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TEACHING THE CORE CURRICULUM

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During the past few years, each of us has had students express some variation of the following: "It is nice to be going to school at a place that gives us the kind of experience that you are teaching us to provide for our patients." On a similar note, a student included in the acknowledgment section of her dissertation—which ironically was concerned with the parallel process between supervision and psychotherapy—an expression of gratitude to her program "for creating an atmosphere which fosters professional and personal growth" (Vickers, 1974, p. iii). It is exactly the nature of this learning atmosphere—in the university, in the classroom, in the supervisory session, and in the clinical session—that we address in this chapter.

Psychotherapy, the area of clinical practice that is the focus of much of professional training, is an educational experience, an attempt to teach the patient new, more comfortable, more productive, and more fulfilling ways of functioning. It must be understood that what is being taught in psychotherapy is not merely cognitive, nor is teaching concerned only with conscious material. If we recognize that psychotherapists teach affective – cognitive units and do so taking into account unconscious influences on learning, it quickly becomes apparent that neither love nor knowledge is sufficient for learning to occur.

How material is taught is as important as what is taught. Frequently, a parallel process occurs in which the student learns both what is being taught *and* the way in which it is being taught. The patient learns to emulate the therapist's calm, self-reflective manner and his or her concern for understanding rather than for judging. The therapist is able to provide these conditions in part because of the supervisor's gentle reassurance, clarity of thought, and accepting manner. The student acquires concepts to use in treatment from a classroom where free inquiry is valued and where creative thought is rewarded. Professors and students alike thrive in an institutional setting that encourages personal

development and supports personal growth. At every stage of the pedagogic sequence, modeling of therapeutic, growth-enhancing behavior occurs and is transmitted in a parallel process to the other stages. The teacher, whether an administrator, a professor, a supervisor, or a therapist, models the desirable behavior. The pupil, whether a faculty member, a student, a supervisee, or a patient, identifies with the teacher, incorporates the affect as well as the content of the learning, and grows as a result of the process.

Pedagogy

Clinical Supervision

Nowhere is this pedagogic sequence as clear as in the process of clinical supervision. Regardless of the orientation, the supervisee sees a patient and then presents the case to a supervisor, who listens carefully, provides support and guidance, and helps the student to help the patient and, concurrently, to develop clinical skills. Supervision is an approach in which both teaching and demonstrating occur simultaneously. Fleming and Benedek (1966) referred to supervision as a learning alliance, and they viewed its effectiveness as maximized in a climate of trust and cooperation relatively free of neurotic conflicts on the part of both members. A similar description could apply to psychotherapy.

Appreciation of the relation between the teaching and the demonstrating functions of supervision is not restricted to any single orientation. Psychoanalysis is attuned to parallel process. Ekstein and Wallerstein (1958) considered supervision to be "analogous to the psychotherapeutic process in which we hope to help our patients" (p. 262). The more humanistic approaches also are concerned with this parallelism. Rogers (1957) discussed the need for a supervisor to model facilitative behaviors to create an atmosphere for learning in supervision, just as is needed in therapy. Conceptually, one orientation may emphasize identification and another modeling, but both require that the teaching process be consistent with the content.

Learning Environment

As the therapist is the model for the patient and the supervisor is the model for the supervisee, the administrator can be a model for the learning community that is being constructed. A community that encourages respect, openness, and mutual valuation is likely to develop faculty members who treat students in this manner, and those students will find it easier to treat patients with the empathic attunement that encourages growth. Conversely, a community that is hostile and competitive will develop a faculty that is mutually distrustful and that uses students as pawns. These students, in turn, will be more involved in using patients to prove their competence than in aiding the patients to grow. Clearly, a professional school whose expressed purpose is the training of clinical practitioners must attend to the construction of an environment that parallels the values that we hold for practice. It is through this modeling that our students can develop their skills in a manner that will ultimately benefit their patients.

Academic Instruction

Lecture format. Core-curriculum academic instructors must recognize that doctoral students view individual lecture and discussion presentations as potential models for future professional commitments, orientations, and values. Although our students intensively pursue such models in all aspects of their education, the classroom may be where the first and most vital connections to professional models occur. At its best, in the instructor – student exchange in the classroom, students can become inspired and be guided to pursue special directions in clinical psychology. For this reason, it is useful to note briefly some prominent communicative features of the lecture and discussion formats that impact student development and identification.

The instructor's unique lecture style provides information to a student that goes far beyond the mere transmission of content. The instructor's enthusiasm and excitement about particular ideas, research, vignettes, theories, and controversies frequently signal a type and depth of interest and involvement that have the capacity to generate parallel interests in the student. Often the instructor's involvement attracts and then provides an initial foundation for student investment both in the course area and in the instructor's approach to it. In observing the affective involvement of the faculty, the student learns what matters to the teacher. The instructor's enthusiasm and passion are often more of a factor in actual student modeling than is usually recognized. Academic and clinical directions chosen by students owe much to this particular dimension of lecturing.

