.

#### Reference to others

Reference to others was based on themes expressed by participants which elucidated specific characteristics and comments regarding others in the group discussion. The group members expressed enthusiasm and anticipation in seeing each

other. The category consists of three sub-themes including: (a) Recognition, (b) physical characteristics and (c) behavioural characteristics.

### Recognition

"There's all of us"

The theme 'Recognition' was based on participant comments which elucidated specific characteristics regarding comments identifying themselves as the group on the audio-video tape. Participants often pointed to the monitor indicating the person on the screen. For example, "ya I can see you Jim, Jim I can see you", and, "there you are Joan". This process included everyone in the group because the camera showed everyone at various times during the recording. Video review, in effect, contributed to the opportunity to acknowledge everyone in the group.

### Physical characteristics

"you look better with a hat on"

The theme 'physical characteristics' was based on participant comments regarding the physical characteristics of the group members on the audio-video tape.

Video initiated commenting on others in an objective way. "Just the way your voice is like...the older you get, your voice doesn't stay the same".

Video provided the opportunity to give feedback on the physical characteristics that are often not otherwise mentioned. The video, in effect, gives permission to talk about and notice each other, and to provide support. A comment such as, "did you lose

weight, Jim?" indicates how people noticed the physical attributes of each other in the video, and provided another opportunity for recognizing the other person.

The physical proximity of the participants was also available for video review.

"How come you're sitting over there, Doug?" indicates how group members monitored the physical space of the group on video.

### Behavioural characteristics

The sub-theme 'behavioural characteristics' was based on participant comments regarding the behavioural characteristics of the group members on the audio-video tape. This subtheme is divided into two parts, reflecting both direct and indirect comments made to the other participants in the group. The use of video invited the participants to comment on others through observation of the video monitor.

#### Direct comments

"how come you sit there so quiet?"

'Direct comments' was based on participant comments that were made directly to other group members identifying their behaviour on the audio-video tape. This provided an opportunity for peer feedback. Indeed, the use of video replay assisted the participants to talk about the characteristics of others as they viewed the monitor.

Video review enabled participants to explore a discussion in a more 'here and now' commentary about each others' behavioural expression. For example, "you got a nice laugh" indicates the opportunity video provides to say something not ordinarily mentioned. Participants could directly address the people in the group or refer directly to

them on the monitor. This provided many opportunities to notice and compliment participants.

Video allowed for the observation of behaviour of what was present on the monitor, adding a focus to the behaviour that may otherwise go unnoticed, such as "nice opening the door, Jan". Furthermore, the content on the monitor is discussed because of the salience of that was being displayed on the monitor, such as: "Jill, one of your burps is worth two dollars." Even though other activities were occurring at the time of recording, whatever was presented on the monitor was the inevitable object of discussion.

#### Indirect comments

"he makes everyone laugh"

'Indirect comments' was based on participant comments made indirectly to the other group members identifying their behaviour on the audio-video tape. Video replay provided an opportunity for peer feedback. Indeed, the use of video review enabled participants to talk about the characters on the video monitor in the third person. Using video provided the opportunity for compliments and acknowledgments but at the same time not to have to speak to the person directly even though they were present. "He's been singing all night" shows a way to talk about someone without having to address the person directly. "That's a funny one" is illustrative of comments recognizing something special about what a participant said. This peer feedback gave group members

reinforcement of particular behaviours in each participants' repertoire that was salient on the monitor.

Participant comments identifying the whole group such as, "people talking to each other like that" indicated participants observed group interaction as well as individuals in the group.

### Participation in a Group

The theme 'participation in a group' was based on participant comments regarding their own involvement in a group. Participants indicated that the group itself was a rewarding experience. The researcher recognized and noted the contribution of the group approach to using video replay by noting the participants' interest and value of being in a group. The category consists of three themes including: (a) group interaction, (b) development of personal relations and (c) opportunity for socializing. This section indicates the participants' value of coming to this group.

### Group interaction

"I liked seeing everybody else and talking about things"

'Group interaction' was based on participant comments regarding the views they held of interacting in a group. This sub-theme is reinforced by other themes that indicate the positive experience of video replay. Participants mentioned that being a part of a group of people was important to them. The following comments indicate the value of group interaction in this group: "I liked all the laughter and people talking to one another, and...everything. I liked it" and, "I liked the group...talking to people...I like the

group...makes me feel good about myself" and, "I liked seeing everybody else and talking about things."

### Development of personal relations

"meeting new people"

Development of personal relations' was based on participant comments regarding relations that were developed among themselves. Participant comments regarding meeting other people indicated an interest in extending their potential for forming relationships and making friends. Friendship connections were made stronger as in the following excerpt: "sometimes even though we were kind of strangers, we still don't know that person that well...Even though Jan and I lived with each other for three months, we're friends, but we really don't know that much about...we don't know a lot about each other...but it might happen".

