

出國報告（出國類別：國際會議）

『心理治療研究學會第 45 屆國際年  
會』與會報告

服務機關：國立暨南國際大學  
輔導與諮商研究所

姓名職稱：蕭富聰助理教授

派赴國家：丹麥

出國期間：2014.6.22-2014.6.30

報告日期：2014.9.1

## 目次

目的 .....	1
過程 .....	2
心得與建議 .....	5
附錄一 .....	6

## 目的

心理治療研究學會（Society for Psychotherapy Research，以下簡稱SPR）成立於1970年，為一國際性、跨專業的科學性組織，主要參與成員為各國有志從事心理治療研究的學者、精神科醫師、諮商心理師與臨床心理師，國際間知名的重要心理治療研究大師均擔任過該學會的理事長，例如Aaron T. Beck、Allen Bergin、Larry Beutler、Clara E Hill、Leslie Greenberg、David Orlinsky等人。SPR成立宗旨：

1. 鼓勵心理治療之科學性研究的發展；
2. 促進心理治療研究發現的溝通、理解與使用；
3. 增進心理治療研究的科學與社會價值；
4. 透過心理治療研究而對科學與社會有所貢獻；
5. 提升心理治療的效能。

SPR 迄今已於北美、拉美、歐洲、大洋洲等地舉辦了 45 屆心理治療研究學會國際年會（Annual International SPR Meeting），強調透過跨文化、跨國家、跨世代學術交流以強化知識傳遞與啟發。此次『第 45 屆國際年會』由丹麥哥本哈根大學協辦，於 2014 年 6 月 25 日至 28 日在丹麥哥本哈根舉行，會議期間有 18 場會前工作坊、6 場主題演講、13 場主題討論、16 場短文報告、129 場分組報告、2 場壁報，總計 820 篇研究論文發表，共計有來自將近 30 個國家超過 500 位相關領域的研究者與實務工作者與會。

蕭富聰助理教授此次與會主要目的是進行 1 篇研究短文報告，並指導 4 名輔導與諮商研究所博士學生進行 5 篇壁報發表，同時代表心理治療學會台灣分會出席，希望能進一步加深與心理治療學會以及國內外相關領域學者專家的專業連結。

## 過程

『心理治療研究學會第 45 屆國際年會』於 6 月 25 日開始會前工作坊，當日下午 6 點正式開幕，學會理事長 Hadas Wiseman 在開幕演講時呼應近年心理治療與諮商成效研究對於治療關係的重視，他強調”人是社會動物，就如同人際關係對個人的情緒、生活、工作都會有很大的影響，治療關係對於心理治療成效的影響同樣不容小覷”。26 日上午的演講則由三位前理事長 Jacques P. Barber、Bernhard Strauss、Louis Castonguay 擔綱，內容縱貫古今—不僅摘述多年來心理治療與諮商研究的發展與成就，更點出未來研究可能的趨勢與方向。

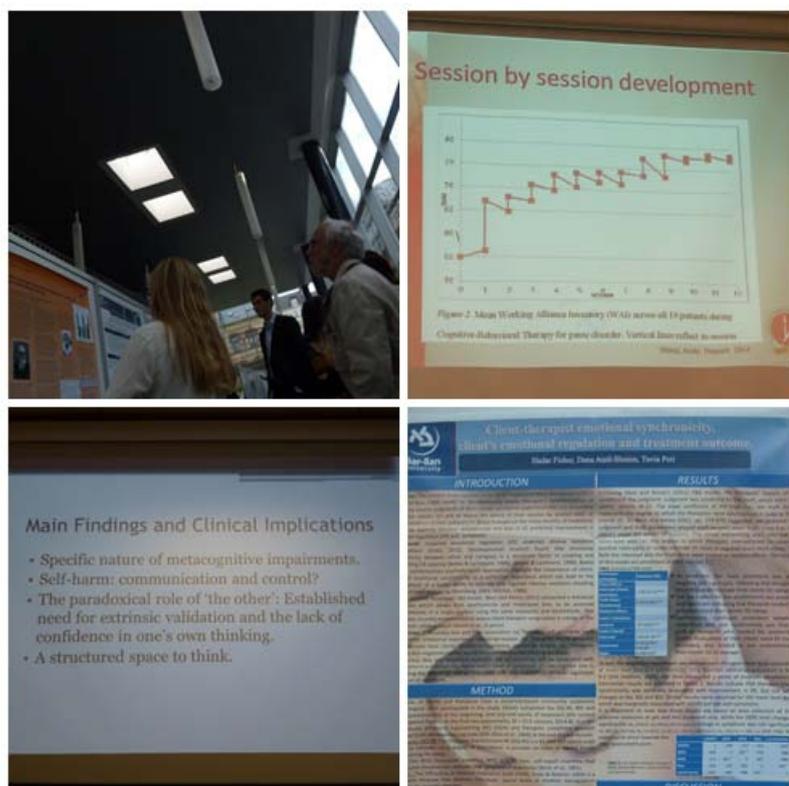
蕭富聰助理教授於 27 日下午 5:00 至 6:30 的短文報告場次 (Brief Paper Session) 口頭發表研究論文 *The immediate effects of suicide hotline helping models on caller emotional distress and suicide risk* (自殺防治熱線對於求助者的情緒困擾與自殺風險之立即性成效)(見圖一)，向世界各國學者專家與實務工作者介紹台灣衛生福利部自殺防治熱線《安心專線》的志工協談技術與成效分析的最新成果，與會人士對台灣自殺熱線推動以實徵研究為基礎的本土化實務工作感到印象深刻，PPT 內容請詳見附錄一。蕭富聰助理教授亦與同場次發表者互動並學習，例如加拿大學者 Alexander L. Chapman、英國學者 Miranda Wolpert 的研究都指出持續評估與回饋在諮商與心理治療當中重要性，這點與蕭富聰助理教授的實務經驗相吻合，相關內容將融入課程設計當中。

