Subject Description Form

<table>
<tr><td>Subject Code</td><td>APSS5768</td></tr>
<tr><td>Subject Title</td><td>Clinical Internship II</td></tr>
<tr><td>Credit Value</td><td>3</td></tr>
<tr><td>Level</td><td>5</td></tr>
<tr><td>Pre-requisite / Co-requisite/ Exclusion</td><td>APSS5767 Clinical Internship I</td></tr>
<tr><td>Assessment Methods</td><td>
<table>
<tr><td>100% Continuous Assessment</td><td>Individual Assessment</td><td>Group Assessment</td></tr>
<tr><td>1. Agency & Coordinator Evaluation</td><td>30%</td><td>0%</td></tr>
<tr><td>2. Performance in Supervision</td><td>30%</td><td>0%</td></tr>
<tr><td>3. Individual Case Presentations</td><td>20%</td><td>0%</td></tr>
<tr><td>4. Documentation</td><td>20%</td><td>0%</td></tr>
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The grade is calculated according to the percentage assigned;
The completion and submission of all component assignments are required for passing the subject.

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<tr><td>Objectives</td><td>As part of the requirement for AAMFT clinical membership, students are required to complete a supervised internship of 500 hours of face-to-face client contact. The supervised internship is arranged in a two-year training period under two subjects, namely Clinical Internship I and II. Each of Clinical Internship I and II requires students to complete 250 clinical hours of face-to-face client contact. With every five hours of direct practice, students will receive one hour of face-to-face group supervision. The internship aims to develop students' competency in marriage and family related services in social welfare organizations, educational settings, mental health organizations, and medical settings. They will gain direct practice experiences in working with individuals, couples, families and groups. They are encouraged to critically reflect on the relevancy of the theories and practice approaches acquired through the coursework to the local context and to creative synthesize the theoretical knowledge with their indigenous practice with the families. Through the two internships, they are facilitated to develop their own personal style of marriage and family therapy in the context of the Chinese society.</td></tr>
<tr><td>Intended Learning Outcomes</td><td>Upon completion of the subject, students will be able to:

a. integrate the knowledge gained from the coursework with the real life individual, couple and family cases.

b. generate new practice insights through active experimentation on the existing family therapy approaches with local family cases.</td></tr>
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	c. receive AAMFT-approved supervision. d. acquire the learning-to-learning knowledge to ensure their continuous development in marriage and family therapy. e. develop their own personal style of marriage and family therapy through the internship experiences of practising various family therapy approaches. f. keep accurate and complete records of client contact and supervision hours.
Subject Synopsis/ Indicative Syllabus	Students are encouraged to work with individuals and families experiencing different life issues and challenges by drawing on the theoretical and practical knowledge gained from the course work, such as emotional and acting-out problems of adolescents, eating disorders, psychosomatic disorders, depression, battered spouse, battered child, addictive behaviours, divorce, and remarriage. Individuals and families are preferably diverse in terms of age, culture, family composition, gender, religion, sexual orientation and socio-economic statues. They are required to complete 250 hours of face-to-face client contact. According to the clinical internship standards of the AAMFT, "direct client contact is defined as face-to-face therapy with individuals, couples, families, and/or groups from a relational perspective". Activities such as telephone contact, case planning, observation of therapy, record keeping, travelling, administrative activities, consultation with community members or professionals, or supervision, are not considered as direct client contact. Students will be guided to develop the qualities in 6 primary domains in marriage and family therapy.[1] The primary domains are: 1. Admission to Treatment – All interactions between clients and therapist up to the point when a contract is established. 2. Assessment – Activities focused on the identification of the issues to be addressed in therapy. 3. Treatment Planning and Case Management – All activities focused on directing the course of therapy and extra-therapeutic activities. 4. Interventions – All activities to ameliorate the issue identified. 5. Legal Issues, Ethnics, and Standards – All aspects of therapy that involves statutes, regulations, principles, values and more of the marriage and family therapy. 6. Research and Program Evaluation: All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.
Teaching/Learning Methodology	The main pedagogical approach for this course is based on the reciprocal-reflection approach developed by Schön (1987). The reciprocal-reflection and experimentation cycle consists of four basic processes. First, students will reflect on their experimentation with the new marriage and family therapy approaches in actual practice with a view to identify the gap between what they espouse to practice and what they actually practice. Secondly, they will develop a solution to fill the identified gap. Thirdly, they will put the solution into active experimentation. Fourthly, students will collaborate with the teacher and their fellow students to reflection on the extent to which the solution helps achieve the intended teaching and learning objectives.[2] Through engaging into numerous reciprocal-reflection cycles, students will acquire the qualities as a reflective family practitioner. Supervision will occur once every week in which students actively participant in case presentation and discussion. They will receive 50 hours of supervision for the 250 direct client contacts. Student will receive at least 25 hours out of 50 hours of required supervision that must be based on direct observation, videotape or audiotape. Besides

	developing direct practice experiences, students will be given the opportunities to observe direct practice of the faculty members, video analysis, case discussion, co-therapy and reflecting team experiences.
Assessment Methods in Alignment with Intended Learning Outcomes	

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed (Please tick as appropriate)					
		a	b	c	d	e	f
1. Agency & Coordinator Evaluation	30%		✓		✓		✓
2. Performance in Supervision	30%	✓		✓		✓	
3. Individual Case Presentations	20%	✓		✓	✓	✓	
4. Documentation	20%	✓		✓	✓		✓
Total	100 %						

Explanation of the appropriateness of the assessment methods in assessing the intended learning outcomes:

Evaluation is a continuous, on-going and interactive process involving active participation of both the student and the clinical supervisor. During supervisory sessions, student's performance is discussed. At the mid-placement evaluation, the supervisor will conduct a verbal informal session to provide a thorough feedback to students. A formal evaluation session will be held at the end of the internship period.

