出國報告（出國類別：進修）

參訪及進修臨床試驗、認知功能檢查、精神分裂症研究出國報告

服務機關：行政院衛生署嘉南療養院

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摘要:

於民國九十九年十一月二十七日至同年十二月三十一日期間赴美國洛杉磯大學加州分校醫學院精神及行爲科學科格林實驗室及西洛杉磯榮民醫學中心進修暨參訪精神分裂症臨床研究及認知功能、電生理學、臨床試驗等，並參訪精神醫療社區機構，對於實驗室之組織管理運作方式，並對在國內少有發展的精神分裂症社交認知功能領域研究各種評估工具測驗及介入處置觀摩，參與實驗室會議及研究會議、演講等，寄望可以對未來本院臨床試驗及研究發展有所幫助，並與國外學者合作繼續研究提升競爭力。

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目的：

參訪及進修美國加州大學洛杉磯分校 Green 實驗室，學習認知功能相關之精神分裂症研究及臨床試驗。

過程：

參訪及進修機構介紹：

筆者的研究所碩士所做的論文主題目爲精神分裂症患者的社交認知功能障礙，於研究所學程中閱讀諸多精神分裂症社交認知功能的期刊論文，發現幾乎都與作者加州大學洛杉磯分校(UCLA)的 Michael Foster Green 博士有關，故九十九年中筆者透過目前在加州大學洛杉磯分校海港醫學中心任職的蔡果荃醫師介紹與 Dr. Green 認識，隨後將自己的論文及履歷寄給對方，表明此爲個人之興趣所在，出乎意料之外在幾次對談後 Green 教授即一口答應讓我以訪問學者身分前往，故倉促於九十九年十一月底成行。Michael F. Green 的實驗室隸屬 Department of Psychiatry and Biobehavioral Sciences, Semel Institute of The Geffen School of Medicine, UCLA (加州大學洛杉磯分校)，故所屬人員也大都屬於 UCLA 的教職員。但該機構的資金及管理也來自於美國聯邦政府榮民部的心理疾病研究教育中心 (Department of Veteran Affair VISN 22 Mental Illness Research Education and Clinical Center, MIRECC)。這個實驗室是該機構並不位在 UCLA 校園內而是在二英哩外的的西洛杉磯醫學中心：大洛杉磯榮民健康照護中心 (Great Los Angeles Veteran Affair Health Care Center) 園區內。距離主要的榮民醫學中心醫療大樓也有大約一英哩的距離。所以所屬員工也同時擁有榮民中心員工的身分，有點像是台灣的一些醫院跟大學合作成爲大學附設醫院, 人員在學校擁有教職而在醫院則有醫療職務。這兩個機構另外一個好處是學術演講都非常多。筆者後來也因此同時具有 UCLA 訪問學者及 VA 榮民醫學中心研究員的身分，榮民醫學中心是美國聯邦政府機構，成爲院內人員需經過及冗長的背景安全調查並須取得美國社會安全碼。

這個實驗室領導人即爲 Professor. Michael Foster Green, PhD. 所以實驗室的名稱就叫 Green Lab.當時成立宗旨及爲透過臨床研究以更加了解精神分裂症患者認知功能的障礙從而促進患者的生活。因爲是純研究單位，他們的人員薪資部份來自榮民中心, 若有 UCLA 的教職員身分則有可能有兩份收入，但主要靠的還是大量的研究計畫資助，研究計劃的主持人費提供他們不少的新資。這些研究計畫的來源主要來自 National Institute of Mental Health (NIMH), Department of Veteran Affair (VA), Brain and Behavior Research Foundation 及一些私人計畫, 例如 National Alliance for Research on Schizophrenia and Depression (NARSAD), 還有非營利機構如著名的 The Stanley Foundation (該機構是以追求世界和平自由改善生活等等服務性質的國際性組織) 等等。美國雖然也受經濟不景氣的影響，但是此類提供資金計劃補助的機構仍非常多，筆者在此地也看到有 NASA 太空總署的相關研究計畫徵求(非本實驗室)。資源相對於台灣豐富許多，另外競爭雖然也很激烈，但是資源充足，所以壟斷的情形也較不嚴重，相對而言年輕醫療研究人員的舞台較大。

VA 榮民醫院的園區內含蓋極大的範圍，有像榮民之家的居住區及護理之家，也有很大的精神科區域，包含門診及日間病房，但也有由宗教團體贊助的精神科收容所或中途之家，如基督教 Salvation Army 在此也贊助一個提供住宿餐飲的精神病人居住計劃。另外也有老人照護機構。整個原址是其實來自六、七零年代的洛杉磯的 Brentwood Mental Hospital。Brentwood 是一個洛杉磯旁的良好社區，醫院附近有很多豪宅大院。病人大都來自洛杉磯縣內各處，反而很少來自醫院附近。在 80 年代美國去機構化的風潮下加州州政府逐漸將機構關閉而使病人回歸社區，同時增設中途之家、日間機構、門診、社區復健機構等來維持病人的精神狀況穩定。故本榮民醫院的院區內建築物大多轉爲他用。筆者實驗室所屬的整個研究大樓建築即爲病房所改建，筆者的研究室辦公桌旁即有鐵窗，大門外則留有「攜帶武器不准進入，依美國法律第幾條第幾款」的美國精神病房特殊規定。

Green lab 內除 Green 教授之外，也跟其他團隊共用大樓，另一個團隊是著名的 UCLA 老教授, Dr. Stephen Marder 他即是以臨床試驗爲主, 現今世上多種著名的第一代、第二代抗精神病藥物都曾在他的主導下進行過 phase 1、 phase 2 的臨床試驗，在醫學院的歷史布告欄內可以看到他較年輕時擔任主任的照片。這二個團隊彼此合作很多，資源共享、成果共享，大體上臨床試驗可以跟認知功能檢測結合大約是近十五年來最熱門的主題，於 Pubmed 上蒐尋至少有 50 篇以上 SCI 頂尖期刊與此主題相關。實驗室另有一個分子生物實驗室，但已擱置不用，主要是近年來分子生物科技公司進行相關實驗分析所需的費用人力低得太多，根本不需再自營故請人力做分子生物實驗分析。在該實驗室內看到諸多昂貴器材，僅進行一個計畫及廢棄不用，令人感嘆美國資源之豐富。

此實驗室過去來的 international visiting scholar 不多，亞洲人更是極少，從來沒有任何華人來過，筆者爲自然爲台灣第一人，同期間的非美國的外國人僅有一位來自蒙特婁麥基爾(McGill)大學的博士後研究員，接受加拿大的計畫支援。也因爲前無古人，筆者於加州又無任何認識的親戚朋友, 所以生活的困難及挑戰很多, 所幸一一克服。此一領域華人發展極少，筆者在此實驗室曾經看到韓文版的精神分裂症社交認知功能的書籍，蒐集翻譯重要的社交認知功能的國際期刊，全部爲韓文，足見該國對於學術發展的用心投資。實驗室內也有於韓國完成大學教育在美國完成碩博士的韓裔專任研究員，思考靈敏及爲優秀，生產論文速度極快。

Green lab 的研究方向主要爲精神分裂症以下幾個部分：認知及社交功能及相關神經科學 (Cognitive and social neuroscience)、功能結果預測 (Functional Outcome prediction)、開發及研究新的評估工具量表 (New instrument and assessment development)、心理社會介入研究 (Psychosocial intervention)、藥物試驗 (Psychopharmacological intervention)、並進行少部分的基因及基因體實驗室研究 (genetic study or genomic study)。近來他們也開始進行躁鬱症個案的認知功能及電生理學的研究。

整個實驗室內的架構很簡單，管理也很簡單, 固定的會議是每週三的研究會議或期刊論文閱讀或研究計畫會議, 禮拜四的實驗室會議, 個案討論會, 臨床訪談員會議、每個月有一次管理會議, 周二中午則有臨床試驗團隊的定期會議，個別的研究人員又有個別的討論會議，這些個別會議著重在研究內容的討論而不是管理。在所有計畫提交截止前也必定有約定的討論會議，而計畫主持人也可以主動提出要進行 seminar 徵求其他人員的意見協助，研究數據資料如 preliminary data, piloting data, preliminary outcome 也通常會有小的聚會來把結果呈現及做計劃修正或收案的討論。基本上以實驗室教授爲中心做所有的運作。由各研究員(research associate)與他討論後協助整理投稿整理及計畫書的方向，這種討論常是一對一或一對二的小組方式進行，有時就在教授家中舉行。週三的研究 seminar 我也需參與其他研究員輪流報告，以在台灣時收集到的研究數據資料爲主題，也負責導讀期刊論文。個案討論會則討論個案訪談的結果及病史的報告及進入研究的適當性、診斷正確與否等等。週二的臨床試驗團隊會議則同常於 10 分鐘內結束，因爲 Dr. Marder 速度極快。

實驗室的人員除了 Dr. Green 同時是實驗室領導人也是前述的 MIRECC 的 Treatment unit 的主任。他除了在數個期刊擔任編輯之外, 也是現任 American College of Neuropsychopharmacology 的院士, 曾任 the Society of the Research in Psychopathology 主席。約有兩百篇的 SCI Impact factor 五分以上期刊論文。近幾年最著名的應該是 2002 年在 NIMH 的資助下與 Dr. Stephen Marder 共同開發了 Measurement of Treatment Research to Improve Cognition in Schizophrenia (MATRICS)。MATRICS 領導了一系列精神分裂症認知功能研究，並訂出標準化的測量工具，涵蓋認知功能的各個面向，使得所有相關研究的結果便於比對，相較於之前各地研究使用不同測量，例如有的用 IQ Test，有的用 Wisconsin Card Sorting Test，以致結果統整分析困難。他們透過多次 NIMH 共識會議訂下整組的測驗內容(Test Battery)，讓所有人都以此爲標準來進行研究。雖然台灣還不普遍，MATRICS 很可能是未來精神分裂症進行臨床介入試驗必定要使用的工具了。在

