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CHILD STUDY AND TREATMENT CENTER

DOCUMENTARY FILM

by

Jeanne Elizabeth Hopkins

B.A., Eastern Washington University, 1997

presented in partial fulfillment of the requirements

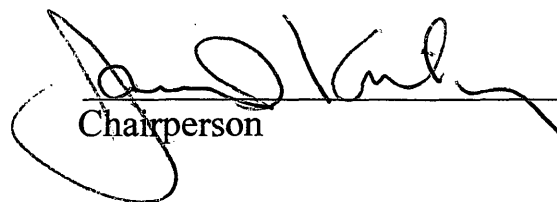
for the degree of


Master of Arts

The University of Montana

July 2006

Approved by:


Chairperson


Dean, Graduate School

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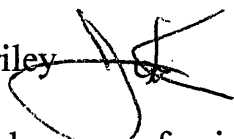
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Child Study and Treatment Center Documentary Film

Chairperson: Dr. James Kriley



Methods to create and produce a professional documentary film were explored. Several goals were pursued, with the first to accurately tell the mission and story of a residential children's psychiatric hospital in Washington State, Child Study and Treatment Center. Second, was to investigate the process of filming with a Mini DV recorder while researching the technical aspects of capturing and editing film footage. A last goal was to develop a foundation of knowledge and experience with hopes to bring this information back to the hospital and use Media Arts as a creative, therapeutic tool with mentally ill children.

The research into Child Study and Treatment Center's story included a process of initiating staff interviews and collecting the culture within buildings and the campus. Seasonal activities and interactions were filmed throughout a years' time. Footage was taken on and off campus to enhance the perception in the depth of care and location of Child Study and Treatment Center.

Investigation of the filming process included locating and using the required equipment. A Canon Elura seventy camera was purchased, along with two mini-microphones with extension to plug in to the camera. A tripod was utilized for still shots. A pack of ten sixty minute, mini DV tapes were used to tape ten hours of footage.

The research into the documentary's editing work included finding a computer with the capacity to handle video software and footage. The final software choice for editing was Adobe Premiere. A private PC was utilized, along with Adobe Premiere, to capture footage and research the editing process. Two separate programs, Nero and Create a CD, were used for DVD labeling and burning of the documentary.

The end result of the research was a completed, thirty minute documentary produced of Child Study and Treatment Center. A foundation of knowledge was obtained in the Media Arts.

ACKNOWLEDGEMENTS

There have been several individuals along the way who have impacted the initial drive, development and completion of this project. The children at Child Study and Treatment Center are among the first who come to mind. They continue to inspire my ambition and creative work. They are the reason I found it important to tell a story of a place where children in need can stabilize and develop the necessary skills to make it in the world today.

I thank the staff at CSTC for giving me their time, energy, and contributions to this story. Special thanks to Norm Webster for asking me to *create* a special representation of the center.

Many thanks go out to The Creative Pulse students and staff who encouraged me to think outside of the box and attempt an art form other than music.

Rob Demko, videographer, offered valuable advice in the films early stages and preparation . I would like to recognize and especially thank Chet Marshall of Tacoma, WA for being a mentor and teacher throughout the editing process of the documentary. Chet provided the use of his computer and equipment which would have put me way over budget to purchase myself. Thanks. You are awesome.

CONTENTS

	Page
Abstract	ii
Acknowledgments	iii
Chapters	
I. An Introduction	1
II. Film Considerations	4
III. Collecting Data	10
IV. Barriers and Hurdles	15
V. Editing, The Process	20
VI. The Wrap Up And Reflection	24
Appendix	
A. Example of Adult Consent Form	29
B. Project Timeline	31
C. List of Interviewees	33
D. Example of Interview Questions	35
E. Example of Marked Footage	38

F. Sequencing the Film	41
References	43

I

AN INTRODUCTION

Child Study and Treatment Center is a long term residential psychiatric treatment center for children and adolescents in the state of Washington. In collaboration with families and communities, CSTC staff provide medical, psychological, and behavioral assessment and treatment services to youth with disabling mental disorders. Services are provided in a safe and nurturing environment that promotes positive processes of growth, development, and attachment. I have been employed by Child Study and Treatment Center for nine years as a Recreation Therapist. My relationship with the hospital has been an intimate one. The education I have gathered about life and people words cannot describe. My duty in this project is to portray a clear image of the services and people of Child Study and Treatment Center.

