

# Emily and Dr. Haskins: Classroom Expectations, Pragmatics, and Clinical Acumen

by

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## Part I—Disappointment

Emily is an undergraduate at a small liberal arts college. She is very verbal and loves books. As a freshman, she signed up as a Comparative Literature major. However, for Emily, college has not come easy, having spent many years of her middle and high school education in special education programs. Wanting to “give back,” she has started taking courses in the Clinical Psychology concentration. With a double major, she can pursue the study of language and literature, her true love, and work towards a clinical career where she can help others.

Emily has never labeled her condition, but some of her professors guess that Emily is on the autistic spectrum, probably living with Asperger’s Syndrome, a syndrome on the high-functioning end of the spectrum that includes a deficit in pragmatic skills. Emily demonstrates severe difficulty reading the little cues that so many of us use to navigate social relationships. In addition, she is hyper-verbal, verbose both in her writing and speaking, another aspect of the syndrome.

Hard-working, intelligent, and highly motivated, Emily aces all her classes. On tests, she is repetitive and wordy, but gets the answers right. In class, she is a bit too enthusiastic and dominating in conversations for some teachers, but they learn to either put her off, let her talk, or discuss the issues with her in office hours. Her professors never as a group discuss Emily or share their experiences about her. Each professor handles her in his or her own way. Some display more patience than others, but none ever directly tells Emily that she is disruptive in class. Nor does anyone suggest writing help for her verbose style and overly long papers.

Emily has been assigned an advisor, with whom she has a good relationship. Her advisor is a professor whose specialty is experimental design and who is not directly involved in the senior year clinical requirement for students. All in all, to the advisor, Emily is an unusual but excellent student.

Now Emily is in her final year of the Clinical Psych program and she must complete the senior practicum. Her book, test, paper, and classroom skills do not prepare her for face-to-face encounters with clients at the school’s clinic. She completes all of her coursework and paperwork, but her people-skills and ability to adapt her plans on the spot to suit the client are very weak. Her clinical supervisor, Dr. Haskins, assigns Emily her lowest grade in a college course (she earns a D). Her hopes are shattered as her dreams of graduate school and a clinical career disappear. Emily can repeat the course, but then she would have to wait another year and explain to her family why she is not graduating as expected.

Her other option is to pursue graduate study in Comp Lit, but she feels she has failed by not training towards a position that would allow her to “give back” to the community. She is distraught. Graduation day, the day she longed for, is a let-down.

### Questions

1. Discuss the strategies Emily’s teachers used to deal with her in the classroom. Did they help or hinder Emily?
2. What are Emily’s options at the moment?

## Part II—Overwhelmed

After graduation, Emily approaches her teachers in the Clinical Psych program. She expresses a good deal of frustration and an ensuing “emotional low” following her clinical experience. Nonetheless, she is adamant that she wants to be a clinician and informs the teachers that, on the basis of a recommendation letter from a Comp Lit professor and an interview at a local graduate school, she has registered for a Ph.D. level course in Clinical Psych, starting as a non-matriculated student. She also asks her professors for letters of recommendation as she plans to apply to the program as a Ph.D. student.

Most of her professors know she can do graduate level work; however, some in the Clinical Psychology Department are hesitant to encourage these plans. Her clinical professor, Dr. Haskins (Dr. H), is an excellent counselor herself and has determined that Emily does not have, nor can she acquire, the clinical acumen to pursue such a career. Other professors see Emily as odd, but are so impressed with her research skills and motivation and hard-working habits that they are less certain about putting up obstacles to her plan.

Meanwhile, Emily begins the course as a non-degree student and is immediately overwhelmed. Her depression grows; she withdraws from friends and cannot focus in class. She does not reveal her feelings to her professors, but a friend sees Dr. H and offers a glum picture of Emily’s emotional state.

### **Questions**

1. What should Emily do at this point?
2. Should her undergraduate professors get involved?
3. What are Emily’s short-term and long-term options?

## Part III—Evaluation

Let us consider Dr. Haskins. During Emily's clinical year, Dr. H as her supervisor had a dual burden: to teach and guide Emily as a student clinician, but also to bear in mind the needs of the clients assigned to Emily. Dr. Haskins sought out information to help Emily in this clinical year.

To be considered are the following factors:

Dr. H was new to the college and Emily had been enrolled for eight years, having extended the time in order to complete a double major and maintain a full time job.

At the start of their work together, Dr. H had asked Emily if she had ever been identified as a special needs student and whether Emily wanted to pursue such a diagnosis, since this would have led to course modifications in terms of workload and time allotted. Emily had reported only sketchy details about her condition and had refused to pursue any special accommodations at the college

Dr. H consulted senior faculty. Emily's advisor emphasized the student's excellent grades and high motivation. The only indication of any academic concern was a C+ grade Emily received in a pre-clinical course taught by an adjunct instructor. A C+, however, was a passing grade and allowed Emily to move forward. The advisor had looked upon the C+ as an anomaly in Emily's record. Dr. H. found no record of any counseling or support for Emily.

Dr. H's position was difficult—for herself, for her fragile student clinician, and for the many clients who were expecting to begin services. Dr. H didn't know these clients, having recently recruited them for intake on her own and acting as the supervising clinician, working directly with the clients and families while hoping to help them, train the student, and serve as a demonstration teacher to the new undergraduates whose education was also taking place simultaneously with Emily.

Dr. H could see that the behavior pattern of Emily was evident to these other students who had taken classes with Emily. It undermined the confidence Emily had in herself. Dr. H worked diligently to align herself with the student's goals and perceptions so that Emily could use her as a role model.

The senior faculty were observing and caring as to the situation, although they were not directly involved in any efforts to find a resolution for it.

Dr. H made the clients aware of the "newness" of the student clinic experience, and they helped by being willing to accept the situation as a dual-learning project. The children who were clients, however, were the least understanding of this model, as the student clinician was unable to modify her behavior according to their language and behavioral needs. It was clear that Emily's anxiety increased her tendency for dysfluent behavior. Disruptive children became more disruptive. Distracted children could not be sustained. Frequently, parents had to be called in to monitor behaviors that Emily could not cope with alone, even after substantial supervisory input. The result was that there were few if any independently delivered pediatric contacts.

Dr. H noted that adult clients were able to better adjust to Emily's atypical interpersonal style and, with Dr. H monitoring all of her sessions at the start, Emily was eventually able to deliver some sessions independently. More complex cases were not assigned to Emily, and the clinic caseload size had to be curtailed for the semester. Both Emily and Dr. H were relieved when the required hours component of the course were completed. Emily was capable of writing essentially timely notes; however, final reports were rambling and not targeted enough for even pre-professional work.

Dr. H took all of Emily's work into consideration and determined that a D grade best reflected the skills Emily had gained during the clinical experience.

### Questions

1. Was Emily's clinical supervisor right to pass her with a D grade?

2. How could the Clinical Psychology program be restructured to predict problems that students might encounter in the clinical setting before their clinical year?
3. (*This final question requires outside research and is possible as a homework question.*) What strategies might people with Asperger's Syndrome use to improve their pragmatic skills?

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