In sum, the following assessment methods are used to align with the learning outcomes:

1. **Ongoing assessments** of students' performance through supervision, live-case consultation and observation. Students will be given a grade in accordance with the following assessment criteria:
    - General evaluation (understand practicum agency and clientele groups; use of supervision, etc.)
    - Perceptual competencies (determine who is the client; integrate client feedback, assessment, contextual information, and diagnosis with treatment goal and plan; distinguish differences between content and process issues and their impact on therapy, etc.)
    - Conceptual competencies (know a systemic framework for assessment and diagnosis; understand principles of human development, human sexuality, gender development, family development and processes; know which models, modalities, and/ or techniques are most effective for the presenting problem, etc.)
    - Executive competencies (apply different therapy models; diagnose and assess client problems systemically and contextually, etc.)
    - Therapist's utilization of self (self-awareness; creativity; openness, etc.)
    - Documentation

2. **Self-assessment** through writing logs, reflective journals, and self-evaluation report

	3. Agency staff's feedback on students' performance will be taken into consideration	
Student Study Effort Expected	Class contact:	
	• Clinical supervision	50 Hrs
	Other Study Effort:	
	• Direct client contact hours	250 Hrs
	• Documentation	100 Hrs
	• Preparation for supervision discussions	25 Hrs
	Total student study effort	425 Hrs
Reading List and References	All students have to read the Clinical Training Manual for the MASW-FCPFT. The supervisors will assign readings that are relevant to the nature and settings of the practicum. Below is a reading list. <u>Essential</u> Gehart, D. (2014). Mastering competencies in family therapy: A practical approach to theories and clinical case documentation. Belmont, CA: Brooks/Cole. Goldenberg, I. & Goldenberg, H. (2013). *Family therapy: An overview. (8th ed.).* Brooks/Cole. Wilcoxon, S. A., Remley, T. P., Jr., Gladding, S. T., & Huber, C. H. (2013). *Ethical, legal and professional issues in the practice of marriage and family therapy* (5th ed.). Upper Saddle River, NJ: Pearson Education. 趙文滔 & 許皓宜 （2012）。關係的評估與修復：培養家庭治療師必備的核心能力。台灣：張老師文化。 霍玉蓮 (2004)。婚姻與家庭治療 - 理論與實務藍圖（第二版）。香港：突破。 <u>Supplementary</u> Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. New York, NY: Basic Books. Anderson, H. (2003). Postmodern social construction therapies. In G. Weeks, T. L. Sexton & M. Robbins (Eds.). *Handbook of family therapy*. New York, NY: Brunner-Routledge. Bowen, M. (1978). Family therapy in clinical practice. New York, NY: Jason Aronson. Carter, B. & McGoldrick, M. (Ed.). (1989). *The changing family life cycle: A framework for family therapy* (2nd ed.). Boston, MA: Allyn & Bacon. De Jong, P., & Berg, I. (2008*). Interviewing for solutions*. Belmont, CA: Thomson Books. De Shazer, S., Dolan, Y., & Korman. H. (Eds.). (2007). ***More than miracles: The state of the art of solution-focused brief therapy***. New York, NY: Haworth Press. Johnson, S.M. (2003). The revolution in couple therapy: A practitioner-scientist perspective. *Journal of Marital & Family Therapy, 29*, 365-385. Kerr, M. E. & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory.* New York, NY: Norton. McGoldrick, M., Gerson, R. & Petry, S (2008). *Genograms: Assessment and Intervention* (3rd ed.). New York, NY: Norton.	

	Minuchin, S., Nichols, M. P., & Lee, W. Y. (2007). *A four-step model for assessing families and couples: From symptom to psyche.* Boston, MA: Allyn & Bacon. Nichols, M. P., & Davis, S. (2017). *Family therapy: Concepts and methods* (11th ed.). New York, NY: Pearson. Siegel, D. (2012). *The developing mind: How relationships and the brain interact to shape who we are*. New York, NY: Guilford. Siegel, D. J., & Bryson, T. P. (2012). *The whole-brain child: 12 revolutionary strategies to nurture your child's developing mind*. Brunswick, Vic.: Scribe Publications. Tomm, K. (1987). Interventive interviewing: Part I. Strategizing as a fourth guideline for the therapist, *Family Process*, 26(1), 3-13. Tomm, K. (1987). Interventive interviewing: Part II. Reflexive questioning as a means to enable self-healing, *Family Process*, 26(2), 167-183. White, M. (1997). *Narratives of therapists' lives*. Adelaide, Australia: Dulwich Centre. White, M. (1993). *Re-authoring lives*. Adelaide, Australia: Dulwich Centre. White, M. (2000). *Reflections on Narrative Practice*. Adelaide, Australia: Dulwich Centre. Wolf, C, & Serpa, J. G. (2015). *A clinician's guide to teaching mindfulness*. Oakland, CA: New Harbinger. Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.