Child Study and Treatment Center is located in Lakewood, WA. Though located in the Puget Sound region, the hospital provides treatment for children and adolescents from all over the state. Child Study serves roughly

48 residents at any one time, arriving with a variety of diagnosable mental, emotional, and behavioral disorders. The children are divided by developmental ages and placed on one of three cottages, Camano, Ketron, or Orcas cottages. Each cottage embraces its' own unique culture and approaches to treatment. Cottages are staffed with treatment teams consisting of Psychiatric Child Care Counselors, Nurses, Social Workers, Psychiatrists, Psychologists, Recreation Therapists, School Teachers, and Chemical Dependency Counselors.

Child Study and Treatment Center offers cutting edge therapies and the latest researched treatments in child psychiatry. The hospital has a continuing relationship with the University of Washington providing doctors a place of residency and research. It is a center for learning, studying, and treating while providing hope and recovery. Child Study and Treatment Center utilizes behavioral, cognitive, and education based therapies. The hospital strongly supports Recreation Therapies including Rock Climbing, Yoga, Music/Drama, Outdoor Experiential Based Education, and Community Integration groups. Children receive education through connecting schools Oakgrove elementary and Firwood high schools.

The target audience for this documentary will be children and families who are considering the utilization of Child Study and Treatment Center's services. Many kids and parents have questions about the hospital that can not be answered over the phone, on the internet, or in a brochure. Children and families seek reassurance that Child Study and Treatment Center is a safe and nurturing environment. They want to know 1) Who are the staff? 2) How will I, or my child, benefit from this place? 3) What does the school look like? 4) What kind of Recreation is offered, etc? This documentary will answer concerns, as well as demonstrate the facility's philosophies. Due to the stigma of mental illness, this film will portray glimpses of hope and recovery for our children and families.

II

FILM CONSIDERATIONS

Equipment

Child Study and Treatment Center purchased a digital video camera in support of this documentary film project. I researched equipment that would be appropriate and affordable for the documentary and found the Cannon Elura 70. The reasons for this choice were that the camera provided a microphone input, headphone input, and had quality reviews. My preference in camera format was a Mini DV recorder over Hi 8 based on what books and professionals advised. "If you're still shopping for a camcorder and are wondering which format is best for all-around use, Mini DV is it. Initially the cheaper, easily available Hi 8 tapes gave Digital 8 camcorders a significant cost advantage; however, Mini DV tapes have improved dramatically in price and availability, making the bulkier Digital 8 camcorders and tapes less attractive" (Underdahl 57).

Next was the purchasing of microphones from Radioshack. I ended up purchasing two clip on microphones as a few individuals wanted to be

interviewed together. Originally I had purchased one microphone, but found that if interviewing two individuals simultaneously, a second microphone was required. I bought a splitter and extension chord for the microphones, to meet a variety of circumstance. Child Study and Treatment Center supplied a tripod appropriate for the purchased camera, leaving the only the blank tapes left to be purchased which Child Study ordered by mail. Eventually I stocked up on extra batteries.

Preparation and Skill Development

In September of 2005, I looked into taking community college classes, as to develop film editing skills and gather a baseline of knowledge necessary for completion of the project. The community classes offered conflicted with my work schedule. A second option was to find a skilled film editor in the community and ask the individual if they would be willing to take on a student, to guide and play a mentoring role throughout the process of editing a documentary film.

The following literature provided information throughout the entirety of project, 1. The Essential Digital Video Handbook by Pete May, 2. Digital Video For Dummies by Keith Underdahl, and 3. Digital Video in Easy Steps by Nick Vandome. The words and tips for filming from these books

made sense, however without the video software and computer access, the editing information was difficult to grasp. November arrived quicker than expected and finally a woman with whom I worked stated her husband would be happy to lend me a hand when it came time to edit the film. I moved on with the project and set a meeting time with Rob, her husband, for December.

The school faculty at CSTC originally stated that I could use their facilities to run Pinnacle Studio software and edit the documentary. The schools were equipped with Macintosh computers and had the required “Firewire” hookup. Though the school faculty stated the software and equipment would be accessible when it came time to capture and edit, they continued to procrastinate and bounce me between staff throughout the projects timeline. Knowing that I hadn’t yet solidified a resource or location for editing I continued to move on with the project.

Getting Approval

Prior to the project proposal, Child Study and Treatment Center’s CEO had granted permission for me to pursue the making of this documentary. Norm Webster had not only supported the project, but he was the one who

inspired me to put this documentary together. Upon my return from school, I learned of Norm Webster's retirement. With a new CEO on the way, this meant the project would require an additional approval process and more meetings with administrators.

