↑ Shuell, A., & Farkas, B. 1987!! Welcome to my world• Buffalo! Educational Communications Center

□□Shuell, A.)□□People with disabilities.

Rehabilitation Designed to promote better understanding of the world of people coping with a disability or chronic illness

□□This film is older, which is ok, but fortunately, with the passage of the American's with Disabilities Act (ADA), there are more options and better access than in 1987. Granted, not lots of access at the University. The film is in the form of a guest lecture. The "author" addresses issues of independence, coping skills, caregiver stress, and sexuality. This film could be used in a class related to oppression, or with family systems. Throughout the video, the presenter/author had a flat affect, which was off-putting.3□□Instructional Technology Services (24 Capen) U23030□□6□D‰ôppÿ?□□□□

 $\Box V \Box \Box Friendly,$ F., Nesson, C. R., MCFadden, C., Miller, B., Elliott, M. J. H., & Atwood, D. $\Box \Box \Box \Box \Box \Box \Box \Box \Box$

□□Malpractice,□□Managing our miracles, healthcare in America

□□Program #104□□1 videocassette (59 mn.)□□□New York1□□Columbia University Seminars on Media and Society □□Friendly, F. W., & Nesson, C. R.>□□Malpractice--United States□Physicians--Malpractice--United States□Medical personnel-Malpractice--United States□Medical laws and legislation--United States□□Videof□□Panelists explore the meaning of medical malpractice to doctors, patients, and their attorneys, using a hypothetical case study of a child born with Cerebral Palsyo□□I found the tape interesting from a legal standpoint; this could be very useful in the MSW-JD concentration. Litigation in the United States is high and this has an impact on persons with disabilities in many ways, including implied support of the view that people with disabilities are simply "too expensive" for society to care for.□□□Koren Law Reserve KF1289.M35□□□ÀËôpüÿ? L

m <record><field id="23"><run start="0" /><run face="italic" start="513"</pre> /><run start="521" /></field></record>< Rivkin, S., Hunter, C. Justice Institute of British Columbia 1996K Charting new waters: responding to violence against women with disabilities \$\omega=01\$ videocasstte (35 min.) □□Chicago, IL□□□Terra Nova FilmsO□□Women with disabilities--Violence against□Women with disabilities--Services for□□□videoŒ□□Designed to raise awareness of the issues faced by women with disabilities who are experiencing or who have experienced violence in their lives. It includes interviews with criminal justice personnel and disability advocates as well as three dramatic scenarios. Useful as a teaching tool for caregivers, social workers, advocates and criminal justice personnel and disability advocates as well.ö□□The very most important point this film makes, in my opinion, is that there is a dearth of options for people with disabilities when it comes to protection from their abusers. The equivalent of a gauntlet has been thrown; what are social workers going to do about this? Social workers are highly involved with shelters for battered women and their children. According to the video, women with disabilities are one and a half times more likely to be abused than the "average." Since these figures are based on reported cases, the video authors state that the actual figure is double that of the "average" abused woman. As with other victims of abuse, those with disabilities are most often abused by a family member. They are also very often abused by other caregivers coming into the home, such as home health aides. It is vital that this type of video lead to discussion of solutions to inaccessable shelters, self-determination of home care staff (e.g., where people with disabilities are allowed to use Medicaid funding to hire, train, and fire their own aides, rather than being dependent on agencies), and better training and sensitization of social workers, health care workers, and home care workers to the situation too many people with disabilities face."□□Koren Law Reserve HV6250.4.H35 C436□□Responding to violence against women with disabilities□s□DËôþþÿ?

□ **Weisberg, R., Aronson, J., Filmakers Library, Inc., Aronson Film Asociates, Public Policy Productions, Inc., & Next Wave Films 20002 Sound and fury: the communication wars of the deaf- Award winning films and videos | 1 videocassette (80 min.) DDDNew York DDFilmakers Library EDDeaf children DChoclear $implants \square Deaf \ parents \square Children \ of \ deaf \ parents \square \square VHS\~n\square\square Two \ related \ families \ with$ a history of deafness go through the process of deciding whether their children should have cochlear implant surgery. The surgery would allow the children to hear, but would weaken their connection to deaf culture.å□□This is an excellent film and should be shown to ALL of the social work students in the school. I cannot emphasize enough that Deaf Culture is something that all students should be aware of and conversent with. It is Deaf culture that the comes closest to the most used definition of "culture" existing within the majority society. □The video centers around two brothers, one deaf, one hearing, their families, and their in-laws. Each brother has a deaf child, both children are being considered for cochlear implants. This procedure includes extending wires and a small magnet into the brain, which are then magnetically attached to an exterier receiver so the child can "hear." The surgery works best with infants, as older deaf children and adults are unfamiliar with sound and find it difficult to learn what is "meant" by sounds they hear. This is a highly charged subject in the Deaf community and in this film. The video is in the Koren Law Library on the 5th floor of O'Brien Hall.□□□Koren Law Reserve HV2391 .S68□□»_ΓÄËöþþÿ?

Ginzberg, A. 1994□ Breaking down barriers: Report and model guidelines for integration into the legal profession of law students and attorneys with disabilities0□□1 videocassette (32 min.) + 1 report (40 leaves)□□□San Franscisco, CA □□Bar Association of San FranciscoÕ□□Lawyers-- United States□Law students--United States People with disabilities--Employment--United States People with disabilities -- Legal status, laws, etc. -- United States Discrimination in employment -- United States { DIslustrates through personal interviews and dramatic sequences the difficulties faced by disabled lawyers and law students. # D While this is an older film, it is an excellent one. The ADA has made entry into the workforce somewhat easier for people with disabilities, but unfortunately not much. In 1994, when this film was produced, there were NO people with disabilities employed in private law firms in the state of California. Some of the approach used in the film was a bit "perky" for me; it made it seem that if a person with a disability just kept a positive attitude during an interview, they'd breeze through and get the job. It is illegal for an employer to ask about a disability until after a job offer has been made, but there are two schools of thought about revealing a disability up front. Some feel that if the potential employee addresses the issue immediately, then there won't be an "elephant in the living room" situation. Others feel that it is no business of the potential employer unless there is a part of the job description that would make it impossible for the employee to do the job. This video would be of very good use in the MSW/JD concentration.-DEKoren Law Reserve KF299.H2 B74DDB@DEôpbÿ?DDD

□)□□**Turnbull, A. P., Bright, C., & Reed, S.□□1996□□Understanding families@□□Human Development: families of young children with special needs%□□1 videocassette (25 min.) + 1 booklet

□□Irvine, CA□□□Concept Media-□□Developmentally disabled children--Family relationships□Children with mental disabilities--Family relationships□Parents of children with disabilities□Adjustment (Psychology)□□□VHSê□□Looks at disabled children and the contemporary view of early intervention using the family systems approach. Discusses the components of this approach which include family characteristics, interaction, functions, and the life cycle.ñ□□This is another excellent resource for the School of Social Work. "The second program in a continuing education course. Other program titles include: Family crisis, and Reducing risk factors." (From the ITS print-out). This film would be useful incorporated with other family systems teaching sessions. Disability affects all family members, including extended family, even spreading ripples into family connections within the community. The video also addresses strengths perspective, empowerment, inclusion, and cross-cultural competence. It contains relevent, direct information for use in class. In order for social workers trained at UB to understand the profound effects of disability on the family, assets such as this video are essential.3 - Instructional Technology Services (24 Capen) V21028□□□□€□DËôþþÿ?□□□□

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□□Irvine, CA□□□Concept Media-□□Developmentally disabled children--Family relationships□Children with mental disabilities--Family relationships□Parents of children with disabilities□Adjustment (Psychology)□□□VHSö□□Discusses the practical and emotional stresses of raising a child with special needs, and the role of the professional in helping the family. illustrates supportive techniques for revealing a diagnosis, and discusses possible parental reactions.∅□□"First program in a continuing education course. Other program titles include: Understanding families, and Reducing risk factors." (From ITS print-out). This film contains solid information for use with child and family, group work, couples counseling, and ethics. Film is broken down into information sections on diagnostic crises, values crises, and reality crises. When dealing with diagnostic issues, prompt, direct, and honest information given in a kind and supportive environment is essential. Given the social stigma connected to disability, how the information is delivered can have a profound effect on how the family reacts to the individual with a disability. In the section on values crises, the difficulty of the parents' acceptance of a child diagnosed with a disability is highlighted by the social attitudes generally held toward disability. If the family members particularly steeped in these social attitudes then there is often anger, rejection, fear, and pity directed toward the child. These feelings are often countered or exacerbated by parental depression, guilt, shame, and self-pity. Families frequently selfisolate because of these feelings, cutting themselves off from social supports and even extended family support. The reality crises section discusses bonding problems experienced by family members and low expectations for the child, which may, in time, become self-fulfilling prophecy as the child is not encouraged to achieve his or her potential.,□□Instructional Technology Services (Capen

□h□□*Moyers, B. D., Moyers, J. D., O'Neill, J. D., Mannes, E., Pellet, G., Public Affairs Television, & WNET□□□2000□□□A Death of one's own!□□On our own terms: Moyers on dying 001 videocassette (90 min.) 000 Princeton, NJ#00Films for the Humanities & Sciences $\ \Box\Box VHS\'u\Box\Box Three\ patients$, their families, and their doctors discuss some of the issues surrounding death and how dying people can exert some control over the manner of their death. issues include paying for care, humane treatment, balancing dying and dignity.; \underset This video is the fourth in a series of films on dying. It is compassionate, unbiased, and explores very difficult issues; the issue of death, whether or not people have a "right to die" when they wish to do so, how this affects family members, medical opinion, and legal issues related to death with dignity. With relation to individuals with disabilities, physician assisted suicide (PAS) and the fact that family members often make decisions for, rather than with, people with disabilities, has caused much furor in the disability community. While this issue isn't addressed in this film, it is important to include in class discussion that there is a sharp divide between those with disabilities who want PAS and those who see it as carte blanche to be "weeded out" of society. This film can be especially useful in a class on ethics. One star was used to indicate that while the reviewer thinks the video was well done and should be used by professors, especially with respect to ethics and family systems, that the absence of an opposing view from the disability community should be presented as cautioning social work students to realize that many people with disabilities feel threatened by this issue.3 Instructional Technology Services (24 Capen) V04123□□□g□Ä<ðþþÿ?

□"□□Oberkotter Foundation Film Project□□□1998R□□Dreams spoken here: a documentary about teaching deaf children to speak and listen□□□1 videocassette (57 min.)□□□Palo Alto, CA"□□Oberkotter Foundation Film Project □□Orrocks, S.¤□□Deafness--infant--videocassettes□Deafness--child-videocassettes \(\) Language development--videocassettes \(\) Cochlear implants-videocassettes Hearing aids--videocassettes 00VHS0011998V0Film shows how deaf children can learn to speak and listen through oral deaf education[□□I found this film to be somewhat offensive. The single emphasis in this video was on oralism, or teaching deaf children only how to use their voices to communicate and for them to read lips. The film contains such statements as; "Mark didn't let his deafness stop him;" "Any child can do it. All it takes is hard work and a dream. The dream of teachers and therapists whose dedication makes it possible for a deaf child to learn to speak and hear and listen; " and "Dream of parents whose faith and hard work is rewarded that is beyond words; and finally "It is important for children to have/do what they want and need." However, throughout the video, it's the hearing parents of the children making the choices for their children. According to anecdotal information, only about 10% of deaf people are ever able to learn to lip read effectively and also communicate well vocally, which contradicts these statements strongly. There is no input from the Deaf community in this film. If this film is used, and it could be, there MUST be counter information given, preferably by someone from the Deaf community.

□□HV 2430 D771□□ 8□Ä<ðþüÿ? □□□ □Á□□Bayles, K. A., Brislin, R. W., Pacheco, M. T., National Center for Neurogenic Communication Disorders (University of Arizona), & National Institute on Deafness and Other Communication Disorders□□1994L□Understanding cultural diversity: the perspectives of minority professionals□□1 videocassette (59 min.)

□□Tucson, AZ□□□Arizona Board of RegentsT□□Bayles, K. A., Brislin, R. W., Pacheco, M. T., Stauss, J., Harris, J., & Tomoeda, C.ª□□Cultural $\texttt{Characteristics--video} \\ \texttt{cassettes} \\ \texttt{\square} \\ \texttt{Communication--video} \\ \texttt{cassettes} \\ \texttt{\square} \\ \texttt{Cross-Cultural} \\ \texttt{cassettes} \\ \texttt{number} \\ \texttt{cassettes} \\ \texttt{cassettes} \\ \texttt{number} \\ \texttt{cassettes} \\$ Comparison--videocassettes Workplace--videocassettes Minority Groups-videocassettes DDDVHSDDD1994ñDD"Four professionals who represent Hispanic American, African American, American Indian, and Asian American cultures are interviewed for insights about their own cultures and suggested guidelines for successful interactions between cultures."% | This video felt condescending in tone to me. It opened with a blonde, white woman introducing the film, and the moderator was a white male, both of which were somewhat disconcerting in a film on "minority" status. A model was presented that stated that there are eight features that describe dultures: collectivist or individualist, concept of time & space; role of place of work; language; roles & role differences; rituals & superstitions (this category already leans in the direction of oppression in my opinion); values; and clan & status (including power and use of power). □Everybody in this tape "sounded" the same (i.e. both accent and use of language) and all but the Asian representative looked "white". It seemed to me that there were more "buzz words" used than necessary. For instance, discussion on "exchange of literature." "successful sojourners into culturally diverse settings," and the need for ethnically diverse professionals to be good "role models" to the community. All were in agreement that change can only come from education, however it seemed like the education was to be fed to ethnically diverse students rather than education of the majority regarding appropriate ways to interact with someone from another culture. The big conclusions of this panel were that Latino individuals had behaviors that differed from whites, that Native Peoples believed in group cohesion and followed "event time" over "clock time" (i.e., that milestones in a person's life were more important than the dates on which they happened), and finally, that Asians followed collectivist social mores and tended to be indirect when approaching topics of importance. As with some of the other videos in this videography, if this film is used, there MUST be counter information included in the class time or in reading. best use of this video might be to show the differences between academia and the "real" world. DDHF5549.5.M5 U552&DDPerspectives of minority professionals□\$□Ä<ðþþÿ?

 $\Box F \Box \Box ** Rogers, G., Telefilm Canada, Pope Productions Ltd., & CBC Newsworld. <math display="inline">\Box \Box \Box 2000$

□□My left breast□□□1 videocassette (57 min.)□□□New York□□□Women Make Movies □□Rogers, G.r□□Breast--Cancer□Breast--Cancer--Patients--Biography□Breast Neoplasms--Videocassettes Women's Health--Videocassettes DDDVHS DDD 2000 ÉDD "Filmmaker Gerry Rogers recounts her story of breast cancer survival. Shortly after being diagnosed at age 42, Rogers began to document her ordeal on camera in an attempt to confront her own questions and fears about breast cancer. Rather than present a somber and morose meditation on this difficult experience, she decides to invoke humor to frankly relfect on the meaning of this disease on her life, as well as on the lives of her friends and family.""□□This film was amazing in it's frankness and personal view of what having breast cancer can be like. Chronic illness is often overlooked when it comes to disability; people tend to minimize the effect chronic illness can have on family and friends, as well as on the individual who is ill. reason to incorporate this film into either a diversity class or a class on health issues is that Ms. Rogers and her partner handle the topic with grace and humanity. No fuss about the fact they are a couple, but no avoidance of the relationship either. This video is also close-captioned in case a class member is deaf or has another hearing impairment. □□WP870 R726□□□□□Ä<ðþþÿ?

