



**SOCIAL WORK GOES TO HOLLYWOOD: USING MOVIES TO TEACH
CLINICAL CONCEPTS**

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“Social Work Goes to Hollywood: Using Movies to Teach Clinical Concepts”

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Abstract: *The images and emotions portrayed in popular movies can be used very effectively to teach as well as entertain. This presentation will examine clips from a Hollywood movie (“Iris”) portraying mental health issues for the purpose of teaching associated clinical concepts and skills.*

Description: Variety in educational methods can be very effective for novice as well as seasoned practitioners. While textbook instruction is a common and useful approach for teaching social work skills, alternative forms of education, including visual images of individuals demonstrating target behaviors, can also be effective. This presentation will demonstrate a somewhat novel approach to education by using Alzheimer’s Disease as an example of how Hollywood movies can be used to teach mental health concepts. With surprising frequency and noteworthy accuracy, popular Hollywood movie characters portray individuals with a variety of mental health concerns. When combined with more traditional educational tools, these vivid portrayals can be used very effectively to demonstrate mental health symptom patterns and treatment options in a dramatic and at times humorous manner. Our goal in this workshop will be to explore how mental health concerns as represented in movie clips can enhance social work education. As one who learns best when multiple senses (e.g., visual, auditory) are engaged in an appealing and entertaining manner, I’ve found movies to be a very effective learning tool for myself as well as for the social work and medical students I teach.

Objectives: Today we are going to learn experientially by using clips from the movie “Iris,” and explore how we might use those to identify and evaluate at least four different aspects of clinical practice:

- A. Diagnosis
- B. Counseling Approaches With Individuals
- C. Counseling Approaches With Families
- D. Coordinating Community/Social/Environmental Resources

Introduction: To set the stage, “Iris” is the true story of Iris Murdoch (1919-1999), a celebrated English author, and her husband John as together they struggle to understand and cope with her progressive dementia.

Initial Awareness

(Movie timer: 0:17:00 – 0:19:10)

In this first clip we look at the life of Iris and her husband John as they first start to suspect a problem but remain confused as to how best to understand it.

A. Diagnosis

a. DSM 5

- i. For mild neurocognitive disorder due to Alzheimer’s disease code G31.84
- ii. For major neurocognitive disorder due to Alzheimer’s disease without behavioral disturbance code:
 1. G30.9 – Alzheimer’s disease, followed by
 2. F02.80 - Major neurocognitive disorder due to Alzheimer’s disease without behavioral disturbance
- iii. For major neurocognitive disorder due to Alzheimer’s disease with behavioral disturbance code:
 1. G30.9 – Alzheimer’s disease, followed by
 2. F02.81 - Major neurocognitive disorder due to Alzheimer’s disease with behavioral disturbance

b. Stages of Alzheimer’s Progression (from the Alzheimer’s Association)

- i. Mild Alzheimer’s Disease (early stage)
 1. May still be functioning independently
 2. Likely only noticed by the individual or close friends and family
 3. Common difficulties include:
 - a. Coming up with the right word or name
 - b. Challenges performing tasks in social or work settings
 - c. Increasing trouble with planning or organizing
- ii. Moderate Alzheimer’s disease (middle stage)
 1. Typically the longest stage, can last for many years
 2. Symptoms now noticeable to others
 3. Common difficulties include:
 - a. Forgetting events about one’s own personal history
 - b. Confusion about where they are or what day it is
 - c. Increased risk of wandering and becoming lost
 - d. Compulsive, repetitive behavior

- iii. Severe Alzheimer's disease (late stage)
 - 1. Marked by significant personality changes and need for extensive help with activities of daily living (ADLs)
 - 2. Common difficulties include:
 - a. Need for 24 hour assistance and supervision
 - b. Lack of awareness of recent experiences, common surroundings
 - c. Loss of physical capabilities such as walking and swallowing
 - d. Increasing difficulty communicating

- B. Counseling Approaches with Individuals - Iris
 - a. What do you imagine is going on in the mind of Iris?
 - b. What is the target, precipitating cause for her concern? Why this?
 - c. Can you think of other possible examples of subtle job associated or functional "red flags" that individuals with early dementia might experience?