In October, I met with the new CEO, Karl Brimmer, who scheduled three meetings. He wanted to discuss the target audience, theme of the film, and confidentiality issues. I assured Karl that children's identity would be protected, and all adults contributing audio/visual takes would need to fill out written consent forms (see Appendix A). In the meetings, which took place from November through January, Karl and an assistant CEO, Kristen Steinmetz, met with me to discuss the project details, people they suggested to be interviewed, and the message they wanted most to be portrayed in the documentary: "Hope and Recovery". Karl and Kristen assisted in the initial planning of footage and subject matter they deemed important to be in the movie. While I took into consideration everything they said, the film remained a risk due to the fact I had the ultimate say regarding film content. Would my portrayal of Child Study and Treatment Center be suitable?

Karl, Kristen, and I agreed on the children and families being the target audience for the documentary. Originally the film was to be informative for

administrative purposes, committees of quality care, and community meetings. This was a slight change. Kristen stated that our challenges as a facility are the distance between families, the fact that we serve the entire state, and the fact families don't want kids far from home. The documentary would be beneficial for those children and families who seek reassurance and for the facility to reduce barriers. Karl and Kristen also requested that the documentary be 25-30 minutes long, which was 5 minutes longer than I had planned.

Brainstorming

Following the final meeting with Karl and Kristen, I asked kids currently in treatment how they would have felt about viewing a film about CSTC prior to arrival. All kids asked stated that an informative movie would have decreased their anxieties before coming to CSTC and have been very helpful. They also stated it would have been nice to see what the facility looked like and what the facility had to offer, as not all patients have the opportunity to tour before arriving to CSTC.

Within two weeks, I coincidentally received an email from a potential child intake. The boy had questions about the facility. His questions

included: 1. What kind of Recreation outings do we go on? 2. Do we go to lakes and swim in the summer? 3. Do we get to go on passes with family? The boy improved my clarity that the target audience should be kids and families.

I began to brainstorm about who should be interviewed, what shots of campus should be gathered, and what areas of campus would be dynamic. A hospital can be bland. Long hallways with limited decorations can be bland. How would I show all components of care, liven up the scenery, and represent the child without showing the child? Would the footage be from mostly inside or outside? How could I avoid the current outdoor construction? What would the sequencing of scenes and interviews look like? What CSTC professional could narrate the documentary? Which voice would provide good audio, representing Child Study informatively? What community shots could be useful?

III

COLLECTING DATA

By ensuring confidentiality, the theme of Hope and Recovery, and inclusion of various departments, the documentary was approved once again. My next step in moving forward was meeting with Rob the editor and gathering information from a professional about the timing and details in making a film. Rob and I discussed at length the desired purpose of the documentary. He wanted to be clear that this would benefit the kids.

Rob's recommendations went along with the information I had gathered from the digital video books and Connie Dempsey of A.C.T. video productions mentioned in my final project proposal. The first thing he asked was "Who is your target audience?" Rob talked about the importance of finding the key points I wanted to get across. We discussed the components of care in the hospital, grouping successes, pulling out concrete information about what the facility is and does. He recommended collecting lots of footage, getting authorization from interviewees, and keeping focused on the main topic of film. We drew out a timeline for the project (see Appendix B).

Rob talked about the duration of interviews, recommending 15-20 minute interviews. He mentioned when I should check overall tone, assess an internal critique of the project, and when the production should be completed. He offered assistance in editing for the month of April.

Things were looking solid and organized as I began to develop consent forms, list of interviewees, and questions (see appendix C and D). I set up interview times with staff, and Rob and I set a second date to meet at the hospital to talk about camera technique and computer capacity.

In day two with Rob, I had many questions regarding tips for shooting footage. My biggest concern was how would I capture the child and their actions, without showing faces? I asked if it would be possible to fuzz out faces later. Rob suggested we do not blur faces because it would show the viewer that our kids are something not normal and that they have something to be ashamed about. This is where the bulk of being creative started.

Throughout this film, I would have to capture the essence of the child, without showing faces. Rather, showing hands, feet, backs, and distance shots. Perhaps shooting kids in the community rather than using our actual kids. No one would know the difference. This would keep their identity confidential, while not showing the viewer “something not normal”.

Rob also gave tips to turn off digital zoom for better resolution. He stated, "Have batteries in stock!" In looking at the computer, he said this would be a problem. We needed to find a location to work and a computer that could be "beefed up." I told him about the school software and system and that I was waiting to hear back.

In discussing interviews, Rob gave points to shoot over the shoulder. He said to pay attention to setting up the shot in a good place. Consider lighting and background, close blinds and don't shoot with windows behind you. "If you don't have control over lighting in a location, try to compose the shot to best take advantage of the lighting that is available" (Underdahl 74). "You anticipate the action, the emotion, and dialogue, then decide where you're going to put your camera to record most effectively" (May 104).