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□□**Young, D.□□□1997.□□Raymond's portrait: life and art of Raymond Hu□□□1 videocassette (30 min) DDBoston DDFanlight Productions DDHu, R...DDown Syndrome--videocassettes Mental Retardation--videocassettes Mentally Disabled Persons-videocassettes Pediatrics -- videocassettes OUVHS documentary OD 1997a OUP Profiles the brush painter, Raymond Hu, who was born with Down Syndrome. Shows how Raymond transforms photographs of animals into paintings. Includes interviews with Raymond, his family, and his art teacher. Raymond discusses the challenges of coping with Down Syndrome, and his experience as one of the first fullinclusion students in his school."k□□This is a fine film and well worth including in a class focused on diversity, oppression, practice, or strengths perspectives. Child Welfare as well as Health, Mental Health, and Disability concentrations should make use of the video. It is an outstanding picture of what can be accomplished when someone with a significant disability has barriers removed from their path. It is somewhat difficult to understand Mr. Hu's speech, but this can be adapted for students by providing a written narrative to go along with the film. This would be an excellent film to show alongside Geraldo Rivera's expose on Willowbrook.

□□WM3000 R268□□¦□D‰ðþþÿ?□□□□

□>□Williams, V. B., Clifton, L., Peterson, J. W., & Walter, M. P.□□□1997□□A chair for my mother□□Reading Rainbow□□209□□1 Videocassette (30 min.) + 1 teacher's guide and 6 books
□□Lincoln, NB□□□Lancit Media Productions

□□Burton, L.V.-□□Family life--Fiction□Social service-Teamwork□□□VHS□□□1997W□□"Le Var (Burton) illustrates teamwork within families or
through other societal groups"□□□The library only has "A chair for my mother."
The original package contained "I have a sister, my sister is deaf," which might
have been useful for child welfare classes, but otherwise this video is of no
particular use for disability issues or cultural issues.
□□PZ7 .C42 Ch□□□□□qD<∅ppÿ?

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Unicely enough done, but no more so than any of the other tapes available from the medical library. Each tape discusses diabetes in slightly different ways and adds or subtracts certain points. There is nothing in this tape that is out of the ordinary with regard to disability or other "minority" issues. Not recommended for use by the School of Social Work.
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InforMed Inc. 1993 Diabetes: an introduction 1 Videocassette (20 min.) Houston, TXD InforMed Inc.D Brison, F. R.L Diabetes Mellitus—Videocassettes Diabetes Mellitus—therapy—Videocassettes VHSJ 1993 "This program discusses types of diabetes, its warning signs and symptoms, and what the patient can do to control the effects of the disease "i Very basic; no special emphasis on ethnic groups with high incidence rates of diabetes. No special disability issues addressed. Cute analogies and pictures to illustrate diabetes. Not recommended for use by the School of Social Work. | WK 810 D53621 | D&ðþý? | D&ðþý? | D&ðþý?

□□Kushner, D.□□□1999F□□Post-stroke rehabilitation: promoting recovery through a
team approach/DDNCME (Network for Continuing Medical Education)DDD757DD1
Videocassette (60 min.)

□□Secaucus, NJ(□□Network for Continuing Medical Education □□Kushner, D.\□□Cerebrovascular disease--Patients--Rehabilitation□Health care teams Medical protocols Family 00 VHS 00 1999 60 "Stroke is the third leading cause of death in the United States. and the leading cause of disability among adults. Approximately 550,000 people suffer a stroke each year; nearly 150,000 of these individuals die. Those remaining are part of the 3 million people who live with varying degrees of neurological impairment. Restoring lost abilities in these patients is the goal of post-stroke rehabilitation. Critical to its success is an interdisciplinary approach that requires the active participation of the patient and family. Dr. Kushner gives the viewer an insider glimpse into the daily activities of a chtting-edge stroke rehabilitation program, where dedicated professionals offer expert assessment and management of these patients."" | This video is probably a bit too medically focused for use in learning about disability issues that address the social difficulties of disability or for other ethnic specific information. Of note is that only elderly people were shown in the film, while even infants can have strokes. Those considering discharge planning as a career should see this. Also of potential interest to the School of Social Work is the concern regarding social workers being "forced out" of discharge planning and other health related positions by nurses. It's important for social workers (in general) to learn some medical terms as well as symptoms of disease/disability and "usual" medical interventions in case they end up in a health related field. Otherwise, this video of less importance to the diversity center.

□□WL 355 K97□□~□D‰ðþþÿ?□□□□

DONCME; no.7690007690001 Videocassette (60 min.) DODSecaucus, N. J. (DONetwork for
Continuing Medical Education Bernstein, G.b Diabetes Mellitus
therapy□Diabetes Mellitusphysiopathology□Insulin resistance□Patient
education OOVCROOO2000 Tolabetes mellitus affects nearly 6% of the U.S.
population, making it one of the most common medical problems seen by
physicians. Dr. Bernstein reviews the rising prevalence and pathophysiology of
diabetes, including the disturbing rise in Type 2 diabetes among children. in
addition, he discusses how associated syndromes, such as insulin resistance, are
joining diabetes as major lifestyle diseases of the 21st century. "wollThis video
is not appropriate for use with the diversity center. I found it to be both
boring and extremely technical.
□□WK 810 B531□□□□□□Ëðþþÿ?□□□□

DDDDAmerican Heart AssociationDDD1996DDD1abetes and heart
disease;□□Cardiovascular conditions: patient information video series%□□1
Videocassette (10 min.) + 1 handout□□□United States□□American Medical
Communicationsä□□Arteriosclerosisprevention & controlpopular works
videocassettes□Patient educationvideocassettes□Diabetes Mellitus
complicationspopular worksvideocassettes Heart Diseasescomplications
popular worksvideocassettes DDVHSDDD19961 This video discusses the
relationship between diabetes & atherosclerosis and suggests preventive
measures." $\tilde{A}\square\square$ This video was decent; clear, concise, and short. It would be easy
to use in a class because of this. Probably best used in Health, Mental Health,
Disability; or a class focused on gerontology.
□□WK 840 D536□□Ø□D‰ðþþÿ?□□□□

□ Mouton, S.□□1990\$□Anesthesia in complicated obstetrics□□NCME□□578#□1 videocassette (15 min.) + 1 guide□□Secaucus, N. J.(□Network for Continuing Medical Education □Mouton, S.0□Anesthesia, Obstetrical—videocassettes□Pregnancy complications—videocassettes□□VHS□□1990°□"A specialist in obstetrical anesthesiology provides ananalysis of potential pitfalls and usable solutions in a patient with preterm labor, diabetes, and pregnancy induced hypertension."è□This video is combined with an update on antiretroviral therapy and recombinant human erythropoietin. It could be used in a class discussing AIDS, but it's very technical and it is not recommended for use with the diversity center. □□Not found□□□Coppy?□□□□

□□Koop, C. E.□□□1996□□□Diabetes□□□Time Life Medical&□□1 videocassette (30 min.) + 1 workbook New York Patient Education Media □□Koop, C. E.C□□Patient education--videocassettes□Diabetes Mellitus-videocassettes DDDVHSDDD1996 CDDThis video includes understanding the diagnosis, insights by health professionals, treatment & management options, and frequently asked questions are addressed. "ò□□This film is close-captioned. The preview emphasizes personal and individual needs. There is an emphasis on understanding; gaining knowledge and information. All social workers would do well to learn some basics on diseases and/or disabilities so they're not caught short when working with clients. With Type 2 (mostly older, 30+, adults, but also alarmingly in children) diabetes on the rise in the United States, social workers from all types of jobs are likely to come in contact with individuals with diabetes. This video is one of the more "understandable" of the films available. Ethnicity is also address. Emphasis is on patient responsibility. This tape is probably one of the best to use in the classroom because it's not over technical. □□WK 810 D536□□Ë□D<ðþþÿ?□□□□

□X□□Pasquarello, C. B., Beaser, R. S., Springhouse Corporation, & Creative Specialists, Inc. 001990000Diabetes emergencies 00Emergency video \$001 videocassette (30 min.) + 1 guide.□□□Springhouse, PA□□□Springhouse Corporation#□□Pasquarello, C. B., & Beaser, R. S. □□Diabetic coma-diagnosis--videocassettes Diabetic coma--nursing--videocassettes Emergencies-videocassettes Hyperglycemia -- diagnosis -- videocassettes Hyperglycemia -- nursing -videocassettes Hypoglycemia -- diagnosis -- videocassettes Hypoglycemia -- nursing -videocassettes DDDVHSDDD1990DD"Shows how to cope with a wide variety of diabetic emergencies. Discusses signs and symptoms, causes, patients at risk, differentiation of Type I from Type II diabetes and of diabetic detoacidosis from hyperosmolar nonketotic coma, and insulin and other emergency drug therapy."u□□The video isn't half as technical or alarming as the abstract makes it seem. The best part of the film is that thy show symptoms of reaction to hyper and hypo glycemia. These may be very helpful for social workers in medical settings, working with the elderly, or with other high risk groups. It is fairly technical, but contains explanations of technical terms as well.

□□WK 880 D5361□□□□□□<ðþþÿ?□□□□

DDDDRosenzweig-Hinchcliffe, D.DDD1987WDDThe adolescent neuromotor assessment and treatment planning: cerebral palsy, athetosis.□□□Pediatric assessment(□□1 videocassette (50 min.) + 37 pg. guide□□□Baltimore, MD#□□Video Press, University of Maryland Caronic Rosenzweig-Hinchcliffe, D. a Cathetosis--rehabilitation-videocassettes Cerebral Palsy--adolescence--videocassettes Cerebral Palsy-rehabilitation--videocassettes Disability evaluation-videocassettes OOVHSOO1987 TO "Assess the motor and functional skills of a fifteen year old girl with cerebral palsy-athetosis and outlines a treatment plan to overcome major problems interfering with functions. "k□□This video is helpful because of its emphasis on client self-direction and desires. Additional emphasis on independence is a big plus. The Occupational therapist is respectful and allows Jamie to do by herself what she needs; only helping when asked or directed to do so. This is a keeper; primarily because of the respect and give and take between the client and OT. At times, social workers may be in the position of attending meetings or appointments with clients with disabilities or with collegues with disabilities. To have this example helps show appropriate ways to interact with someone with a disability. □ WS 342 A239 □ □ nÄ < ðþþÿ? □ □ □

 $\label{eq:gage_state} $$\Box 1 \Box \Box Gage, J. R., Hagen, B. T., Trost, J., \& Stout, J. \Box \Box 1994/\Box \Box Principles of pathologic gait in cerebral palsy $$\Box 1$ videocassette$

Descriptions about CP.

Ball, MN<DMeditech Communications Inc., & Gillette Children's HospitallDGage, J. R., Hagen, B. T., Trost, J., & Stout, J.bDDCerebral Palsy-diagnosis--videocassettesGait--child--videocassettesGait--infant--videocassettesDDVHSDD1994-DThis program focuses on the principles of pathologic gait in cerebral palsy. Building on the knowledge and principles of normal gait, this video illustrates common gait deviations at each of the major lower extremity joints, using live action and a simulated walking skeleton with attached muscles. ODThis, like many of the films, has good basic information. I don't like the use of "normal" and "abnormal," but the usage doesn't surprise me. Given the disinterest of students/faculty in disability, I doubt either will bother with this film. If it's used at all, it's probably best for Health, Mental Health, Disability, or someone going into school or hospital social work. This has good information mostly in lay terms or with explanation of medical terms. Discriptions like the ones in this film MIGHT help ameliorate fears and misconceptions about CP.

□□WS 342 P957□□ü□ĉðþþÿ?□□□□

□5□National Hanadicapped Sports & Recreation Association□□□1986<□□Fitness is for everyone! Strengthening for disabled persons□□1□□1 videocassette (50 min.)□□□Cleveland, OH□□□Invacare Corporation □□Bauer, K., Fox, T., & Mackay, W.A□□Disabled persons—videocassettes□□VHS□□1986â□□"Demonstrates exercises for the disabled using a length of rubber tubing for strengthening. Participants include a non-handicapped instructor, a person in a wheelchair, and a leg amputee who adapt the exercises as necessary."»□□There are five films in this set, none of which is particularly of use in the diversity center. However they are good, basic information and like other exercise tapes, show the workouts.□□□QT 255 F544 Pt.1□□Ü□ĉðþþÿ?□□□□

Doctorry, D., & Kulick, M. B. 19862 Fitness is for everyone! Aerobics for paraplegics 2001 videocassette (33 min.) Cleveland, OH001 Invacare Corporation Terry, D., & Kulick, M. B. Disabled persons-videocassettes Paraplegia-videocassettes Physical fitness-videocassettes VHS001986Å0 An aerobics workout is demonstrated by a non-handicapped instructor and a paraplegic who adapts the exercises as necessary. Shows that handicapped persons don't have to give up physical fitness. C00Again, not really appropriate for the diversity center, unless faculty or students have an interest in disability. Contains good, basic information and examples of how to exercise from a wheelchair. C00T 255 P544 Pt. 200V A&Oppÿ?

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quadraplegics00030001 videocassette (33 min.)000Cleveland, OH000Invacare
Corporation GTerry, D.^GDDisabled personsvideocassettes Physical fitness
videocassettes Quadraplegia videocassettes DDDVHS DDD1986 EDD "An aerobics workout
is demonstrated by a non-handicapped instructor and a quadraplegic who adapts
the exercises as necessary. Shows that handicapped persons don't have to give
up physical fitness.^□□See other videos in this set for commentary. Not
suggested for use with the diversity center. $\square\square\square\square\square$ 255 F544 Pt.
300000Ä%ðþþÿ?0000

Bauer, K.0001986000Fitness is for everyone!00040001 videocassette (32											
min.) DDCleveland, OHDDDInvacare Corporation DDBauer, K.ZDDAmputees											
videocassettes□Disabled personsvideocassettes□Physical fitness											
videocassettes□□□VHS□□□1986Æ□□"An aerobics workout is demonstrated by a non-											
handicapped instructor and a leg amputee who adapts the exercises as necessary.											
Shows that handicapped persons don't have to give up physical fitness.", $\square \square \square$											

□4□National Handicapped Sports & Recreation Association□□□1986B□□Fitness is for everyone! Aerobics for persons with cerebral palsy□□5□□1 videocassette (35 min.)□□□Cleveland, OH□□□Invacare Corporation□□□Fensterman, K., & Foster, L.`□□Cerebral Palsy-videocassettes□Disabled persons-videocassettes□Physical fitness-videocassettes□□VHS□□1986ä□□"An aerobic workout is demonstrated by a non-handicapped instructor and a person with cerebral palsy in a wheelchair who adapts the exercises as necessary. Shows that handicapped persons don't have to give up physical fitness. "¬□□This tape breaks out of the mold, so to speak. It contains good examples of excuses used by people with disabilities avoid exercise. It emphasizes the positives of exercise for people with disabilities better than the other tapes. It is also more explicit about the pluses and minuses of exercise as well as including warnings about overdoing. I could see this as being helpful for Health, Mental Health, Disability classes.□□□QT 255 F544 Pt. 5□□□□ÄËðppÿ?□□□□

□□Washington, DC□□□Blackwell CorporationZ□□Communicable disease control--trends--videocassettes Microbiology--history--videocassettes DDVHSDD1989bD"Traces the history of the fight against infectious diseases from yellow fever, pneumonia and measles to polio and AIDS. Explores the dynamic processes of medical discoveries by probing current work in the nation's laboratories and research institutes."<□□There is a really annoying 'beeping' at the beginning; when using, it's a good idea to run the tape past this part. Could be used for Health, Mental Health, Disability. There is an emphasis on the complexity of 'new' medicine. According to this video, microbiology needs strong, international teamwork in order to combat disease. Shows how the National Institute of Health (NIH) contributes to getting rid of multiple diseases and disabilities. Contains fascinating explanation from a doctor who voluntarily went into an iron lung to see what it felt like. Unfortunately, it shows the misconception that polio has been conquored (this is true in the United States, but not world-wide) and there is no information on post-polio sequelae. There is little ethnic diversity shown in the presenters of the film; it's mostly white men; if the video is used, it would be strictly for the disability content.

