

1-1-1992

Techniques for Imparting Clinical Knowledge in Nonclinical Courses

Mary C. Sengstock

Wayne State University, marycay910@wowway.com

Recommended Citation

Sengstock, Mary C. (1992). Techniques for imparting clinical knowledge in nonclinical courses. *Clinical Sociology Review* 10:214-218.
Available at: <http://digitalcommons.wayne.edu/socfrp/8>

This Article is brought to you for free and open access by the Sociology at DigitalCommons@WayneState. It has been accepted for inclusion in Sociology Faculty Research Publications by an authorized administrator of DigitalCommons@WayneState.

Techniques for Imparting Clinical Knowledge in Nonclinical Courses

Mary C. Sengstock
Wayne State University

Introduction

One of the major difficulties in teaching sociology in applied areas is the imparting of clinical information in courses which are not designed for clinical training. In courses focusing on topics such as gerontology, family violence, or other marital problems, sociologists may often want to impart information which is derived from clinical cases. Indeed, it may be impossible to cover these topics adequately without providing information which is obtained largely in clinical settings. Frequently, however, the courses in which these topics are covered do not include a clinical component. Consequently, there is no opportunity for the instructor to suggest a series of clinical characteristics for students to observe. Lacking access to such experiences, what techniques can sociologists employ to enliven the understanding of factors which play important roles in clinically observed problems? This paper suggests techniques for bringing clinical experience into the typical classroom by means of detailed classroom examples and the students' own personal experience, in lieu of a clinical component to the course.

As an example, I will use the topic of elder abuse, which is included in several of my classes in both gerontology and family violence. These courses include a wide variety of students, both graduate and undergraduate, with many different majors, from sociology and psychology to nursing, social work, and education. Some students, particularly those in social work and nursing, have had clinical experience; most have not. In each instance, the course requires that a broad spectrum of material be covered, leaving little time or opportunity for clinical materials to be presented. In the area of elder abuse alone, for example, it is essential to cover several different dimensions of the problem, including the definition and types of abuse, the likely frequency of the various types of abuse, suggested theoretical explanations, and the techniques and problems of researching the issue, to mention a few (Galbraith, 1986; Hickey & Douglass, 1981; Pagelow, 1984; Pillemer & Finkelhor, 1988; Sengstock & Liang, 1983).

Clinical Components

In order to comprehend the sociological and social psychological aspects of elder abuse, simple recognition of definitions, types, and frequencies is inadequate. Students must also understand the situational and background factors which engender abuse and the interrelations which exist within abusive families, as well as the societal and political factors (Medicare requirements, for example) which may exacerbate the problem. An understanding of the complex dynamics of the interrelation of these varied factors within a specific situation requires knowledge of specific individual cases, however. It is also important that students, particularly those who may work with elder or abusive families, begin to develop empathy for both sides of the issue. This unique, individual component, an understanding of the manner in which sociological and social psychological factors interact within a given situation, is what can be provided by a clinical experience. How can we provide this opportunity to students when clinical applications are impossible? I will suggest some techniques for accomplishing this goal.

Techniques for Imparting Materials

It is easier for students to develop a recognition of these issues if they have direct contact with clients. Lacking this opportunity, however, a semblance of clinical experience can be obtained by providing a series of

extended clinical illustrations. The first component of such a teaching method is the use of case histories to illustrate various types of elder abuse and important related factors. These case histories can be obtained from previous research, from clinical cases observed by the instructor, or from examples provided by students themselves, either in this or in previous classes. They can be provided in written form prior to the lecture or in oral form during the lecture and discussion.

Probably the most important factor in this teaching method is the provision of sufficient detail, such that the cases and their participants "come alive" for the students. Lacking direct contact with the individuals involved, students may be able to develop a better understanding of the problem if the instructor, like a good novelist, can enable them to "feel" that they know these individuals.