Rob talked about doing a test run with audio first, and making sure the microphone is 6-8 inches from the subjects' mouth. "The quality of your field recordings will depend on how well you manage your location, the choices you've made regarding microphones and their placement, and how conscientious you are about nipping audio problems in the bud" (May 73).

Through late winter I spent a considerable amount of time planning, organizing, and shooting the desired content of film. I questioned the

location of my interview subjects as to portray desired outcomes (i.e. counselors on the big toys, cottage directors with their respective cottages in the background, Dr. Mick in the rock wall room). I began to think as a director.

As data was collected from interviews, I pulled out noticeable creative aspects. It was interesting to me how several interviewees had things in common to say. This gave me ideas to blend certain interviews. Also, many interviewees made statements that I deemed relevant to what we learned in the Creative Pulse program at The University of Montana. In his interview, Dr. Jan talked about how everyone has strengths and individual skills. The principal of the schools, Carolyn Watkins, stated that the teachers try to teach by building on the kids individual strengths. In her interview, Dr. Ana spoke about how not any one therapy will work for everyone. She concluded that as a facility we offer a wide variety of therapies because all kids are unique and learn differently.

In between interview takes, the year was full of shooting raw footage. I attempted to capture the seasons, special events, moments in time, and unique qualities of the center. There were times the tripod was not available, resulting in shots taken by hand. While wandering the halls of buildings, I

gathered shots of hanging artwork, posters, and culture signs Dr. Kriley discussed in lecture during The Creative Pulse. Showing culture signs proved to be very useful in editing and production.

In order to capture the location of Child Study and Treatment Center, without actually giving away the address, I shot footage in the nearby community. While with the kids on outings to local beaches, hiking trails, rock climbing destinations, and parks, I brought the camera along and took shots appropriate for exhibiting our location in the Northwest. A handful of community kids' faces were captured, as well as CSTC kids' backs, feet, hands, and favorite play areas.

IV

BARRIERS AND HURDLES

Throughout the year there were a number of times when I felt like the project would come to a halt. Back in September when I was unable to enroll in a course on editing, I thought my project would be significantly delayed. The changes in administration and workers within my own office led to some challenges with time. The fact that this project was taking up work hours led to many headaches for my boss and coworkers. People kept asking “when will the project be complete?” I often smiled, feeling overworked and overused.

In March, the new CEO, Karl Brimner, took on a position in Portland, OR. Child Study and Treatment Center would endure yet another new CEO appointment. Due to the development of the project, I took it upon myself to say “Jeanne, you do not need to go through another approval process!” I met with the new CEO, April Rose, in the spring. She communicated that the project was a great idea and to let her know if I needed anything further. With her consent, editing the film was right around the corner.

The school continued to delay communications regarding editing and equipment availability. Approaching May, I had not heard from Rob or the school regarding editing the project. Ten messages were left with Rob, and I had visited the school roughly 15 times. People were simply too busy in their own projects and time to assist with my needs. This proved to be the largest barrier to the completion of the project. The interviews and campus footage were almost complete, with no certainty of where I would edit, or what editing program I would have access to. Concerns with my personal skills resurfaced. What if I would have to edit this film by “beefing up” my personal laptop computer, purchasing additional equipment, and self-teaching in one month?

Rob finally called me back and stated what I already knew to be true. He would be unavailable to assist with the project any further. In the back of my mind I’m thinking, Why he couldn’t have called me two months ago to tell me this? Rob stated he might be able to find some friends who would charge me to help. I replied with “Anything you could do would be helpful.” In the meantime, my friend Aleida recommended her cousin who attended the Tacoma School of Arts as a film student. Another possibility was to ask a student at the local community college if they would be

interested in taking on a documentary. With all three options, none really seemed ideal. I wanted to learn the editing process, not just pay someone else to do it, and time was running out with the deadline I had set.

I called Pierce College, asked for the appropriate teacher in digital movie making, and left a message. Two days later I received a call from a Fred Metzger, who said he might be able to help. He knew of a student who would possibly be interested in mentoring/guiding me through the editing process. He stated that Chet Marshall would want the experience and possibly a letter of recommendation for a film school he was looking into. I called Chet and explained my circumstances. He showed willingness to help and stated he had a computer with the Adobe Premiere program. At this point, I was not concerned with confidentiality because the footage taken did not show faces or give identity of clients. We set up a time to meet and discuss the documentary. In meeting with Chet, I felt reassured that this was all going to work out. I informed Chet that I would notify him soon to start the editing process.