此期間剛好教授代表美國至日內瓦開 WHO 的 ICD - 11 會議，他將負責精神分裂症的診斷準則，需要修正新的精神分裂症診斷準則，結果也邀請筆者一起參加討論，感覺非常榮幸。美國完全以 DSM 系統診斷爲主，不以 ICD 診斷。他們診斷時完全依照準則，沒有所謂醫師的經驗性診斷或自由心證。

在約 40、50 年前加州州政府擁有數個大型的州立精神病醫院(Mental hospital)，大約像目前國內的署立療養院，但在九十年代陸續關閉，包含南加州最大的 Camarillo Mental Hospital。本實驗室內的人員很多是來自該醫院，或者研究生涯由該醫院的個案開始。公立 Mental Hospital 原本即掌握大多數的慢性精神分裂症患者，若能妥善運用、提供資源，可以有很好的研究潛力。雖然國內臨床工作人員普遍過勞，仍然期待國內健保能有改善的一天。加州 Mental hospital 的病人出院後散居在各地的 boarding cares (類似庇護所) 或是獨居，但是又會到各個社區中心或診所就診，成了很好的研究個案。Green lab 很好的策略就是利用這些資源，與附近的 Boarding cares、中途之家、社區復健中心、診所均有良好的關係，在這些機構內的慢性穩定或是慢性症狀持續門診病人 (outpatient) 成了大量的認知功能研究的好素材。在此實驗室另外一個好的研究個案素材就是退伍軍人，許多罹患精神疾病的退伍軍人生活中的社交網路或醫療經濟資源等都繞著 VA medical center，美國政府對於退伍軍人的待遇極佳，精神疾病的個案可以在這裡得到很多的幫助。

實驗室的人員除了領導人之外, 尚有一位 Research Professor: Dr. Robert S. Kern 他也是 MIRECC 的共同領導人。他的領域完全集中於精神分裂症 psychosocial intervention 及 functional outcome 的研究，筆者跟他很深入的討論過他的研究內容及近十年來的所有論文，發現 Psychosocial treatment 的介入很複雜而且測量工具很重要，而且能夠很有創意的自由發揮。美國在此方面因爲語言的優勢及學術地位的優勢，故掌握了測量工具的發展, 從而取得研究的先機。Psychosocial treatment 的準備工作比 biological treatment 更加繁瑣許多，例如 program 的設計及材料的取

得而語言資訊的弱點，讓我們在獲取資源上難以競爭。比如說他們主導了許多的國際會議, 也因交通之便經常規律地參加許多國際會議，所以會知道很多在期刊論文尚未發表的資訊。許多的獨特的 psychosocial treatment 可能都是歐美國家少數人的發表, 但在台灣可能很難接觸到。而教材資源等等大都是英文爲主，難以運用於我們的精神分裂症病人身上，一一翻譯則又費時費力。Dr. Kern 也有許多的論文著作，近幾年的一個主題是”errorless learning” in schizophrenia，筆者曾觀摩過他的個案研究訓練。Psychosocial treatment 或 rehabilitation treatment 的研究台灣的發展相去美國甚遠，幾乎沒有辦法發表在好的期刊上，Dr. Kern 目前已是 American Journal of Psychiatry 的 reviewer。

另外有數位 assistant research psychologist 及 associate research psychologist, 他們或者也擁有 UCLA 的 research assistant or associate professor 的職位。但是大多數都沒有教職，這點跟台灣很不一樣，台灣的學生念博士就是爲了找大學的教職，做研究就是爲了升等，這裡卻有許多人就只想做研究，全職就是 research psychologist，不想教學生就不去爭取教職，因此也很可能造就的被引用率很高的好論文。這邊有幾位 research psychologist 個別的方向都不大相同但都有做 cognition 或 Early visual processing 的共同點。彼此可以互相合作又不互相干擾，而共同的背景則是深厚的研究方法、統計概念，所以參與 seminar 討論時，令筆者非常愉快。

Yuri Rassovsky 是以色列 Bar Ilan 大學及 UCLA 兩邊均任職的 research psychologist，領域著重在 pychopathology, social cognition, cognition 及 functional outcome，所以經常兩國來往。Bill Horan 是以 psychopathology 及 psychosocial intervention, social cognition, cognition 爲主題的研究，他們近來發展了一個新的 negative symptom 量表。傳統探測精神分裂症負性症狀的 SANS 或 PANSS 或 BPRS 量表對於負性症狀比較著重在「表徵」上，但是對於一些基本的「動機」「興趣」及「社交認知功能」等方面障礙的評估卻明顯不足，因此他們發展了 The Clinical

Assessment Interview for Negative symptoms ”(CAINS)，筆者已取得他的同意未來可以翻譯爲中文版。同時 Bill Horan 在此有一個 Augmentation Social Cognitive Intervention for Veterans with schizophrenia 的計畫進行。筆者來時剛好爲新的計畫，剛通過 IRB 人體試驗委員會的計畫。這是一個前所未有的方式，以訓練社交認知功能爲主題的 24 session 團體，透過很的投影片教學，錄影帶教學、角色扮演、團體教學，訓練幾種病人常見的社交認知功能缺損，同時還加上所謂的 In-vivo session 帶領病人到社區實際場所演練或判讀社交線索 (social cues)。筆者也進去擔任每週二次最多四次團體的 co-leader。這些影帶影片都來自廣泛的蒐集, 每一次 group 的內容都仔細安排, 所以準備工作非常多。筆者參與的此研究時，主要計畫主持人仍是 Dr. Green，他也會來挑選每一梯次參加一次團體，並每二、三週舉行會議討論近況，需解決的行政問題、操作性問題等等，因爲專任研究員均已很成熟，所以只需做部分的管理即可。

此外的研究員例如 Jonathan Wynn 著重在電生理學與認知功能，這個領域非常廣泛，包含 event-related potential (ERP)、 Mu rhythm、 mismatch negativity(MMN)、pre-pulse inhibition、attentional blinking、early visual processing(EVP)等等不勝枚舉，這些項目跟認知功能跟社交認知功能連結起來就成了驚人的素材，有大量的新發現，與電生理學相關的主題在台灣風行了一段時間，但是大都著重在 Evoked Potential 如 P 50, N 100, P 200, P 300 等聽覺誘發波的部分。近幾年來台大醫院精神部也有一個團隊往此方向發展。個案數少即可發表是最大的特點。筆者在此實驗室時發現此團隊 EVP 的論文發表量非常多。該實驗室一個月內就投稿出去五篇至 SCI impact factor 五分以上的期刊。實驗室另外一位博士後研究員 Kristopher Mathis 同時在加州州立大學千諾島分校心理系任教，剛巧他開立了一堂 biological psychology 的課程，更棒的是有實驗室實習的電生理學課程，於是就請他讓我去旁聽並參加實驗課去操作腦波等儀器及軟體。該所大學設備驚人，每位實驗室課程學生都有實驗室實習的電腦及腦波生理監測儀器可攻操作，甚至提供全班學生出國參訪七成的費用。

在該校也遇到心理系教授 Kimmy Kee-Rose，她的著作都在於 social cognition 的測量及 functional outcome 上，筆者之前的碩士論文及著重在精神分裂症 Mayor-Salovey-Caruso Emotional Intelligence Test (MSCEIT)測量的著作，而她的研究就在這個領域! 筆者聯絡她時她也立即欣然邀約晚餐，並討論未來方向。MSCEIT 測量的就是我們常說的 EQ, emotional intelligence。Dr. Rose 就是把這個 EQ 測量引進 schizophrenia 的人，她的研究設計簡單而如因素分析等統計以較大的 sample size 及 cross-sectional 的評估與 functional outcome 做連結。她提到所有的精神分裂症的社交認知功能測驗都發現，社交認知功能障礙與功能結果障礙(functional outcome), 而且獨立於一般的認知功能之外！Dr. Rose 也邀請我於 2011 年新學期到該校心理系幫學生上一堂課。

另一位 Junghee Lee 則是韓裔的 research psychologist 著重於 neuroimaging (functional MRI)及 Transcranial Magnetic Stimulation (TMS) 與認知功能的研究，筆者去到 UCLA brain mapping center 的 TMS 實驗室參觀他們進行的 TMS 的個案研究。

該實驗室目前有兩位博士後研究員，由於競爭激烈，獲選進入的人都有絕佳的履歷，就學期間曾獲多種獎項，如青年傑出研究人才獎及獎學金等等。另有幾位國際的博士學生如挪威的博士候選人、埃及的精神科醫師博士生，他們短期來訪並將自己在該國內收到的資料做 dissertation。另有 PhD intern (美國特定領域的心理師必須要具有博士學位才能考執照)、兩位收案員 (recruiter) 兼面談員 (interviewer)、一位專任 interviewer、五位測驗員 (tester), 三位 study coordinator、一位 lab supervisor 兼 study coordinator、一位 program administrator、一位研究護士。

他們的工作如下：

Recruiter：到處與機構診間聯繫或親自到各機構廣告及收案、與個案連絡。

PhD intern、interviewer 都是心理師背景, 他們都負責進行與個案的初次研究診斷

面談，例如 SCID 量表 用於確立診斷，有特殊問題的個案於 case review meeting 時提出討論，筆者的精神科醫師身分成爲他們詢問藥物及診斷的好對象。

Coordinator：簽同意書、安排個案、安排施測者、安排時間受測、各種雜務、金錢, 交通等管理、所有 IRB 事項、甚至有回答 IRB 問題的能力、修正計畫書的能力、接受 IRB 訪查稽核等等用固定的時間與研究員討論並且有自己的簡單統計能力，例如知道何時要多受什麼樣背景的個案以使得 experimental group 與 control group match 非常重要的角色，而這些人也是工作最久變動離職極少的人，確保整個系統運作快速有效率。Lab supervisor 兼 coordinator 已經做了十幾年，一切都井井有條。