Two types of elder abuse which are particularly difficult to explain are material abuse and the violation of an elder's personal rights. Many people consider these to be relatively minor issues, since they associate "abuse" primarily with direct physical assault. They understand the dimensions of the problem much more effectively once they are provided with details of a case in which a son systematically defrauded his fully competent, 80 year old widowed father of nearly \$100,000, and then attempted to prevent him from remarrying because he feared the loss of his inheritance. Only a lawyer's intervention halted the son's controlling behavior.

It is also often difficult for students to understand the demands of 24 hour care of an elderly patient on the caregiver. This lack of understanding can lead to a failure to comprehend the factors which can contribute to abuse. Only by describing, in some detail, the demands of 24 hour care can this lack of comprehension be overcome. Students need to realize that dependent elderly patients cannot be left alone for even half an hour and that opportunities for respite are often not available. They need to understand that the duties may even include such difficult tasks as changing an elderly parent's diapers, in spite of a life long taboo against seeing one's parents naked. Personalities of elderly patients may be altered such that a beloved aged parent may become combative or may no longer recognize his/her own spouse or child. Only through extended case descriptions can students begin to comprehend the distress to family members faced with extended care under such conditions.

Analogy to Personal Experience

It is extremely helpful to provide students with analogies which can enable them to compare their own personal experiences with those of elderly victims and/or their families. Most have never experienced life in a three generation household. They can begin to understand some of the problems, however, if reminded of the difficulties of adjusting to the life style of others in similar settings: new roommates, newly married couples, or parents encountering the developing independence of their teenage children. And anyone who has had small children can comprehend the difficulties of 24 hour care of a relentlessly demanding infant. Yet elder care is even more frustrating, since elderly patients, unlike children, become ever more dependent.

Encourage Participation

Finally, students increase their understanding if they become involved in the class discussion. Consequently, they should be encouraged to contribute their opinions in a variety of ways. This may include questions about the cases presented: Have they ever been in similar circumstances? How did they feel? Can they draw an analogy to the elderly victim? To the caregiver? Students may also be encouraged to provide their own examples. Some may have clinical experiences to relate. Others, particularly older students, may themselves have elderly parents or grandparents, and may have observed firsthand the difficulties of providing care. Their experiences may be used to enrich the understanding of their classmates.

Finally: A Note of Caution

Courses which focus on practical issues, such as family violence, marital problems, or care of the elderly often attract special types of students. Ideally, these will include students whose future professional goals involve assistance to the types of clients whose problems are discussed. They may, however, also include students whose personal lives are currently troubled by similar difficulties. Some may take the course specifically because it focuses on their personal problems; others may only become aware of their own latent personal problems as the topic of the course unfolds.

In either event, the encounter provides an opportunity and a challenge to the clinical sociologist. Many of these students should be in therapy; this

course may be the first step in that direction for some of them. The clinical sociologist, as instructor, can help to guide them in that direction. At the same time, however, they must be prevented from disrupting the remainder of the class by seeking undue attention to their own personal problems. Some individual attention on the part of the instructor to these students may be necessary to assist them without distracting the attention of the class as a whole.

REFERENCES

- Galbraith, M. D. (1986). Elder abuse: An overview. In M. W. Galbraith, (Ed.), *Convergence in aging: Vol. 3. Elder abuse: Perspectives on an emerging crisis*, (pp. 5-27). Kansas City, KA: Mid-American Conference on Aging.
- Hickey, T., & Douglass, R. (1981). Neglect and abuse of older family members: Professionals' perspectives and case experiences. *The Gerontologist*, 21, 171-76.
- Pagelow, M. (1984). *Family violence*. New York: Praeger.
- Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist*, 28, 51-57.
- Sengstock, M. C., & Liang, J. (1983). Domestic abuse of the aged: assessing some dimensions of the problem. In M.B. Kleiman, (Ed.), *Interdisciplinary topics in gerontology: Vol. 17. Social Gerontology*, (pp. 58-68). Basel, Switzerland: Karger.