Additional barriers prior to film editing involved the interviews. With twenty three desired subjects, finding the times people would be available

remained a challenge. The interviews were difficult to arrange due to people's busy schedules. If staff weren't in meetings, they were talking with kids, completing documentation, on the phone, and/or catching up with missed deadlines. Not to mention I had to schedule interviews during my work hours as well. If the interviews took place after regular work hours I would be breaking union rules. I had many people reschedule interviews and/or refuse to participate in the interview process. Finding the time to shoot desired interviews took months. Unfortunately, due to catching people in the hallways, not all parties involved signed consent forms. The family I captured was a last minute find during Dr. Ana's interview. She stated that an incredible family was visiting and that I should interview them while they were around. I missed getting consent forms, but felt comfortable that they were willing. Before the project is released to the children and families, I will make sure all consent forms are signed.

The project required re-taping two interviews. David Elmore and Dr. Jack both taped when the batteries in the microphone had died (despite Rob's advice, no batteries in stock early on). I didn't realize the on/off switch to the clip microphone until it was too late and found that batteries needed to be replaced because I left the switch on. Other equipment issues

included an accident with the tripod. The handle to vertically maneuver the tripod broke in half at the most inconvenient of times after falling to the ground. I visited maintenance twice throughout the duration of the project as to repair the tripod. The handle eventually broke off for good, forcing me to be more creative with interviews.

The campus wide landscaping project finally came to an end a week before editing. Images were difficult to gather outside of buildings due to the constant construction and landscaping projects throughout 2005-2006. By May, the grass was growing and fenced off areas removed.

V

EDITING, THE PROCESS

Going into the interviews and footage knowing what I wanted was the key to a speedy editing process. In light of preparation into editing, I reviewed the ten hours of documentary footage taken throughout the year. I began to mark the times of footage desired to be captured (see Appendix E). From there, a complete sequencing of how I would want the film to begin and finish was implemented (see Appendix F). Because each interview was 15-25 minutes in length, it was necessary to pull out the most poignant statements from each interview. Condensing 10 hours of footage in to one 25-30 minute documentary film would be no small task. A very important issue was finding desired footage. I labeled each tape and marked the desired times from each tape on paper.

Earlier in the year, music was selected for the film. The music of Spearhead and Matisyahu were selected to compliment documentary shots. Utilizing the internet, statistics were researched on mental health, our youth of Washington State, and the youth of the nation. The most useful internet

site found was that of The Campaign for Mental Health Reform. The statistics and music would be instrumental for the introduction of the film. Once everything was gathered for final editing, I contacted Chet.

Chet's software program was Adobe Premiere. He used this version due to not owning a Macintosh, otherwise he would use Final Cut. He stated Premiere was much like Final Cut in that it was a quality professional program and would be more than enough to edit the project. We started with going through my list of what needed to be captured. He did this by inserting the tape to camcorder and transferring images to his computer. Chet put my desired scenes one by one in his files. The capturing took about two days worth of time because it transferred in real time, meaning that we viewed the footage as it transferred to his computer. We transferred more footage than would be utilized in case of developed creative ideas.

After capturing all the footage and downloading the selected music, we moved into the start of film. We decided to go in chronological order and work by sequencing from beginning to finish. My vision was to start with music and statistics, with white lettering fading and flashing into a black background. The statistics were to draw people immediately to the reason

Child Study and Treatment Center exists. We went from the slides to one scene at a time. The focus was to transition smoothly, emphasizing a consistent tempo, and keeping the audience interested.

A major concern was to keep the documentary fun, real, and moving. Because this film would have a child and teen audience, I definitely wanted to keep it “kid friendly”. A few documentary films I viewed as research throughout the year would lose my interest from time to time (i.e. interviews on 20/20, Dateline, and Timothy Tredwell’s “Grizzlyman”). A film about a psychiatric hospital could definitely be boring. I wanted this film to be consistent, yet fresh so the audience wouldn’t see it drag.

Chet and I added titles when needed by inserting text. We chose to fade to black on many of the transitions between interviews. Keeping the film clean and well timed was important. We stuck to six seconds for fading the titles in and out. For scenes with music, we changed slides to the beat, almost to possess a music video feel. When interviews contained similar content, we transitioned them back to back. Locating interviews and desired scenes was successful due to being pre marked on paper.

Despite the marked times of desired scenes and interviews, creating subtle changes and transitioning smoothly from point to point remained a

challenge. In many of the interviews, people used “ums”, “ahs”, and paused in their speech. Interviewees would say something pertinent, and then follow up with a distracting mistake in speech. Easing people’s nerves for the interviews was a challenge alone. Taking bits and pieces from the interviews to make the comments smooth and mistake free was difficult. Chet and I used slow cross fading for adding footage on footage, while using audio fade to stop a person in mid sentence.

Matching the culture shots with interviews was a fun task in editing. Putting slides and scenes together with the words/ audio of interviews and songs took time, but added to the momentum of the film. The plan in the credits was to show slides in between information as to keep the attention of the audience.