### Opportunity for socializing

"just for the sake of getting out of the house"

'Opportunity for socializing' was based on participant comments regarding identifying the group as an opportunity for socializing. Diversion from boredom was indicated as a reason participants attended the group, as is implicated in the following excerpt: "I think I like it because it's something to do". Also, attending a group may help to combat social isolation, as in the following: "mostly when I'm at home in the evening after work, I have nothing to do, and I either, if it's a good day outside, and if there's no snow, I go to Chinook Centre or I play on my computer at home or watch TV...and its

kind of...once I get on the TV or computer, its for non-stop...it's for all evening, and I don't really get to do much that is entertaining...and this is entertaining with all the people here and its something else to do, ya, instead of sitting at home. It's just that it went so fast...that's the thing".

# Reference to the experience of video review

Reference to the experience of video review' was based on participant comments directly indicating their evaluation of the video process. The comments are various reflections on the experience of video replay in a social context. The theme consists of three sub-themes including: (a) think/feel about being video taped (b) previous video recorded experience, and, (c) amusement.

### Think/feel about being video taped

"it adds something to my life...I like it"

'Think/feel about being video taped' was based on participant comments directly speaking to the experience of being videotaped. For example one participant mentioned that she did not have the opportunity to look at herself on video and that it was seen as an interesting activity by others. "I like being on the camera and on the TV. I told my mom abut this. She says I'm glad you're doing things. Mom didn't have a camera and can't do this."

Other participants indicated that the experience was entertaining and not damaging, as in the following: "the camera hasn't cracked yet", and, "I like watching myself on TV...that was good". Another participant summed up the experience as

entertaining: "its good because its funny". Video review was also described in terms of an insightful experience: "I felt without the camera...there's no way of knowing about how we think about ourselves, or like...what's good or bad about what we're doing".

## Previous video recorded experience

"I never did this before, it's kinda cool"

'Previous video recorded experience' was based on participant comments regarding their own experience with being recorded. One participant had experience being on video and only one other participant had previous experience with audio recordings of herself. Participants indicated that being video recorded initially takes some time to gain comfort in the process, as in the following: "You get used to it, after you are taped for more than 3 or 4 times...and you get used to it." It was also indicated that increasing familiarity with the process makes video replay more enjoyable rather than interest waning with experience. "I'm beginning to like it more and more...like the person I was out with she asked me, are you nervous? and I said no...she said I would be nervous...and I said I know because you've never done it before but I've done it more often", and, "...its a habit. When you're on tape for the first few times you are really nervous. You don't like seeing yourself. You don't like your voice or anything".

#### Amusement

"we're having a barrel of fun"

'Amusement' was based on participant comments expressing enjoyment in being in a group that is video taped. Video replay was a way to spark interest in the group

members and to encourage people to relate to one another. When the participants handled the microphones it stimulated new behaviours, such as a comedian or singer. The participants acted like Elvis and tried copying each other. They also began to sing spontaneously (Christmas carols).

'Amusement' supports the views of the participants of how they felt about being video taped. It also supports comments regarding the value of the contribution of video replay to themselves and others, as in the following: "you know we laugh and joke around and tells jokes and sing Christmas carols and stuff like that", and, "like talking...like seeing myself". The following was sung: "were having a barrel of fun...ye ha...roll out the camera, we got the camera on the run, ye ha...I'm practicing, I'm just practicing".

### Memory cues from video review

"oh now I see what he said"

'Memory cues from video review' was based on themes expressed by participants which reflected the clarification of their comments to one another. This included misunderstanding some one else, such as "You and Jill and Sue...oh, that was confusing me".

Statements from socializing tape stimulated a memory of the previous discussion and provided an opportunity to clarify what the person said the first time: "oh ya, I've got to give you the address about Mary's baby...there's a party...the party's at our place and you have to get a gift...I'll give you the address".

# Audio Visual Equipment and Recording Process

The theme 'Audio Visual Equipment and Recording Process' was developed based on comments by participants regarding the technical aspects of video taping.

References to the equipment and the mechanics and process of video recording were included in this theme. The theme consists of five sub-themes including: (a) quality of video recording, (b) awareness of equipment, (c) usage of equipment, (d) methodological inquiries, and, (e) ideas for improvement.

### Recording Quality

"it was too noisy"

'Recording Quality' was based on comments by participants regarding the sound quality and their role in conversing in turns. Their comments indicated the importance of the audio signal in audio-visual recording and playback. This required well placed microphones with balanced sound input.

"It was too noisy" is illustrative of the comments referring to the quality of the video recording in the first session. The activity of signing things and rattling paper, the positioning of the chairs in the room, and the position of the table on the side of the room made audio recording difficult. The proximity of the participants to the microphone changed often. Participants got up and walked to and from a table next to the group for snacks. In the following sessions a coffee table was placed in the middle of the group so people did not have to get up and they could continue the conversation without changing their proximity to the microphones.