- C. Counseling Approaches with Families – John
 - a. What do you imagine is going on in the mind of John?
 - b. What advice might you give him at this stage in Iris' illness?
 - c. How can you support him in his uncertainties?

- D. Coordinating Community/Social/Environmental Resources
 - a. Promote activities that encourage executive functioning, yet may also need to
 - i. Monitor independent social outings
 - ii. Be alert for increasing frustration
 - b. Enlist social as well as functional support from family and friends

Home Visit

(Movie timer: 0:26:30 – 0:28:45)

In this clip we see Iris and John as they meet with their General Practitioner. We watch as they search for answers, yet still remain uncertain as to the scope and reality of the problem.

- A. Diagnosis
 - a. Change to DSM coding?
 - b. Change to Alzheimer's Association staging?
- B. Counseling Approaches With Individuals – Iris
 - a. What are some of the ways Iris is responding to what is becoming an increasingly obvious memory problem?
 - i. Still wishing/hoping/pretending that nothing is wrong

- ii. Coping strategies
 - 1. Normalizing – “Everyone experiences these sorts of things.”
 - 2. Minimize – “It’s not so bad. I remember the names of the people that matter.”
 - 3. Adapt – “Ask John.”
 - b. What do think is important for Iris to understand at this stage?
- C. Counseling Approaches with Families – John
 - a. What are some of the ways John is responding to what is becoming an increasingly obvious memory problem?
 - b. How are the needs of the caregiver different from those of the client?
- D. Coordinating Community/Social/Environmental Resources

Formal Testing

(Movie timer: 0:31:00 – 0:32:50)

In this clip we see Iris undergo formal testing in an effort to better understand the nature and extent of her increasing problems.

- A. Diagnosis
 - a. Change to DSM coding?
 - b. Change to Alzheimer’s Association staging?
- B. Counseling Approaches with Individuals – Iris
 - a. How would you describe Iris’ response to testing?
 - i. Anxiety
 - ii. Frustration
 - iii. Resignation, but perhaps also relief?
 - b. How might these responses guide your treatment for Iris?
- C. Counseling Approaches with Families – John
 - a. How would you describe John’s response to testing?
 - i. Ongoing denial
 - ii. Still viewing this process as reversible (try harder, refuse to give up)
 - b. How might these responses guide your treatment for John?
- D. Coordinating Community/Social/Environmental Resources
 - a. Do you think the physician’s response (“It will win.”) was appropriate?
 - b. What treatment, interventions, information, support might be helpful at this point?
 - i. Education
 - ii. Support Groups

- iii. Functional suggestions
 - 1. Safety (e.g., wondering)
 - 2. The value of routines

The Postman

(Movie timer: 33:20 – 35:30)

In this clip we watch Iris as she increasingly struggles with everyday life.

- A. Diagnosis
 - a. Change to DSM coding?
 - b. Change to Alzheimer’s Association staging?

- B. Counseling Approaches with Individuals – Iris
 - a. How would you describe Iris’ ability at this point to interact with her environment?
 - i. Narrow, focused on immediate surroundings and sensations
 - ii. Fixed, unable to accommodate for change
 - b. Try to imagine the world from her point of view. What do you think is causing her anxiety?
 - c. What do you think may be triggering her repetition of words and phrases (e.g., “It’s only the postman.”)?
 - i. Anchoring to fixed, simple observations/conceptions
 - ii. Perhaps an OCD-like comforting mechanism?

- C. Counseling Approaches with Families – John
 - a. What behaviors exhibited by Iris seem to the most frustrating for her husband John?
 - i. Verbal “clanging”
 - ii. Physical clinging
 - iii. Constant need for attention/reassurance
 - b. What behaviors is John exhibiting that may be suggesting (and perhaps contributing to) anxiety on his part?
 - i. Frustration, anger
 - ii. Confusion/uncertainty
 - iii. Physical exhaustion
 - c. Does it appear at this point that, as a mental health counselor, John may be transitioning into the role of your primary patient?

- D. Coordinating Community/Social/Environmental Resources
 - a. Increasing safety issues
 - i. Supervision
 - ii. Potential for abuse
 - b. Increasing need for external physical as well as emotional support