編號： 343

國立成功大學 104學年度碩士班招生考試試題

系所組別：職能治療學系

考試科目：臨床心理職能治療學、

考試日期：0212，節次：2

※ 考生請注意：本試題不可使用計算機。 請於答案卷(卡)作答，於本試題紙上作答者，不予計分。

一 、解釋下列名詞 (每小題 4%, 共 20%):

1. Anhedonia
2. Interactive reasoning
3. Extrapyramidal symptoms
4. Obsessions
5. Exposure and response prevention

二 、社會-環境(Social-environmental)因素與雙相情感性疾患(Bipolar disorder)之發生有關，例如角色或作息之改變，失眠、失落等經驗。因此，根據以上病理發現，實證上有何介入策略來預防疾病之復發? 請說明治療方式與重點 。(20%)

三 、請說明 KAWA model 的內容。 (10%)

四 、改變階段模式(Stage of change model) 常用以解釋戒治成癮與採取健康行為的行為改變階段，請說明此理論。(10%)

五 、敏敏，20 歲憂鬱症女性，已從急性病房轉到日間病房一周。本來在讀大二，目前暑假中，一個月後學校開學應該可以復學。在職能活動中，敏敏對很多團體都沒什麼興趣也沒想法，因為她覺得對自己沒什麼幫助，也看不到未來，但不太累的情況下，可順應治療師的安排參加職能治療，但注意力無法持續太久。常常對發生的事覺得自卑、自責、與無能，因此也很怕同學朋友跟她聯絡，怕造成別人負擔。根據此個案情形，請回答下列問題 (共 20%)：

1. Aaron Beck 提出憂鬱症個案的三種認知型態，進而造成不良適應，稱為認知三角(cognitive triad)。請加以說明並確認敏敏的認知型態。 (10%)
2. 根據此個案的情緒、認知、與自我概念等狀態，可以做哪些介入的建議? (10%)

六 、請根據下篇文章摘要 (第 2 頁)， 回答下列問題 (共 20%)：

1. 請說明該篇之研究問題為何? (5%)
2. 請說明該篇的介入方案為何? 並推測可能的訓練內容包含哪些能力? (5%)
3. 請說明該篇之研究結果，與根據實證層級所作的臨床建議。 (10%)

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Improvements in Negative Symptoms and Functional Outcome After a New Generation Cognitive Remediation Program: A Randomized Controlled Trial

Pedro Sánchez[1,2], Javier Peña[3], Eneritz Bengoetxea[3], Natalia Ojeda*[,3], Edorta Elizagárate[1,2,4], Jesus Ezcurra[1], and Miguel Gutiérrez[2,4,5]

Cognitive remediation improves cognition in patients with schizophrenia, but its effect on other relevant factors such as negative symptoms and functional outcome has not been extensively studied. In this hospital-based study, 84 inpatients with chronic schizophrenia were recruited from Alava Hospital (Spain). All of the subjects underwent a baseline and a 3-month assessment that examined neurocognition, clinical symptoms, insight, and functional outcome according to the Global Assessment of Functioning (GAF) scale and Disability Assessment Schedule from World Health Organization (DAS-WHO). In addition to receiving standard treatment, patients were randomly assigned either to receive neuropsychological rehabilitation (REHACOP) or to a control group. REHACOP is an integrative program that taps all basic cognitive functions. The program included experts' latest suggestions about positive feedback and activities of daily living in the patients' environment. The REHACOP group showed significantly greater improvements at 3 months in the areas of neurocognition, negative symptoms, disorganization, and emotional distress compared with the control group (Cohen's effect size for these changes ranged from $d = 0.47$ for emotional distress to $d = 0.58$ for disorganization symptoms). The REHACOP group also improved significantly in both the GAF ($d = 0.61$) and DAS-WHO total scores ($d = 0.57$). Specifically, the patients showed significant improvement in vocational outcomes ($d = 0.47$), family contact ($d = 0.50$), and social competence ($d = 0.56$). In conclusion, neuropsychological rehabilitation may be useful for the reduction of negative symptoms and functional disability in schizophrenia. These findings support the integration of neuropsychological rehabilitation into standard treatment programs for patients with schizophrenia.