Multiple conversations occasionally made it difficult to hear the audio recording. It was inevitable that participants have side conversations in this unstructured group context. This speaks to the important role high quality sound equipment has in being able to pick up conversations that overlap and yet maintain their distinctness and audibility.

The participants were interested in noticeable glitches and anomalies in the recording. This was apparent in comments such as "now you see what's above you", and, "is he showing the entrance again or is this something else". Recording anomalies occurred occasionally when the camera was temporarily misaligned while moving it from one person to the other in the group and when adjusting the zoom lens.

### Awareness of equipment

"why is that thing on?"

'Awareness of equipment' was based on comments by participants regarding the proximity of the equipment. No mirrors were used to hide the camera and there was no attempt to disguise the audio-visual equipment. One participant welcomed the obviousness of the camera mentioning the following: "since we can see this stuff...its not hidden...we know we are on TV...we know we are kinda entertaining." The equipment was a distraction for a short time, and then, only to some participants. Participants' did not indicate concern about the equipment as a factor that was inhibiting or deterring self expression.

#### Usage of equipment

"you're holding the microphone too close to your face"

'Usage of equipment' was based on comments by participants regarding using the equipment. The participants handled the microphones occasionally when they sang or told a joke. Participants were able to see and hear the results of their interaction with the recording as in the following: "well I had the mike too close to my lips...I was singing and it sounded muffled here...I didn't know that ...I wasn't aware of that". Feedback from the others participants such as, "so too close means...instead of holding it like this", helped everyone become more aware of how to use the equipment to serve their needs.

### Methodological Queries

"what do you do with these tapes?"

'Methodological queries' was based on comments by participants regarding their concerns of what is done with the video tapes. One individual asked over the course of the first five sessions "why video tape?". Although it was clarified by the researcher at the beginning of each meeting what we would be doing that session, participant responses to the other members such as "ya, that's why we're here" contributed to the groups comfort in the process.

These comments speak to how to properly inform the participants. Some may be aware of the purpose of the research or the taping procedure but the purpose should be clarified before each session.

### Ideas for improvement

### "if I ran the camera"

'Ideas for improvement' was based on participant phrases which identified changes in the procedure that the group may benefit from.

After a participant had been video taping the group and the researcher went back to operate the camera, another participant joked "Oh now we got the expert back on the camera". Although the participants handled the microphones often, they only rarely asked to operate the video camera. Leaving space behind the video camera to allow for easy access and providing an open invitation to operate the video camera would help the participants be more involved and more comfortable with video taping generally. Sharing the operation of the video camera may make a more interesting and creative process. Indeed, when participants manipulated the microphones they invariably changed their voice and acted like singers and comedians. Interaction with the camera, by holding it and pointing it, could encourage trying new behaviours. The facilitator, in this case, could assist as needed.

One participant indicated the following: "next time can you put the video on first and then we talk?". Experimenting with the ordering of events, such as playing a recording from a previous week, may have helped the group explore aspects of change, and so on. A flexible framework that is participant driven is indicated.

#### Personal Reflections

Over the ten weeks, I had the opportunity to facilitate a group which included adults with an intellectual disability. The facilitation mainly involved providing an opportunity for people to meet and technical assistance with the video equipment. In the process of getting to know the group members I explored my own patterns of speech and behaviour in the role of facilitator. This was useful since I was able to review my own responses.

During this period of time, I became familiar with the participants, their situation, history, sense of humor, creativity, etc. With deeper understanding came respect for their courage. New insights to their decency and honor developed and the distortions of my own preconceptions fell away enabling a deeper view of their competence.

My role as facilitator became sharpened and I was able to behave more confidently and consistently, with a clearer focus on the technical and personal needs of the individual members of the group, and of the group as a whole.

Allowing the group processes to occur naturally was assisted through video review. Video review challenged the researcher to examine his own facades and authority and it assisted in developing objectivity. Group mediation and interpretation by the participants was also facilitated by video review because the focus of attention was on group interaction and behaviour. This assisted the researcher to become and remain as non-directive as possible thus allowing the participants to explore their own images and behaviours using their own values and beliefs as their interpreter.

#### Summary

Six research themes were identified which reflected the essence of video replay in a group context, as expressed by participants in the group. The categories included: (1) reference to self, (2) reference to others, (3) participation in a group, (4) reference to the experience of video review, (5) memory cues from video review, and (6) audio visual equipment and recording process.

Participants shared their views and values they had in a group where their experience could be identified, expressed and debriefed. Video replay in a group context encouraged the free interplay of ideas and self-expression in a safe atmosphere. The facilitation of an unstructured group was also found to play a central role in developing openness and encouragement among the participants. Video review fostered both creative and analytic expression.

#### Chapter 5

#### DISCUSSION

This chapter begins with an outline of the objectives of the study, followed by a discussion of the results. Recommendations for further research is discussed, ending with final conclusions.

