

※ 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、請閱讀下面所附之英文摘要內容，並

- (1) 摘譯內文所述及的研究設計、介入方法與其重要發現 (7%)
- (2) 請論述您所瞭解之認知行為治療法 (8%)
- (3) 您認為臨床上適合用以減輕思覺失調症病患正向症狀之策略、與其可行的理由 (10%)

Randomized Controlled Trial of an Internet Cognitive Behavioral Skills-Based Program for Auditory Hallucinations in Persons With Psychosis

Jennifer D. Gottlieb, Vasudha Gidugu,
and Mihoko Maru
Boston University

Miriam C. Tepper, Matthew J. Davis,
Jennifer Greenwold, and Ruth A. Barron
Cambridge Health Alliance, Somerville, Massachusetts

Brian P. Chiko
Schizophrenia.com/Cognitive Health Innovations, Inc.,
San Francisco, California

Kim T. Mueser
Boston University

Objective: Despite strong evidence supporting the effectiveness of cognitive-behavioral therapy for psychosis (CBTp), most clinicians in the United States have received little or no training in the approach and access remains very low, indicating a potential role for technology in increasing access to this intervention. Coping With Voices (CWV) is a 10-session, interactive, Web-based CBTp skills program that was developed to meet this need, and was shown to be feasible and associated with reduced severity of auditory hallucinations in a previous pilot study. To more rigorously evaluate this program, a randomized controlled trial was conducted comparing the efficacy of CWV to usual care (UC). *Method:* The trial was conducted with a sample of 37 community mental health center clients with schizophrenia and moderate-to-severe auditory hallucinations, with assessments conducted at baseline, posttreatment, and 3-month follow-up. *Results:* Engagement in and satisfaction with the CWV program were high. Both the CWV and UC groups improved comparably in severity of auditory hallucinations and other symptoms over the treatment and at follow-up. However, participants in the CWV program showed significantly greater increases in social functioning and in knowledge about CBTp. *Conclusions and Implications for Practice:* The results suggest that the CWV program has promise for increasing access to CBTp, and associated benefits in the management of distressing psychotic symptoms and improving social functioning.

Keywords: cognitive-behavioral therapy, psychosis, auditory hallucinations, Internet-based psychotherapy, schizophrenia

二、所謂的危機處置(crisis intervention)主要是根據人類行為的研究理論而來(Aguilera, 1998)，此一理論受到 Freud 心理分析學派、Erikson 的心理社會發展理論的影響，到 Caplan 將之正式引入社區心理衛生服務，請您

- (1) 定義所謂的危機 (5%)
- (2) 繪出壓力與危機的發展過程 (5%)
- (3) 描述影響危機形成的三種平衡因素 (7%)
- (4) 舉例說明護理人員在危機處置中的角色功能 (8%)

三、創傷及壓力相關障礙症，是指個案面臨巨大的心理創傷後所出現的生理、心理症狀，於 DSM-V 已經獨立為一個診斷類別，請您回答

- (1) 此項障礙與其他診斷類別最大的不同處 (5%)
- (2) 描述此類“創傷及壓力相關障礙症”所包含的項目(5%)
- (3) 描述上述某一類的創傷及壓力相關障礙症之症狀、重要特徵 (7%)
- (4) 續上所述，護理人員在照護此類創傷及壓力相關障礙症患者的護理措施 (8%)

四、閱讀下面所附之英文摘要內容，並

- (1) 摘譯內文所述及的研究設計、研究目的、方法與其重要發現 (7%)
- (2) 請論述您所瞭解之情感表露、家庭治療法等相關概念 (10%)
- (3) 您認為臨床上適合用以減輕雙極性情感疾患症狀之家庭介入策略、與其可行的理由 (8%)

Relatives' Emotional Involvement Moderates the Effects of Family Therapy for Bipolar Disorder

Steffany J. Fredman
The Pennsylvania State University

Donald H. Baucom and Sara E. Boeding
University of North Carolina at Chapel Hill

David J. Miklowitz
University of California, Los Angeles

Objective: The “critical comments” dimension of the expressed emotion (EE) construct has been found to predict the illness course of patients with bipolar disorder, but less is known about the “emotional overinvolvement” component. The goal of this study was to evaluate whether relatives’ observed appropriate and inappropriate emotional involvement (intrusiveness, self-sacrifice, and distress about patients’ well-being) moderated the effectiveness of a family-based intervention for bipolar disorder. **Method:** 108 patients with bipolar disorder (mean age = 35.61 years, $SD = 10.07$; 57% female) and their relatives (62% spouses) from 2 clinical trials completed 10-min problem-solving interactions prior to being treated with pharmacotherapy plus family-based therapy (FBT) or brief psychoeducation (crisis management [CM]). Patients were interviewed every 3–6 months over 2 years to assess mood symptoms. **Results:** When relatives showed low levels of inappropriate self-sacrifice, CM and FBT were both associated with improvements in patients’ manic symptoms over 2 years. When relatives showed high levels, patients in CM became more manic over time, whereas patients in FBT became less manic. Group differences in mania trajectories were also observed at high levels of inappropriate emotional response but not at low. When relatives showed high levels of appropriate self-sacrifice, patients in both groups became less depressed. At low levels of appropriate self-sacrifice, patients in CM did not improve, whereas patients in FBT became less depressed. **Conclusions:** Future studies of bipolar disorder should consider the prognostic value of the amount and appropriateness of relatives’ emotional involvement with patients in addition to their critical behaviors.

Keywords: expressed emotion, emotional overinvolvement, EOI, bipolar disorder, family therapy