



**MASTER OF ARTS IN PSYCHOLOGY  
PSYC 541 – THE WORLD OF THE CLINIC  
Fall 2011 – TH 3:45-6:15; ADMIN 223**

Erica Lilleleht, Psy.D.

Office Hours: TH 1:30 - 3; and by appointment

E-mail: [elillele@seattleu.edu](mailto:elillele@seattleu.edu)

Casey 223

TE: 296-5399

This course addresses the following MAP program goals:

- Understanding of human experience through use of philosophy and the humanities
- In-depth reflectivity and self understanding
- Preparation for Washington State licensure

This course addresses the following WAC 246-809-221 content areas:

- Mental health consultation
- Chronically mentally ill

“There is an overabundance of things to be known: fundamental, terrible, wonderful, funny, insignificant, and crucial at the same time. And there is an enormous curiosity, a need, a desire to know ... [This] curiosity is seen as futility. However, ... it evokes ‘care’ ... the care one takes of what exists and might exist; a sharpened sense of reality, but one that is never immobilized before it; a readiness to find what surrounds us as strange and odd; a certain determination to throw off certain familiar ways of thought and to look at the same thing in a different way... a passion for seizing what is happening now and what is disappearing...” (Foucault, 1980, p. 321).

**Required Readings:**

Haas, S. (1990). *Hearing voices: Reflections of a psychology intern*. New York: Dutton.

Rhodes, L. A. (1991). *Emptying beds: The work of an emergency psychiatric unit*. Berkeley: University of California Press.

Additional readings are assigned and available online. See PSYC 541 Reading List for links.

**Course Overview:**

Much psychotherapy training in the United States remains reliant upon individualistic models of personhood, private practice models of economy, and 19<sup>th</sup> century ideas (and ideals) about truth and meaning. Through these models and ideas, practitioners are trained to focus on the image/visage/words of the individual in distress, and to almost disregard the places in which this distress is formally revealed and addressed. Sometimes, this kind of focus is born out of necessity, allowing important therapeutic work to proceed in places that are anything but conducive to it. But in almost every case, this focus also obscures a great deal of information; and this information has much to reveal

about how individuals, agencies, states, nations, and even civilization regard, disregard, react and are reacted to when it comes to psychological distress.

We will attend carefully to these “hidden” worlds. Instead of focusing exclusively on the person in distress, we will examine the “personed place” in which this distress is formally addressed: the “clinic.” This term is broadly defined, and meant to be more evocative than definitive. It includes the diverse official (i.e., publicly recognized and, to some extent, bureaucratically structured) places in which mental health care is administered (e.g., psychiatric hospitals, mental health centers, general practice offices, university clinics, and even – in some circumstances – the street). In terms of time and place, our examination will span the 19<sup>th</sup> thru 21<sup>st</sup> century West. In terms of the clinic itself, we will examine its temporal, spatial, discursive, relational, and economic dimensions, always coming back to its fundamentally “personed” nature (i.e., the clinic is always being created and recreated by people, and never really exists apart from us) . In doing all of this, we will read, discuss, and entertain points of view taken from anthropology, history, sociology, philosophy, as well as psychology.

We will anchor ourselves in this swirling and immensely broad sea (of concept, time, geography, dimension, and academic discipline) by focusing on two important questions:

**“How do these places of healing come to be?”**

**AND**

**“How am I becoming a healer within this particular place?”**

Addressing the first question will also involve wondering why a place is *this* way as opposed to *that* way. Addressing the second question will require a kind of double consciousness regarding your practicum site: you are both of this place (being shaped, and even shaping, on a pre-reflective level), and apart from it (observing its dimensions, and yourself within these dimensions, in a purposeful, reflexive way). Taking both questions seriously will be challenging! And doing so will require an open and lively curiosity of the type Foucault describes (see above).

**Format:**

This course is a required seminar intended for second year Master’s student beginning her/his year-long clinical practica. As such, discussion (of readings, practicum observations, etc.) and debate are the major teaching modes, with participation being the key to a successful individual and group experience (for more on this, see Course Requirements below). From time to time, documentaries, small group activities, and directed discussion groups will also be used.