□□WC 100 F4721□□ÝD‰ðþþÿ?-□□□

□/□□**Bradshaw, K. D., Elkins, T. E., & Quint, E.H.□□□1996B□□The patient with physical disabilities: issues in gynecologic care□□□NCME Special Series 00105001 videocassette (20 min.) 000 Raritan, NJ & Secaucus, NJ*000rtho-McNeil Pharmaceutical & Secaucus, NJ.□□Bradshaw, K. D., Elkins, T. E., & Quint, E. H." | Women's Health-United States-Videocassettes | Women's Health Services-United States--Videocassettes Disabled persons--United States-videocassettes OOVHSOOO1996UOO" Of approximately 43 million U.S. citizens who have physical disabilities, one-third are women. 67 percent of these do not receive routine primary health care services. Gynecologic care for this patient population is critical. This program heightens awareness of some of the barriers and stereotypes which may adversly affect their care."'□□This video is excellent! I highly reccommend its use in interventions, women's issues, and/or for oppression classes. Several discriminatory issues are brought up with regard to women with disabilities and child birth, as well as regular gynecologic needs and barriers to care. Different women with disabilities tell about their experiences with gynecologists, family members and others in society.

□□WA	3	09	P2981003	á□Äÿÿþÿÿ?	?N	ew York	Stat	е Ва	ar <i>I</i>	Association	າ□□□1998\$	\$□□Art	icle
81 o	f	the	Mental	Hygiene	Law;□□Not	applica	able	to t	the	diversity	center.	Way	too
tech	ni	cal		o∢ðþþÿ? [

□□□□Rosenzweig-Hinchcliffe, D.□□□1983=□Neruomotor assessment of cerebral palsy-spastic quadriplegia□□Pediatric assessment□□1 videocassette (50 min.)
□□BaltimoreE□□University of Maryland, School of Medicine, Dept. of
Physical Therapy□□Rosenzweig-Hinchcliffe, D.j□□Quadraplegia-videocassettes□□VHS□□1983Ý□□Demonstrates the relationship of assessment to
treatment planning, goal development and selection of appropriate treatment
strategies. Emphasis on the importance of the therapist's assessment. Includes
a case history."V□□This video could be used in Health, Mental Health,
Disability, or in Child Welfare classes. I don't know how useful this will be
for the diversity center, but at least there is education related to disability.
The therapist is very gentle and matter-of-fact, which is encouraging. This
film might be best used in bits and pieces for class.

□□WS 342 N4941□□□©ÄËðþþÿ?!□□□

□B□□Gryphon Productions, & Nuu-Chah-Nulth Community and Human Services 001998 000 Diabetes: lifetime solutions 001 videocassette (30 mon.) DD West Vancouver, BCD Gryphon Productions, Inc.@DDiabetesvideocassettes Indians, North American -- videocassettes III 1998 CO This video explores different ways of preventing diabetes, such as improved diet and exercise as well as reduction of stress. For those with diabetes, the program emphasizes methods of maintaining good health and blood sugar levels. The video is designed for Native and non-Native health professionals, hospital, and community groups seeking to provide diabetes information to First Nations."ö□□This is appropriate because of the emphasis on how diabetes became so prevalent in First Nations people. It also goes into ways to minimize and care for diabetes. As well, it talks about how fast food has such a negative effect on Native peoples. Of course this is also true of most people with diabetes, but the drastic change in diet for Native Americans from healthy foods to fast food has had a huge negative impact on health. Each of the tpes on diabetes and Native people emphasize the need of returning to a better lifestyle. Residental schools are touched on as detrimental to physical health of First Nations people. There is positive commentary on disability and staying positive, active, and keeping spiritually in tune to offset bad health. □□WK810 D537□□Œ□Ä<ðþþÿ?"□□□

DBliss, M.DD1988DDGlory enough for allDD1 videocassette (196 min.) \textsup Toronto3 \textsup Gemstone Productions & Primedia Productions Limited < □ Applebaum, L., Thomson, R. H., Wisden, R. Woodvine, J., Zelniker, M., Henry, M. Trotter, K., Behrens, B., Hess, H., Marks, S., & Gordon, B.v□□Diabetes Mellitus--history--videocassettes□Diabetes Mellitus--therapy-videocassettes□Insulin--history--videocassettes□□□VHS□□□1988·□□"The story of Dr. Frederick Banting, a veteran of the Canadian army medical corps in World War I, the man who discovered insulin. His often-strained relationships with J.J.R. MacLeod, his patron at the University of Toronto, Charles Best, his partner and research assistant, and James Collip, the biochemist who worked with them, are examined. The passion and the agony felt by the people involved in Canada's first great scientific achievement are recreated. Also profiled is of Elizabeth Hughes, the young daughter of the American Secretary of State, whose life was among the first of millions saved by insulin. Based on Michael Bliss's The Discovery of Insulin, and Banting, a biography. "DDThis was a fascinating video, but not really appropriate for the diversity center. For an interesting view of what it may have been like during this time (some time after 1918), I would encourage any student or professor to watch the video for entertainment/educational purposes.

□□WK 820 G5621□□□D‰ðþþÿ?#□□□

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□□Secaucus, NJ(□□Network for Continuing Medical Education□□□Bloomgarden, Z. T. DDDiabetes Mellitus DDVHSDD2003 DDD "Diabetes mellitus is increasing at an alarming rate. Currently, this chronic disease affects approximately 16 million people in the United States and 150 million people worldwide. These figures are projected to rise to 28 million in the US and 300 million worldwide by 2025. Primary prevention has become a focus of attention in recent years due to the morbidity and mortality of diabetes complications. Dr. Bloomgarden reviews the rising prevalence of the disease and discusses effective diabetes prevention programs. In addition, Dr. Bloomgarden presents data related to the metabolic syndrome and describes successful management approaches to diabetes, including glycemic, blood pressure, and lipid treatment regimens."5 Again, good info on diabetes but nothing in particular related to diversity. It does show diabetes by world regions, with the Western Pacific having 45 million; followed by South-East Asia. Native Americans have a 25 million index of diabetes patients. This video includes some information on African Americans (with approximately 6-10% having diabetes in 2000). They also draw the connection between income & diabetes; i.e., the poorer you are, the greater the risk. Given this, portions of the video may be very informative as part of diversity discussions.

□□WK 810 B655a□□åÄ<ðþþÿ?\$□□□

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□□□Schwiegerling, J.□□1988□□Diabetes and exercise$□□1 videocassette (10 min.) + 1 guide.
□□Amherst, NY□□Video Educational Services□□Schwiegerling, J.B□□Diabetes
Mellitus--videocassettes□Physical fitness--
videocassettes□□VHS□□1988~□□"Explains the benefits of exercise for the diabetic. Issues recommendations about the safety of different types of exercise."[□□Good, basic advice on exercise for diabetics, but not appropriate for the diversity center.
□□WK 815 D536□□/□D‰ðþþÿ?%□□□
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 \square Jelinek, J. E. \square \square 1995\$ \square Cutaneous manifestations of diabetes \square \square NCME \square \square 087 \square \square 1 videocassette (10 min.)

 \square Secaucus, NJ(\square Network for Continuing Medical Education

□Jelinek, J. E.T□□Diabetes Mellitus—complications—videocassettes□Skin manifestations—videocassettes□□VHS□□1995j□□"Dr. Jelinek discusses thre cutaneous conditions that are virtually diagnostic of diabetes: Diabetic bullae; limited joint mobility and waxy—skin syndrome; and diabetic dermopathy. He also describes other skin conditions which occur most commonly in the diabetic population: Necrobiosis lipoidica diabeticorum; granuloma annulare; and sclerederma diabeticorum."<□□This video is kind of annoying in that the larger part of the tape is devoted to travel—related illness (30 min.) and only 10 minutes refers to skin conditions of diabetics. This 10 minutes is similar to other diabetes tapes but also speaks of blisters and shows good, clear, pictures of what to look for, which could be helpful for discharge planners, child welfare workers, or gerontologists.□□not available□□□Ò□D<∂pþÿ?&□□□

□□Milner-Fenwick□□□Hunt, C.Ž□□Diabetes Mellitus--complications--videocassettes□Heart Diseases--etiology--videocassettes□Heart Diseases--prevention & control--videocassettes□□VHS□□1999□□"Explains why people with diabetes have an increased risk of heart disease. Discusses increased risk of complications and how to minimize risks. Includes information about health food choices, stress reduction, rest and exercise, regular check-ups and medications."]□□Good basic info, but not really for cultural center because there were no "diversity" issues.
□□WK835 D537□□□Â□D‰ðþpÿ?'□□□

□(□□Network for Continuing Medical Education□□□1998G□□Report from Geneva: critical issues from the 12th World AIDS Conference CONCMECO 739001 videocassette (60 min.) □□Clifton, NJ(□□Network for Continuing Medical EducationA□□Polsky, B., Bozzette, S., Currier, J., Murphy, R., & Pantaleo, G.>□□Acquired Immunodeficiency Syndrome--congresses--videocassettes DDVHSDD1998-DD"The 12th World AIDS Conference was held in Geneva, Switzerland, June 28 through July 3, 1998. On the last day of the week-long meeting, NCME convened a panel of expert scientists and clinicians to reflect on the most important advances to come out of the conference. Among the questions addressed: Can HIV be eradicated in the age of highly active antiretroviral therapy (HAART)? Are the complications of lipodystrophy and disbetes directly related to therapy with immune reconstitution? How can adherence to therapy be improved with newer agents and combinations? This information-packed program provides perspectives on the clinical issues that affect you and your patients."†□□This video is probably only of interest for those with a focus on HIV/AIDS. I don't see any real application to the diversity center.

□□WC503 R425□□□□1□D‰ôþþÿ?(□□□

□-□□Pass, H. I., & De Laney, T. F.□□□no date available...□□Photodynamic therapy (with: Initial evaluation of head trauma & Report from Japan: harmonizing ancient tradition and modern medicine)□□□NCME□□□585%□□1 videocassette (15 min.) + 1 booklet

□□Secaucus, NJ(□□Network for Continuing Medical Education-□□Pass, H. I., & De Laney, T. F.!□□Photochemotherapy--videocassettes□□□VHSú□□"Photodynamic therapy can target and destroy cutaneous and visceral malignancy, with less profound effects on normal tissue. Presents the latest clinical findings on this experimental therapy via the case study of a patient with pleural malignancy."PDDThis is an odd little video, with three parts; each part having two sections, and each part about 15 minutes long. The first 3rd is too technical and not of any use in the diversity center, however, the second and third sections have potential. In the second part, the information given on how to diagnose head trauma might be useful for those going into discharge planning, nursing homes, or child protective/preventive. The final section gives a look at bioethics from a traditional Japanese point of view. The doctor narrating this section also speaks about how Western ideas have influenced bioethics in Japan. Discussion about the differences in cultural expectations, the doctorpatient relationship, mutualism vs individualism, and end -of-life decision making. This section could prove very useful in relation to the diversity center.□□□No call number listed□□k□D‰ðþþÿ?)□□□

□□□□Ellsweig, B. A.□□□1997>□□Managing diabetes in the primary care setting: a team approach ONCME ON 726 ON videocassette (60 min.) □□Clfiton, NJ(□□Network for Continuing Medical Education□□□□Ellsweig, B. A.HODDiabetes Mellitus, non-insulin-dependent--videocassettesDiabetes Mellitus, non-insulin-dependent--diagnosis--videocassettes□Diabetes Mellitus, non-insulindependent--therapy--videocassettes Primary health care-videocassettes Physicians, family--videocassettes Physician's role-videocassettes Patient care team--videocassettes DDVHSDD1997\$DD"In this video, Dr. Ellsweig explores current issues in diagnosis, tight glucose control, lifestyle modification and pharmacologic therapy to illustrate the primary care physician's role in the team approach to managing diabetes. 'The primary care physician must be able to take the information provided to us by patients, by consultants, by the tests we have done and by whatever therapeutic intervention we have initiated, and coordinate it, collate it, and give the patient back the information so that he or she can manage his or her own care."□□□This video presents rather technical information in several places, but the basic information is of use to Ph.D. students and faculty interested in work with Native American, Black, and Latino populations where the rate of diabetes is on a dramatic increase. \times \text{WK810 E47} \text{\text{\text{B10}} \text{\ti}\text{\texicr{\text{\texi}\tex{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\tet

□'□□Aronne, L., Rippe, J. M., & Vash, P. D.□□□19970□Significant advances in the treatment of obesity□□□NCME□□□719□□□1 videocassette (60 min.)

□Secaucus, NJ(□Network for Continuing Medical Education'□□Aronne, L., Rippe, J. M., & Vash, P. D.z□□Obesity--videocassettes□Obesity--therapy--videocassettes□Obesity--drug therapy--videocassettes□Weight loss--videocassettes□□VHS□□1997Î□□"Obesity is second only to smoking as a leading cause of preventable deaths. Obese patients suffer from a number of serious comorbid conditions, including insulin resistance, hypertension, dyslipidemia, cardiovascular disease, and onon-insulin-dependent diabetes mellitus. A distinguished faculty reviews epidemiology and treatment with emphsis on newly approved pharmacotherapies that help these patients achieve long-term weight loss and improved health."^□□This video is probably too technical for most, but is potentially useful with students looking at health and wellness cross-over. There is a huge rise in obesity in America; this video shows the relation between obesity and mortality (death) and morbidity (illness). There is a direct link between obesity and heart disease and high blood pressure.

□□WD210 A769□□7□D‰öppÿ?+□□□

□-□□Bernstein, G., Scher, R. K., & Sanders, L. J.□□□20016□□Onychomycosis in diabetes: an often overlooked problem□□□NCME□□786□□□1 videocassette (60 min.)

□□Secaucus, NJ(□□Network for Continuing Medical Education-□□Bernstein, G., Scher, R. K., & Sanders, L. J.k□□Onychomycosis--videocassettes□Diabetes Mellitus--drug therapy--videocassettes□Diabetic foot-videocassettes $\square\square$ VHS $\square\square$ 2001 $\widetilde{\mathbb{N}}\square$ "Health care professionals realize the need to manage glucose control in their patients, but recent studies show that stronger emphasis need to placed on foot care. Recommendations include freuent and thorough foot examinations for patients with diabetes, and early intervention to treat fungal nail disease and related disorders. Patients with chronic nail disease such as onychomycosis (OM) whether it occurs on the hand or foot, require efficacious treatment."È□□This video is probably best used with students interested in intensive case management, especially where they may be accopanying clients to doctor's appointments. Also, if the social worker may be in the position to see a client's feet, e.g., barefoot at home, or in the summer. Onychomycosis shows up in toenails most often and can lead to secondary conditions, especially and most ominously, osteomyelitis, or bone infection. Bone infections are difficult to cure and a client with such an infection very likely faces amputation. Candidiasis is responsible for <1% of onychomycosis, but can be an indicator for HIV. This video also emphasizes the need for psycho-social and familial relationship supports. □□WK835 B531□□□\□D‰ðþþÿ?,□□□

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□□Secaucus, NJ(□□Network for Continuing Medical Education□□□Braverman, I.
M. DDDSkin manifestations--videocassettes Skin diseases--etiology--
\verb|video| cassettes| | Endocrine | diseases -- complications -- video cassettes| | Diabetes | diseases -- complications -- video cassettes| | Diabetes | diseases -- complications -- video cassettes| | Diabetes | diseases -- complications -- video cassettes| | Diabetes | diseases -- complications -- video cassettes| | Diabetes | diseases -- complications -- video cassettes| | Diabetes | diseases -- complications -- video cassettes| | Diabetes | diseases -- complications -- video cassettes| | Diabetes | diseases -- complications -- video cassettes| | Diabetes | diseases -- complications| | diseases| | dise
Mellitus--complications--videocassettes Metabolic diseases--complications--
videocassettes Hypersensitivity -- complications --
videocassettes DOUVHS DOU1995PDO"In this program, Dr. Braverman illustrates
cutaneous manifestations of endocrine and metabolic disorders, hypersensitivity
disorders, and disorders related to specific organ systems. Pt 1. Diabetes
mellitus--pt. 2. Other endocrine and metabolic diseases--pt. 3.
Hypersensitivity disorders--pt. 4. Underlying organ system disorders."□□□As with
several of the NCME films, this one also contains information on "high-dose
chemotherapy with autologous hematopoietic progenitor cell support for the
treatment of breast cancer." That aside, this is good basic information on what
to look for with a chronically ill client; sort of like looking for signs of
child abuse, e.g., burns, specially shaped bruises. It's technical, but not too
bad. The Dr. speaks in a monotone, so you might want to fast forward during the
lecture and focus on the examples. Dono call number available Dž Dž Dž Dž Dž Dž Dž Dž
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□/□□Genuth, S., Lebovitz, H. E., & Sperling, M. A.□□□1990Y□□Insullin therapy
for diabetes mellitus: guidelines from the American Diabetes
Association□□□NCME□□□562□□1 videocassette + 1 booklet

□□Secaucus, NJ(□□Network for Continuing Medical Education‰□□Diabetes Mellitus
Videocassettes□Diabetes Mellitus, Insulin-Dependentdrug therapy
$\verb videocassettes \verb Insulinpharmacologyvideocassetes \verb OVCR \verb OID 1990q ODIscusses the linear content of the content of th$
use of insulin for treatment of both insulin-dpenecent and non-insulin-dependent
diabetes mellitus.j□□This film MIGHT be useful for those planning to go into
discharge planning; otherwise it is too technical.
□□none found□□□□ß□D<ðþþÿ?.□□□

Documentation with a disability. The only problem is that the patienst/clients seems to be ignored, as if they were just props. The video at least uses diverse actors.

