

Video Tape for the Exceptional "in a world where

I had decided that if the Agency accepted my proposal to integrate and assimilate 1/2 inch video into their total program, then my job would be to ensure that it was used everywhere. As self-titled "Video Tape Unit Co-ordinator," I viewed this exercise as a test run for 1/2 inch VTR functioning within the confines and processes of an Agency serving the mentally retarded.

A survey of the literature suggested that little had been done with VTR in similar social service organizations and inquiries by mail seemed to confirm that fact. In New York, Dr. Karl Fenichel of the League School for Emotionally Disturbed Children admitted that they had acquired equipment but had not started using it. From Washington, Joe Framm of the Yakima Valley School wrote of using video tapes in an attempt to help the retarded residents sequence temporal order and establish clearer body image. In Vancouver, I was told by Laura Willows of Laurel House that taping was done by staff to keep behavioral records. But mostly, wherever I looked, video tape was viewed as a luxury and rarely was there a particular staff member whose sole purpose was to go poking around with a portapak. Little was being done with image feedback to the residents of these small, "exceptional" communities. There was sparse evidence that video was being used to cut into some of the cobwebs that form and reinforce those social service agency bureaucracies.

I wanted to tape staff meetings, parent meetings, parent/staff meetings and Board of Director's meetings. The residents were not the only ones who could learn about themselves by seeing themselves on T.V. I wanted to tape everywhere and playback to everyone I taped. I had hopes of animating the staff, changing the direction of the Agency, as well as treating the residents.

Well, Dr. Crass has been forewarned. A sometime rabbi, social worker, and verbose bore, he chaired a fair share of the meetings. He had immediately felt the sting of Video-in-Action when in trying to sell the idea to the Agency, I brought in equipment and let him watch himself ramble on, dribbling inanities, for an uninterrupted twenty minutes. So, he was not too keen on my taping meetings, especially those he attended, and for quite some time he was against my taping anything. He argued against my having access to the resident's files, and was opposed to the residents visiting me privately in my office. He demanded



at our first and only confrontation, to know "what qualifications" I had.

I mention Dr. Crass because he was very much part of that video integration process that took place over the year. Those with similar limited vision and poor imagination are the rule rather than the exception in the small social service agency. One must learn how to work around them or without their knowledge or they will dash out from behind their protective desks to piss cold piss on new ideas.

My first taping on the wings was with Billy. Nobody knew for sure how retarded