I chose to have people look into the camera vs. look to the side of the camera. In editing, this worked in favor of the viewer. Though difficult for the person being interviewed, it gave the documentary a more personal feel, as though the interviewee is not talking to an interviewer, but to the person watching the film. The documentary was staged for a child audience.

VI

THE WRAP UP AND REFLECTION

Initially, the intent of this research project was to explore the Media Arts and learn methods to create and produce a documentary film for my workplace Child Study and Treatment Center. The secondary purpose was to involve the children in the filming and editing process. The documentary was to benefit concerned parties at the hospital as administrators could show the film to describe and portray our hospital mission.

On a personal, artistic level, my purpose was to gain knowledge in hopes to use Media Arts as a therapeutic tool at work. My goal was to learn enough to share knowledge with the kids at work, so they would in turn, have opportunities to make music videos, movies and slide shows for self expressive purposes. I wanted to incorporate Media Arts as a new fun and creative program in Child Study's Therapeutic Recreation department.

In reflection of the film making process, I feel much has been learned and will be utilized from this experience. The value of a tripod was recognized early on. In any type of camera or camcorder work I will forever consider

the use of a tripod. My overall knowledge of how to manipulate images, use footage creatively, and find the strengths and power in camera work has increased. I took greater notice to my work environment. I learned extended values in my fellow coworkers, such as the quality and careful work staff provide for our kids that I may not have recognized in the same depth prior to making this film. I was impressed with many of the interviewees' statements. I will utilize my increased respect for staff as I continue to grow professionally.

Though my focus with the project changed from time to time throughout the year, the end result was and is a quality film in which myself and the hospital can be proud of. The children were less a part of this project than I had anticipated, however, due to the circumstances it was most likely a safe decision to not involve the children directly (i.e. to protect identities and not pull kids out of school or groups). I hope to use my gained knowledge with children in the future by providing therapy groups using cameras and film equipment. I will continue to advocate for the Media Arts being a fine addition to our Recreation Therapy programming.

This project challenged my self determination. At many times, I felt like quitting. People let me down who I felt dependent upon, including myself at times. I was incredibly busy throughout the year, and uncertain if I could find the time to make it all happen. Fortunately, for every person who let's you down, there's another person who picks you up. Finding Chet Marshall was a determining factor in the success of this project.

What was actually achieved and accomplished in this research project surprised me. It became less about the technical aspects of making a movie, and more about being able to tell an important story. As I initiated interviews, I began to feel reconnection with Child Study and Treatment Center. I guess this means I was feeling disconnected recently. I wanted more than ever for this film to impact people. My goals in research shifted from editing, to capturing important people, thoughts, and moments in time. The project was relative to writing a long song. The documentary project became my vision of Child Study and Treatment Center, a created perspective and chance to change and/or effect others perspectives. Throughout this project, my role developed into a writer, director, producer, and storyteller.

My editing anxieties were persistent throughout the project. I definitely did not anticipate the lengthy confusions, delays, and inconsistencies of the school. I did not learn my desired skill level in film editing. If I had to do it all over again, I would have found a class that worked in to my schedule. I feel fortunate to have found a personal tutor, Chet Marshall. He explained things as we sat through each and every film clip. He showed me tricks and contributed some great ideas for the future. My goal is to take the knowledge I gained from working with Chet, and take a class next year to further my knowledge. Then, I will feel more prepared as to work with the children in the Media Arts.

The emotion captured in Child Study and Treatment Center's documentary film was unexpected. Even though the viewer does not see a child fully, or hear a specific story about a patient in the documentary, the viewer of this film will either identify with or feel compelled by the subject. The film is unique in that it was created by someone in the trenches. Knowing the 140+ staff who work at Child Study and the kids who receive treatment there, made for the gelling of interviews and shots used to capture the positives of the center. After nine years of intense dedication to this PLACE, I may now be ready to move on after having told my story, their

story, and representing this collection of life experience. Of course, it may increase my internal endurance, motivating a lengthy stay.

APPENDIX A

EXAMPLE OF ADULT CONSENT FORM

Staff and adults interviewed were required to sign a consent/release form granting Child Study and Treatment Center the rights to use their statements and visuals for the documentary film project. At this time, not all individuals interviewed have signed the consent papers, thus the film will not be released to the center until all forms are signed.

Child Study and Treatment Center
8805 Steilacoom Blvd. SW W27-25 – Lakewood WA 98498-4771

CSTC Documentary Film Adult Consent/Release Form

I, (print name here) _____, hereby give and grant Child Study and Treatment Center, and Jeanne Hopkins CTRS, the right to videotape and preserve my image, including physical likeness and/or voice in any footage made in connection with the production, exhibition, and distribution of Child Study and Treatment Center's 2006 Documentary Film. I understand the target audience for this documentary film will be families related to clients and potential and/or current clients.