□□WY 100 T7721□□□ø□Ä<ðþþÿ?/□□□

□0□□Switkes, B., Crawford-Mason, C., & Silver, D. D.□□□1984□□Armchair fitness□□1 videocassette (60 min.)□□Chevy Chase, MD□□CC-M Productions □□Switkes, B.f□□Exercise--Aged--Videocassettes□Disabled persons--videocassettes□Physical fitness--Aged--videocassettes□□VCR□□1984□□Betty Switkes leads participants in three aerobic armchair workouts of twenty minutes each. The class, gathered in a living room, includes a senior citizen, a woman in a full leg cast, a pregnant woman, and middle-aged and young exercisers. Uses big band music.⅓□Fairly much like other exercise tapes viewed. The leader has an annoying voice and manner. Could be used on a personal level for a student with disabilities looking for ways to exercise. □□QT 255 A727□□ÿ□Ä⟨ðppÿ?0□□□□

□□Granger, C. V.□□□1999J□□Stockton Kimball lecture: medical rehabilitation outcomes and predictions□□□1 videocassette (43 min.)
□□Buffalo, NY.□□Uniform Data System for Medical Rehabilitation

□Granger, C. V.i□Rehabilitation--Videocassettes□Recovery of Function-Videocassettes□Disability Evaluation--videocassettes□□VHS□□5/26/99U□This
video descrives the work of the Center for Functional Assessment Research and
the Uniform Data System for Medical Rehabilitation Science of Functional
Assessment. These groups their support functional assessment instruments and
reporting systems for adults, children and outpatients: The FIM system, WeeFim
System, and LIFEware system.=□This video contains decent examples of acceptable
language to use with people with disabilities. It is pretty technical but still
good in terms of language and research. Also helpful that it was made at UB, so
contact with the programs at UB should be easy. Video shows links between cost,
appropriate care, and disability; suggested for use in Health, Mental Health,
Disability classes. The video also shows excellent support for community-based
services over institutionalization. Average costs for institutionalized cliemt
more than twice that for community living.
□□WB320 G758□□È□ÄËðþþÿ?1□□□

 $\verb| DDDLeutholtz, B. C. DDD1999-DDP rescribing exercises for special populations DDD1 videocassette (60 min.)$

□□Monterey, CA;□□Monterey Bay Video Production Co.: Healthy Learning VideosZ□□Heart Diseases—videocassettes□Lung Diseases—Videocassettes□Peripheral Vascular Diseases—Videocassettes□Obesity—Videocassettes□Hypertension—Videocassettes□Diabetes—videocassettes□AIDS—Videocassettes□Pregnancy—Videocassettes□Exercise Therapy—Videocassettes□Sports Medicine—Videocassettes□Acquired Immunodeficiency Syndrome—Videocassettes□□VHS□□1999Â□Leutholtz, professor at Old Dominion University, reviews exercise prescription for heart disease, lung disease, peripheral vascular disease, obesity, hypertension, diabetes, AIDS, and pregnancy.É□□This video would probably be more for individual student use rather than in class. It is suitable for classes in gerontology or health, mental health, and disability classes; it's basically a lecture. □□QT255 P934□□Ê□@<ðppÿ?2□□□

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□k□<record><field id="23"><run start="0" /><run face="italic" start="43" /><run start="66" /></field></record>-□*Berle, M., & McDonald, J. E.□□□1983"□Be well: health in the later years□□Be well, the later years3□1 videocassette (24 min.) + 1 small teaching manual
□Los Angeles□□Churchill Films □□Berle, M.9□□Health Status--Aged--
Videocassettes□Aging--Videocassettes□□VHS□□1983X□Howt/narrator Milton Berle tries to convince older people that aging does not equal disability. He gives a general overviow of the main health concerns for people over sixty years of age, with advice on medical care, medication, self prescription, and smoking. He also shows the importance of nutrition, physical fitness and stress reductionÊ□□Best for use in a gerontology section, but good example of ageism!
This video emphasizes over-all fitness and life-long exercise and could be used well in health, mental health, and disability section.□□□WT 120 B365 pt.
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"""**O'Dowd, D., Skeeter, J., & Brumit, K. | 1986 | Keep fit while you sit | 1 videocassette (34 min) | Los Angeles | Slabo Productions | Skeeter, J., & Brumit, K. | Exercise - Popular Works - Videocassettes | Disabled Persons - Popular Works - Videocassettes | Physical fitness - Popular Works - videocassettes | Physical fitness - Popular Works - videocassettes | VHS | 1986 | An exercise video designed for handicapped persons to exercise in a sitting position. Demonstrates various aerobec exercises. This video should definately be purchased for the diversity center or at least recommended for use

in interventions and health, mental health, disability classes. There is noting in this tape to connect it with social aspects of disability, but it shows that persons with disabilities can exercise (after first consulting with their doctor to discuss risk factors). It could also be used by case managers, or hospital discharge planners to work with clients to off-set arguements against exercise.

□□QT 255 K261□□□□'□D‰ðþþÿ?4□□□

□?□□Gambert, S. R., Frishman, W. H., Sivak, S., & Wolf-Klein, G. P.□□□1996L□□Clinical strategies for successful aging: management of geriatric syndromess□□NCME□□□706□□□1 videocassette (60 min.)

□□Secaucus, NJ(□□Network for Continuing Medical Education?□□Gambert, S. R., Frishman, W. H., Sivak, S., & Wolf-Klein, G. P. ± Geriatrics-Videocassettes Aging -- Videocassettes Disease -- Aged -- Videocassettes Dementia --Videocassettes□Cardiovascular Diseases--Aged--Videocassettes□Osteoporosis-Videocassettes CCVCRCCC12/30/96fCDespite efforts of health promotion, aging takes an inevitable toll, leaving older patients vulnerable to increasing illness and progressive disability. In this second segment of a two-part series on aging, a panel of geriatricians and internists discusses specific strategies to decrease morbidity and mortality and minimize disability in elderly patients.ŸDDThis video is fairly technical, but could be useful in health, mental health, and disability classes or in a class on gerontology. The video discusses co-morbid diagnoses, like alzheimer's disease and depression. There is reference to people with disabilities being a "burden to society" which doesn't sit well with this reviewer. On a side note, it appears that the moderator is either deaf or hearing impaired. □□none found□□□;□ÄËðþþÿ?5□□□

□□QT 261 W567□□æ□À<ðþþÿ?6□□□

 $\square k \square < \text{record} < \text{field id="23"} < \text{run start="0" />< \text{run face="bold" start="495" />< \text{run face="bold" start="495" /> < \tau face="bold" start="495" />$ start="501" /></field></record> □□**Grace, E.□□□1987"□□Lily: a story about a girl like me□□□1 videocassette (14 min.) Davis, CADDavidson Films, Inc.DDGrace, E., & Grace, L...DDown Syndrome--videocassettes□Mentally Disabled Persons--videocassettes□Mental Retardation--videocassettes Pediatrics--videocassettes ON (from 8mm camera) \$\pi \pi 1987-\$\pi \procuses\$ on the educational experiences of Lily, a ten year old child with Down's syndrome. Originally filmed in 1976 by Lily's mother Elizabeth Grace. ^ This video begins with an extremely annoying trailer; if shown in class, be sure to forward beyond the color bars before showing. This is a touching, true story; Lily is probably higher functioning than many other Down syndrome kids, but with acceptance, removal of barriers (both psychological and physical) and the proper supports, people with mental retardation can function very well in society. This film is vital as an example of the potential of individuals with disabilities when they do not face oppression. It was very unusual for someone with down syndrome to be mainstreamed as early as the '70s. It is also very unusual to find the kind of acceptance Lily found in a community and school. There are two more short videos made by the same author; it makes sense to show all of them at the same time. They're very short, but show the progression of Lily's education and living situation.

□□WM300 L731□□□□r□Ä<ðþþÿ?7□□□

"" **Grace, E. | | | 19884 | | Lily, a sequal: a film by her mother Elizabeth Grace | 1 videocassette (15 min.) | | Davis, CA | Davidson Films; Alpha Video | Grace, L.... | Down Syndrome--videocassettes | Pediatrics--videocassettes | Mentally Disabled Persons--videocassettes | Mental Retardation--videocassettes | OVHS | 1988 | DA documentary about Lily, a young woman with Down's [sic] syndrome. Includes her high school graduation ceremony and her current life as a restaurant worker and resident in a group home.coothis is the first sequal to "Lily: a story about a girl like me." Again, this situation was very advanced for the century. I

would encourage this film to be used in practice classes, HBSE classes, wherever

you can. It is an excellent example of the potential of persons with

disabilities when they're not blocked by oppressive attitudes and situations. $\Box WM300~L7311 \Box \Box \Box - \Box \ddot{A} < \delta pp \ddot{y}?8 \Box \Box$ □ □**Grace, E.□□□19964□□Lily at thirty: a film by her mother Elizabeth Grace□□□1 videocassette (15 min.) □□Davis, CA

□□Davidson Films □□Grace, L□□Down Syndromevideocassettes□Mentally Disabled
Personsvideocassettes Mental Retardationvideocassettes Pediatrics
videocassettes COVHSCOO1996o CODescribes how Lily, at age thirty, lives and
works, and how she is supervised in an independent living program.à□□This is so
much more than "how she is supervised in an independent living program," but
given the continued attitudes toward people with disabilities, it's not
surprising that this is how the abstract reads. The original notes section also
reads, "This is a follow up to Lily: a story about a girl like me and Lily: a
sequal." All three of these films are delightful and "real." All of the
students in the school of social work should have the chance to see these short
videos.

□□WM300 L7312□□□ ²□@Éðþþÿ?9□□□

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□□Secaucus, NJ(□□Network for Continuing Medical Educationp□□Physical Therapy Techniques ☐ Rehabilitation ☐ Disability Evaluation ☐ Complementary Therapies Diagnosis, Differential DOVHS DOSeptember 5, 2002r Doday's widespread recognition of the value of active rehabilitation as a necessary and integral part of the individual's overall medical management is enabling increasing numbers of patients to experience a return to full active life, or at least to achieve a quality of life that they find acceptable given their particular illness or injury. Rehabilitation services are provided throughout the continuum of medical care and in a variety of health care settings--from the intensive care unit to long-term facilities. Two physicians who specialize in physical medicine and rehabilitation take you through the experience of how they and the nurses, therapists, psychologists, and other allied healrh professionals work as a team with patients with chronic pain, carpal tunnel syndrome, spinal cord injury and stroke to achieve the best possible individualized functional outcomes.DOOThis video can be used in practice, HBSE, and health, mental health, disability classes, to show advocacy possibilities for people with disabilities. I strongly disagree with rehabilitation evaluation #3; handicap = the degree to which a person fulfills their role as spouse, parent, or professional worker. The most accurate defination of handicap, according to the National Institute of Health and the World Health Organization is, rather, how society impacts the person with regard to their impairment or disability. Unfortunately, the video is kind of boring and not really about the social aspects of disability, but can be especially useful to demonstrate advocacy as well as the advancements made in human behavior with regard to how people with disabilities are treated. Caution: be careful against falling into either scepticism or excess sympathy with regard to pain issues. It is very difficult to quantify pain; there is an excellent pain clinic in Buffalo, run by Dr. Gosy. Future practitioners could suggest the use of this clinic if they think it appropriate for clients.

□□WB 460 P5775□□□æ□DÉðþþÿ?:□□□

DDDMulrow, C.D., & McGroarty, J.DD1992rDSensory deficits in primary care: screening for hearing loss in the elderly and preventing blindness from diabetesDDNCMEDD612\$DD1 videocassette (29 min) + 1 booklet

□□Secaucus, NJ(□□Network for Continuing Medical EducationÌ□□Hearing Loss,
SensorineuuralAgedvideocassettes□Hearing Disordersdiagnosis
videocassettes Teatring Testsvideocassettes Diabetic Retinopathydiagnosis
$\verb videocassettes \verb D $
a self assessment questionnaire and a hand held audioscope to screen for hearing
loss in the elderly, and methods for detecting retinopathy in diabetic patients.
Discusses the role of the primary care physician in screening for these sensory
deficits and the importance of patient referral.©□□This video best used in
classes focused on gerontology, but also for health, mental health, and
disability classes. If clients have an acquired hearing impairment, this film
may be useful in referring to appropriate medical personnel. The video is
probably best used independently by a student interested in gerontological
issues rather than in class. (Also included on this tape is "Update: polyps and
colorectal cancer")

□□none shown□□□□′□DËðþþÿ?;□□□

 $\label{limit} $$\square\square\square$ Milner-Fenwick, Inc. $\square\square\square$ 1999$$ $\square\square$ Coronary angiography and angioplasty $\square\square\square$ Video counseling library $\square\square$ 1 videocassette (14 min., 58 sec.)$

□□Milner-FenwickR□□Coronary Angiography--methods--videocassettes□Angioplasty--methods--videocassettes□□VHS□□1999<□Through illustrations and live footage this video takes patients through the angiography, angioplasty, ad stenting procedures. The videos [sic] show how the heart works, what atherosclerosis is, and the risks of the procedures. Actual patients offer reassuring recollections of the procedures and recovery process.Q□□This video is closed captioned for Deaf individuals. It is pretty clear and straightforward; might be best for gerontology focused classes, but patients shown include middle-aged people as well. I would suggest this more for students who might want to become hospital social workers or gerontologists, rather than for in-class viewing. □□WG300 C822□□.□@Éðppÿ?<□□□

Did=<record><field id="23"><run start="0" /><run face="bold" start="91" /><run start="96" /></field></record>ddaronow, W. S.dd2003@ddTreatment of hyperlipidemia: expanding the horizon of preventiondNCMEdd812001 videocassette (60 min.)