Tester: 簽同意書、每一種認知功能、非認知功能測驗、電生理學檢測都能做，所以人員調動方便。Tester 一天就測一個個案，所以極有耐心而且說明詳細，又因個案源源不絕所以不會爲了收案而誤導病人

Program administrator: 如計劃統整的管理 帳目的管理 經費核銷的管理對外的一些聯繫等等。

Nurse: 抽血給藥檢體等等

Data 的 key in:

實驗室已建立自己的系統，若是 principle investigator initiated project 他們有自己的電腦系統 Excel 檔案來存取資料，大的藥廠研究或跨校的研究計畫通常都有中央資料輸入系統，UCLA 有幾位中央的統計師，定期與 investigator 開會，能力極佳，甚至可以做到完成致論文的表格製作。若小型試驗則由研究人員自行分析結果，但統計師接受諮詢，與研究人員互動多。目前進行的大多爲非治療性的研究。至於臨床藥物試驗該實驗室不接 phase III 試驗，因爲不以營利或個案數目多寡爲主，而以學術研究爲優先，故藥物試驗幾乎都爲 Phase II study。資料輸入由 tester 及 coordinator 自行輸入，coordinator 有統計分析的能力，常與 investigator 討論收案狀況。

綜觀整個收案時診斷準確、測驗過程細膩、資料分析客觀，人員研究能力強，所以所得研究結果可靠令人信服。另外美國的研究計畫經費充裕，病人來參加時付給病人交通費及工時費，例如一個研究全套測驗需兩整天完成，就付給病人 16 小時工時費，每小時 15 美元，再加兩天的來回交通費。美國病人教育程度較高，叫接受科學觀念，如需抽血的基因研究，收案依然很快，每次抽血給予病人 50 美元等等，病人大多爲不與家人居住，接受州政府補助，故評估性研究廣告一出現患者趨之若鶩，且因給付高病人留存率高、退出率低。但是藥物試驗舉世都不好做，因爲穩定病患常因更換成試驗藥物而不穩定。以研究角度，不以獲利而言，評估性研究在精神科療養院似乎有比較大的空間，

筆者在此實驗室時進行中的有數個評估性研究，分別是由一些機構經費補助：

Early Visual Processing in Schizophrenia (NIMH)

Social Cognition in Schizophrenia (UCLA translational Center on neurocognition and emotion in schizophrenia, NIMH)

Visual Masking and TMS in Schizophrenia (NIMH)

Social Cognition and Functioning in Bipolar Disorder (VA)

Social Cognition and Functioning in Schizophrenia (NIMH)

Collaboration to Advance Negative Symptoms Assessment in Schizophrenia (NIMH)

Augmenting Social Cognition Intervention (VA)

Cognitive Rehabilitation and Work Outcome in Schizophrenia (NIMH)

Consortium on the Genetics of Schizophrenia (NIMH)

Treatment and Evaluation Network for Trials in Schizophrenia (Novartis, GSK)

在介入性的臨床試驗：

如2010年剛結束的 藥物試驗代號 H3B113147：A Randomized Double-blind, placebo controlled, parallel group study to evaluate the cognitive enhancing effect of GSK239512

in stable patients with schizophrenia 即是一個 phase 2 study。2011 年開始的 Oxytocin nasal spray on social cogntion 等臨床試驗，是以 Oxytocin 的鼻噴劑予以精神分裂症病人，並測其前後認知功能的表現差異。

這部分實驗室提供我不少資料，但限於保密條款不得公開。

此外在此極大的收穫是看到極多的認知功能檢測及社交功能檢測。

社交認知功能檢測：

Facial Emotion Identification Test (測 facial expression 的 perception 能力)、Mayor-Salovey-Caruso Emotional Intelligence Test (MSCEIT) (測 emotion identification 及 emotion management emotion relation 能力)、The Half Profile of Non-verbal Sensitivity (PONS，測 social perception)、Ambiguous Intentions Hostility Questionnaire (AIHQ，測試 attributional style, 歸因類型，如病人將 beural cues 歸因為被害妄想) The Awareness of Social Inference Test (TASIT，以影片測 Theory of mind，思考得知他人的想法)、Empathetic Accuracy Test (測驗同理心能力)、Bio Motion (non-emotional or emotional) (點狀動態圖測驗對於運動狀態的判讀)

認知功能檢測：

The MATRICS Consensus Cognitive Battery (MCCB) (測神經認知功能包含 speed of processing、attention of processing、attention/vigilance、working memory、verbal learning、visual learning、reasoning and problem solving、social cognition)等等的測驗。

功能結果測驗 (Functional Outcome test)

The UCSD Performance-based Skills Assessment (UPSA)、The Maryland Assessment of Social Competence (MASC)等等。

此外筆者也利用機會參訪三間機構。一間為 San Fernando Wellness Center 是 Los Angeles County 所屬資助的社區復健中心型態機構、但經費許多為自籌，如以

研究計畫向 NIMH 取得經費，病人來到中心尋求一對一的協助還可以領鐘點費回家。中心內有二位精神科門診醫師看診給處方，約涵蓋 400 位門診病人，另有心理師及個案管理員負責管理，協助患者就業就學適應社會生活。

另一間則是 Boarding Care，只收精神疾病的患者，可長期居住。位於 Santa Monica 以 60 年代時的旅館改建，由私人經營，由個案管理員管理，供食宿，一個月費用約在 2000 美元左右，個案均靠著州政府的補助及社會福利救濟金，付完食宿還會有零用金，有私人診所精神科醫師定期訪視。但也可以看出美國社會福利制度之佳，病人的補助如此之高。

另一間爲 Adult Day Care Center：位於 Arcadia，主要進行老人的日間照護，設計活動，人員主要爲護士、職能治療師、物理治療師、社工、護士助理、兼職藥師、巡診家庭醫師等等個案需有自行活動能力，精神疾病或失智症部分限於輕中度疾患者，也是受州政府的計畫補助。因位於華人區內，有諸多華人長者於內，他們的護理站廣播甚至都是中文廣播。

心得及建議：

筆者希望將可以翻譯社交認知功能先關評估工具，以進行國內，甚至是華人世界這方面的研究。社交認知的能力及表達，東西方社會有很大的差異，必然會有很有趣的結果，不過測驗工具很多爲錄製好由專業演員的錄影帶，進行中文化難度高。文化差異大，舉例來說，在 Augmenting Social Cognition Intervention 的研究中，我與心理師 Dr, William Horan 及 Michelle Dolinsky 訓練個案 theory of mind 的能力，讓個案從影片中的情境、對話、語調、表情、肢體動作等來判斷個案是真心(Sincerity)、說謊(Blatant lie)、或是諷刺(Sarcasm)。在東方文化中，諷刺只有壞的用意，但是在西方文化中卻常有好意的諷刺，例如在讚美時卻用反面批評的話來說。

同時也希望透過這次參訪的機會建立與該校持續的合作關係，把這些評估工具引入未來的研究中。

美國的大學研究環境極佳，實驗室內各司其職，但工作單純，而領導者的於該領域居於領先地位，著作能力極強故新計畫源源不絕，但對外關係單純，少有外務如大大小小各種評鑑的干擾，並且盡力使所有不必要的 paper work 減少, 堪稱有心研究學者的天堂。又因爲純學術機構，不若醫院上下左右公關複雜，美國人準時下班的習慣也成功制約減少應酬活動，也減少很多的額外工作。人員能力佳，相處和睦溫暖，下班後常有共同娛樂活動，凝聚力強。因爲尊重專業人員，所以實驗室規定極少，且不訂上下班時間，但適時追蹤進度。會議簡單快速，會議時甚至不用投影機。因爲工作人員均爲有經驗且對此工作有興趣的人，所以自制、自律能力甚高，進度總是快速、此點爲美國人與台灣最大的不同，在台灣從小學教育開始就被逼著唸書，最後往往做的不是自己喜歡的工作，所以工作常需別人醒，而且往往每個人都期待著換更好的工作，並須經常緊盯進度，或者有熱情者往往被過度使用以致在長時間超量工作後都過度疲乏失去熱情。當然他們能

進來此實驗室都已是精挑細選的角色，所以筆者在這裡的時候的感受就是”談笑有鴻儒，往來無白丁”。每一個專任研究員都有大量的著作，而且是該領域的翹楚，即使年輕也都已經開始當很多期刊的審稿委員。收入不見得高、名聲不見得響亮，他們卻甘之如飴做研究工作，一做數年。

實驗室內分工細，系統制度運作順暢行之有年，故研究人員可以專注在分析、書寫論文等研究上。實驗室每年由經費中贊助所有研究員參加二、三個大型會議，其口頭報告會預先練習並討論。整體來說整個研究環境很佳適合有興趣的人。如果可能也把每個人的工作簡單化，也比較可以有好的發展，台灣的研究人員比較是個人化的經營，少有企業化的經營。

美國人跟上司或教授的互動也跟台灣很不同。因文化不同，美國人都直稱姓名，上帝之下個體人人平等, 尊重但不需卑躬，實驗室互動時，在開會時下屬在世界知名大教授前講話也不覺得任何緊張，與在台灣校園大不同。除了我之外, 沒有人稱 Dr. Green 爲 Professor，都直呼其名。另外在課堂上的經驗是，學生上課時問題不斷，各種匪夷所思的方向問題都有, 學風自由, 但是上課專心對老師禮貌，考完試對於考題意見及多而且絕對會跟老師討論。但大體上會來選研究相關課程的學生都很專注而不隨便，老師回答非常鄭重謹慎。學生念大學已經獨立自主，對自己的經濟及前途負責，所以很少有在課堂睡覺或混時間的情形。在如此自由開放、肯定尊重的風氣，必然可以在學術領域上發展得很好。對於台灣傳統教育下長大的我衝擊不小。

