



跨越單向鏡：
更透明、平等、互動化的
臨床示範訓練模式

**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)

新興心理治療學派



→ 臨床督導模式創新

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)

單向鏡廣泛應用

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)

單向鏡模式臨床督導- 弊處

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察中的學員，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.

跨越單向鏡

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 (Ng & Chan, 2005)(Promote the evidence-based integrated body-mind-spiritual therapy model)

跨越單向鏡

Getting out of One-way mirror

- 2004: 跨越單向鏡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 attack 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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