□□Secaucus, NJ(□□Network for Continuing Medical EducationU□□Hyperlipidemia-diagnosis Hyperlipidemia -- therapy Antilipemic Agents -- therapeutic useDDDVHSDDD20032DDPatients with elevations of total cholesterol (TC), lowdensity lipoprotein cholesterol (LDL-C) and triglycerides, and with reduced levels of high-density lipoprotein cholesterol (HDL-C) are at significant risk of developing coronary heart disease. Hypercholesterolemia is an important preventable risk factor for cardiovascular morbidity and mortality, as well as all-cause mortality. Several national medical organizations have developed guidelines for the assessment of patient risk and for treating lipid abnormalities. The physician must identify those patients with dyslipidemia and initiate early, aggressive treatment to prevent cataxtrophic disability and death. A variety of standard drugs, as well as new agents, may be used. This program focuses on applying the latest clinical and research recommendations in using these drugs, singly or in combination, as well as employing nonpharmacologic interventions in clinical practice.Ç□□This video is way too technical for use in the diversity center/school of social work. It might be useful for those students working in cross-discipline health related situations at the Ph.D. level. 00WD 200.5.H8 A769t000qD

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 \fill Seavey, N. G. \fill 19900 \fill Paralyzing fear: the story of polio in America

 $\Box \Box PBS$ Home Video $\Box \Box \Box 1$ video cassette (89 min.) $\Box \Box \Box \Box Washington$, D. C. $\Box \Box \Box George$ Washington University

Goodrich, P. W. 1994: Thow to perform an excellent independent medical evaluation of videocassette (45 min.) Counted StatesY SEAK, Inc. Legal and Medical Information Systems; Rob Cooper Creative Production Services Goodrich, P. W. Obisability evaluation—videocassettes Malpractice—videocassettes Workers' Compensation—United States—videocassettes Referral and Consultation—videocassettes VHS 1994

□□None availableŒ□□This video could be used in policy classes. It also includes emphasis on psycho-social events/symptoms experienced by people who have been injured, which could be useful for intervention classes. The issues relayed in this video are about on-the-job injuries and employment. MSW students often enter supervisory or directory positions, so knowing how to deal with workmans' compensation issues are important. The video isn't vital to have for the diversity center, but certainly worth having in this listing. Alumni of the MSW or Ph.D. programs would be well advised to come back to view this film if they find themselves involved in a workmans' comp case. The video gives detailed information on the "outside" or independent doctors' evaluation process from a medical point of view, but it is still helpful for social workers or patients to know what or what not to do during one of these evaluations. □□W925

H847□□éD‰ŏppÿ??□□□

□□□□*American Medical Association□□□1992&□□Physicians guide to ADA videorecording AMA video journal $\square \square v.1$, no. 6% $\square \square 1$ videocassette (16 min.) + 1 booklet □□Chicago, IL□□□American Medical Association□□□Hammarley, J.s□□Employment--United States--legislation--Videocassettes□Disabled Persons--United States-legislation--Videocassettes 00VHS 001992 00Discusses how the Americans with Disabilities Act effects hospitals, clinics and physicians. What has to be done and what does not have to be done to comply with the law. Title on booklet: The Americans with Disabilities Act: a prescription for compliance.h□□This video contains a very good overview of the ADA, with better clarification than most. Can be used for policy classes, personal information for those social workers graduating and entering a supervisory or directory position. Documentation of all compliance related expenses recommended. The issue of "undue burden" addressed. This is when a business can claim it is unable to comply with portions of the ADA because it cannot afford to do so. Social workers should take this with a grain of salt; many employers claim undue burden even though they can afford accommodations or other compliance requirements. \\ \Bar{\Bar{B}} \Bar{B} \Bar P5781□□è□ÄËöþþÿ?@□□□

□□□Mobility Limited□□1993:□□Pathways: exercisse video for people with limited mobility#□□1 videocassette (48 min.) + 1 guide□□Morro Bay, CA□□Mobility LimitedZ□Exercise--Videocassettes□Disabled Persons--Videocassettes□Physical fitness--videocassettesÑ□Instructional video on exercise for anyone with limited mobility, including seniors, people with multiple sclerosis, arthritis or other limitations, as well as people who are overweight or temporarily limited.ù□This video isn't that important for the diversity center, but is a decent example of exercising that can be done if there are physical limitations. Hospital social workers (or students planning to enter the health field) will find this informative.

□□QT 255 P927□□^□Ä<ôþþÿ?A□□□

□**Lasch, C.□□1998y□□A new I.D.E.A. for special education: understanding the system and the new law: a guide for parents, a tool for educators□□1 videocassette (37 min.)

□□Fair Haven, NJ□□□Edvantage Media, Inc.□□□Hanlon, G. M.P□□United States. Individuals with Disabilities Education Act□Special education--Law and legislation--United States Children with disabilities--Education--Law and legislation--United States □ Video recordings for the hearing impaired □ Education, Special--legislation & jurisprudence--United States Disabled Children-education--United States BUNHS% Blelps parents and educators better understand the recent changes to the Individuals with Disabilities Education Act (I.D.E.A.), the law governing special education. Covers the referral process in special education, the evaluation process, creating an individualized education program, placement and related services, and preparing for transitions. Also discusses discipline, mediation, and standardized testing for students with special needs.@□□This video is essential to the diversity center. It can be used for policy, interventions, and health, mental health, and disability classes. For those students planning to go into the school system as counselors or advocates it is vital. The video contains clear information on rights of students with disabilities and their families, on what it appears as a strengths-based perspective. Discussion regarding services, discipline, mediation and due process hearings are included as well. The video contains a list of telephone numbers for resources and reading material.

□□LC 4031 N532□□□F□Ä<ôþþÿ?C□□□

Dareiter, D. Da 2000 The art of effective communication 11 videocassette (27 min.) DDD Indianapolis, IN □□JIST WorksH□□Anderson, J., Bane, D., Johnson, S., Kruze, C., Preston, W., & Young, A.«□□Business communication□Interpersonal communication□Oral communication □Written communication □Nonverbal communication □Communication □Video recordings for the hearing impaired VHS¤ Verbal, non-verbal, listening, and written communication skills are all things that remain vital, no matter how advanced our technology becomes. In fact, some technological developments have required even greater demands on our ability to get our message across clearly. Communication is an essential part of ervery business...every family...every relationship! This video impacts each of these important life skills. Do "Program content has been based on research and writings by J. Michael Farr." (From the library printout) This was fine as an introduction to communication skills, but not for the diversity center. I could easily see this video being used at the baccalaureate level. □□HM 258 A784□□□□¥DÉðþþÿ?D□□□

 $\hfill\Box$ *Gross, P. A. $\hfill\Box$ 1995 < $\hfill\Box$ Emporiatrics: preventing and treating travel-related illness $\hfill\Box$ NCME $\hfill\Box$ 687 $\hfill\Box$ 01 videocassette (30 min.)

□□Secaucus, NJ(□□Network for Continuing Medical EducationO□□Travel-videocassettes Communicable disease control--videocassettes Diarrhea--prevention & control--videocassettes Malaria--prevention & control--videocassettes Yellow Fever prevention & control--videocassettes□Hepatitis A prevention & control-videocassettes Typhoid Fever prevention & control--videocassettes Typhoid Fever prevention & control--videocassettes videocassettes DOVHSDO10/23/95 DOIN this program, a panel of experts in "emporiatrics" (from the Greek emporos <to go on board ship> and iatrike <medicine>) present the latest information on immunizations, prophylaxis, treatment guidelines and information resources on travel related illness. Pt. 1, Preventing and treating traveler's diarrhea -- Pt. 2. Malaria and yellow fever -- Pt. 3. Hepatitis-A and typhoid fever -- Pt. 4. Other vaccines and pediatric patients.²□□From the library print-out; "With: Cutaneous manifestations of diabetes." Which is why this particular video came up during the lit search. All but a few minutes of this video is indeed taken up with travel illnesses, but that last couple of minutes are at least valuable for students who may be working as intensive case managers or in hospital work. The examples of what specific skin problems for diabetics look like might be lifesaving for clients in the mental health system or for those with mental retardation. Teachers who want their students to be able to identify certain warning signs in clients would do well to guide them to this video, whether it is used in class or not.□□□not available□□N□ÄËôþþÿ?E□□□

 \square 3 \square Berrol, S., Bond, M. R., Kolpan, K., & Ratcliff, G. \square 0 \square 1984 \square 0 \square 1Head trauma: a system of care" \square 01 videocassette (120 min.) + guide

DPittsburgh, PA+DAmerican Rehabilitation Educational Network5DCraniocerebral Trauma--rehabilitation--videocassettesDVHSÙDA three and one-half hour (4 part) teleconference dealing with selected topics on the care delivery system for the traumatically head-injured adult. Sponsored by AREN, the American Rehabilitation Educational Network.UDThis video is technical but well presented (much better than some of the other tapes on health issues). With over 700,000 adults per year sustaining a traumatic brain injury, many students from both the masters and Ph.D. programs may very well come in contact with someone in this category. It should be previewed by the professor prior to showing it in class to see if appropriate, but I can see it used in health, mental health, disability classes. Other career options in which students are interested (rehab counselor, hospital work, child welfare, etc.) should consider viewing this video.

□□WE 706 H432□□□□-□Ä<ôpþÿ?F□□□

"Pardell, H. " 2000t Programming the dysfunctional brain: discover options for the treatment of cerebral palsy and traumatic brain injury 1 videocassette (45 min.) Tt. Lauderdale, FL Successful Images Pardell, H. Cerebral palsied children—Rehabilitation Brain—damaged children—Rehabilitation Children—Diseases—Nutritional aspects Hyperbaric oxygenation Brain—Wounds and injuries—Treatment Brain Damage—
Treatment Cerebral palsy—Treatment Cerebral palsy—Therapy—Child—Videocassettes Brain Injuries—therapy—Child—Videocassettes Child Nutrition—Videocassettes Hyperbaric Oxygenation—methods—Child—Videocassettes VHSk Through heredity, birth trauma, or injury, the brain may not function correctly. This video is designed to help brain—challenged individuals reach their full potential by covering topics such as the four stages of brain development, techniques that can help the injured brain, how to create new neural pathways, and the impact of nutrition on the body and brain.

□□As is true with all the medically-based videos, this one contains technical language, but don't let that stop you from using it, particularly in child welfare or gerontology classes. This video shows one very controversial type of therapy, that of using a hyperbaric chamber (oxygen "bed"), and one less controversial, that of patterning (manipulation of limbs to mimic crawling and other deliberate movement) Both are said to be effective in treating people with brain damage. Suggestions for nutritional supplements made. □□WS240 P964□□□□åD‰ŏppÿ?G□□□

 \square Secaucus, NJ(\square Network for Continuing Medical Education

□□Donshik, P. C.I□□Eye manifestations--videocassettes□Eye Diseases--etiology-videocassettes DDDVHSDDD1/1/962DThe human eye is often a window to underlying systemic disease. In this video quide for primary care physicians, Dr. Donshik presents visual examples of ocular findings which provide early diagnostic clues to a variety of diseases. Ocular manifestations which suggest late developments in patients with known problems are also examined. Pt. 1. Hypertensive retinopathy; arteriolosclerotic retinopathy -- pt. 2. Papillidema; optic neuritis; optic atrophy; retinal artery occlusion -- pt.3. Retinal vein occlusion; proliferative sickle cell retinopathy -- pt. 4. Connective tissue disorders; thyroid orbitopathy -- pt. 5. Diabetes mellitus -- pt.6. Sarcoidosis; metastatic carcinoma; AIDS.□□□Potentially useful simply because of the idea that eye exams should be used with certain diagnoses. Other than that, very technical. Of note is that the risk of becoming blind if you have diabetes is 20 times greater than if you are healthy. No matter who the client population is, if any members have diabetes, regular eye exams are exceptionally important. Good to keep in mind when working with Native American and African American clients, where diabetes has a higher level of incidence than with other people. □□none shown□□n□ÄËôþþÿ?H□□□

□Unted States□□Eli Lilly and Company_□□Diabetes Mellitus, Insulin-Dependent-videocassettes□□VHS®□□This video shows that if you keep your blood sugar level as near normal as possible, you may dramatically reduce your risk for long-term eye, kidney, and nerve complications. ♦□□Good basic introduction to diabetes; might be useful in health, mental health, and disability. On the downside, there's an annoying buzzing throughout the video.

□□WK 815 Р4191□□□□H□Ä<ôþþÿ?І□□□

 $\square\square\square**Yu$, J. $\square\square19964\square$ Breathing lessons: the life and work of Mark O'Brien $\square\square1$ videocassette (35 min.)

□□Boston, MA□□□Fanlight Productions

□□O'Brien, M.L□□O'Brien, Mark□Poliomyelitis--videocassettes□Disabled Persons--Videocassettes DDDVHSDDDPoet-journalist Mark O'Brien was stricken with polio in childhood and has spent most of his life in an iron lung. He describes how he has fought against illness and bureacracy for his right to lead an independent life and offers his reflections on work, sex, death, and God.'□□This is an extremely powerful film and should be required watching for everyone in the school of social work. This video "gets it" when it comes to the issues of independence, oppression and living when you have a disability. Unfortunately, even the abstract plays to the pity of the crowd when it comes to the word "stricken." Only one word, but powerful and negative connotations are driven by it. Among other things, Mark talks about what it is like to live in a nursing home, "I've never been so scared as the two years I was in a nursing home - the nurses injured me in the nursing home." He also points out that it cost \$5,000.00/mo. to house him in a nursing home vs the \$1,800.00 he needed to live independently. Figuring in inflation, the figure is quite a bit higher in 21st century dollars.

□□HD 7255 B828□□)ÄÛôþþÿ?J□□□

DDD**Palfreman, J.DDD93 DPrisoners of silence (Frontline) DDD1 videocassette (57 min.) DPBS VideoŠDAutistic Disorders--VideocassettesCommunication Aids for Disabled--VideocassettesCommunication Disorders--rehabilitation--VideocassettesDVHS'DA documentary on facilitated communication, a controversial, new technique used to help those with autism to communicate. Many scientists now believe this technique to be invalid.ZDThis is indeed a controversial, even inflammatory technique of 'communicating' with those profoundly affected with autism. Douglas Biklin, Ph.D., from Syracuse University was a strong proponent for this method. In the face of studies purportedly debunking facilitated communication, Dr. Biklin stated he believed the studies were flawed. This is a good tape to use to foster discussion on ethics, research design, communication techniques and therapeutic intervention with autistic clients. I would encourage showing this film to students in a broad spectrum of classes; from diversity to research.

□□WM 203.5 P9591□ □Ä<ôþþÿ?K□□□

 $\square = \square \square *$ George Washington University Center for History in the Media□□□1998'□□Conquering fear: epidemic disease today□□□1 videocassette (30 min.) Bashington, D. C. Beorge Washington University; PBS Video Bimon, S., & Satcher, D.? Deliomyelitis -- videocassettes Internal Medicine-videocassettes DDDVHS 3 DDA panel discussion featuring U. S. Surgeon Genreal Dr. David Satche looks at three contemporary epidemic disease issues: post-polio syndrome, polio eradication and future vaccines DDI object to the language in this video; victims, suffer, heart wrenching, and crippled are not conducive to acceptance of people with disabilities. That said, this video is important in that it at least addresses post-polio syndrome (PPS), about which little is known, even in the medical community. Because polio has been eradicated in the U. S., little attention has been paid to the late effects sequelae of this disease. On the other hand, polio is still epidemic in many developing countries and immigrants/refugees come to the U. S. with PPS. Also, many of the "epidemic" children (from this country) are part of the baby boomer generation and are finding they face unexplained fatigue, pain, weakness and difficulty in breathing or swallowing. These symptoms are often misdiagnosed, and left untreated, PPS can worsen, eventually leading to lost time on the job, loss of self-esteem and even truncated careers. Individuals who had polio were trained by rehabilitation workers that all they had to do was work hard and they could overcome whatever damage the virus caused. When PPS occurs (in roughly 80% of people originally infected), people with PPS may feel like shirkers when they slow down because of these symptoms. Since so few medical personnel understand PPS, it is difficult to get a diagnosis and even more difficult for the person with PPS to find out how to stem deterioration in symptomology. □□Information from this video would be useful for students in health, mental health & disability or for those intending to enter hospital social work. While it is unlikely that therapists would see many clients with PPS, there are certain commonalities between people who had polio. The most important of these is a sort of programming toward perfectionism they underwent during rehabilitation. □□WC 555 C753□□Ì□ÀËôþþÿ?L□□□

□ **Corbet, B. □ □ 1988	□□Survivors□□□1	videocassette	(28 min.)
□□Golden, CO			

□□Access, Inc.k□□Disabled Persons—personal narratives—videocassettes□Aging—videocassettes□Quality of Life—videocassettes□□□VHS"□□A film about long term disability: how it was then, how it is now, how it may be. A qualtiy of life statement about getting old with a disability.Ø□This is an excellent view of disability from the point of a person with a disability, rather than a film about people with disabilities. Mr. Corbet shows through narrative, music and visuals what the world is like for those with physical disabilities; the difficulty in gaining employment, forming relationships, and being independent. These things are not difficult because of the person's disability, but rather due to the negative attitudes held by the able—bodied majority about people with disabilities. It is vital that films like this be included in classroom materials throughout the curriculum for both the master's and Ph.D. programs if the School of Social Work is to combat oppression of people with disabilities.□□HV 3011 S9631□□ñÀËôpþÿ?M□□□

□i□□<record><field id="23"><run start="0" /><run face="bold" start="47" /><run start="53" /></field></record>DD*Walker, W., & Hynes, P.DD1985>DDJust like me: disabled and non-disabled students in transition 001 videocassette (30 min.) □□Tucson, AZ'□□Medical Electronic Educational ServicesK□□Disabled Children--Videocassettes□Mainstreaming (Education) -- Videocassettes□□□VHS1□□Depicts the life of a disabled university student)□□My reaction to this video is quite mixed. The intent is to show how similar students with disabilities are to able-bodied students, which is partially achieved, but there are so many platitudes that I wonder if there was any input in the script from the woman portrayed as the disabled student. I'm fairly sure the person who wrote the script was able-bodied....or so programmed by social pressures that he (they?) weren't able to see how condescending some of the dialogue is. Lines like "Sure, but I've learned that everybody has a disability of some sort," "There's always somebody less fortunate than yourself," and "In fact, I'm glad I'm not blind and some quads have it worse than I do." are insulting to many people with disabilities, including myself. Other than that, the video is, overall, decent. There's good interplay between the female students that play the main characters and indications that the biggest differences between someone who uses a wheelchair and someone who doesn't, is the physical surroundings (i.e., access to campus buildings)

□□HD 7255 J96□□□ÄËôþÿÿ?N

**Grunstein, M., & Kruzic, D.
 2002

Kiss my wheels 1 videocassette (57 min.)

