

Subject Description Form

Subject Code	APSS5712										
Subject Title	Practicum B										
Credit Value	3										
Level	5										
Pre-requisite	APSS5741 Pre-practicum General Counselling Theories and Skills Workshop APSS5760 Evolution in Family Therapy: Structural and Systemic Approaches APSS5115 Social Constructionism and Collaborative Dialogic Approach One subject in the area of “Marriage & Family Therapy” and One subject in the area of “Human Development”										
Assessment Methods	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">100% Continuous Assessment</td><td style="width: 40%;">Individual Assessment</td></tr> <tr> <td>1. Agency & Coordinator Evaluation</td><td style="text-align: center;">30%</td></tr> <tr> <td>2. Performance in Supervision</td><td style="text-align: center;">30%</td></tr> <tr> <td>3. Individual Case Presentations</td><td style="text-align: center;">20%</td></tr> <tr> <td>4. Documentation</td><td style="text-align: center;">20%</td></tr> </table> - The grade is calculated according to the percentage assigned; - The completion and submission of all component assignments are required for passing the subject;	100% Continuous Assessment	Individual Assessment	1. Agency & Coordinator Evaluation	30%	2. Performance in Supervision	30%	3. Individual Case Presentations	20%	4. Documentation	20%
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1. Agency & Coordinator Evaluation	30%										
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Objectives	As part of the requirement of American Association of Marriage and Family Therapy clinical membership, students are required to complete a supervised internship of 500 hours of face-to-face client contact. Before the start of Clinical Internship, students should have up to 300 direct practice hours of working with relational problems in marriage and family practice. These 300 clinical hours will also be recognized by the Hong Kong Marriage and Family Therapy Association. One hundred and eighty hours out of these 300 hours will be recognized by the Hong Kong Professional Counselling Association. Through exposure to real life situations and handling of assignments in agency settings, students are expected to develop competence in couples and family therapy. This subject also facilitates the integration of theory and practice and the development of professional qualities of the students.										
Intended Learning Outcomes	Upon completion of the subject, students will be able to: a. Apply the knowledge gained from the coursework to work with the real life individual, couple and family cases.										

	b. Gain the knowledge to participate in the day-to-day processes and to work with the organizational dynamics of an agency. c. Utilize supervisory feedback to further develop their practice competence. d. Develop and maintain an appropriate use of self in the clinical context.					
Subject Synopsis/ Indicative Syllabus	The following activities aim to enhance student's competence in realizing the education outcomes of the practicum training: 1. Learning Experiences The students will start the practicum in accordance to their plans endorsed by the clinical supervisor and agency staff of the practicum setting. 2. Clinical Supervision The student will be provided with group and individual supervision by a clinical supervisor on a weekly /bi-weekly basis. 3. Practicum Evaluation Practicum evaluation is an on-going process and is carried out continuously. The evaluation is a comprehensive appraisal of the student's performance on the job, competence in integrating theory and practice with individual, couple and family cases in the special social, cultural, and community contexts.					
Teaching/Learning Methodology	By means of supervision, live-case consultation and observation, students are coached by their supervisors to try to practice professional values, knowledge, and skills in a designated service setting. Through induction and workshops, guided observations, reflection exercises, and group supervision sessions, students are enabled to apply basic systemic and relational perspectives into practice, and make personal and contextual reflection.					
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
	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 practicum. In sum, the following assessment methods are used to align with the learning outcomes: • 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: • Agency & Coordinator Evaluation: Understanding and compile with agency policies, guidelines and requirements. Cooperating with practicum coordinators and following guidelines of Professional Practice and Assessment Centre. • Performance in Supervision: Preparation before supervision and participation during supervision. • Individual Case Presentations: Showing perceptual competencies (determine who the client is; 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: Concreteness, Preciseness, On time, Confidentiality	
Student Study Effort Required	Class contact:	
	• Clinical supervision (10 hours individual + 60 hours group supervision)	70 Hrs
	Other Study Effort:	
	• Direct client contact hours	300 Hrs
	• Documentation	120 Hrs
	• Preparation for supervision discussions	30 Hrs
	Total student study effort	520 Hrs
Reading List and References	All students have to read the Practicum Manual. 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). <i>Mastering competencies in family therapy: A practical approach to theories and clinical case documentation</i>. Belmont, CA: Brooks/Cole. Goldenberg, I. & Goldenberg, H. (2013). <i>Family therapy: An overview. (8th ed.)</i>. Brooks/Cole. Wilcoxon, S. A., Remley, T. P., Jr., Gladding, S. T., & Huber, C. H. (2013). <i>Ethical, legal and professional issues in the practice of marriage and family</i>	

	<i>therapy</i> (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). <i>Conversation, language, and possibilities: A postmodern approach to therapy</i>. New York, NY: Basic Books. Anderson, H. (2003). Postmodern social construction therapies. In G. Weeks, T. L. Sexton & M. Robbins (Eds.). <i>Handbook of family therapy</i>. New York, NY: Brunner-Routledge. Bowen, M. (1978). <i>Family therapy in clinical practice</i>. New York, NY: Jason Aronson. Carter, B. & McGoldrick, M. (Ed.). (1989). <i>The changing family life cycle: A framework for family therapy</i> (2nd ed.). Boston, MA: Allyn & Bacon. De Shazer, S., Dolan, Y., & Korman, H. (Eds.). (2007). <i>More than miracles: The state of the art of solution-focused brief therapy</i>. New York, NY: Haworth Press. Johnson, S.M. (2003). The revolution in couple therapy: A practitioner-scientist perspective. <i>Journal of Marital & Family Therapy</i>, 29, 365-385. Kerr, M. E. & Bowen, M. (1988). <i>Family evaluation: An approach based on Bowen theory</i>. New York, NY: Norton. McGoldrick, M. & Gerson, R. (2008). <i>Genograms in family Assessment</i>. New York, NY: Norton. Minuchin, S., Nichols, M. P., & Lee, W. Y. (2007). <i>A four-step model for assessing families and couples: From symptom to psyche</i>. Boston, MA: Allyn & Bacon. Papp, P. (Ed.). (2000). <i>Couples on the fault line: New directions for therapists</i>. New York, NY: Guilford Press. Siegel, D. (2012). <i>The developing mind: How relationships and the brain interact to shape who we are</i>. New York, NY: Guilford. Tomm, K. (1987). Interventive interviewing: Part I. Strategizing as a fourth guideline for the therapist, <i>Family Process</i>, 26(1), 3-13. Tomm, K. (1987). Interventive interviewing: Part II. Reflexive questioning as a means to enable self-healing, <i>Family Process</i>, 26(2), 167-183. White, M. (1997). <i>Narratives of therapists' lives</i>. Adelaide, Australia: Dulwich Centre. White, M. (1993). <i>Re-authoring lives</i>. Adelaide, Australia: Dulwich Centre. White, M. (2000). <i>Reflections on Narrative Practice</i>. Adelaide, Australia: Dulwich Centre.
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