

“Benschoter Video1”

Narrator: Reba Benschoter

Interviewer: Dr. Carl Greiner and Peter Soby

In attendance: Heather Brown

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Abstract: Benschoter’s interview focuses on the establishment of distance education with two-way closed-circuit television and films at Nebraska Psychiatric Institute during the 1960s. She details how Cecil Wittson first got interested in audio-visual technology while serving in the Navy. She discusses the estimated forty films produced for the project. She also discusses a six year grant from the National Institute of Mental Health to explore distance teaching and patient treatment at Norfolk State Hospital (1964-1970).

Keywords: Wittson, Cecil; Johnson, Van; Nebraska Psychiatric Institute; 16mm film; distance learning; two-way closed-circuit television; National Institute of Mental Health; Norfolk State Hospital; Northwestern Bell Telephone Company

Carl Greiner: Would you please describe the development of the Communications Division at Nebraska Psychiatric Institute?

Reba Benschoter: Since that's a subject that's dear to my heart but my memory isn't always the best, I have a few notes that will help me answer your question, I think.

During his career as a Navy psychiatrist in the late 1940s and early '50s, [0:30] Dr. Wittson had seen new audio-visual technologies used effectively in the training of medical personnel and in the treatment and education of the patients in service. And so,

he came away from service convinced that these same tools could be particularly useful in supporting his vision for a new approach to psychiatric treatment and [1:00] to education—psychiatric education in Nebraska. In 1955, he managed to secure funds from the state so that he could build his Nebraska Psychiatric Institute. He wired it for closed-circuit television system and he purchased motion picture and still cameras, darkroom equipment, audio-visual projectors. All of these things [1:30] he bought without knowing exactly what he was going to do with them. Then he very wisely hired Van Johnson, who was an Army-trained television engineer. Van was hired to handle the technical side of the development of the television applications. But he still needed somebody who knew or could learn how to write and produce TV programs and 16-millimeter films, who could take [2:00] pictures and make slides, and develop potential audio-visual services. So, he hired me in 1958 and the communications department, or division, had its beginning with two employees and a lot of enthusiasm. Our first area of operation was a production of 16-millimeter films. We produced approximately 40 films for [2:30] distribution outside the ins—well, actually, within and outside the institution. These films dealt with a variety of topics. Some of these—some of them were made for educational purposes—the education of medical students or psychiatric residents. Others were made to educate the general public. For example, two or three of these films were animated films [3:00] that dealt with topics for the general public. Topics like “what is mental health?” or “what is mental retardation?”

CG: And what was your favorite of the 16-millimeter films?

RB: The favorite film produced during that era was a film called “Hands.” It was a presentation that showed only the hands of the [3:30] psychiatric staff and the patient

herself as she went through occupational therapy and worked out her problems— became well and went back to her family and her life. The atmosphere of this film and the happy ending made it especially [4:00] memorable to me. I really enjoyed making that film.

CG: I'll look forward to seeing that.

CG: Nebraska Psychiatric Institute was a pioneer in the development of two-way interactive television for medical use. How did it evolve?

RB: Well, Dr. Wittson was particularly interested in the potential of television. He believed that had great promise for teaching, patient treatment, and that ultimately [4:30] it would help all Nebraskans to receive quality mental health care and maybe other health and education services no matter where they were needed. With this in mind, he set us to work. By 1960, Van Johnson had set up a temporary rather primitive two-way interactive television system to test the feasibility of distance-learning. [5:00] A neurology faculty member, at the—in the NPI building, successfully taught neurology to medical students in a classroom located across the campus. It worked. We then wrote a small grant that allowed an NPI therapist to study the effectiveness of group therapy, if the therapist participating was there in the group [5:30] via two-way television. The results achieved were considered comparable to a conventional group therapy session—or sessions, with the therapist in the same room with that group. With positive results in this experiment also, we were ready to take the next step in the development of a two-way television system.

CG: In 1964, the National Institute [6:00] of Mental Health funded a 6-year grant to support the study of the effectiveness of two-way closed-circuit television. You were the project director. Tell us about it.

RB: Well, as I—as I just indicated, Dr. Wittson decided to move forward with a truly long-distance experiment, and that was the establishment and testing of the first long-distance two-way medical television system [6:30] ever used in the United States. The grant would enable psychiatrists and social workers and psychologists, psychiatric nurses, speech therapists, and other professionals in Omaha to work with the patients and staff at a 1,200 bed state mental hospital that was 112 miles away in Norfolk, Nebraska. [7:00] I was the grant writer and project director. Engineer Van Johnson designed and installed the send-and-received facilities—working with Northwestern Bell Telephone Company. That company installed TV towers across the distance. Then they leased the two-way transmission system to us at NPI for \$48,000 a year.

CG: What were some of the specific applications? [7:30]

RB: When the system became operational December 1st of 1964, NPI staff psychiatrists and psychiatric residents began to help the minimal psychiatric staff at the state hospital by providing inpatient intake evaluations, continuing the psychotherapy, routine ward rounds. Treatment teams were created with Norfolk staff that made it possible to [8:00] prescribe and then monitor the effects of some of the new drugs that were coming on the market to treat mental illness. In the end, this approach resulted in great changes in patient outcomes at the state hospital and a decrease in the hospital's patient population. And there were other applications developed by users of the system. [8:30] For example, there were collaborative in-service education programs that were

scheduled routinely between the professional groups in both sites. Other Omaha-based medical specialties, such as neurology and speech therapy, and voc rehab, were able to use the system to provide quicker responses to patient needs. And an interesting [9:00] and popular use since most of the patients at the hospital were from the Omaha area, free time on the system was used to schedule patient visits. Omaha families could come to the NPI studio to visit with family members who were patients at the state hospital. These experiences were considered therapeutic by the staff and were very popular [9:30] for the families and for the patients. So these, and other uses of the technology developed and expanded over the five years the system was in use, gave impressive results in most of the applications. And we felt extremely positive about the potential of two-way television in future use of [10:00] provision of mental health services education in rural Nebraska—actually, in rural settings in any state in the United States.

Peter Soby: Can you put into terms the impact that you made in the video world in medicine?

RB: As—as all the things that I've just talked about in an hour unfolded over 40 years, [10:30] it doesn't seem—didn't seem so stupendous at the time. As I look back, I know that I was extremely fortunate to find the job I did at a time that technology was unfolding literally. New—new things were being invented, put on the market, put into use almost on a [11:00] daily—or monthly basis. For example, an area that we didn't talk about was the use of videotape in psychiatry and in the education of students. The—I think the second video tape recorder sold in Nebraska was sold to Dr. Wittson at

Nebraska Psychiatric Institute because, again, he saw the potential for that particular
[11:30] medium in psychiatric education and treatment—mental health treatment.

[End of recording]