Dr. Green 在指導與給予寫作或研究意見的方面毫不藏私，經常性、直接、快速地協助團隊成員並且幫助他們分析結果及決定討論方向、協助新計畫的完成。我個人也曾把投稿後審稿者的要求修改的意見請他指導，他立即給予直接的意見，要我回答的方向包含若干大點若干小點，直接了當，也讓我獲益良多。在他的帶領下，整個團隊的研究人員每個都很多產，而且快速，雖年輕就許多都已

獲得 UCLA 或加州州立大學的正式教職。以我在此的短時間內就看到同辦公室的同事各有期刊刊登在 Biological Psychiatry 及 Schizophrenia Research 等及好的期刊上。但最令人佩服的是整個實驗室團隊的收案模式及資料處理方式，比如他們用自己的 ENDNOTE library 把所有實驗室的期刊 reference 都收集在一起，所有成員可以共用並且得以節省多資料搜尋及書寫論文的時間。收案人員、施測人員都經驗足夠在職多年，從研究個案的說明到會談、施測、結案，研究者不需花費時處理這些複雜且令研究人員分心的事情，他們也不參加在領域之外的其他研討會，。美國精神醫學會(APA)年會時他們沒有人要參加，理由是主題太雜而沒有重點，但精神分裂症研究年會則全員到齊。對於要來參訪或來演講者也很慎重選擇，但不接受非他們相關領域的演講與參訪，只有未來要合作或與研究方享有關的才接受，方向非常明確且執著。得到的結果是像工廠一樣的論文量產，而且每一位成員都能自力且茁壯。我記得在台灣時為了收幾個研究個案就花費很大的心力，每一個研究都個別獨立做很多複雜的工作，結果造成事倍功半。

另外很感謝參訪的實驗室外國友人對我相當友善及親切，非上班時間常跟他們交誼，也數次到教授家裡晚餐，讓我得到很大的收穫。

美國也遇到醫療預算緊縮的問題，以前述的 Arcadia 日間照護中心為例，州政府也一樣用嚴格核刪的方式來逐步減少日間照護人數，甚至打算不再補助該計畫，但是配套措施仍不完整。

在此非常感謝衛生署長官的核可與支持。更感謝的是本院邱獻章院長的核可准許、多方協助讓我得以成行，邱院長非常細膩與仔細，甚至我出國前忙得不可開交時幫我準備了要帶給國外教授的禮物等細節。也感謝中國醫藥大學藍先元教授及 UCLA 蔡果荃教授的協助幫忙介紹，並指導我進入這個研究的領域。

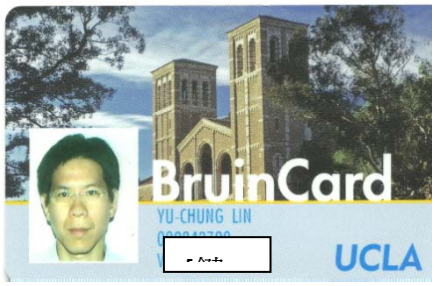
附件:

UCLA Green Lab

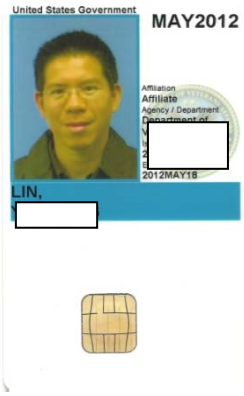
我的辦公室

UCLA David Geffen Medical School

UCLA visiting scholar ID

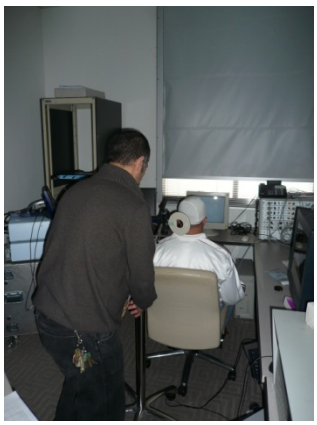


West Los Angeles Veteran Health Care Center ID

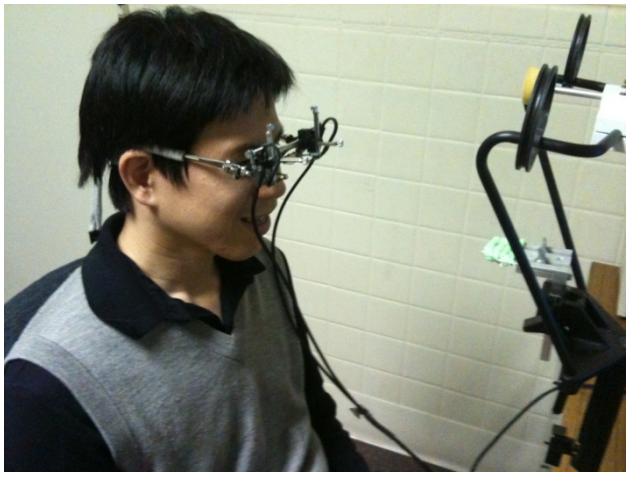


UCLA Lab seminar

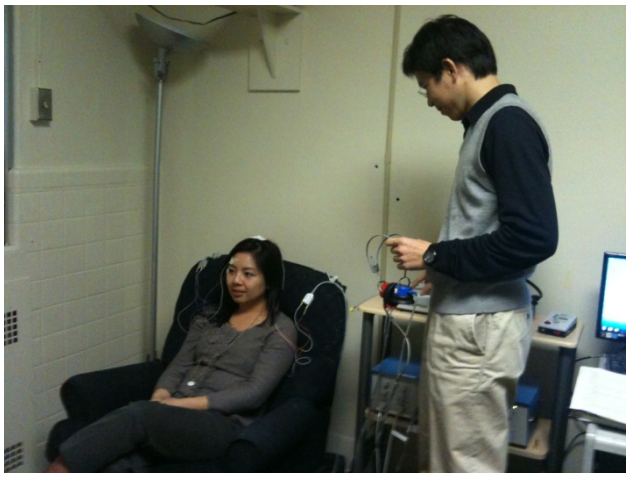
TMS 實驗室



Green Lab 動眼測驗



Green Lab EEG EVP 測驗



Green Lab 神經心理測驗

California State University, Channel Island: Lab Course: EEG

San Fernando Wellness Center

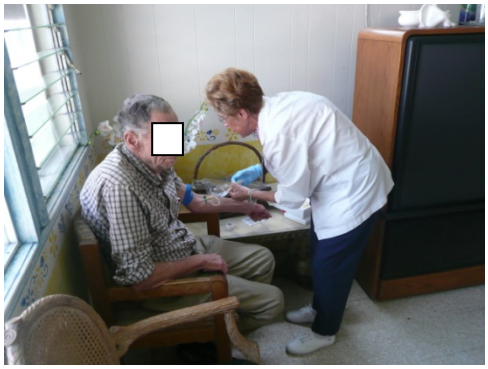
Errorless Training, San Fernando Wellness center

Arcadia Adult Care Center

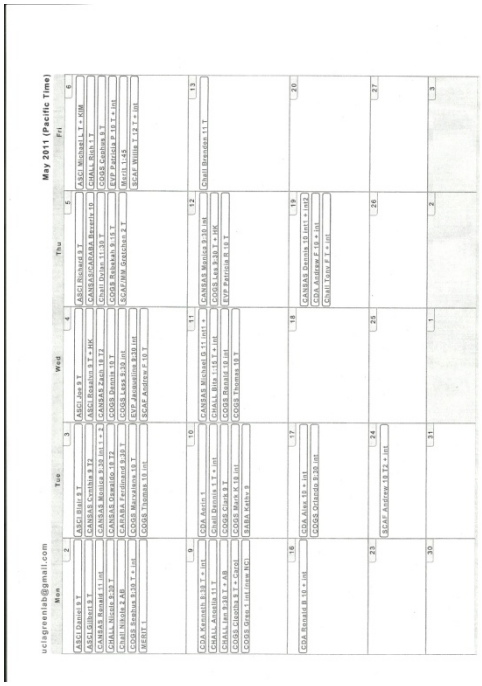
Boarding Care in Santa Monica

Informed Consent of clinical trial (Study coordinator 正在執行中

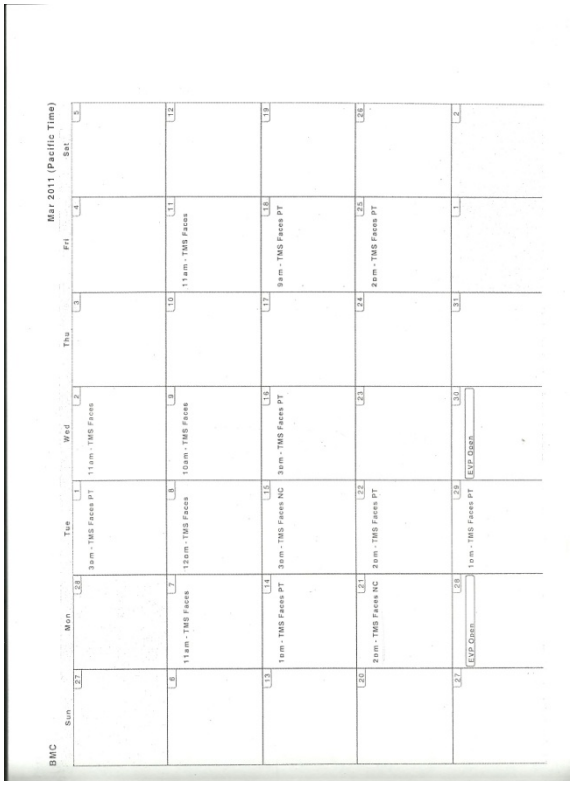
研究護士抽取參與個案血液檢體



Green Lab Weekly Meeting Agenda (1)



Green Lab Weekly Meeting Agenda (2)



MIRECC Proposal Gudieline

VISN 22 Mental Illness Research, Education and Clinical Center (MIRECC)
Guidelines for Research, Education and Clinical Proposals

MIRECC MISSION

The primary mission of the VISN-22 Mental Illness Research, Education and Clinical Center (MIRECC) is to improve the long-term functional outcome of patients with chronic psychotic mental disorders, including schizophrenia, schizoaffective disorder and psychotic mood disorders. Each of these illnesses is characterized by psychosis during its most severe periods; each is associated with functional impairments that can lead to deterioration in social and vocational adjustment; and each is a chronic illness that usually appears during young adulthood and requires a long-term management strategy that includes pharmacological and psychosocial management.