#### **Study Objectives**

The objective of this study was to examine the contribution of video-taped feedback to interpersonal awareness for adults with intellectual disabilities. A qualtitative methodology was used to explore the meanings participants ascribed to their experiences in attending a group with video tape replay.

#### Discussion of Study Findings

Research material for this study was obtained during ten data collection sessions, each of which consisted of a social component, video review, and a debrief. This research has shown that, for this group, video replay was an excellent medium for peer feedback to explore interpersonal awareness. The audio-visual format was accessible and relatively free of facilitator bias. The group facilitator helped with group development and provided technical assistance with the video replay process. Control, discussion material, and personal experimentation and expression was more easily left with the group using video review.

Video review in a group setting resulted in participants discussing their own, and others', interpersonal behaviour. The participants reassured each other over difficulties

or mistakes. Each participant could review their role in the group and take individual responsibility for their own group effort by viewing their performance immediately after recording. Through video review, participants were able to test social relations and develop confidence in their personal abilities (Lorac & Weiss, 1981).

Video review provided an opportunity for personal reflection. The participants were interested in seeing and hearing themselves on video as was indicated by their various reactions to reviewing the video. Participants mentioned they noticed their physical, behavioural and personality characteristics and that in some cases it was surprising and revealing. Feedback from others while reviewing the tape also heightened participants' awareness of their appearance and behaviour.

Video review provided an opportunity to clarify conversations by revisiting the social situation. In this study, review occured only minutes after recording the group.

This enabled participants to finish conversations that were interrupted and forgotten and also to clarify what they had said or to seek clarification about a point that was missed.

What effect video review may have weeks or even months later was not addressed in this research.

Video replay provided an opportunity for social interaction. The approach was not dull or burdensome. On the contrary, it was exciting, respectful, and non-coercive. These were advantages in terms of developing and maintaining an interest level among the participants. Participants indicated that using video replay is enjoyable. The group

was propelled by enthusiasm and enjoyment. The participants also expressed an interest in continuing with another similar group should one become available.

Video replay may be an efficient and effective approach to increasing interpersonal awareness for adults with intellectual disabilities. Indeed, familiarity with the equipment and process may provide the opportunity for members to facilitate their own group. Support agencies for people with disabilities may add this approach easily and inexpensively to many activities they are already doing. Providing the equipment may be the only investment required to assist persons with an intellectual disability explore their creativity and share their personal and social experience.

A wide range of lifestyles confront people with an intellectual disability which impacts on their opportunities for, and type of, social interaction. This research suggests that video tape review in a social context can accommodate feedback about social interaction that is responsive to the individual needs of each participant. The video monitor and the other members of the group provide feedback giving an opportunity to focus and reflect on their social experience. Group members openly shared their experiences and social skills in the social group, enabling the learning of social skills from a range of perspectives.

Social competence reflects the marriage of social knowledge and social action (Siperstein, 1992). Participation in this group activity provided an opportunity for the participants to not only explore their social behaviour, but also to focus on the social-cognitive skills and processes.

Social evaluation was explored in a group format encouraging problem solving their own behaviours and those of other group members, looking to the other members of the group for feedback, and conducting self-evaluation based upon the impact their behaviour had on others. Video replay enabled practice of social skills and the results indicated that this group experience served an an opportunity for the participants to experiment, try out new roles, and develop a sense of self-awareness. Video review allowed for a shared experience where the participants could see themselves as participants in, and not alienated from the group, potentially increasing self-confidence and their concept of self-worth.

#### Implications for Further Research

The findings of this study suggest further research which could be undertaken in a number of directions. One aim of video replay is to effect change in participants' ways of communicating and functioning in their lives outside group sessions. Except for participants' comments, the current study did not address how video taped replay influenced participants' lives external to the group setting. Additional research could examine participant perceptions as to the changes and stresses the video replay experience appears to evoke in them in their everyday lives.

Further research could include a variety of different ways of using video in a group setting. For example, educating group members on how to operate the equipment and let them take over the process of video taping and video review. This would empower the group to take over the process and to define their video review needs

through a process of discovery. As well, video review could play a less central role in a social group and be available in a more casual basis to allow people to review their performance as wanted.

The participants often used video recording as an opportunity to pretend.

Exploration of video review as an instrument of play may be an excellent way to combine the benefits of self review with a group format specifically intended for acting and enjoyment.

This research suggests, because of the comfort level of all individuals with video review, that an integrated group be pursued with a similar group format. It may be useful for support services personnel (as well as the general public) to be involved in video replay in a group setting enabling people to see their reaction and patterns of interaction with people with (and without) disabilities. This would provide the opportunity for people to investigate themselves and develop new ways of understanding their own behaviour.

Further research could examine the effects of the extended use of video replay in a social context. This research provided information on a group with a fixed membership over a relatively short period of time. Longer term measures of a group with open membership may lead to new information regarding the effective application of video review.

