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Getting out of one-way mirror - a more transparent, equal and interactive approach in live clinical demonstration

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臨床督導廣泛應用
Extensive application of clinical supervision

• 社會工作、輔導、臨床心理.....精神健康專業 (Applied in social work, counseling, clinical psychology and other mental health professionals)
• 價值一致認同(Value recognized)
• 有些專業組織：註冊條件之一！(One of the requirements of certificate registration for some professional organizations)
過去一百年轉變

Development in the past 100 years

• 早期：精神分析學派主導 (In the early years: Dominated by Psychoanalysis Models)
  – 臨床督導強調個人深度反思 (Emphasized in-depth self-reflection)
  – 主要學習媒介 (Instructional media)：過程記錄 (process recording) (Leddick & Bernard, 1980)
過去一百年轉變
Development in the past 100 years

• 二次大戰後→發展多元化(After World War II: development of diversified psychotherapeutic models)
  – 實證為本 (evidence-based)
  – 操作化 (operationalized)
  – 手冊化 (manualized)
Newly emerged psychotherapy schools ➔ breakthroughs in live supervision models

• 有學派特色的臨床督導模式 (Orientation-specific models) (Goodyear, 1982)
• 香港活躍的團隊 (Active teams in HK):
  – 認知行為治療 (Cognitive Behavioral Therapy)
  – 尋解導向治療 (Solution Focused Brief Therapy)
  – 結構性家庭治療 (Structural Family Therapy)
Pervasive use of One-way mirror

• 大約自一九八十年代起 (One-way mirror supervision gained its popularity in the 1980s)
• 視為重大突破 (Viewed as a major breakthrough) ➔ 探討具體臨床技巧 (the discussion of detailed clinical therapeutic techniques and process)
• 對導師是挑戰 (Challenges and opportunities for supervisors)
  – 現場示範、引導解說、多元化即時學習活動
  – (Live demonstration and instruction, multi-facet real-time learning activities)
單向鏡廣泛應用
Pervasive use of One-way mirror

• 導師-學生關係本質上變化 (Change supervisor-student relationship) ➔ 雙向性 (Reciprocal)
  – 導師和學生的臨床工作同樣要暴露出來！(The exposure of both the work of supervisors and supervisees)

• 在案主面前，個別差異更顯突出 (In the presence of client, individual difference becomes truly prominent)
  – 單一心理治療理論必然不足 (Insufficient of a single psychotherapy theory approach)
  – 介入模式 (Intervention mode) ➔ 更策略性、綜合性 (More strategic and comprehensive)
Development of recording techniques

-加上現場攝錄（Live recording) 和轉播 (Broadcasting)的電子設備

-主要優點(Main advantages)
  - 容納更多學員(Accommodate more students)
  - 配合靈活鏡頭運用Application of flexible lens) ➔ 更仔細觀察案主／輔導員(Closer observation of clients and supervisors)

- 無論如何，其本質和運作跟單向鏡模式並沒有根本性差異(No essential differences compared with one-way mirror)
Limitations of One-way mirror supervision

• 案主多數沒有機會看到誰在觀察他(During most of the time, clients do not know who are observing) ➔ 不平等(unfair to clients)
• 在案主背後討論案主(Discussions behind the clients)➔容易過於理論化，無意義爭辯，更甚者說出對案主不敬或不公道的評論(Can easily be overly theoretical, and lead to useless debates and irrelevant arguments or speculations)
單向鏡模式臨床督導-弊處
Limitations of One-way mirror supervision

• 當導師作現場示範時，如果沒有其他導師帶領觀眾中的學員，由於水平和經驗所限，可以引至很多錯誤解讀；亦容易出現紀律問題，e.g. 不專注和嘈吵

• When the supervisors are doing live demonstration, without other instructors’ guidance, misunderstanding may emerge. In addition, it can be hard to maintain a meaningful, well-disciplined discussion among the students, e.g., distraction and noise.
Getting out of One-way mirror

2002: 香港大學行為健康教研中心成立 (The establishment of the Center on Behavioral Health in The University of Hong Kong)