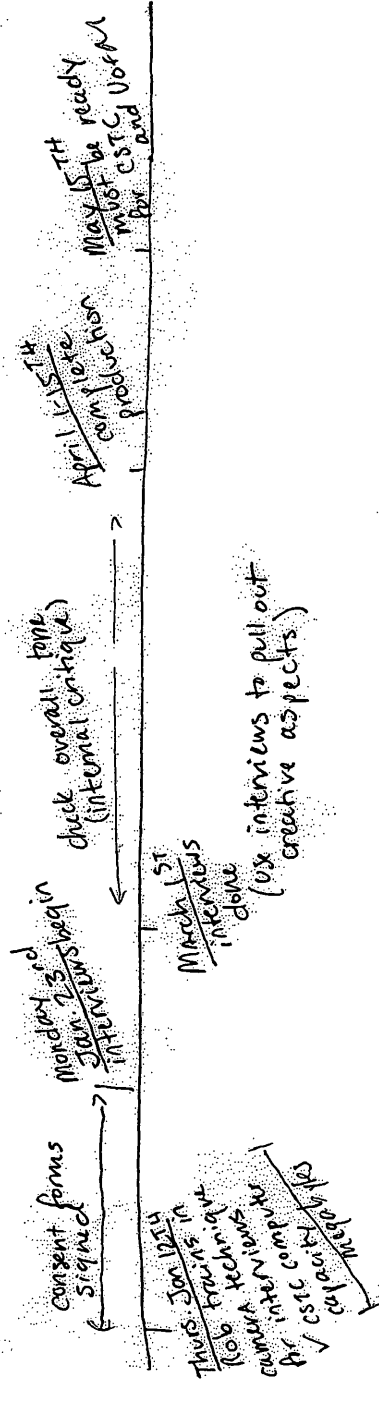
signature

date

APPENDIX B
PROJECT TIMELINE

In sitting down with my original assistant editor, Rob Demko, a timeline for the project was developed. This timeline is an example of where I wanted to be with the project. The timeline was extended through the month of June.

CSTC Documentary Timeline



(throughout timeline, footage taken of events, school, kids and staff in action) meetings, staff working together, etc.

What are some unique things we offer - RT

APPENDIX C
LIST OF INTERVIEWEES

Deciding on who would be interviewed was difficult. I wanted to represent all components of care in the film, but narrowing down thirty people from one hundred and forty was challenging. Which staff would represent their departments the most effectively?

People to be interviewed:

M.D.'s	Dr. Mick, Dr. Jack
Psych./ Phd	Dr. Holly, Dr. Anna, Dr. Bacon
Counselors	Jack, Renee, Mark, Ed, Sarah
Chemical Dep.	Kathrin
Nursing	Jennifer Sharp
Social Work	Ilys, Kelly
Recreation	Byron, David, me
Administration	Bob Saul, Kristen S.
Parents	2 from Camano, one from Orcas
School	Carolyn, Betty, Eileen, Amy?

APPENDIX D

EXAMPLES OF INTERVIEW QUESTIONS

My goal as an interviewer was to make each person comfortable. I asked people where they would like to be interviewed and also gave suggestions. I started off with easy questions, often asking individuals to state their name, what they do at Child Study, and how long they have worked here. I asked the interviewees to restate the question in their answer so my voice as an interviewer would not be in the film.

I did not prepare the interviewees with questions before the interview itself. I wanted people to be spontaneous and real with their answers. This led to mistakes in speech, hesitations, and blank stares, but the overall authenticity remained. Also, I knew much could be edited. Each component of care had different questions relating to their expertise and my desired outcomes for the film.

Questions for Counselors and Jack:

What is the duty of a counselor?

What are the requirements to be a counselor?

How does a counselor handle a crisis intervention?

What are some techniques counselors use to decrease the stress for everyone involved in the milieu?

How do we greet a child?

How do we ensure safety on the unit and in school?

What is your cottage approach to treatment? What models or therapeutic approach does your cottage team utilize?

Give me some examples of how your cottage is constantly growing?

What are you aware of in the community?

We are not a detention, but locked, and more restrictive than a group home for therapeutic foster home, what is the benefit to being in a more restrictive facility, how does this assist in a child's treatment?

What does a typical day look like on a cottage?

Questions for Social Work:

Who are our kids? Who do we provide treatment for? Ages?

What is the process of a child coming here?