#### Conclusions

This study examined the meanings participants ascribed to their experiences of being in a group with video tape replay. It supported the notion that the use of video taped feedback can be a means of increasing the interpersonal awareness of participants in a social group for adults with intellectual disabilities. A gap in the research literature was addressed by enunciating the experiences of people with an intellectual disability in a group with video replay.

Based on the findings of this research, the following conclusions may be drawn regarding the contribution of video-taped feedback to interpersonal awareness for adults with intellectual disabilities:

- 1. Participants appreciated the opportunity to express themselves through participation in a group with video replay.
- 2. Participants addressed and explored their own social behaviour through video replay.
- 3. Participants addressed and explored the social behaviour of others through video replay.
- 4. Although further research is required, discussion of social experience by participants indicated better self and social awareness.
- 5. Video replay offered the opportunity to clarify the participants' social experience by revisiting conversations and social behaviour.

6. The recording process was unanimously embraced by the participants as a positive experience in the context of a social group.

## REFERENCES

Andrew, S.A. (1993). TV - Not just a boob tube anymore. <u>Journal of Mental</u>
<u>Health Counseling</u>, <u>15</u>, 206-212.

Angrosino, M.V. (1994). On the bus with Vonnie Lee: Explorations in life history and metaphor. <u>Journal of Contemporary Ethnography</u>, 23, (1).

Bandura, A. (1971). Psychotherapy based upon modeling principles. In A.E. Bergin & S.L. Garfield (Eds.), <u>Handbook of psychotnerapy and behavior change: An Empirical Analysis</u> (pp. 653-708). Toronto: John Wiley & Sons, Inc.

Berger, M.M. (1978). <u>Videotape techniques in psychiatric training and treatment</u>.

New York: Brunner/Mazel.

Berliner, A.K. (1986). Overcoming obstacles to counselling with the mentally retarded. <u>British Journal of Mental Subnormality</u>, <u>32</u>, 42-48.

Bialer, I. (1967). Psychotherapy and Other Adjustment Techniques with the Mentally Retarded. In A. Baumeister, (Ed.), Mental Retardation Appraisal, Education, and Rehabilitation, Chicago: Aldine Publishing Company.

Black, R.S., & Rojewski, J.W. (1998). The role of social awareness in the employment success of adolescents with mild mental retardation. <u>Education and Training in Mental Retardation and Developmental Disabilities</u>. 33, (2), 144-161.

Brewer, M.B., & Weber, J.G. (1994). Self-evaluation effects of interpersonal versus intergroup social comparison. <u>Journal of Personality and Social Psychology,66</u> (2).

Brown, R.I., & Hughson, E.A. (1987). <u>Behavioural and Social Rehabilitation and Training</u>. Chichester: John Wiley & Sons Ltd.

Carey, M.A. (1994). The group effect in focus groups: Planning, implementing, and interpreting focus group research. In J.M. Morse (Ed.), <u>Critical Issues in Qualitative</u>

<u>Research Methods</u>, California: Sage Publications.

Carpenter, S.P. (1989). Development of a young man with Praeder-Willi Syndrome and Secondary Functional Encopresis. <u>Canadian Journal of Psychiatry</u>, <u>34</u> (2), 123-127.

Chadsey-Rusch, J., Linneman, D., & Rylance, B.J. (1997). Beliefs about social integration from the perspectives of persons with mental retardation, job coaches and employers. <u>American Journal on Mental Retardation</u>, 102, (1), 1-12.

Cooker, P.G., & Nero, R.S. (1987). Effects of videotaped feedback on self-concept of patients in group psychotherapy. <u>Journal of Specialists in Group Work</u>, 12 (3).

Cormier W.H., & Cormier L.S. (1991). <u>Interviewing Strategies for Helpers:</u>

<u>Fundamental Skills and Cognitive-Behavioral Interventions</u> (3rd Ed.). Pacific Grove:

Brooks/Cole.

Edgerton, R.B. (1984). <u>Lives in process: Mildly retarded adults in a large city</u>. Washington D.C.: American Association on Mental Deficiency.

Edwards, D.G. (1982). Existential Psychotherapy. New York: Gardner Press.

Fletcher, R. (1984). Group therapy with mentally retarded persons with emotional disorders. <u>Psychiatric aspects of mental retardation reviews</u>, 8 (6).

Gardner, W.I. (1967). What should be the Psychologist's role? Mental Retardation, October, 29-31.

Gasman, D.H. (1992). Double-exposure therapy: Videotape homework as a psychotherapeutic adjunct. American Journal of Psychotherapy, 46, 91-101.

Strauss, A.L., & Corbin, J. (1990). <u>Basics of qualitative research: grounded</u> theory procedures and techniques. Newbury Park, California: Sage

Hall, J.A., Schlesinger, D.J., & Dineen, J.P. (1997). Social skills training in groups wih developmentally disabled adults. Research on Social Work Practice, 7, (2), 187-201.