Boston, MADDFanlight ProductionsgDZia Hot ShotsWheelchair
basketballDAtheletes with disabilitiesDisabled
PersonsBasketballDWheelchairsDVHS%DFollows the Zia Hot Shots, a nationally
ranked junior wheelchair basketball team, through a season of training and
tournament competitionDDThis is a great film! The team is co-ed and has
players from differing ethnicities. The players talk about the barriers they
face in their personal lives, such as a Zuni boy who talks about how other
people from his reservation talk about him like he's not even present. During
the season, the team loses one of its members to kidney failure and there's
discussion about how this type of thing is a daily presence in thier lives. My
favorite line from the video is; "If you look at me and you see the chair, then
you don't see me..."DD[DÄEðpüÿ?ODDD

□□□Texas Rehabilitation Commission□□□198? (from print-out) □□Meeting people with disabilities 11 videocassette (13 min.) □□Austin, TX□□Texas Rehabilitation Commission,□□Attitude to Health-- $\verb|video| cassettes | \verb|Deaf| ness--video| cassettes | cass$ Persons--videocassettes Mental Retardation--videocassettes Public Opinion-videocassettes DDVHSDD (on cassette: Oct. 1992) aDDiscusses types of disabilities and the socially correct way to approach persons who are disabled<□□Four types of disabilities are portrayed in this video, someone blind, deaf, mentally retarded, and a wheelchair user. The information is sort of stilted but basically o.k. The mentally retarded and deaf people are both unusual in that the level of communication/functioning are quite high. Speech as the average person expects is quite difficult for most Deaf people and only a small percent of the Deaf can lip read with any degree of clarity. The best part of this video is the emphasis on independence and dignity. Asking if you can help someone with a disability rather than just assuming help is needed and forcing the issue, is extremely important when interacting with people with disabilities. And there will be widely varying replies to offers of help. This video might be well used in an interventions 1 class.

□□HV 1553 M494□□□ADA...get the message□□□ô□Ä<ôþþÿ?P□□□

 $\$ Canadian Broadcasting Corporation 00199100Disability network: natives 001 videocassette (28 min.) 000Toronto, Ont.! 00Canadian Broadcasting Corporation

□□Couglin, J.P□□Disabled Persons—videocassettes□Indians, North American—Canada—videocassettes□□VHS^□This video discusses the problems of the disabled among native [sic] americans [sic] in Canadaq□There are some interesting discrepancies in the information given in this tape. For instance, disabled children are said to be "gifts from God," but at the same time, statements like, "There's not a lot of interest in disability by Native leadership," and "They're at the bottom rung of the ladder for interest and resources" are peppered throughout the film. Another issue is the general level of poverty found on reservations; one example given was that there was no TTD machine on the reservation and a Deaf woman had to call a family memeber in Rochester, NY, to ask them to call for help for the woman's sick child. In another vignette, a woman with a disability had to ask the police to stop using the handicapped parking space in front of the council office. □This video could be used effectively in classes on oppression, cultural diversity, and probably interventions.

□□НD 7255 D611□□□Ä<ôþþÿ?Q□□□

 \square " \square Coastal Video Communications Corp. \square \square 1992 \in \square ADA: the Americans with Disabilities Act (other titles include: A tool to work with, Employment and the ADA, supervisor summary) - 11 videocassette (18 min.) + 1 summary booklet DDVirginia Beach, VA" DCoastal Video Communications Corp. □□Tada, J. E.,,□□United States. Americans with Disabilities Act of 1990□Disabled Persons--United States--legislation & jurisprudence--Videocassettes DDDVHS>DDDiscusses the Americans with Disabilities Act of 1990, signed into law by President Bush. Tells why the law was needed and how it helps disabled Americans¢□□This was a pretty good video - could be used in a policy class, or in cultural diversity or oppression classes. Also in health, mental health, and disability. It is important for social work students to understand that while the ADA actually has some power behind it, how it is interpreted by the courts makes a huge difference in its efficacy. So far, virtually all of the cases involving employment have been decided in favor of the employers, which sets a dangerous precedent for those who want to work, but need reasonable accommodations. As the population ages and as more people with disabilities live longer, the laws protecting them will be of utmost importance.

□□WA33.AA1 A1911□□²□ÄËüþþÿ?R□□□

□□□□Kahn, R.□□□2002G□□In our midst: exploring the long-term impact of neonatal intensive care"□□1 videocassette (55 min., 51 sec.) □□Boston, MA□□□Fanlight Productionsk□□Disabled Children□Intensive Care, Neonatal--Personal Narratives Quality of Life--Child--Personal Narratives DDDVHS | DDI have reservations about this video. It has good points, but needs lots of discussion and exploration of personal feelings and counterpoint or what is most likely to happen is that students will come away from seeing this film grateful that they don't have a child with a disability. A question that should come up during discussion is why, when one set of parents has more than one premature child with serious breathing difficulties, do they continue to have children? If the question doesn't come up, then the class isn't being honest. The high cost of medical care and the life-long needs of some of the most disabled is forefront in insurance debates, so the thoughts have to be there... It isn't necessarily "bad" to ask this question; it's important to think about it from both sides, however. This video would be a good one to show during a class on ethics or policy. Positives in the video include the emphasis on advocacy, allowing kids with disabilities to have household responsibilities, and exploring the issue of non-disabled or less disabled kids taking on more responsibilities than their more severely disabled sibling(s).

□ WS 368 I35 □ □ □ □ Ä □ Ä Ë ô þ b ÿ ? S □ □ □

□,□□*University of California Center on Deafness□□1991;□Meeting the challenge: working with deaf people in recovery□□1 videocassette (20 min.)□□San Francisco, Salem, OR'□□UCSF Center on Deafness; Sign Enhancers_□Counseling--Videocassettes□Deafness--Videocassettes□Substance-Related Disorders--Videocassettes□UVHSm□This video is for drug and alcohol service providers working with individuals who are deaf or hard-of-hearing÷□This video is a good example of concrete services that can be provided for the Deaf community. It is also a good example that just because someone has a disability doesn't mean that they won't abuse drugs and alcohol. There is an unfortunate tendency for people to assume that disability conveys a life-long innocence; in fact, people with disabilities have a high rate of drug and alcohol abuse. This film is appropriate for classes dealing with substance abuse and probably interventions 1 classes.□□□HV 2395 M4951□□mÄËôppÿ?T□□□

□Y□□**UCSF Center on Deafness, San Francisco State University Rehabilitation Training Program□□□1993/□□Counseling deaf people: a skill training series%□3 videocassettes (180 min.) + 1 guide□□□San Francisco; Salem, OR8□□Deafness Rehabilitation Training Program; Sign Enhancers3□□Counseling-Videocassettes□Deafness--videocassettes□□□VHS□□□Vignettes are presented by a deaf multi-cultural cast and then analyzed to assist the viewers in learning counseling skills applied to working with deaf individuals. Program 1:
Rehabilitation counseling -- program 2: Community college counseling -- program 3: Personal counseling.ã□□I would recommend the use of this video with the faculty in the School of Social Work first. It's well done, but takes awhile to assimilate the content. All of the interactions are done in total communication (speech & sign).

□□WV 270 C8551□□6□ÄËôþþÿ?V□□□

 \square **Golfus, B. \square \square 19944 \square When Billy broke his head, and other tales of wonder \square \square 1 videocassette (57 min.)

□□Boston, MA□□□Fanlight Productionsh□□Disabled Persons--Videocassettes□Brain Damage, Chronic--Videocassettes□Social Perception--Videocassettes□□□VHSÿ□□A documentary about how the handicapped experience life in the United States. Personal interviews portray realities, hardships and coping mechanisms in the face of governmental bureaucracy and overwhelming odds. Closed-captioned for the hearing impaired This video is an excellent look at disability from the lives of people who face discrimination and oppression every day; those with disabilities. Mr. Golfus has a front row seat in this action against oppression; he himself has a traumatic brain injury, and he shares his experiences with the viewer. This is another film that I would urge all of the professors in the school of social work to see, whether or not they choose to use the film in a class. The video is especially appropriate for classes in cultural diversity, oppression, and health, mental health, disability, but should be shown to each student somehow. Golfus shows how it was, is, and continues to be in the struggle between able-bodied and disabled and also shows how things can be better for those with disabilities.

□□HD 7255 G625□□□→□DÉôþþÿ?W□□□

□□Trout, M.□□□1986;□□Birth of a sick or handicapped infant: impact on the familyF□□The awakening and growth of the human: studies in infant mental ILDDDInfant-Parent InstituteD Developmental Disabilities-Videocassettes□Family--Videocassettes□Disabled Children--Videocassettes□Mental Health--Videocassettes□□□VHS-□□This video discusses the birth of a sick or handicapped infant and the impact on the family. Pt. 1. Birth of a handicapped child (28 min.) -- pt. 2. Life at home (29 min.) $G\square\square$ This video was o.k. in a clinical way; the music was sort of sappy. There were good & bad points to this film; some of the language was annoying (the use of us and we in a context where the narrator wasn't disabled). On the other hand, in one scene, a doctor is shown asking the parents of a child with a disability to teach him what he needed to know about treating the baby. The video discusses the tendency for support systems to breakdown; from those at the hospital (the nurses became cold and stopped coming to the room as often and doctors tended to withhold information) to spouse (with divorce as a result), family, and friends (both self and other isolation). Discussion points should include the concept of "future losses" and social withdrawal. What is missing from this film is the sense that these scenerios aren't fixed in stone; if this film is used in class it is important to present differing viewpoints. Not all families fall apart and not all disabilities are seen as horrible. \square This video could be used in interventions and health, mental health, disability classes. DOWS 105.5.M3 B619000DËôþþÿ?X000

□□Mosby Lifeline□□□1996C□□Dealing with difficult behaviors: guidelines for nursing assistants*□□Mosby's health care education video series.□□1 videocassette (20 min.) + 1 guide (9, 27 p.)□□□St. Louis, MO□□□Mosby-Year BookNDDAggression--psychology--Nurses' Instruction--VideocassettesDHostility--Nurses' Instruction--Videocassettes Professional-Patient Relations--Videocassettes ☐Mental Disorders -- rehabilitation -- Nurses' Instruction --Videocassettes Disabled Persons -- rehabilitation -- Nurses' Instruction --Videocassettes□Nurses' Aides--education--Videocassettes□□□VHSÌ□□Designed to give caregivers an understanding of the different behaviors they are likely to encounter when caring for clients, patients, family members or friends who are either physically or mentally ill. Boothis video is mostly about nursing homes, so it would be especially appropriate for gerontology classes. Given the preponderance of younger people with traumatic brain injuries or other dementias (alcohol related, MS, etc.) who may also be in nursing homes or other long-term care facilities, it is also appropriate for interventions classes, and of course health, mental health, and disability classes. Perhaps the most imprtant is the issue of choice; even in a nursing home. □□WM 600 D279□□Β□ÄËôþþÿ?Y□□□

□□□**Thomson, S.□□199? (from library print-out);□□When parents can't fix it: living with a child's disability□□□1 videocassette (58 min.)
□□Denver, CO□□Sixth Street ProductionsC□□Disabled Children-Videocassettes□Child Development--Videocassettes□□VHS・□□Delving into the lives of five disabled children and their families, this program explores in depth the issues of raising children with disabilities.)□□This video addresses culturally diverse children as well as different disabilities, so is well suited for cultural diversity, oppression, interventions, and of course, health, mental health, and disability classes. It is an extremely good look at real life with a disability, both up and downsides. Humor as a coping skill, spirituality, and the conflicting emotions present when parenting a child with a severe disability addressed. I highly recommend this video for all professors in the School of Social Work whether or not they choose to show it.□□□HQ 773.6
W567□□□□□□Eýppÿ?Z□□□

\square ($\square\square$ Network	for	Cont	inuing	Medical	Education	$n\square\square\square\square$ not	availak	ole' 🗆 🗆 N	eurolo	gical
emergencies	in 1	head	trauma		006240001	videoca	assette	(18 mi	n.)	

□□Secaucus,	NJ(□□Network for Continuing Medi	cal Education OOVHSBOOToo medically
technical to	o be appropriate for the diversit	y center□□□not
available□□H	Ð□DÉôþþÿ?[□□□	

□□Secaucus, NJ(□□Network for Continuing Medical Education€□□Amputation—rehabilitation—videocassettes□Amputees—psychology—videocassettes□Diabetes Mellitus—complications—videocassettes□□VHS—□Complications of diabetes mellitus is the leading cause of lower extremity amputation. Rehabilitatioin begins with the physical therapist's teaching the patient to function without a prosthesis, to build physical strength and confidence. After prosthesis is fitted, patient learns from the occupational therapist how to move about in settings outside the hospital. Postoperative complications and positive steps patient can take to control them and to avoid secondary amputation are discussed. Psychosocial issues are examined in an interview with a patient who has successfully completed the rehabilitation process. (With: Battered women in your practice?)ç□□Too medically technical for the diversity center; with the possible exception of the tiny portion about the psychosocial issues. Probably not worth using this small section out of context as a film clip, but professors can choose. □□not shown□□,□@Ëôpbÿ?\□□□

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/><run start="222" /><run face="bold" start="277" /><run start="279"
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□□Bobath, B.□□□1982M□□Berta Bobath: assessment and treatment planning. A child
with cerebral palsy \square The Bobath approach \square 1 videocassette (52 min.) + 1
booklet Baltimore, MDT The Video Services (University of Maryland at
Baltimore. Dept. of physical therapy)8□□Physical Therapy--
videocassettes Cerebral palsy--therapy DDVHSe DBerta Bobath demonstrates her
assessment and treatment planning for a child with spastic quadriplegia DDThe
video is a bit blurry in sections. It uses the strengths perspective and
presents the client in situation, but in general, the video is probably too
technical and boring for students. Dr. Bobath talks around or about the little
boy she's assessing on camera, rather than to him for the most part. There is
no cuddling or comforting as he cries while she physically manipulates him,
which is an example of what many people with disabililties complain about when
they say they spent their childhoods as pieces of meat. The only way this video
would be appropriate or helpful in classes would be if it were coupled with one
or more of the "experiential" (i.e., personal interviews) tapes, or with other
material regarding disability culture and issues incorporated into class time.
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□□WB 320 B536□□Ş□@Ëðþþÿ?]□□□

DmDD<record><field id="23"><run start="0" /><run face="italic" start="276"</pre> /><run start="290" /></field></record>DDBrown, J., & Kerr, N. DDD1995DDGestational diabetes0DDWomen and their pregnancies: beyond the textbook5□1 vidoecassette (21 min., 32 sec.) + 1 teaching guide□□□Minneapolis, MN0DDUniversity of Minnesota, School of Public HealthqDDiabetes, Gestational-Videocassettes Pregnancy in Diabetics -- Videocassettes Nutrition -- Pregnancy --Videocassettes DDVHS □□Fall 1995b□□Defines and discusses gestational diabetes and offers dietary strategies to control the condition.H□□This video mentions the fact that certain ethnic groups are more prone to diabetes, but the example patient is white, so that sends the message that although perhaps African-American or Native American people are more likely to become diabetic, white people are still somehow more important than these people. The video is nicely clear and not too technical, but there's not really any emphasis on cultural issues or relation to disability (other than the fact the people have diabetes). I would think this is not a valuable addition to class materials in the School of Social Work.