Give me some examples of questions and concerns parents have when a child is admitted to CSTC.

What is the average length of stay for a child?

How do we greet a child?

What is your cottage approach to treatment? What models or therapeutic approach does your cottage team utilize?

What happens when a kid turns 18?

Give me some examples of how we are growing as a facility.

What resources does Social Work services utilize in the community?

We are not a detention, but locked, and more restrictive than a group home for therapeutic foster home, what is the benefit to being in a more restrictive facility, how does this assist in a child's treatment?

What is the expectation upon discharge?

Where do the kids go from here?

Give me some examples of how your cottage is constantly evolving, growing, and changing?

How do you greet a child? What are the steps when they arrive here?

APPENDIX E

EXAMPLE OF MARKED FOOTAGE

When footage was complete, I reviewed the tapes and took notes on what would be useful for the film. This meant writing down the exact times of desired footage and writing down the poignant statements within the interview.

Tape 7: rock climbing images
Figure 8 knot @ start of tape 7

12:20 min. boy and balloon to end video

Renee 15:00-17:00

use Renee's voice over treatment for shorts
PBS program
benefit of a locked facility

YOGA @ 22 min 22:16-22:40

Shoes
good bixby shot @ 25 min

Dr. JACK 28:00 min

CSTC is unique because
seclusion
research @ CSTC

there are no easy answers 32:50
must be in it!

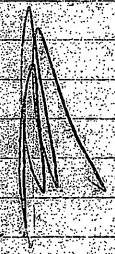
Tape 5:

ORCA's collage meeting 43 seconds
53 seconds

School ← day treatment 6:20
educational challenges 7:10

Beth - PBS 10:00
Betty 8:05

Carly 14:25 - H.G. (find the hook!)



Need to get shots of lect.

Tap 5:
continuity

Bob Seal 38:11 - 38:20
 Richness
~~40:00~~ LSCI
 41:40 Philosophy / Culture !!!
 44:00 OR school part of it
 47:45 - if we make a mistake
 49:20 protecting kids - 49:50
 check and balance
 outstanding employee awards - no

Charred
 27 years
 27 years
 27 years

Tap 6

Shots of camiano
 Stuffed posters, building
 w/ Mune's voice
 Quiet Room? (maybe at end)
 "It's never too late"
 4:51 / cooks

With
 also
 get to
 good spots

7:33 Dr. Anna
 the kids we treat
 9:58 our primary role on camera
 12:34 - community involvement
 14:00
 the jump
 also goals 17:36

18:34 developmental
 21:10 - nontraditional therapies 21:05 +
 22:00

APPENDIX F

SEQUENCING THE FILM

Going into editing, a list was arranged of how I anticipated the film order to be sequenced. This development was a good start to what would become much more detailed. Narrations, interviews, still shots, slides with words, music, etc. were all included, with marked times, and written down on paper. It was a grouping of my brainstorming throughout the year.

CSTC Order of film clips/ timeline

1. Slides of flashing statistics (with resource), black screen with white letters centered, fading in, Spearhead song/ Music looped until last slide
Last slide “facing the future with hope and recovery” Child Study and Treatment Center, music played here will include vocals to song “And It’s never too late”, etc. (2 minutes)
2. CSTC sign and campus shots to music (40 seconds?)
3. Narration begins with continued shots of campus/ grounds/ outside cottages
Good Bigtoy shot on tape 7- 25min
4. Dr. Jan leading medicine wheel talk
5. Shots of Ketron with Dr. Mick speaking
Jack speaking
Dr. Jan speaking, both showing him
Dr. Jan narrating with more Ketron shots of garden, and building
6. Shots of Orcas with Dr. Holly speaking
Orcas intershift meeting – tape 5, :43 and :53 seconds
Jen Sharp with Nursing
7. Shots of Camano with Dr. Ana speaking
Shots of Camano Intershift (tape 5, 25:19, :56, 26:15 meetings with Renee speaking
Shots of staff working with kids?
8. Shots of Schools with Narration – tape 5, 34:50
Classroom shots with Carolyn speaking – tape 5, 14:21 “find the hook”
PBS talk with trout day shirts , Betty – tape 5 10:00, Ricci – tape 5, 20:30,
while show feathers @32:11
Educational challenges 7:10, 18:00 – kids can graduate
9. Clip of Kathrin Christensen interview w/ shots of Sunnyside Beach frisbee
10. Rock wall at end of tape 2 – Recreation Therapy with Jeanne interview
11. clips from Dr. Jack interview, Bob Saul interview, social work
12. Parents interview
13. activities/ kids with end of song, Rock c at Spire, Yoga, hiking, drum art, staff, school, end with kid on big toy, shot of art boy and balloon

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