Hogan, R. & Cheek, J.M. (1983). Identity, authenticity, and maturity. In T.R. Sarbin, & K.E. Shiebe, (Eds.), Studies in Social Identity. New York: Praeger publishers.

Hosford, R.E. (1980). Self-as-a-model: A cognitive social learning technique.

The Counseling Psychologist, 9, 45-61.

Hurley, A.D., & Hurley, F.J. (1986). Counselling and psychotherapy with mentally retarded clients I: The initial interview. <u>Psychiatric Aspects of Mental Retardation Reviews</u>, 5, (5).

Hurley, A.D., & Hurley, F.J. (1987). Psychotherapy and counseling II:

Establishing a therapeutic relationship. <u>Psychiatric Aspects of Mental Retardation</u>

Reviews, 4, (4).

Jackson, W.T., & Gouvier, W.D. (1992). Group psychotherapy with brain-damaged adults and their families. In C.J. Long, & L.K. Ross, (Eds.), <u>Handbook of Head Trauma: Acute Care to Recovery.</u> New York: Plenum.

Jacobs, J. (1980). Mental Retardation: A Phenomenological Approach.

Springfield, Illinois: Charles C. Thomas.

Jacobson, J.W., & Ackerman, L.J. (1989). Psychological services for persons with mental retardation and psychiatric impairments. Mental Retardation 27, (1), 33-36.

Jageman, L.W. & Myers, J.E. (1987) A conceptual model for counseling adult mentally retarded persons. <u>Journal of Applied Rehabilitation Counseling</u>, <u>18</u>, (1).

Juhasz, J.B. (1983). Social identity in the context of human and personal identity. In T.R. Sarbin, & K.E. Shiebe, (Eds.), <u>Studies in Social Identity</u>, New York: Praeger.

Laterza, P. (1979). An eclectic approach to group work with the mentally retarded. Social Work with Groups, 2 (3).

Lazarus, A.A. (1993). Tailoring the therapeutic relationship, or being and authentic chameleon. <u>Psychotherapy</u>, 30, 404-407.

Lee, D.Y. (1977). Evaluation of a group counseling program designed to enhance social adjustment of mentally retarded adults. <u>Journal of Counseling Psychology</u>, <u>24</u>, (4), 318-323.

Levine, H.G., & Langness, L.L. (1986). Conclusions: Themes in an anthropology of mild mental retardation. In L.L. Langness & H.G. Levine (Eds.), <u>Culture and</u>
Retardation.

Lincoln, Y.S., & Guba, E.G. (1985). <u>Naturalistic Inquiry</u>. Newbury Park: Sage. Locke, L.F., Spirduso, W.W., & Silverman, S.J. (1993). <u>Proposals that work</u>. California: Sage Publications.

Lovett, H. (1985). <u>Cognitive counselling and persons with special needs:</u>
adapting behavioural approaches to the social context. New York: Praeger.

Martin, J., & Heibert, B.A. (1985). <u>Instructional counseling: A method for counselors</u>. Pittsburgh: University of Pittsburgh Press.

Matson, J.L. (1984). Psychotherapy with persons who are mentally retarded.

Mental Retardation, 22, (4), 170-175.

Meharg, S.S., & Woltersdorf, M.A. (1990). Therapeutic use of videotape self-modeling: A review. <u>Advanced Behavioral Research and Therapy</u>, 12, 85-99.

Nay, R.W. (1976). <u>Behavioral intervention: Contemporary strategies</u>. New York: Gardner Press.

Patton, M.Q., (1990). <u>Qualitative Evaluation and Research Methods</u>. Newberry Park, California: Sage Publications.

Prouty, M.A. (1988). Pre-Therapy with Mentally Retarded/Psychotic Clients.

<u>Psychiatric aspects of Mental Retardation Reviews</u>, 7, (10).

Ray, W.A., & Saxon, W.W. (1992). Nonconfrontive use of video playback to promote change in brief family therapy. <u>Journal of marital and family therapy</u>. <u>18</u>, (1), 63-69.

Reiss, S., Levitan, G.W., & McNally, R.J. (1982). Emotionally disturbed mentally retarded people: An underserved population. <u>American Psychologist</u>, <u>April</u>, 361-367.

Riches, V.C. (1995) Work related social skills training and support for people with developmental diabilities: a collaborative venture. <u>International Journal of Practical Approaches to Disability</u>, 19, (1), 18-28.

Riggio, R.E. (1986). Assessment of basic social skills. <u>Journal of Personality and Social Psychology</u>, <u>51</u>, (3), 649-660.

Riggio, R.E., Watring, K.P., & Throckmorton, B. (1993). Social skills, social support, and psychosocial adjustment. <u>Personality and Individual Differences</u>, <u>15</u>, (3), 275-280.