Although research during the last several decades has shown that these major disorders are disorders of the brain, the long-term outcome is determined by complex biopsychosocial factors. The overriding philosophy of this MIRECC is that there are difficult obstacles toward improving long-term functioning in these patients, but that these obstacles can be overcome by a comprehensive program of research, clinical care, and education. Obstacles related to the basic neurobiological dysfunctions associated with these illnesses can be overcome by improving our understanding of the neurocognitive deficits associated with these illnesses. The deterioration in social and vocational adjustment as well as quality of life in individuals with these illnesses can be overcome by research that focuses on improving pharmacological and psychosocial treatments. The failure of the VA Healthcare System to deliver the best available services to veterans with these disorders can be overcome by health services research that focuses on improving provider behaviors and designing the best possible systems for delivering services.

SPECIFIC AIMS

Obstacles will be addressed through the development of an integrated system of research, educational and clinical programs which will fulfill the following specific aims:

- Expand and improve the understanding of the neurobiological dysfunctions and disturbances that relate to long-term dysregulation in cognition, mood, motivation and behavior
- Improve our understanding of how social stressors (i.e., environmental, interpersonal) interact with the patient's support environment to influence clinical and functional outcome
- Develop novel psychopharmacological and psychosocial treatments and their combination in order to ameliorate the deficits identified in the long-term course of these disorders and to prevent relapse and recurrence
- Develop methods for the continuous monitoring of the process of care and treatment outcomes
- Implement and disseminate a process for continuous quality improvement in provider behavior and organizational functioning
- Evaluate the cost and effectiveness of biological and psychosocial interventions
- Disseminate the gained knowledge and strategies to trainees, clinicians, policy makers, consumers and researchers within and outside VISN 22, including the community
- Describe in detail the optimal structure of mental health service delivery to patients with psychotic disorders and provide consultation to other VA Medical Centers in the reorganization and development of their services.

FUNDING PROCEDURES

MIRECC will provide support to two categories of proposals:

(1) **Core MIRECC Projects that are Executive Committee initiatives**. These programs represent the priorities for the Center and will be supported by our core staff and other collaborative resources. Consideration of studies includes sponsorship of the proposal by one or more Executive Committee members and approval by the Committee.

(2) **Pala/Pilot Grants** that are proposed by MIRECC collaborators, junior or senior faculty in affiliated VA or University sites, or trainees at these sites. These proposed programs should support the MIRECC theme in all cases. For research proposals, it is anticipated that most proposals will provide data that will support larger proposals to the VA or NIMH. These grants may also be used for preliminary work for proposed core studies. The procedure for evaluating grants includes the approval of the project by an Executive Committee member who will assist the applicant in preparation of the proposal and its budget. Further, the Executive Committee member will assure that the proposal receives consideration by the Committee.

Although there are not firm limits on the amount of funds a proposal can request, most should be budgeted at $10,000 or less. With the agreement of Unit leaders, proposals may also include the use of MIRECC staff and other resources (e.g., Data Unit time, Neuroscience equipment and supplies, patients recruited by the Treatment Unit, etc.).

PROPOSAL FORMAT

The intention is to make the proposal preparation as simple as possible for both applicants and evaluators. All submissions should follow the NIH guidelines for fonts and margins (Arial/Times New Roman) no smaller than 11 points and no smaller than ½" respectively. Submissions should be no longer than four (4) pages (including budget, references and tables), this should allow for succinct proposals that attend adequately to all of the items below. Proposals that exceed four pages will be returned for correction. In addition, a biosketch (either NIMH or VA format) should be included.

1. Background supporting the proposal
2. Indication of research, educational or clinical plan
3. Relationship to MIRECC's core themes
4. Investigator's long-term plan, if study is funded
5. Budget including MIRECC staff or other resources that would be used (see budget guidelines)

It is important that as applicants develop proposals they:

- Seek input of the MIRECC Unit Chief most closely tied to their study.
- Arrange statistical review with either a Unit Chief or member of the Data Core.
- Consult with the Administrative Officer on the budget.

Key individuals are listed below:

Administrative Officer	Jon Strmiska	(858) 642-3525 (jon.strmiska@va.gov)
Basic Neuroscience	Mark Geyer, PhD	(619) 543-3583 (mgeyer@ucsd.edu)
Clinical Neuroscience	David Braff, MD	(619) 543-5570 (dbraff@ucsd.edu)
Data Core	Catherine Sugar, PhD	(310) 825-6584 (csugar@ucla.edu)
Health Services	Alexander Young, MD	(310) 268-3647 (ayoung@ucla.edu)
Imaging	Gregory Brown, PhD	(858) 552-8585 x 43166 (gbrown@ucsd.edu)
Treatment	Michael Green, PhD	(310) 268-3647 (mgreen@ucla.edu)
Treatment	Stephen Marder, MD	(310) 268-3647 (marder@ucla.edu)

BUDGET GUIDELINES

- Funding cannot be utilized for the purchase of any type of equipment or software. However, existing MIRECC equipment is available for use by investigators and staff.
- Maximum allowable budget for general supplies (e.g., paper, test tubes, film, syringes, etc.) is $250. For allocations over $250, please provide description of items required.
- Funded IPAs and/or staffing costs will not extend past September 30th. Please note, the initial IPA process can take up to **four months**.
- If you are including animals in your budget, please discuss with the appropriate Unit Chief.
- Subject payments can only be distributed from the Agent Cashier at a VA Medical Center. Please consider whether or not your subjects will be willing to travel to obtain their payment if your study is not conducted at a VA facility.
- Funding cannot be utilized for travel or registration reimbursement.
- Purchasing of supplies and services will be handled by MIRECC administrative staff.
- Although funding will be allocated at time of approval (and upon receipt of IRB approval), processing of orders can take up to 30 days, depending on item requested. Funded investigators should contact the Administrative Coordinator within 15 days of funding approval notification to arrange for purchasing.
- Any funds not obligated by close of business **August 1st** will revert back to the MIRECC general fund for use. Awardees are encourage to obligate awarded funds as soon as possible to avoid loss.

VA Grand Rounds Schedule

VA GREATER LOS ANGELES HEALTHCARE SYSTEM
WEST LOS ANGELES HEALTHCARE CENTER
DEPARTMENT OF PSYCHIATRY GRAND ROUNDS

June **2** Neuropsychological Functioning in Polytrauma Veterans

Zainab Delawalla, Ph.D.; Postdoctoral Fellow, Polytrauma Psychology, VA Greater Los Angeles Healthcare System
Rebecca Melrose, Ph.D; Research Psychologist, VA Greater Los Angeles Healthcare System; Associate Research Psychologist, Department of Psychiatry & Biobehavioral Sciences, David Geffen School of Medicine at UCLA

9 Acceptance and Change in Couple Therapy: A Major Clinical Trial of Couple Therapy with 5-year Follow-up

Andrew Christensen, Ph.D.; Professor, Department of Psychology, UCLA

16 To Be Announced

Physicians: The VA Greater Los Angeles Healthcare System is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The VA Greater Los Angeles Healthcare System takes responsibility for the content, quality and scientific integrity of this CME activity.

The VA Greater Los Angeles Healthcare System designates this educational activity for a maximum of 1.25 *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the *CMA Certification in Continuing Medical Education*.

Social Workers and MFCCs/MFTs: The Semel Institute at UCLA is an accredited provider for continuing education credits for LCSWs and MFCCs/MFTs (provider number PCE 378). This course meets the qualifications for up to 3.5 hours of continuing education credit for LCSWs and MFCCs/MFTs as required by the California Board of Behavioral Sciences.

Board of Registered Nurses Contact Hours: The Semel Institute at UCLA is an accredited provider approved by the California Board of Registered Nursing (provider number CEP 381). Registered Nurses attending this course may report up to 1.0 CEU hours.

VA GREATER LOS ANGELES HEALTHCARE SYSTEM
WEST LOS ANGELES HEALTHCARE CENTER
DEPARTMENT OF PSYCHIATRY GRAND ROUNDS

Jamie Feusner, M.D.; Director, UCLA OCD Intensive Treatment Program Director, UCLA Body Dysmorphic Disorder Research Program; Assistant Professor in Residence, Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA

May **5** Structural Brain Plasticity: Lessons Learned From Meditation

Eileen Luders, Ph.D.; Visiting Assistant Professor, Laboratory of Neuro Imaging, Department of Neurology, David Geffen School of Medicine at UCLA

12 Alzheimer's Disease: Molecular Imaging Probes, Early Diagnosis and Treatment

Jorge Barrio, Ph.D.; Elizabeth and Thomas Plott Endowed Chair in Gerontology and Distinguished Professor of Molecular and Medical Pharmacology, UCLA

19 **APA Annual Meeting – No Grand Rounds**

26 Post-Deployment Clinic Redux: Opportunities and Challenges

John Kelleher, M.D.; Resident in Psychiatry, UCLA Neuropsychiatric Insitutute/VA West Los Angeles Healthcare Center
Benjamin Schneider, M.D.; Resident in Psychiatry, UCLA Neuropsychiatric Insitutute/VA West Los Angeles Healthcare Center
Jacob Moussai, M.D.; Staff Psychiatrist, Veteran Transition Center/Post-Deployment Clinic; Assistant Clinical Professor, Department of Psychiatry and Biobehavioral Sciences, Geffen School of Medicine at UCLA

Clinical Trial Weekly Meeting Agenda

TURNS/TENETS UCLA SITE MEETING AGENDA
Tuesday, June 28th, 2011 12:00 p.m.