□□WQ 248 G393□□□□DÉðþþÿ?^□□□

DDDDXavier, F., & Pi-SunyerDDD1994&DDiabetes management: a clinical updateDDNCMEDD667%DD1 videocassette (43 min.) + 1 booklet

□□Secaucus, NJ(□□Network for Continuing Medical Education-□□Diabetes Mellitus, non-insulin-dependent--therapy--videocassettes□Diabetes Mellitus, Insulin-Dependent--therapy--videocassettes□Insulin--therapeutic use-videocassettes Diabetic diet -- videocassettes Blood Glucose Self-Monitoring -utilization--videocassettes Diabetes Mellitus--complications-videocassettes Diabetes Mellitus--psychology--videocassettes Patient Compliance--videocassettes Referral and Consultation- $videocassettes \square \square VHS \square \square 10/1094\$ \square Within the past several years, there have been$ significant changes in the recommended management of diabetes mellitus. These include the Report of the Diabetes Control and Complications Trial (DCCT) and the new nutritional recommendations of the American Diabetes Association (ADA). This program provides useful suggestions for implementing some of these new approaches. Pt 1. Introduction--pt.2. Issues of management -- pt.3. ADA dietary recommendations -- pt.4. Results of the DCCT -- pt. 5. Patient compliance -pt.6. Managing complications.ò□□I wouldn't necessarily recommend this video for the diversity center. It might be of some interest to those planning a career in hospital discharge planning, but in that case, a student can make the choice to view the film on his or her own. □□none given□□□ÕDÉôÿþÿ?_□□□

UDDDKohn, M.UDD1991%UDThe initial evaluation of head traumaUDDNCMEUD585%UD1
videocassette (14 min.) + 1 booklet

□□Secaucus, NJ*□□Network for a Continuing Medical Education£□□Brain Injuries
Videocassettes□Craniocerebral Traumadiagnosisvideocassettes□Craniocerebral
TraumatherapyVideocassettes. □Wounds and injuries
VideocassettesDDDVHSaDDMinor head trauma, if not properly evaluated and
appropriately referred, can lead to brain herniation and death. An emergency
medicine specialist provides a step-by-step guide to the office evaluation of a
patient with an apparently mild head injury (With: Photodynamic therapy and
Report from Japan: harmonizing ancient tradition and modern medicine)
□□none given□□□D‰ôþþÿ?`□□□

DDD:**Wade, C. M.DDD:sability culture rapDDDTools for changeDD5BDD1 videocassette (22 min., 34 sec.) + 1 facilitator's guide (71 p.)

Development Associates, Cicero, NY)

Wade, C. M.-Deople with disabilities People with disabilities—Civil rights People with disabilities and the arts Disabled persons—
Videocassettes Social Identification—Videocassettes VHSE An experimental documentary exploring disability identity and culture What a great film! It combines consciousness raising with humor, entertainment with truth, and self-advocacy with performance art. Cheryl Marie Wade may well be a cultivated taste, but when you take the time to think about what she's saying, it makes sense. Ms. Wade is a radical "crip" in the best sense of the word and has spoken out on the various issues related to disability oppression. I recommend that a way be found to show this video to all students in the MSW and Ph.D.

programs.

□□HV 1568 D611□□Z□ÄËôþþÿ?a□□□

DDDDNAACOGDD1992,DDCross training for obstetrical nursing staff/D6 videocassettes (186 min.) + 1 resource manualDDBaltimore, MD#DDWilliams & Wilkins Electronic MediaTDDbstetrical Nursing--videocassettesDPregnancy complications--nursing--videocassettesDDVHSdDCovers the nurses' role in assessment, observation, and care of the obstetrical patient from a multi system approach. !. Antepartum care (30 min.) -- 2. Intrapartum care (33 min.) -- 3. Postpartum care (30 min.) -- 4. Preterm labor and third trimester bleeding (38 min.) -- 5. Diabetes in pregnancy (28 min.) -- 6. Pregnancy induced hypertension (27 min.)ÑDFour of these six videos have potential for the diversity center. They can be used in classes on oppression, cultural diversity, and as always in some way in health, mental health, and disability classes. #s 1, 4,5,& 6 discuss issues that might be found in minority populations and include psychosocial concerns. Rather than showing the entire films in class, I would suggest the professor preview the videos and use film clips from them to illustrate concerns.

□□WY 157 C951□□□□áÄËôþþÿ?b□□□

□□□□** NBC News Productions□□1989/□□Just like anyone else: living with disabilities! D1 videocassette (30 min.) + quide DDPleasantville, NY#DDNational Broadcasting Company, Inc.f□□Rehabilitation□Paraplegics--Rehabilitation□People with disabilities Disabled Rehabilitation Parapleqia DOVHS ØDD This program introduces viewers to five disabled teenagers, emphasizing what they can do with their lives rather than what is beyond their grasp. The program helps to encourage a new understanding of the hurts, triumphs, and goals of the disabled.; \textstyle This is a good, strong film about disability. The teens in the video have different disabilities and discuss what it's like to deal with them: Deafness, cerebral palsy, autism, neurofibromatoma, and wheelchair use. This is another video I would encourage somehow using with all the students in the School of Social Work. The only caveat being that it may be a bit too upbeat, especially the last section which leans toward the depiction of people with disabilities as "super crips." It is important to focus on the positive, i.e., the strengths perspective, but not at the expense of making sure students know how much oppression still exists with regard to disability.□□□HV1569.3 .Y68 .J87□□;ÄËðþþÿ?c□□□

□□□House of Commons□□1990E□Partners in change: a work experience program at the House of Commons□□1 videocassette (13 min.)□□□Ottawa-□Human Resources Directorate, House of Commons□□Canada. Parliament. House of Commons—Officials and Employees□Learning disabled youth—Employment—Canada□Youth with mental disabilities—Vocational education—Canada□Education, Cooperative—Canada□Representative government and representation—Canada□□VHS□□JuneT□□...a guide...on how to establish...co—op work program for students with disabilitiesn□□This video is about a mainstreaming employment program in the Canadian House of Commons. Most of the students highlighted are mentally retarded, so the breadth of disability is lacking. It's also quite a short film, but a good one to use to show the strengths perspective with regard to disabling conditions. It could be used for interventions and policy classes.□□□X 9-14□□□DËôpþÿ?d

Smith, $\mathrm{H.}^{\mathrm{J}}$ 2000 \square The idealistic HMO: can good care survive the market? (Also Critical condition with Hedrick Smith: how good is your health care?)# Films for the Humanities & Sciences | 1 videocassette (42 min.)□□□Princeton, NJ#□□Films for the Humanities & Sciences"□□Delivery of Health Care--United States--videocassettes Health Maintenance Organizations--United States--videocassettes Health Care, Costs--United States-videocassettes DDDVHS > DDPulitzer Prize-winning journalist Hedrick Smith investigates Kaiser Permanente -- the largest nonprofit HMO in the U.S. -- and its social mission of lifetime care. Although it has pioneered improvements such as mass screening for colon cancer and special team care for patients with diabetes and HIV, Kaiser has also drawn fire for unpopular cost-cutting measures and for allegedly neglecting needy communities. \$ \text{ \text{\ti}\text{\texi{\text{\texi\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\texit{\texi{\text{\texi}\text{\texi{\text{\texi}\text{\text{\text{\texi}\text its emphasis on the strengths perspective and self-advocacy of patients. It shows how "little people" can make changes. The diseases/disabilities featured are mostly AIDS and cancer. It could be used in a policy class, but I'm not sure just how well it fits in with the diversity center. Although, with the commentary about neglecting needy communities, perhaps that's the best connection. DDW84 I38DD "DEôpbÿ?eDD

 $\label{lem:moore} $$\square$Moore, M. A. \square\square$1992W$\squareEnd-stage renal disease: preventing dialysis through early recognition and intervention \squareNCME\square\square$609%$\square$1 videocassette (49 min.) + 1 booklet$

□Secaucus, NJ(□Network for Continuing Medical Educationã□Kidney Failure, Chronic--videocassettes□Hypertension--prevention & control-Videocassettes□Diabetes Mellitus--complications--videocassettes□Antihypertensive
Agents--therapeutic use--videocassettes□Renal Dialysis-videocassettes□□VHSy□The stages of renal failure leading to end stage renal
disease (ESRD) are identified and methods for recognizing and treating symptoms
are discussed as a means of saving the kidneys and preventing the need for
dialysis. Risk groups include diabetic hypertensives; non-diabetic
hypertensives with nephrosclerosis; and patients with glomerullonephritis and
other kidney diseasesD□The tape quality is poor; the voice over fluctuates
dramatically. There's also interference and the screen "jumps." The video is
quite technical and probably not what we're looking to include in the diversity
offerings. There is reference to the fact that African Americans have a high
risk for hypertension and diabetes.
□□not listed□□aÄ⟨ôpþÿ?g□□□

□□*Lambert, R.□□□1993'□□A video guide to (dis)ability awareness5□□1 videocassette (25 min.) + employer's guide (194 p.)□□□Santa Barbara, CA;□□Idea Bank (Boston, MA; distributed by Fanlight Productions)□□Mulgrew, K. (narration) □□Communications-Videocassettes□Disabled Persons-Videocassettes□Interpersonal Relations-Videocassettes□Public Opinion-Videocassettes□Workplace-Videocassettes□□VHSá□Provides guidelines and communication for employers to consider when a person has a disability. Guide includes state and federal listings of agencies and organizations who provide services and information covering the A.D.A.Đ□□This is a good video, containing practical, clear, and concise advice on employment and job applicants with disabilities. It represents an attitudinal change in the workplace toward people with disabilities that is encouraging. The only place where I saw a lack was in the suggestion (by ommission) that developmental disability only refers to mental retardation. This film could be used for interventions, policy, and health, mental health, disability classes.□□□HD 7255 V6521□□ÉDÉôpbÿ?h□□□

□C□□*Tomoeda, C. K., Chitwood, J. L., Bayles, K. A., & Beardsley, L. M. DDD1999aDDUnderstanding cultural diversity: the importance of culture in building therapeutic relationships DDUnderstanding cultural diversityDDD5.DD1 videocassette (57 min.) + 1 guide (5 leaves) □□Tucson, AZ6□□National Center for Neurogenic Communication DisordersÅ□□Ethnic Groups--United States--videocassettes□Cultural Characteristics-videocassettes Communication -- videocassettes Cross - Cultural Comparison -videocassettes Delivery of Health Care--videocassettes DOUVHS£ DKathryn A. Bayles interviews Dr. Lisa M. Beardsley about how cultural differences between health care providers and clients are accentuated in times of crisis and illness. Discusses how illness is mediated by culture, the characteristics of the four most common cultural groups in the U.S., how acculturation differs among individuals, and how to develop better intercultural skills to build therapeutic relationships.ã□□This video probably came up in a search on disability and culture because it was produced by the National Center for Neurogenic Communication Disorders, however, it would be very useful in general for diversity classes. The film paints the picture of each of the ethnic groups included (African American, Asian, Latino, and Native American) with a slightly broad brush, but covers aspects of religion, communication, health beliefs, identity development, and historical information. DD HF5549.5.M5 U555DDÆDDÉôþþÿ?iDDD

□<□*Tomoeda, C. K., Chitwood, J. L., Bayles, K. A., & Perez,
J.□□1998W□Understanding cultural diverisity: providing health care to Hispanic immigrant children □Understanding cultural diversity□□4.□1 videocassette (46 min.) + 1 guide (4 leaves)
□□Tucson, AZ6□□National Center for Neurogenic Communication Disordersõ□□Hispanic Americans--videocassettes□Emigration and Immigration--United States--videocassettes□Cultural Characteristics--videocassettes□Communication--videocassettes□Cross-Cultural Comparison--videocassettes□Delivery of Health Care--videocassettes□□VHSS□□Kathryn A. Bayles interviews Janie Perez about the challenges facing health care workers in reaching the Hispanic immigrant children population. Addresses some of the needs of the children and their families, and discusses some solutions. Shows interview vignettes and reviews for technique. Emphasizes the importance of understanding the Hispanic culture, and characteristics of a successful cross-cultural practitioner%□□This video seems to be very informative and useful. The largest needs appear to be in

connecting to services. This video is most likely to be useful in diversity and

intervention classes. OOHF5549.5.M5 U554000'Ä<ôpþÿ?j000

OSiple, L.OO1990OOModels in oral interpretingOO1 videocassette (46 min.) DDDRochester, NY~DDAlexander Graham Bell Association for the Deaf; National Technical Institute for the Deaf at Rochester Institute of Technology)□□Rizzolo, M., Castle, D., & Rosenstein, J.A□□Lipreading□Interpreters for the deaf□Deaf--Means of communication□□□VHSË□□Includes several short segments that demonstrate oral interpretation techniques for lipreading. Three people interpret the same speech, showing their different interpretation styles. They also demonstrate correct and incorrect technniques of oral interpretation. Contents: NTID state of the institute address -- Working together: presidential acceptance speech for AGBAD -- Growing up in a mainstreamed education: reflections of a deaf person --Political science lecture (use of gesture) -- Observations of nursery school children -- Examples of inappropriate facial expression -- Mary had a little lamb (under articulation, over articulation, correct articulation) -- Talking about sex (inappropriate pausing.)Q□□The tape is damaged; the color and sound flicker in and out. I would not suggest this video for use through the diversity center; oralism is not, in general, well accepted in the Deaf community. According to other sources, both videos in this filmography and other sources, either total communication (combination of lip reading/speech and sign) or sign are preferable to oralism. Unless students are planning to become sign language interpreters, or work exclusively in the Deaf community, I would not suggest this video. It is boring unless you have a specific interest in learning sign.

□□HV2487 .M62□□š□ÀËôþþÿ?k□□□

□□WB 555 P643□□□□□□□Ëôþþÿ?1□□□

□Smart, J.□□□1997!□□Cultural issues in rehabilitationI□□Vocational rehabilitation counselor training: distance educations project?□□This class has 10 sections, each on one videocassette (60 min.) □□Logan, UTB□□Utah State University, Dept. of Special Education & Rehabilitation"□□Utah State University. Dept. of Special Education and Rehabilitation Distance education-Utah \(\text{Vocational rehabilitation--Utah \(\text{Video recordings for the hearing} \) impaired OOVHSUOPD-VV 110a Multicultural rehabilitation overview, a practiceoriented perspective -- PD-V 110b. Disability as associated with race -- PD-V 110c. Acculturative stress -- PD-V 110d. Importance of language and implications for individuals in rehabilitation -- PD-V 110e. Culture and ethnicity is related to an individual perception of, and adaption [sic] to, a disability -- PD-V 110f. The need for rehabilitation services for individuals of ethnic minorities -- PD-V 110g. Involving the family of minority clients in the rehabilitation process and counseling and interviewing techniques with minority clients in rehabilitation -- PD-V 110h. Counseling and interviewing techniques with minority clients in rehabilitation -- PD-V i. The rehabilitation of seasonal and migrant workers -- PD-V 110j. Job placement - vocational and psychological assessment. \Box ^L I had a hard time deciding whether to list this telecourse as separate topics, but decided to go with an overview of the 10 videos and allow individual professors decide which films they might want to use in class. I think it would be a very good idea to offer this telecourse as an elective under the auspices of the health, mental health and disability concentration. These tapes fit well with the bio-psycho-social view held by social workers. While there are some discrepancies, i.e., when the presenter states that "race has never, ever, ever been viewed as a determinant to behavior by researchers," basically these tapes are very worthwhile for use with the diversity center. They may be best used with cultural diversity classes or with health, mental health and disability classes. Any students planning to become case managers or health care social workers should be exposed to this set of videos.