The student also may be drawn to the instructor by the clarity, vividness, and intellectual force evident in the lecture. The capacity to illuminate a particular area of human experience through a dramatic and organized presentation also communicates excitement. The instructor's personal integration of a range of concepts, presentation of a focused line of argumentation, and the clear and balanced display of thoughtful opinion and critical thought excite an identification process in the eager student seeking a viable model for organizing the raw data of clinical psychology.

Within this matrix of instructor enthusiasm and intellectual persuasiveness, the eager student identifies the types of knowledge bases preferred by the instructor—to be able, initially, to follow in the teacher's academic and clinical tracks. One teacher's emphasis on formal research to validate a particular theoretical position models this empirical emphasis to the student, whereas another instructor's focus on the need for clear theoretical and conceptual articulation provides the student with a different priority in approaching certain academic materials. In the lecture presentations, then, students are constantly identifying areas of instructors' affective and intellectual emphases and styles, and they use these experiences to prioritize their own interests and values.

The lecturer's balance between enthusiasm and skepticism is also carefully observed by the student. The lecturer who balances excitement and investigatory rigor models the clinician's oscillation between participation and careful and rigorous observation, a major feature of sound clinical functioning. Students can observe this same dynamic in the intellectual and affective elements of their instructor's presentations and can consider how such a balance might function in their future clinical work.

Furthermore, lecturers can demonstrate a principle of interpersonal relatedness to students. Many master teachers have noted that the effectiveness of lecture presentations of new concepts or ideas depends on the instructor's ability to relate the course material to relevant experiences in students' lives. In clinical psychology, we might call this *teaching empathy*, a process by which instructors model attention to the parallel con-

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cepts of those topics being presented and of experiential concepts in the learners. Such empathic attention, of course, is a professional requirement of the clinician in his or her role as administrator, consultant, or therapist. Effective communication dictates an awareness of the others' positions and their available and accessible learning areas.

In addition, the instructor-as-lecturer demonstrates the type of cognitive style valued in presenting a core-curriculum topic that is transferable and relevant to understanding clinical data. For example, approaches that range from clarifying and reflecting theoretical concepts to those that critique and probe such concepts can model potential assessment and intervention modalities for students. The lecturer offers personal-professional ways of organizing and understanding human experience to students through a preferred mode of organizing and presenting lecture material.

In sum, the clinical student carefully monitors the instructor's intellectual style, affective responses, and implicit valuing of different knowledge models as communicated in the lecture format. At conscious levels and less conscious levels, students begin to identify with aspects of lecturers who compel affective involvement and intellectual excitement.

Discussion format. Students are acutely sensitive to their instructor's management and investment in the discussion format because this format most directly may reveal the interpersonal style and values of the instructor. The instructor, as discussion creator, leader, and facilitator, offers a number of potential clinical models to the student. The creation of an atmosphere that values student questions, opinions, and needs for clarification models a similar clinical position vis-à-vis the client (whether an individual, group, supervisee, or organization). Therefore, instructors who carefully organize clear discussion structures in which there is both an expectation of student involvement and an accompanying assurance of safety represent the dual clinical emphasis on task focus and on spontaneous client initiative around that focus.

Implicit here is the valuing of student responses as a major foundation and guide for class discussion, a recognition that, in clinical terms, respect for the client's experience and perspective precedes the establishment of a clear intervention contract. Appropriate participation in this delicate interpersonal structure in which spontaneous and sometimes troubling issues can emerge is then modeled by the clinician-as-discussion leader, even in courses that may not be directly clinical in nature. In this context, students are intensely interested in observing how the instructor manages the tangential or highly personalized comment, the anxiety-driven question about grades, or the provocative and hostile attack on the instructor's ideas. The teacher's reactions may provide a model for parallel clinical attitudes and stance toward disruptive client behaviors and communications.

In addition, students are alert to the degree to which their instructors are respectful and facilitative of the emergence and clarification of critical questions. They gauge whether the instructor can tolerate silence or student conflict in a discussion format, and they observe the teacher's commitment to encouraging independent thought, even if it means the class must suffer through some stressful moments. The instructor's capacity to tolerate critical student comment as well as to respond constructively to student problems is profoundly significant in the student's experience of the discussion format. Through these observations, the student may begin to learn about nonjudgmental stances, constructively toned commentaries and feedback, and an intensive commitment to create fuller and richer communications between instructor and student or between psychologist and client.

Conclusion

In addition to careful attention to the creation of stimulating and supportive overall learning environments and cultures, there are some specific steps that institutions can take to improve teaching and learning: (a) Institutions should adopt faculty-evaluation criteria that explicitly address the modeling dimension of teaching and supervision; (b) syllabus formats should be developed that help focus course planning and specify how the lecture – discussion models to be used are consistent with the content objectives; (c) faculty development opportunities should be created that explicitly attend to the importance and impact of modeling in the classroom; (d) less experienced faculty should have the opportunity to find their own models among particularly gifted, master teachers and have them available for observation and supervision.

Academic instructors and clinical supervisors who train professional psychologists must recognize that students learn as much or more from the form of presentation and from classroom processes as from the course content. The interpersonal styles of faculty members come to be scrutinized intensively, and they ultimately may have more influence on students as models than as conduits for information. Faculty must aspire to attune the communicative aspects of their professional selves to the content of courses that talk about safe and growth-producing relationships.