Rimm D.C., & Masters, J.C. (1979). <u>Behavior therapy: Techniques and Empirical Findings</u> (2nd Ed.). New York: Academic Press.

Robertson, S.E., & Brown, R.I. (1992). <u>Rehabilitation Counselling: Approaches</u> in the field of disability. London: Chapman & Hall.

Roessler, R., Cook, D. & Lillard, D. (1976). Effects of systematic group counseling on work adjustment clients. <u>Journal of Counseling Psychology</u>, <u>24</u>, (1), 343-317.

Rosenthal, T.L., & Steffek, B.D. (1991). Modeling methods. In F.H. Kanfer & A.P. Goldstein, (Eds.). <u>Helping People Change</u>, 70-121. Toronto: Pergamom.

Rotman, C., & Golburgh, S. (1967). Group counseling mentally retarded adolescents. Mental Retardation, June.

Schramski, T.G. (1984). Role playing as a therapeutic approach with mentally retarded. <u>Psychiatric Aspects of Mental Retardation Review</u>, 3, (7).

Siperstein, G.N. (1992). Social competence: an important construct in mental retardation. <u>American Journal on Mental Retardation</u>, 96, (4), iii-vi.

Skafte, D. (1987). Video in groups: Implications for a social theory of the self.

International Journal of Group Psychotherapy, 37, (3).

Slivkin, S.E. (1982). The group framework in the treatment of mentally retarded persons. In <u>Group Psychotherapy and Counseling with Special Populations</u>. Seligman, M., (Ed.), Baltimore: University Park Press.

Sovner, R. & Hurley, A.D. (1983). Editorial: The subjective experience of mentally retarded persons. <u>Psychiatric Aspects of Mental Retardation Newsletter</u>, 2, (11).

Szymanski, L.S., & Tanguay, P.E. (1980) <u>Emotional Disorders of Mentally</u>

<u>Retarded Persons.</u> Baltimore: University Park Press.

Thorne, F.C. (1948). Counseling and Psychotherapy With Mental Defectives.

<u>American Journal of Mental Deficiency</u>, <u>LII</u>, (3), 263-271.

Todd, J.T., & Bohart, A.C. (1994). <u>Foundations of Clinical and Counseling</u>

<u>Psychology (2nd ed.)</u>. New York: HarperCollins.

Trower P. (1984). A Radical Critique. Radical Approaches to Social Skills

Training. New York: Methuen.

Yalom, I. D. (1970). <u>The Theory and Practice of Group Psychotherapy</u>. New York: Basic Books

Yalom, I. D. (1975). The Theory and Practice of Group Psychotherapy (2nd ed.).

New York: Basic Books

## APPENDIX A

## Cover Letter

Dear Participant:

My name is Jason Slemko. I am a graduate student in the Department of Educational Psychology at the University of Calgary, conducting a research project evaluation under the supervision of Dr. Jean Pettifor, as part of the requirements towards a Master of Science degree. I am writing to provide information regarding the research project "The Effects of Video-Taped Review on Evaluation of Self in a Social Context", so that you can make an informed decision regarding your participation.

The purpose of the study is to assess video replay as a means to discovering what people find interesting, important or different about themselves in a social setting. As part of the study you will be asked to be involved in a group that will meet for one hour every week for 10 weeks. The first week will be a social situation where we will sit and talk and have food and beverages. This social situation will be video taped. The following week we will review the video tape as a group. I will be video taping the discussion as a method of recording so that I may look at it more closely later. These procedures, as mentioned, will be one hour per week over 10 weeks. You should be aware that even if you give your permission, you are free to withdraw at any time for any reason and without penalty.

Participation in this study will involve no greater risk than those ordinarily experienced in daily life.

Data will be gathered in such a way as to ensure anonymity. Once collected, responses will be kept in strictest confidence. The video tapes will be stored in a locked filing cabinet at the University of Calgary. They will be erased after completion of the research.

If you have any questions, please feel free to contact me at 289-5228, Dr. Jean Pettifor at 220-3543, the Office of the Associate Dean (Research and Resources), Faculty of Education at 220-5626, or the Office of the Vice President (Research) at 220-3381. Two copies of the consent form are provided. Please bring one copy to the first meeting, and retain the other copy for your records.

Thank you for your involvement.

Sincerely,

Jason Slemko

## APPENDIX B

## Letter of Consent

## CONSENT FOR RESEARCH PARTICIPATION

I, the undersigned, hereby give my consent to participate in a research project entitled "The Contribution of Video-Taped Feedback to Self-Awareness of Interpersonal Behaviour of Adults with an Intellectual Disability".

I understand that such consent means that I will take part in sessions, one hour per week, for 11 weeks.

I understand that participation in this study may be terminated at any time by my request or at the request of the investigator. Participation in this research and/or withdrawal from this research will not adversely affect me in any way.

I understand that this evaluation will not involve any greater risks than those ordinarily occurring in daily life.