Recruitment

Eltoprazine recruitment to begin after site initiation teleconference
Novartis Genomic Component

Novartis Active Participants

N/A; Closeout visit expected in July.

IRB Status

Eltoprazine: Amendment 7- Approval granted from UCLA, VA approval expected soon.

GPC Study

446 subjects enrolled.

Oxytocin

6 subjects enrolled (3 active, 2 complete, 1 on hold)

General Issues

TASIT 心理測驗表單

Thames Valley Test Company

TASIT A:
PART 2 ~
SOCIAL INFERENCE (Minimal) - RESPONSE FORM

ID# _____

Date _____

PRACTICE ITEM

A. Is Ruth trying to pressure Gary into helping her?	Y	N	DK
B. Is she trying to say it's OK if he doesn't help her?	Y	N	DK
C. Does she think he should stop what he is doing and help her?	Y	N	DK
D. Is she annoyed with him?	Y	N	DK

1. WEEKEND AWAY

A. Is he seriously suggesting they invite other family members?	Y	N	DK
B. Is he trying to say he doesn't want her relatives to come?	Y	N	DK
C. Does she think he wants her relatives to come?	Y	N	DK
D. Is he annoyed with her?	Y	N	DK

2. DATE

A. Is Gary criticising Michael for dating Anne?	Y	N	DK
B. Is he trying to say it's a mistake to date Anne?	Y	N	DK
C. Does Gary think Anne is a good date?	Y	N	DK
D. Is he openly impressed that Michael is dating Anne?	Y	N	DK

3. REPORT

A. Is Ruth denying the report took a lot of work?	Y	N	DK
B. Is she trying to say she had a lazy, relaxing weekend?	Y	N	DK
C. Does Michael think she took it easy on the weekend?	Y	N	DK
D. Does Ruth seem happy about working all weekend?	Y	N	DK

4. LUNCH

A. Is Ruth reluctantly agreeing to go to the lunch?	Y	N	DK
B. Is she trying to say she's happy to help out with a salad?	Y	N	DK
C. Does she think the lunch will be fun?	Y	N	DK
D. Does she seem pleased about going to the lunch?	Y	N	DK

5. TIE

A. Is Ruth encouraging Michael to wear the tie?	Y	N	DK
B. Is she trying to say the tie is unsuitable for a business meeting?	Y	N	DK
C. Does she think the tie is suitable for a business meeting?	Y	N	DK
D. Does she seem to be impressed by his choice?	Y	N	DK

6. CLASS

A. Is Ruth trying to make Michael feel OK?	Y	N	DK
B. Is she trying to say that he's causing a big problem?	Y	N	DK
C. Does she believe he's too busy to take the class?	Y	N	DK
D. Is she annoyed with him?	Y	N	DK

Thames Valley Test Company

TASIT A:
PART 3 ~
SOCIAL INFERENCE (Enriched) - RESPONSE FORM

PRACTICE ITEM

A. Is Ruth trying to pressure Gary into helping her?	Y	N	DK
B. Is she trying to say it's OK if he doesn't help her?	Y	N	DK
C. Does she think he should stop what he is doing and help her?	Y	N	DK
D. Is she annoyed with him?	Y	N	DK

1. SMASHED CAR
Her Frank cares:

A. Is Ruth trying to make Frank worry less about smashing the car?	Y	N	DK
B. Is she trying to say it's not as bad as it seems?	Y	N	DK
C. Does she believe the boss will understand?	Y	N	DK
D. Is she showing concern for Frank?	Y	N	DK

2. SCRIBBLING

A. Is Gary hiding the fact that Rosie scribbled in his book?	Y	N	DK
B. Is he trying to say Rosie needs another lesson in how to treat books?	Y	N	DK
C. Does Ruth know that Rosie scribbled in the book?	Y	N	DK
D. Is Gary openly annoyed about the scribbles in the book?	Y	N	DK

3. CD

A. Is Jane pretending she's happy with Billie?	Y	N	DK
B. Is she trying to say she'd worry about lending her CDs to Billie again?	Y	N	DK
C. Does she believe Billie returned her CDs in good order?	Y	N	DK
D. Is she openly annoyed with Billie?	Y	N	DK

4. PARTY

A. Is Tanya genuinely trying to make Kath feel better about her party?	Y	N	DK
B. Is she trying to say it wasn't Kath's fault?	Y	N	DK
C. Does Tanya think the party was a success?	Y	N	DK
D. Is Tanya openly sympathetic and caring towards Kath?	Y	N	DK

5. BABYSITTER

A. Is Michael seriously trying to make Tanya believe he wants to go out?	Y	N	DK
B. Is he trying to say he's disappointed about staying home?	Y	N	DK
C. Does she think he'd rather stay home?	Y	N	DK
D. Is he pleased about staying home?	Y	N	DK

6. CUP OF TEA

A. Is Kirsty trying to hide the fact that there's hardly any tea left?	Y	N	DK
B. Is she trying to say she'd like some more?	Y	N	DK
C. Does she think there's plenty of tea left?	Y	N	DK
D. Is she openly annoyed with him?	Y	N	DK

7. ICE CREAM

A. Is Tanya trying to hide the fact that Cal didn't eat all his dinner?	Y	N	DK
B. Is she trying to say Cal obeyed Michael?	Y	N	DK
C. Does Michael think Cal has eaten all his dinner?	Y	N	DK
D. Is Tanya openly annoyed?	Y	N	DK

SCAF 研究測驗項目清單表

Time 1

SCAF

Subj ID: _____ **Date:** __/____/____ **Baseline / 4-week**

Vision: L-____ **/ R-**_____ **/ B-**_____ **Handedness: Right / Left**

(Note: *Baseline only / **patients only / No benzos 12 hours prior to testing)

Interviews:	Date	Initials	Comments:
▪ Consent *	___/___/___	_____	
▪ P & S Hx *	___/___/___	_____	
▪ SCID 1 & 2 *	___/___/___	_____	
▪ BPRS **	___/___/___	_____	
▪ SANS **	___/___/___	_____	
▪ RFS *	___/___/___	_____	

Social Cog. Measures:

Order A: — Random	Date	Initials	Time:	Tot.:
▪ Bio Motion (non-bio)	___/___/___	_____	_____	_____
▪ Bio Motion (emotional)	___/___/___	_____	_____	_____
▪ Ekman	___/___/___	_____		
▪ Empathic Acc.	___/___/___	_____	_____	_____
▪ Self Ref. Mem. Bias (part 1)	___/___/___	_____	_____	_____
▪ Situational Context – A	___/___/___	_____	_____	_____
▪ Self Ref. Mem. Bias (part 2)	___/___/___	_____	_____	_____
Order B: — Added				
▪ Empathic Acc.	___/___/___	_____	_____	_____
▪ Self Ref. Mem. Bias (part 1)	___/___/___	_____	_____	_____
▪ Situational Context – B	___/___/___	_____	_____	_____
▪ Self Ref. Mem. Bias (part 2)	___/___/___	_____	_____	_____
▪ Bio Motion (non-bio)	___/___/___	_____	_____	_____
▪ Bio Motion (emotional)	___/___/___	_____	_____	_____
▪ Ekman	___/___/___	_____		

Functional Measures & Questionnaires:

▪ WRAT *	___/___/___	_____	Score: _____
▪ MCCB *	___/___/___	_____	
▪ UPSA * **	___/___/___	_____	
▪ MASC * **	___/___/___	_____	
▪ IRI *	___/___/___	_____	
▪ AIHQ *	___/___/___	_____	
▪ SLOF *	___/___/___	_____	