□□LC5806.U8 C897□□Z□ÄËôþþÿ?m□□□

understanding diabetess 11 videocassette (28 min.) 15 Toronto, Ont. 16 Anishnawbe Health TorontoR 16 Diabetes Mellitus---Videocassettes 17 Indians, North American--Canada--videocassettes 17 VHSr 17 This video discusses the correlation between the emergence of diabetes and changes in the diet of Native Americansè 17 This is an excellent film; both for medical sense and for insight into at least these people's needs and lifestyle. There are similarities to other tapes on diabetes, of course, but in order to get a view of how holistically the makers of this video see the balance between Native foods and diabetes control, this is important to watch. The video could easily be an addition to any interventions, diversity, or health, mental health and disability class.

□□WK 815 A5991□□□□ÉÄËôþþÿ?n□□□

□Columbus, OHS□□Ohio State University, College of Medicine, Denter for Continuing Medical EducationC□□Electrodiagnosis--Videocassettes□Myotonic Dystrophy--Videocassettes□□VHS<□□This video consists of oscilloscope tracings. EMG findings in myotonic dystrophy (9 min.) - Progressive muscular atrophy in polio (2 min.)Ê□□This tape is totally useless for the diversity center. It looks like It is simply a home movie camera pointed at an oscilloscope. Perhaps the material means something to a neurologist, but not for us. □□WE 141 E381□□IÄËôpbÿ?o□□□

□□□□**NARTC□□□1988%□□Medicine people: teaching and healing□□□1 videocassette (18
min.)
□□Tucson, AZ,□□Native American Research and Training Center □□Indians, North
AmericanVideocassettes Medicine, TraditionalSouthwestern United States
Videocassettes□AlcoholismrehabilitationCalifornia
Videocassettes DDD VHS; DDescribes the tradition and continuing role of the
medicine people in the Navajo (Dine) culture. Also describes an alcohol abuse
rehavilitation center for Native Americans in Long Beach, CA.0□□This video
contains a good look at Dine society. Unfortunately it is somewhat worn; perhaps
the library could be persuaded to buy a new copy. The content addresses
alcoholism, smallpox, and TB as diseases brought by Europeans to America. This
video is well suited to diversity and intervention classes.
□□WB 50 M489□□AÄËôþþÿ?p□□□

□□□Hodges, C. C., & Hodges, J.□□1989□□Wheelchair aerobics□□1 videocassette (35 min.)
□□Roanoke, VA3□□Eye Video Productions and A/V Health Services, Inc.v□□Disabled Persons--Videocassettes□Exercise Therapy--Videocassettes□Wheelchairs--Videocassettes□Exercise--Videocassettes□□VHS<□□An aerobic exercise program that is designed for people with physical limitations to help improve and maintain their cardiovascular system.{□□This video is much more oriented to physical therapists than social work. Not really appropriate for the diversity center. □□WB 320 W561□□#□Dùôpbÿ?q□□□

□□*Karpinski, M.□□□2000/□□How to communicate with someone who has aphasia)□□Home care companion, Communication series□□□2□□□1 videocassette (24 min.)□□□Healing Arts Communications=□□Aphasia□Aphasia-Videocassettes□Communication-Videocassettes□□VHSÎ□□Aphasia is a major adult language disorder that impairs one's ability to speak and comprehend what is said by others. This video teaches the importance of communication and defines aphasia and its effects.9□□This video is particularly good at showing the difficulties that can occur as the result of aphasia, which is caused by a loss of oxygen to the brain, usually during stroke. Individuals often become withdrawn, fearful, or paranoid. The speaker is a bit stilted, but this is especially good for students going into gerontology or hospital work, also intensive case management. This condition can overlap multiple sclerosis, traumatic brain injuries, Dysphagia, Autistic disorders, combined loss of hearing and sight, and perhaps even deafness and post-polio sequelae.

□□WL340.5 C734□□□ô□DËôþþÿ?r□□□

DDD=*Y 13 ProductionsDDD1988DDDAmputee therapyDDDLiving and Learning SeriesDD1 videocassette (27 min.)

□Chicaago IL□□□Y 13 Productions‡□Amputees—videocassettes□Amputation stubs—rehabilitation—videocassettes□Phantom limb—videocassettes□Physical Therapy—videocassettes□□VHS□□Physical therapist takes below—knee amputee patient from post—op to prothesis [sic]. Segments cover basic ambulatory skills — with and without the prothesis [sic], exercisess, stump wrapping, phantom pain and ADL (activities of daily living) techniques.»□This video is probably best for those students interested in gerontology and discharge planning. Not mainstream, but very good, maybe essential for students in those two categories. Extreme patience is needed to deal with the pain and fears of the post—amputee patient. I would also include students who might be working as therapists in VA hospitals. Could be used in intervention and health, mental health and disability classes as well.

□□WE 172 A5261□□"□DËôþþÿ?s□□□

□□Timonium, MD□□□Milner-Fenwick, Inc.t□□Coronary DiseaseVideocassettes□Heart
Diseasesprevention & controlVideocassettes \(\text{Women's Health} \)
Videocassettes DDDVHS] DHere's a video that underscores the prevalance of heart
disease among women and helps them assess their individual risks. This video
shows women how to protect and promote their heart health. The role of estrogen
is discussed. This video presents the unique symptoms of heart disease in women
and a range of options for reducing long-term risks.□□□This video is
particularly good for those interested in gerontology, but also for
interventions classes and those intersted in hospital work. By age 65, women
now have the same risk of heart attacks as do men, and should undergo heart
health assessments each year after age 50. □□WA309 W872□□z□DËôþþÿ?t□□□

□F□□Blackwell Corporation, Mandala Communications Corporation, & PBS Video□□□19890□□Damage control: advances in cardiovascular medicine, brain disease and diabetes□□□The health century□□□1 videocassette (60 min.)

□□Alexandria, VAS□□Blackwell Corporation; Mandala Communications Corporation; distributed by PBS Video¹□□Cardiology--trends--videocassettes□Diabetes Mellitus--videocassettes□Neurology--trends--videocassettes□Parkinson Disease--videocassettes□Transplantation--rehabilitation--videocassettes□□□VHSp□Highlights discoveries involving molecular receptors and genetics that hold great promise for the diagnosis and treatment of heart disease, Parkinson's disease, diabetes and brain disorders. Documents the progress of heart surgery and organ transplants.^□□Be sure to advance beyond the color bars at the beginning of the tape. The video has some damage - primarily "speckles" across the screen. Also there are at least 2 instances where color and sound are both lost. Possibly a good resource, but may not have enough "special" categories, e.g., disability or diversity. May also be too damaged to use.

□□WG 100 D1541□□□□?□DÉôþþÿ?u□□□

□'□□Buckman, R., Baile, W. F., & Korsch, B.□□□1999)□□Genetic testing, pediatrics & end-of-life9□□Communications skills in clinical practice, a video guide□□□5□□1 videocassette (69 min.)□□□Niagara Falls, NY)□Medical Audio Visual Communications, Inc.a□□Counseling--videocassettes□Interviews--videocassettes□Physician-Patient Relations--videocassettes□□VHS°□□In this tape you will see illustrations of: How to discuss the principles of genetic testing with a patient before the test. How to discuss the results of a genetic test. Major areas in which communication in pediatrics differ from that in adult medicine. Discussing a diagnosis of Down syndrome with a new mother. How to discuss a Do Not Resuscitate order with a patient. Discussing discontinuation of ventilator support with a family.□□□This tape is potentially extremely useful, however it is quite damaged. Perhaps the library could be persuaded to purchase a new copy. It would be useful in interventions, hospital oriented student learning, and health, mental health and disability courses. □□WM55 G328□□Ê□DÉôppÿ?v□□□

□(□□Evra, G., Carson, R. C., & Katkin, E. S.□□□1991□□□Organic mental disorders
□The world of abnormal psychology□□10!□1 videocassette (60 min.) +
guide□□New York*□A. H. Perlmutter: T. Levine CommunicationsB□□Delirium,
Dementia, Amnestic, Cognitive Disorders--Videocassettess□□VHSô□This video
focuses on three types of organic mental disorders, all of which are related to
brain dysfunction: disorders associated with traumatic brain injury, brain
disorders and disorders associated with or arising from nutritional
deficiencyš□This video would be especially appropriate for classes in the
health, mental health and disability concentration. There is discussion about
traumatic brain injuries, multiple sclerosis, alzheimer's disease, and other
dementias caused by medical problems or toxic substances. There is a great
program available to treat these injuries/diseases, but probably not available
to people in socio-economic distress.
□□WM 220 068□□□□□ÄËôppÿ?w□□□

□-□□**Films for the Humanities & Sciences; WellMe□□□20028□□Now is our time: healthy living for black women 40 to 550001 videocassette (37 min.)000Princeton, NJ#DDFilms for the Humanities & SciencesaDDWomen's Health--Middle AgeDBlacks--Middle Age Health Promotion -- Middle Age Life Style -- Middle Age OUVHSx OIN America, black women have statistically high incidences of certain illnesses and conditions. Therefore, as they go through their menopausal years--a time of greater health risks for all women--it is expecially [sic] important that they focus their attention on wellness. In this program hosted by dancer/celebrity Debbie Allen, several black women talk about their midlife health concerns, while two doctors and a diabetes educator discuss the importance of monitoring for diabetes, heart disease, and cancer; the pros and cons of hormone replacement therapy; and other topics, including the importance of a healthy lifestyle. $Z \square \square$ This is an excellent film addressing health problems that affect black women to a greater extent than other women. The emphasis is on making "self" a priority, lifesstyle changes, and connection with the community as a support system. This video would be appropriate in interventions, diversity and health, mental health and disability classes.

□□WA 309 N9465□□□□ýD<ôþþÿ?x□□□

□(□□National Institute of Mental Retardation□□□19831□□Medical aspects of mental retardation (parts 1-5)% \square Medical aspects or mental retardation) \square \square 5 videocassettes (roughly 30 min. apiece) Downsville, Ont. DoThe Retardation--therapy--Videocassettes Ethics--Videocassettes Mental Retardation-prevention & control--Videocassettes DOVHS@OOPt. 1. Describes the three day process used to assess a child's development. Includes: general physical exam, neurological, psychological and functional testing, blood tests and hearing exam. A physician-parent conference follows. Pt. 2. Discusses how physician should tell parents that their child is mentally retarded. Recommends a positive, aggressive approach for maximun benefit to the child. Parents need information and support from the physician. Pt. 3. Describes the causes of mental retardation including genetic abnormalities and environmental factors. Lack of oxygen or drug, alcohol or tobacco use can cause retardation. Pt.4. Discusses the importance of treating the mentally retarded child as a person. Deciding how health care funds are to be spent, getting consent for treatment, and the sexual rights of the mentally handicapped are also discussed. Pt. 5. Discusses the ways that mental retardation can be prevented by early detection of high risk factors. Presence of PKU or other genetic diseases can be detected and treatment applied to combat the effects. DDDThese videos are pretty technical, but film clips could be of use in interventions and health, mental health and disability classes. Also #4 in ethics classes. There are good points in each of the videos; perhaps the best thing would be for professors to screen the 5 films to see which ones would be most appropriate for use in class. Tapes 2 & 4 are probably the best bets for classroom use, but pt. 3 is also useful in showing how various forms of mental retardation are caused and manifest in individuals.

□□WM 300 M549□□š□DÉðþþÿ?y□□□

□.□**Elkins, T. E., Lawson, J. D., & Quint, E. H.□□1996?□The patient with mental retardation: issues in gynecologic care□□□NCME□□□S106□□□1 videocassette (23 min.)

□□Raritan, NJb□□Ortho-McNeil Pharmaceutical; Secaucus, NJ: distributed by Network for Continuing Medical EducationÍ□□Women's Health--United States--Videocassettes □Women's Health Services -- United States -- Videocassettes □Delivery of Health Care--United States--videocassettes Mental Retardation--United States--Videocassettes 00VHS 004/30/97\$ 0community-based physicians will increasingly be expected to provide reproductive health care services to women with mental retardation. This program emphasizes that successful delivery of gynecologic care will depend upon a superior clinical ability as well as a number of extramedical factors, including good communications and interpersonal skills as well as a broad understanding of the issues that affect these women.Û□□I see this as an extremely inportant video for any student, but especially for those that might go into case management. Often persons with mental retardation are ignored or (even in this day and age), sterilized. While sterilization can be a very postive move for some mentally retarded women, it should be thier choice, not the choice of family members or doctors. It is important for social workers having contact with people with mental retardation to realize that simplified information on birth control and sex education is vital to the decision making process. Whether the decisions are about having sex, how to protect themselves, or whether to have a baby. This video would be very appropriate for ethics, interventions and health, mental health and disability classes. Professors should preview the film before showing it and take the time to process any preconceptions or prejudices they might have. If not, these attitudes will convey themselves to the class members.

□□WA 309 P298□□□□ò□DÉôþþÿ?z□□□

DDDMagrun, W. M. DDD93NDDifferences in motor development between normal and learning disabled children DDevelopment series DD. 3001 videocassette (48 min.) DDAlbuquerque, NMDDClinician's View DDEvelopmental Disabilities—diagnosis—Videocassettes Occupational Therapy—Child—Videocassettes Occupational Therapy—Infant—Videocassettes Motor Skills—Child—Videocassettes Motor Skills—Infant—Videocassettes Posture—Child—Videocassettes Posture—Infant—Videocassettes DOHS DChildren with learning disabilities also exhibit motor problems which need special treatment This video may be good for those planning to work with children and teens; it could be used in health, mental health, and disability classes as well as interventions and ethics classes. The word "normal" is used throughout the video, which will probably be offensive to any students with disabilities in class. It is best to mention that this word is offensive and that the word average is less so.

□□WE103 D4912□□□□□□□‰ðþþÿ?{□□□

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□□Alexandria, VAR□□PBS Adult Learning Satellite Service and Teh University of Hawaii, Center on Aging□□Stamberg, S. (narrator)"□□Aged--United States--Videocassettes□Health Services for the Aged--Videocassettes□Institutionilization--Videocassettes□Long-term care--Videocassettes□□VHS□□8/2-4/93û□This program examines chronic health problems of the elderly and availability of support services. Older people discuss how they cope with physical and mental illness and face tough decisions regarding institutionalization and costs of long-term carel□□I would suggest the use of this video in almost any class, but particularly for those in gerontology, diversity, interventions, and health, mental health and disabilitiy classes. These physical conditions can have a profound effect on mental health. There are good points about bio-psycho-social issues.□□□WT 120 G8841 (pt. 10)□□□□YÄ<ôpþÿ?□□□□

"" **NARTC | 19884 | Living with diabetes (A Native American Perspective) | 1 videocassette (25 min.)

"Tucson, AZ, "Native American Research and Training Center | Smith, K. (moderator) | Attitude to Health-ethnology-videocassettes

Diabetes Mellitus-epidemiology-videocassettes

Diabetes Mellitus-personal narratives-videocassettes

Indians, North American-videocassettes | VHSr | A panel discussion, conducted by Native American diabetics recounting their reactions and attitudes toward diabets | This video has some damage; it would be a good idea to encourage the library to get a new copy. This video would be especially useful in interventions, diversity, and health, mental health and disability classes. The film discusses issues of native food, using the community as a resource and myths about disease transmission.

□□WK 810 L7861□□□ÄËôþþÿ?}□□□

□□WK 815 N2781□□9DЁôþþÿ?~□□□

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Danning. Cerebral palsy - spastic quadriplegia: four year follow-up,
AutumnDediatric assessment101 videocassette (50 min.) + 1 study guide (37 p.)
Baltimore, MDEDUniversity of Maryland, School of Medicine, Dept. of Physical TherapywDecrebral Palsy--rehabilitation--Videocassettes
Quadraplegia--Child--Videocassettes
Quadraplegia--Infant--Videocassettes
Quadraplegia--Infant--Videocassettes
Quadraplegia--Infant--Videocassettes
DVHS.DA four year follow up to:
Neuromotor assessment of cerebral palsy: spastic quadriplegia, which showed a 15 month old girl with spastic quadriplegia.ÈDDI feel this video is too medically focused for use in the diversity center. If a student has a particular interest in hospital social work, he or she might be interested, but I think not for a class.
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□□WS 342 N494