I understand that the responses will be obtained anonymously and kept in strictest confidence.

I understand that if I have any questions, I can contact the researcher at 289-5228, or Dr. Jean Pettifor at 220-3543, or Office of the Associate Dean (Research and Resources), Faculty of Education at 220-5626, or the Office of the Vice President (Research) at 220-3381.

Date	Signature	
Particinant's Printed Name		

## APPENDIX C

## Text for Video Introduction

Hello, my name is Jason Slemko. I am a student at the University of Calgary. I am studying Community Rehabilitation.

Somebody gave you this video to watch because you said you might be interested in joining a group with me for a few weeks. I'd like to tell you a little bit about the group. We will meet at SCOPE for about an hour, once a week for a few weeks. Probably around eight or ten weeks. There will be about six, seven, or eight people in the group. Some people in the group you may already know. Some people you may not already know. It is possible you know me, although I don't know that many people in Calgary.

The reason I want people to come to the meeting is because I want to see what people find out about themselves when they see themselves on video. This has not been done before, and I want to write about it. In the meetings, we will start by just talking. I will be video taping everyone coming in, saying hello, talking with the group and having coffee and a snack or two. When we sit down we will talk about everyone's day, who you are, what you like to do, and things like that. All this will be video taped. After about 20 or 30 minutes, we will all look at the video tape that we just made and talk about ourselves and what we see on the video tape.

I'm interested in hearing what you see about yourself and the other people in the group on the video-tape. I will be at every group meeting and will be video taping the group. I will be running the video machine and talking also.

If it costs you money to get to the meeting, such as taking the bus or a taxi, I will pay for that. Also, if you need to pay a baby-sitter to come in and look after your kids while you are at the meeting, I will pay for that too. Also, I will give every member of the group \$25 for taking the time out to be in the group.

This group may be interesting to you also, and you may enjoy it very much. You may meet new people. You may get to know other people and they will get to know you. Plus, you will have a chance to see yourself on video, and that can be a very interesting experience. You may see and hear things about yourself that you find interesting.

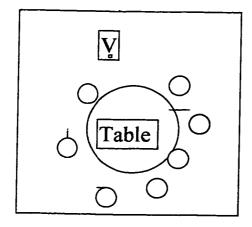
Now that you have heard about the group, and would like to come, tell the person who gave you this video that you are interested and they will tell me that you are interested. Then I will give you a phone call or come over and talk to you more about it.

We will be starting the group in the next two or three weeks so I hope to talk to you soon.

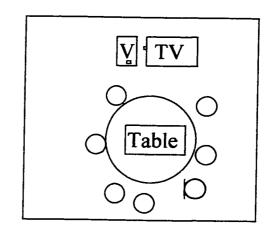
Thanks for watching and listening to this video, and maybe we'll see each other soon. Bye for now.

Figure Caption
Figure 1. Room layout in social sessions and in review sessions.

## Room Layout







Video Review Session

V: Video Recorder

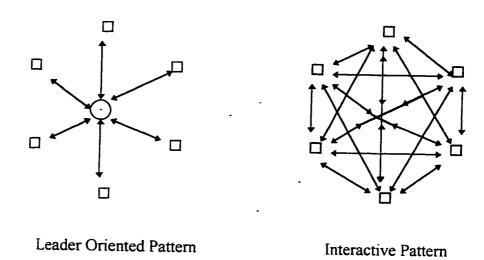
TV: Video Monitor

: Participants and Researcher.

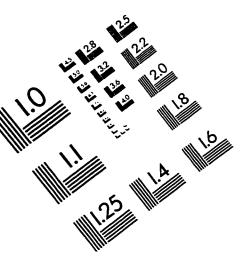
# Figure Caption

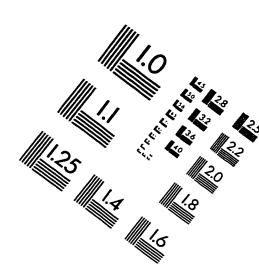
Figure 2. Patterns of group interaction.

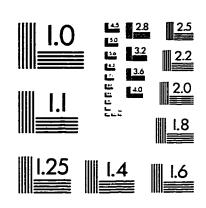
Figure 2. Patterns of group interaction.

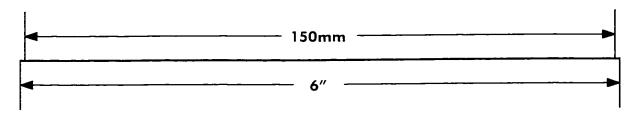


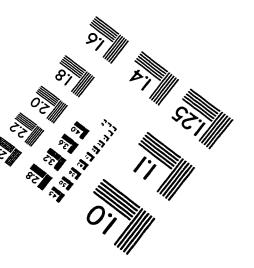
# IMAGE EVALUATION TEST TARGET (QA-3)













O 1993, Applied Image, Inc., All Rights Reserved