PONS 心理測驗表單

FULL PONS

Nonverbal Communication

ID# _____ Date:_____

Practice

P1. A. nagging a child
B. talking to a lost child

P2. A. talking to a lost child
B. admiring nature

P3. A. talking about one's wedding
B. trying to seduce someone

P4. A. talking to a lost child
B. talking about the death of a friend

P5. A. expressing gratitude
B. threatening someone

---

1. A. expressing jealous anger
B. talking to a lost child

2. A. talking to a lost child
B. admiring nature

3. A. talking about the death of a friend
B. talking to a lost child

4. A. leaving on a trip
B. saying a prayer

5. A. criticizing someone for being late
B. expressing gratitude

6. A. helping a customer
B. expressing gratitude

7. A. criticizing someone for being late
B. leaving on a trip

8. A. talking about one's wedding
B. expressing gratitude

9. A. helping a customer
B. talking about one's divorce

10. A. talking about the death of a friend
B. trying to seduce someone

11. A. talking to a lost child
B. helping a customer

12. A. admiring nature
B. expressing motherly love

13. A. expressing deep affection
B. nagging a child

14. A. expressing motherly love
B. asking forgiveness

15. A. admiring nature
B. helping a customer

16. A. admiring nature
B. saying a prayer

17. A. nagging a child
B. admiring nature

18. A. nagging a child
B. criticizing someone for being late

19. A. asking forgiveness
B. leaving on a trip

20. A. expressing gratitude
B. leaving on a trip

21. A. leaving on a trip
B. returning faulty item to a store

22. A. returning faulty item to a store
B. talking about one's divorce

23. A. expressing jealous anger
B. talking about one's divorce

24. A. talking about the death of a friend
B. threatening someone

25. A. expressing deep affection
B. saying a prayer

26. A. expressing deep affection
B. trying to seduce someone

27. A. nagging a child
B. expressing motherly love

28. A. leaving on a trip
B. ordering food in a restaurant

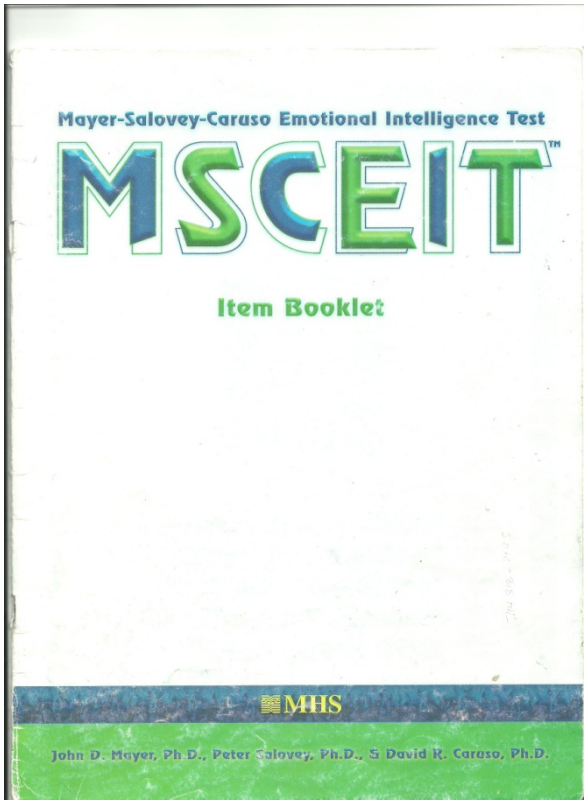
29. A. helping a customer
B. expressing jealous anger

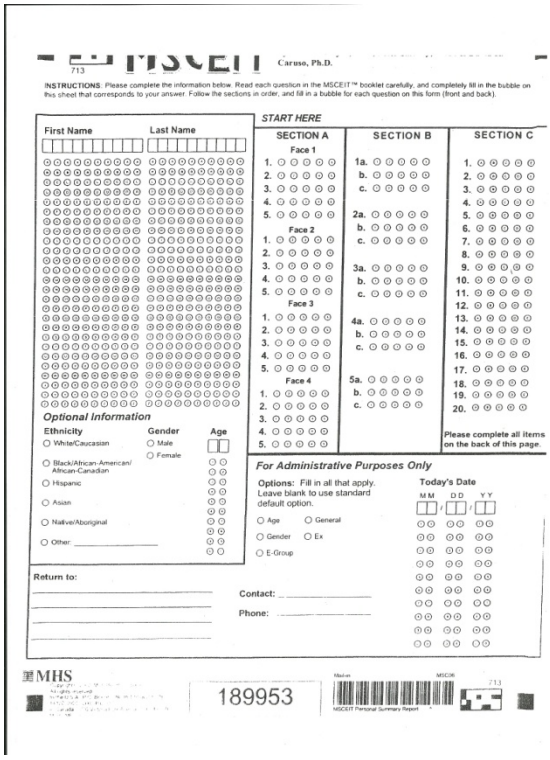
30. A. criticizing someone for being late
B. expressing gratitude

31. A. threatening someone
B. talking about one's wedding

32. A. admiring nature
B. expressing strong dislike

MSCEIT 社交認知功能測驗





713 MSCEIT Caruso, Ph.D.

INSTRUCTIONS: Please complete the information below. Read each question in the MSCEIT™ booklet carefully, and completely fill in the bubble on this sheet that corresponds to your answer. Follow the sections in order, and fill in a bubble for each question on this form (front and back).

First Name | Last Name

Optional Information

Ethnicity: White/Caucasian; Black/African-American/African-Canadian; Hispanic; Asian; Native/Aboriginal; Other: _____

Gender: Male; Female

Age

START HERE

SECTION A

Face 1: 1. 2. 3. 4. 5.

Face 2: 1. 2. 3. 4. 5.

Face 3: 1. 2. 3. 4. 5.

Face 4: 1. 2. 3. 4. 5.

SECTION B

1a. b. c.

2a. b. c.

3a. b. c.

4a. b. c.

5a. b. c.

SECTION C

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

Please complete all items on the back of this page.

For Administrative Purposes Only

Options: Fill in all that apply. Leave blank to use standard default option.

Age; General; Gender; Ex; E-Group

Today's Date: MM / DD / YY

Return to:

Contact: _____

Phone: _____

MHS

189953

MSCEIT Personal Summary Report

MCCB 認知功能測驗表單

Administrator's Form

MCCB
MATRICS Consensus Cognitive Battery

Administrator _____

Assessment # _____

RESPONDENT INFORMATION

ID Number: _____

Name (optional): _____

Test Date: ___ / ___ / ___ (Yr. / Mo. / Day)

Birth Date: ___ / ___ / ___ (Yr. / Mo. / Day)

Age: = ___ Yrs., ___ Mos.

Gender: ❑ Female ❑ Male

Race:
❑ White
❑ African American or Black
❑ Hispanic or Latino
❑ Asian
❑ American Indian/Alaska Native
❑ Pacific Islander
❑ More than one race (please specify)

Ethnicity:
❑ Hispanic or Latino
❑ Non-Hispanic/Latino

Handedness (writing hand):
❑ Right ❑ Left

Highest Level of Education (in full-time years):
_____ Respondent
_____ Respondent's Father
_____ Respondent's Mother

Additional Information:

MATRICS Assessment Inc.

SCORE BOX

Test	Raw Score				T-Score*	%ile*
1 TMT						
2 BACS SC						
3 HVLT-R	T-1	T-2	T-3	Sum		
4 WMS-III SS						
5 LNS						
6 NAB Mazes						
7 BVMT-R	T-1	T-2	T-3	Sum		
8 Fluency						
9 MSCEIT™ ME						
10 CPT-IP	2-D	3-D	4-D	Mean		

COGNITIVE DOMAIN SCORE BOX

Domain	T-score*	%ile*
Speed of Processing *(composite of T-scores/%iles for (1) TMT (2) BACS SC, and (3) Fluency)*		
Attention/Vigilance *(CPT-IP scores)*		
Working Memory *(composite of T-scores/%iles for (1) WMS-III SS and (2) LNS)*		
Verbal Learning *(HVLT-R scores)*		
Visual Learning *(BVMT-R scores)*		
Reasoning and Problem Solving *(NAB Mazes scores)*		
Social Cognition *(MSCEIT™ ME scores)*		
OVERALL COMPOSITE SCORE		

**See Appendix C in the manual for the tables that convert raw scores to T-scores and percentiles. See the back of this form for guidelines on completing the front page.*

AIHQ 測驗表單

SCAF

Subject ID: ☐☐☐☐☐☐ **Visit #:** ☐ **Visit date: (MM/DD/YYYY)** ☐☐☐

AIHQ

I am going to read you 5 everyday situations about people and how they act toward you. I want you to imagine each situation and how it might happen to you.

For each situation, I will ask you why it happened. Then, I will ask you to rate whether you think the person acted that way toward you on purpose, how angry that situation would make you feel, and how much you would blame the other person.

Finally, I will ask you what you would do about that situation. A response of "I don't know" is not acceptable. You need to describe some type of behavioral response.

1. **You've been at a new job for three weeks. One day, you see one of your new co-workers on the street. You start to walk up to this person and say hello, but then she/he passes by you without saying hello.**

   A. What do you think was the real reason why your coworker passed by you without saying hello?

   _____

   B. Do you think your coworker did this to you on purpose?

   1 Definitely No | 2 Probably No | 3 Maybe No | 4 Maybe Yes | 5 Probably Yes | 6 Definitely Yes

   C. How angry would this make you feel?

   1 Not at All Angry | 2 | 3 | 4 | 5 Very Angry

   D. How much would you blame the coworker for passing by you?

   1 Not at All | 2 | 3 | 4 | 5 Very Much

   E. What would you do about it?

   _____

UCSD functional test 表單

ID # _____ STUDY _____ DATE _____ INT _____

UCSD PERFORMANCE-BASED SKILLS ASSESSMENT

SCORING SHEET

(UPSA – 2)

	SCORE	RESPONSE
	Correct: 1 point Incorrect: 0 points	
1. COMPREHENSION/PLANNING *Water Park Scenario*		
How to Arrive:		
Time Open:		
Time Close:		
What to do (4)		
Appropriate Items (7)		
TOTAL POINTS (14)		

PATTERSON 2008 (R-09-08) – UPSA-2 (MATRICS-CT VIM) 1

ASCI Controlled group schedule

13	**Recreation & Leisure**	Introduction & overview
14	**Recreation & Leisure:** Choosing an activity	Exploring benefits, choose what's important to you
15	**Recreation & Leisure:** Logistics	Considering what is needed, getting information
16	**Recreation & Leisure:** Learning & Maintaining your activity	Evaluating your activity, exploring ways to learn
17	**Recreation & Leisure:** Getting serious about your recreational activities	Evaluating your activities, creating a long term plan
18	**Recreation & Leisure:** Review	Reviewing the module
19	**Workplace fundamentals:**	Gives & Gets
20	**Workplace fundamentals:** Knows & don't knows	Knows & don't knows
21	**Workplace fundamentals:** Sweats & no sweats	Sweats & no sweats
22	**Workplace fundamentals:** 7-step problem solving method	The 7-step problem solving method
23	**Workplace fundamentals:** Maintaining employment	Maintaining employment
24	**Workplace fundamentals:** Reviewing the module	Reviewing the module