- 基於全人健康、身心連結理念 (Based on the idea of holistic health and the connection between body and mind)
- 跨專業的研究、教育和臨床團隊 (A multi-disciplinary team with different professional backgrounds that focuses on research, education and clinical therapy).
- 發展實證為本的身心靈綜合治療模式 (Promote the evidence-based integrated body-mind-spiritual therapy model)
• 2004: Getting out of One-way mirror

– 老師、案主和多達二、三十名不同專業背景的學員同處一室 (The supervisors, clients and some 20 to 30 students with multidisciplinary background all in the same room)

– 更為透明、平等、互動地去參與輔導過程 (The helping process is conducted in a more transparent, equal, respectful and interactive manner)

– 這模式在外國曾被應用 (This model has been applied in Western countries)，e.g. 尋解導向治療 (Solution Focused Brief Therapy) 的團隊 (Hawkins & Shohet, 2003; Waskett, 2006)

– 但在華人文化的適用性未被驗證 (But the adaptiveness of this method has not been validated in the Chinese culture)
十年實踐經驗
Empirical evidence in 10 years

• 最初(At the beginning)：戰戰兢兢(With cautious)
• 但很快(Soon)➔深刻體會到其優越性！(Superiority became very apparent)
• 已做了100+次這樣模式的臨床示範訓練(Over 100 live clinical sessions has been conducted)
• 累積參加者~3,000人次！(3000 students (headcounts) have participated)
主要優點

Major benefits

- 所有參加者都面向案主是對案主更高的尊重
  (Students showed much higher degree of respect to clients and saw them as real, whole persons)
  - 參加者不單只是「分析」，更要「分享」相關個人經驗
    (The students, as appropriate, also used self-disclosure and shared their relevant experience with the ‘person’)
  - 很多時候「分享」比「分析」更有說服力(Sharing could be more impactful than analyzing)

- 在案主面前討論案主是更好的訓練
  (Discussion of client’s issues in the presence of the client is a great way of training)
  - 避免了無意義的理論或學派爭辯(Prevent useless theoretical debates)
  - 觀點較切合案主的情況和需要(Clients can easily be the final ‘judge’)

主要優點
Major benefits

• 案主既可以澄清不準確的論點，同時亦受益於討論過程 (Clients can make clarifications and get benefit from the discussion process)

• 參加者來自不同專業➡更全面的了解 (Ng, 2008) (With multidisciplinary background, students can jointly come to a more comprehensive understanding of the clients)

• 可以在適當時候結合小組治療技巧 (Innovative therapeutic techniques can be applied)，e.g. 角色扮演 (role play)、模擬處境練習等 (simulations of critical scenarios) ➡ 效果 (effectiveness) ↑
總結

Conclusion

• 過程中我們體會到並且完善了帶領這種治療－教學結合平台的技巧(We finely polished the techniques of leading this type of live clinical session)

• 透明互動臨床示範訓練模式於華人社會的適用性、治療效果和訓練價值得到初步肯定(The effectiveness, adaptability and value of this transparent, interactive live clinical training format have been clearly demonstrated in Hong Kong)

• 值得進一步在不同華人輔導培訓中心試驗(This method is worth trying in more diverse cultural contexts in the future)
案例分案
Case study

• 女(female)/50
• 主訴：恐懼乘搭公巴x10年 (Presenting problem: Afraid of taking public transportation)
• 現病史 (History)
  – 無明顯引發因素(No clear precipitating factors)
  – 混合恐慌症和幽閉恐懼症表現(comorbidity of panic attach and Claustrophobia)
  – 無明顯繼發得益(No secondary gain)或疾病角色(No sick role)
  – 堅持工作(雖然要乘搭公巴上班！)(Keep working by taking public transportation)
  – 積極自助和求醫 (Active self-help and seeking professional help)
  – 夫妻和家庭關係良好(Family relationship in good condition)
這麼「好」的病人為甚麼10年還未好!!??

How come this “perfect” client had not recovered after 10 years!!??
來到我們團隊......
一次諮詢解決了十年的問題！
Our team solved this 10-year problem in one session!

請看錄像播映.........
Please watch this video...
謝！
Thank you so much for listening!

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