**Course Requirements:**

- 1) **Attendance and participation:** Regular attendance is expected and necessary. Additionally, participation is also a vital part of this class. Although recognizing that it comes in many forms, direct and vocal participation in class is the best way of not only assessing your understanding of the issues at hand, but of creating a class atmosphere that allows ideas to develop (20%).

- 2) **Narrative journal** (see instructions in Course Reader) → **DUE 11/17** (30%).
- 3) **Major paper** (see instructions in Course Reader) → **DUE 12/6 noon** (50%).

**Please note:** All written assignments using outside material must use APA (6<sup>th</sup> edition) style for citations and referencing. Please consult your MAP Handbook for basic information on how to cite and reference journal articles and books. Additionally, all references in this syllabus and in the Reading List attachment are in proper format. Nonetheless, consulting the actual manual itself (in library and available for purchase at bookstore) is highly advisable!

**Disabilities Statement:**

If you have, or think you may have, a disability (including an ‘invisible disability’ such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to arrange support services and/or accommodations through Disabilities Services staff in the Learning Center, Loyola 100, (206.296.5740). Disability-based adjustments to course expectations can be arranged only through this process.

## **PSYC 541 - World of the Clinic – F11 – Class Schedule**

**““How do these places of healing come to be?”**

**&**

**“How am I becoming a healer within this particular place?”**

Rhodes-EB-#: *Emptying beds*-chapter number

Haas-Title: *Hearing voices*-chapter title

Name-RL: Author-Reading List

### **I. INTRODUCTIONS**

#### **9/22 Practical & Conceptual Beginnings**

First half of class: Syllabus and Narrative Journal Instructions

- Be prepared to discuss your experience of the syllabus quote in relation to your experiences and expectations regarding clinical life and work.

Second half: Conceptual Introduction (Rhodes-EB-Introduction)

#### **9/29 Personal & Professional Beginnings**

First half of class: First Days as a Professional (Haas-HV-Intro & Prentiss has our attention)

Second half: First Days at a Clinic (Paper Instructions; Cox-RL; Rhodes-RL; also browse through [www.HistoryLink.org](http://www.HistoryLink.org) for community mental health related topics)

*Questions to Consider:*

- *What are “first days” like for you? What do you tend to notice, ignore? Is there any common emotional and/or cognitive thread that characterizes what you bring into the new experience?*
- *To what extent are your “first days” characterized by reactivity vs. reflexivity (i.e., do you find yourself responding more than reflecting, etc.)*
- *How does your first clinic day compare to prior first days?*
- *What concerns you as you anticipate being part of your clinic as an intern while also trying to stand a-part in order to understand the clinic as a particular kind of place?*

### **II. DIMENSIONS OF THE CLINIC EXPERIENCE**

#### **10/6 Temporal – Nature and Uses of Time**

First half of class: The APU (Rhodes 2 & 3)

Second half: You and your clinic (Haas-HV-There is never enough time, Following Dr. Plummer)

*Questions to Consider:*

- *What are the functions of time (obvious and otherwise)?*
- *How is time regulated (e.g., role of schedules, flexibility, limitations)?*
- *What metaphors describe common experiences of time?*
- *What roles is time playing in your evolution as a psychotherapist?*

### **10/13 Spatial – Living in a Material World**

First half of class: Clinic places – The APU, you, and your clinic (Rhodes-1)

Second half: Client places, you, and your clinic (Parrott-RL)

*Questions to Consider:*

- *How is the clinic placed in terms of its surrounding community?*
- *How would you describe the overall space of the clinic?*
- *Does the clinic contain any interesting/significant/symbolic features (inside or outside, public or private)?*
- *Do you notice any relationships involving power (overt and/or covert) and space?*
- *Do you have your own space, and how would you describe it?*
- *How do you manage your space? How do others?*
- *How does your space manage you? Others?*
- *What role is space playing in your evolution as a psychotherapist?*

### **10/20 Discursive – The Meanings and Management of Clinic Communication: Paperwork, Email, and Beyond**

First half of class: The structural effects of managed care (Cohen, Maracek & Gillham-RL), you, and your clinic

Second half of class: The APU, you, and your clinic (Rhodes-5)

**Participation Assignment:** Bring one example of a distinctive, “discursive” artifact from your clinic (e.g., a form, sign, schedule, etc.). Photo or actual copy is fine (if it is a photo, please get it to me by 10/18 @ 12 noon!). Be prepared to discuss why you chose it, and its potential functional and symbolic significance for the clinic, and for you.