Nine Liberman modules:
1. Medication self-management: teaches how to use antipsychotic medicine
2. Symptom self-management
3. Recreations for leisure
4. Basic conversation skills
5. Community re-entry
6. Workplace fundamentals
7. Substance abuse management
8. Involving families
9. Friendship and intimacy

Other topics: relaxation training, nutrition, videos

ASCI group schedule

ASCI Calendar 2011

	Cohort 1 is sec ord		Cohort 1 - in view		Cohort 1 (control)	
	Cohort 1 - control		Cohort 1 - control		Cohort 1 - sec ord	
	Monday	Tuesday	Wednesday	Thursday	Friday
Jan 13-17	Cohort 1 Live assessments		Class C Groups		
Jan 20-24	Monday Cohort 1 Live Assessments	Tuesday	Wednesday Class C Groups	Thursday	Friday
Jan 27 - Jul 1	Monday	Tuesday	Wednesday Class C Groups	Thursday Unit C Groups	Friday
Jul 4 -8	Monday HOLIDAY	Tuesday Unit C Groups Cohort 1 Live Assessments	Wednesday	Thursday Unit C Groups	Friday
Jul 11 -15	Monday Unit C Groups	Tuesday Unit C Groups	Wednesday	Thursday Unit C Groups	Friday
Jul 18 -22	Monday Unit C Groups	Tuesday Unit C Groups	Wednesday Unit C Groups	Thursday Unit C Groups	Friday
Jul 25 - 29	Monday Unit C Groups	Tuesday Unit C Groups	Wednesday Unit C Groups	Thursday Unit C Groups	Friday
Aug 1 - 5	Monday Unit C Groups	Tuesday Unit C Groups	Wednesday Unit C Groups	Thursday Unit C Groups	Friday

ASCI Group Schedule

Overview of 24-session ASCI

3 Modules
Module 1: Identifying clues for basic emotions
1a. Face and situations (Outcome: EKMAN Facial Identification Task)
1b. Non-verbal gestures and vocal cues (Outcome: PONS)
Module 2: Understanding complex emotions in social situations
2a. How our own emotions color our interpretations of other people (Outcome: AIHQ)
2b. How other people feel - empathy & perspective taking (Outcome:?)
Module 3: Understanding others' intentions
3a. Do people mean exactly what they say? Sincerity, sarcasm, and deception (Outcome: MASC)

Session	Target/objective	Training exercises
1	**Introduction & Overview**	Content: - Overview of purpose of training program and procedures -Discuss 5 Skill Areas (modules) - Introduce 3 regions of face schema Stimuli: - Ekman, Mindreading, SCIT Videos 1-2
2	**Identifying emotions:** Happy & Sad ,from the face and situation	Content: - Review of 3 regions of face; Didactic: Happy & Sad; Mimicry with mirrors Stimuli: - Ekman; Mindreading photos; UCLA Matching exercises; NIM STIM photos, TASIT- Tape A, Part 1, Videos 8,3, 5/ Reading a smile videos
3	**Identifying emotions :** Surprise & Fear from the face and situation	Content: - Review, Didactic: Surprise & Fear; Mimicry with mirrors Stimuli: - Ekman; Mindreading photos; UCLA Matching exercises; NIM STIM photos, TASIT- Tape A, Part 1, Videos 7, 20, 2, 11/ Reading a smile videos
4	**Identifying emotions :** Anger & Disgust from the face and situation	Content: - Review; Didactic: Anger & Disgust; Mimicry with mirrors Stimuli: - Ekman; Mindreading photos; UCLA Matching exercises; NIM STIM photos; TASIT- Tape A, Part 1, Videos 1, 12, 9, 4/ Reading a smile videos
5	**Identifying emotions:** Review main emotions from face and situation	Content: -Review; Didactic: Happy, Sad, Surprise, Fear, Anger Disgust Stimuli: -Ekman; Mindreading photos, UCLA Matching exercises; NIM STIM photos; Emotion TABOO
6	**Identifying emotions:** Body language	Content: -Review Module 1; Didactic: Emotion perception in body language; Reading a Smile info, adapted Emotions in Body Language chart and Emotions in Motion worksheet Stimuli: -Mindreading photos, UCLA Matching exercises, Reading a Smile DVD Successful vs. Unsuccessful Interaction video clips without sound, WAVE gesture game
7	**Identifying emotions:** Body lang-age & vocal cues	Content: -Review Module 1 and Body language didactic info; Didactic: Emotion perception in body language and voice; Reading a Smile info, adapted Voice chart Stimuli: Gesture Training game, Voice tone slides, Spanish videos, TASIT- Tape A, Part 1, all videos from Module 1
8	**Identifying emotions:** vocal cues	Content: Review of main emotions on face, in body language ; Didactic: Recognizing emotions in the voice Stimuli: -Reading a Smile sentence videos, Adding up the cues game
9	**Identifying emotions:** Integration of face, situation, body language, and vocal cues	Content: Review face, body and voice cues. Put them all together. Stimuli: Spanish videos, WAVE gesture game, Adding up the cues game, UCLA Matching exercises; NIM STIM photos, Voice tone slides
10	**Understanding emotions:** How our own emotions color our interpretations of others	Content: Didactic : discuss the 5 W's, suspiciousness, and jumping to conclusions Stimuli - Mindreading photos & voices; UCLA vignettes; SCIT Videos 2-4
11	**Understanding emotions:** How our own emotions color our interpretations of others	Content: - Review suspiciousness, 5 W's, and jumping to conclusions Stimuli: - Mindreading photos & voices; UCLA vignettes SCIT videos session 7 1-6
12	**Understanding emotions:** How our own emotions color our interpretations of others	Content: - Review suspiciousness, 5 W's, jumping to conclusions, and making sense of bad events Stuimli: SCIT sessions 8 & 9 Vignette 3-4:
13	**Understanding emotions:** How our own emotions color our interpretations of others	Content: Review suspiciousness, 5 W's, jumping to conclusions, and facts vs. guesses Stimuli: SCIT sessions 10 & 11 1-4 and 6
14	**Understanding emotions:** Empathy: How others feel; happy & sad	Content: - Didactic: Core relational themes & social context for Happy & Sad, definition of empathy and perspective taking Stimuli: -UCLA Verbal Vignettes; Videos from TASIT-1, Spanish videos
15	**Understanding emotions:** Empathy: How others feel; fear & surprise	Content: - Review empathy and perspective taking, Didactic: Core relational themes Fear & Surprise Stimuli: - Ekman & Mindreading; UCLA Vignettes; Videos from TASIT-1
16	**Understanding emotions:** Empathy: How others feel; anger & disgust	Content: - Review of perspective taking Didactic: Core relational themes for Anger & Disgust Stimuli: - Ekman & Mindreading; UCLA Vignettes; Videos from TASIT-1
17	**Understanding emotions:** Empathy: How others feel; complex social situations	Content: Review of empathy & social context, Didactic: Social emotions Stimuli: Eye Test, TABOO game version 3 (with social emotions)
18	**Understanding others' intentions:** Sarcasm vs. sincerity	Content: Review of social perception, Didactic: sarcasm & sincerity Stimuli: Mindreading; Social Photos; UCLA verbal vignettes;
19	**Understanding others' intentions:** sarcasm vs. sincerity	Content: Review sarcasm Stimuli: Mindreading; Social Photos; UCLA verbal vignettes; Reading a smile sarcasm videos
20	**Understanding others' intentions:** Lies	Content: Didactic: blatant lies vs. white lies Stimuli: Mindreading; Social Photos; UCLA verbal vignettes; Reading a smile lies videos
21	**Understanding others' intentions:** Lies & Sarcasm	Content: Review sarcasm, sincerity, blatant lies vs. white lies and integrate Stimuli: Mindreading; UCLA verbal vignettes; Reading a smile lies & sarcasm videos
22	**Consolidation & application**	Content: Review of all 5 modules To be developed; from SCIT sessions 14 – 18 and other material (include role plays?)
23	**Consolidation & application**	To be developed; from SCIT sessions 14 – 18 and other material (include role plays?)

ASCI Group In Vivo Session

Social Detective Work

Person 1:

Who:
Where:
When:
Why:

Face Clues:	
Body Clues:	
Voice Clues:	

Use the Face, Body, and Voice clues to answer the following questions:

What kind of mood is this person in?

1 Negative 2 3 Neutral 4 5 Positive/Happy

How can you tell? _____

How much does this person want to be alone vs. socialize with others right now?

1 Wants to be alone 2 3 4 5 Wants to socialize

How can you tell? _____

How relaxed is this person?

1 Tense/Not relaxed 2 3 Neutral 4 5 Very Relaxed

How can you tell? _____

May 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11 Bill Away Cohort 2 (10) 10-11 (Integration)	12 Bill Away Cohort 1 (16) 11-12:30 (Empathy 2)	13 Bill Away	14
15	16 Bill Away Cohort 2 (11) 10-11 (Attrib 1)	17 Bill Away Cohort 1 (17) 11-12:30 (Empathy 3)	18 Bill Away Cohort 2 (12) 10-11 (Attrib 2)	19 Bill Away Cohort 1 (18) 11-12:30 (Empathy 4)	20 Bill Away	21
22	23	24 Cohort 1 (19) 11-12:30 (Deception 1)	25 Cohort 2 (13,14) 10-11 11:30-12:30 (Attrib 3 & 4)	26 Michelle Away Cohort 1 (20) 11-12:30 (Deception 2)	27 Michelle Away	28
29	30 HOLIDAY	31 Michelle Away Cohort 1 (21) 11:00-12:30 (Deception 3)	1 Cohort 2 (15,16) 10-11 11:30-12:30 (Empathy 1 & 2)	2 Cohort 2 (22) 11-12:30 (Deception 4)	3	

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