*Questions to Consider:*

- *How would you characterize the functions of paperwork at your clinic (e.g., to what extent is it a meaning- vs. management-directed activity)? How might other people characterize it?*
- *Does your clinic’s discourse (written and verbally, formal and informal) have any distinctive features? If so, what are they, and what role do they seem to be playing in the lives of therapists (established and in training)?*
- *How do you manage paperwork? How does it manage you?*
- *What role is paperwork playing in your evolution as a psychotherapist?*

### **10/27 Relational – Formal and Informal Encounters**

First half of class: Meetings, you, and your clinic (Schwartzman-RL; OPT: Kirschner & Lachicotte-RL)

Second half: Informal encounters, you, and your clinic

*Questions to Consider:*

- *How would you describe meetings at your clinic (especially in terms of form and functions)?*

- *What opportunities exist for informal encounters (among staff, between staff and clients, clinic and community, trainees and professionals)? What functions do these seem to serve? To what extent are they overtly (institutionally) vs. covertly (individually) valued?*
- *How do the other dimensions (time, space, discourse) interact with these formal and informal encounters?*
- *What role are meetings playing in your evolution as a psychotherapist?*

### **11/3 – 17 Economic – Public Issues & Private Practices**

11/3 Public Issue: “Deinstitutionalization” – A national perspective

First half of class: Different perspectives on deinstitutionalization (Grob-RL; OPT: Richards et al.-RL)

Second half: The APU, you, and your clinic (Rhodes-4,6,7)

*Questions to Consider:*

- *How and to what extent does deinstitutionalization play a role at your clinic? In your development as a therapist? In your experiences with your clients?*
- *How is deinstitutionalization regarded at your agency (either in terms of its general existence as a set of events, or in terms of its individual policy changes and outcomes)?*

11/10 “Deinstitutionalization” & Washington State: The chickens come home to roost (Smith – RL: a series of articles in the *Seattle Post Intelligencer*, 3/26/08 – 3/2/09; RCWs-RL)

*Questions to Consider:*

- *Using the lessons from our past (Grob), and stories from our present (“Smith articles) what is in store for future Washington state community mental health professionals? Clients? Families?*
- *What might this mean for you?*

11/17 Private practices: “But I never wanted to be a business person!” (Goodheart-RL; *This American Life* episodes # 391 “More is less,” 10/9/09; #392 “Someone else’s money”– 10/16/09 <http://www.thisamericanlife.org/radio-archives/2009>)

*Questions to Consider:*

- *How comfortable are you with the business of making money?*
- *How are economic and therapeutic issues intersecting? What impact is this having on your development as a therapist?*
- *How do the economic imperatives and challenges accompanying our current health care system affect your ideas and plans for your professional future?*

**Narrative Journal Due** (all entries)

**11/24 Thanksgiving Day – No Class**

### III. CONCLUSIONS

#### **12/1 Optimism, Pessimism, and the Clinic of the Future**

First half of class: Pessimism (Donald-CR)

Second half: Optimism (Hollander-CR)

*Questions to Consider:*

- *What in your clinic produces pessimism, and how does this impact you as a therapist (positively AND negatively)?*
- *What in your clinic produces optimism, and ...*
- *On a pessimism-optimism continuum, where would you place your clinic, and why?*

#### **12/6 Major Paper Due (12noon)**

Submit a **hard copy of your paper and references**, and an **electronic copy of your paper, references, and appendixes**. The paper will be typed, double-spaced, and between 15-20 pages (not including references). Please hang onto all your sources, as I may wish to consult with them when reading your paper.