圖一、口頭發表研究論文



此次會議四天期間共計有來自將近 30 個國家超過 500 位諮商與心理治療實務工作者與研究者參與，主辦單位安排了 147 場口頭報告和 2 場壁報總計 820 篇研究論文發表（見圖二），以及 6 場主題演講和 13 場主題討論，蕭富聰助理教授把握機會參與多場演講以及壁報與口頭論文發表，深化學習諮商與心理治療領域的最新發展與發現。例如新發展的測驗量表因為題目少又夠敏銳，已足以測量每一次諮商當中（within）與之間（between）諮商關係的改變；另一份新發展的測驗量表根據最新的人際自殺理論，檢視個案的自我毀滅意念和執行自我毀滅之可能，能有效區辨僅具有自殺意念以及採取自殺行動者；同化模式理論（The Assimilation Model）結合發展心理學的進側發展區間理論，可以解釋實務工作中常見的個案前進二步、退後一步的行為；當紅的辯證行為治療法（Dialectical Behavior Therapy）需要個案每天寫反省日誌，研究發現在非住院個案中常常無法實施，而新的網路版日誌讓個案更容易完成，也更能監測個案是否按時完成；另一個當紅的情緒焦點治療（Emotion-focused Therapy）可以協助邊緣型人格個案接納並緩解其極度不安全、不信任的感受與行為。

圖二、各國學者發表研究論文



蕭富聰助理教授於會場巧遇台灣師範大學王麗斐教授，並在她的介紹下認識 SPR 前任理事長 William B. Stiles，並在其中一場主題討論偶遇韓國學者 Eunsun Joo，二者都將於今年 8 月參與輔導與諮商研究所主辦的『2014 第四屆國際心理治療研究學會台灣分會(TWSPR)國際學術研討會』，彼此對於台灣行程與研討會計畫做了一些討論和安排。蕭富聰助理教授並獲得 William B. Stiles 邀請參加 2015 年『心理治療研究學會第 46 屆國際年會』。

『心理治療研究學會第 45 屆國際年會』於 6 月 28 日閉幕，並宣告 2015 年『心理治療研究學會第 46 屆國際年會』將在美國費城舉辦。

## 心得與建議

心理治療研究學會是諮商領域首屈一指的專業學會，致力於心理治療科學性研究的推廣、發展、溝通、理解與使用，並進而提升心理治療的效能以對科學與社會有所貢獻。此次會議有 18 場會前工作坊、6 場主題演講、13 場主題討論、16 場短文報告、129 場分組報告、2 場壁報，總計 820 篇研究論文發表，共計有來自將近 30 個國家超過 500 位相關領域的研究者與實務工作者與會。蕭富聰助理教授在會議期間除了口頭發表台灣自殺防治熱線的實徵研究，亦與學者專家多有交流互動，從中得到許多寶貴的學習與想法，分述如下：

- 一、最新的發展與知識—諮商與心理治療實務工作與實徵研究發展日新月異，最新焦點已經從過去常見比較不同學派或理論的有效性、轉向至理論的細化和有效的社會生理心理機制，例如治療關係是諮商與心理治療成功與否的關鍵，而治療關係可再細分為同盟關係、真實關係與移情，又例如同化模式理論結合進側發展區間理論可以解釋個案反覆進步和退步的行為。
- 二、拓展學術人脈、強化國際學術能見度—台灣在諮商心理專業的研究與實務工作可算是亞洲各國之冠，會議期間國內外專家學者多有互動交流，國內學者與實務工作者對專業的熱情、好學以及研究品質更讓各國學者印象深刻。
- 三、未來實務工作與研究想法—諮商與心理治療的有效性已無庸置疑，歷程研究（例如什麼因素能更有效協助個案改變、這些因素又是如何讓個案改變）與理論建構研究（例如理論的驗證、改善、擴展連結與應用）是未來的趨勢，蕭富聰助理教授已經與台北市生命線協會洽談針對最新的自殺人際理論（Interpersonal Theory of Suicide）進行理論建構研究。

大型國際學術會議對於專業成長與學習非常重要，不僅能交流各國最新的實務作法和研究發現，更可以協助建立堅實的學術人際網路。蕭富聰助理教授此次申請國家科學委員會補助會議期間食宿遭駁回，所幸有本校的新進助理教授研究計畫獎勵金補助才得以成行。值此國家財政困難之際，不論政府預算或企業私人捐助都是僧多粥少、競爭激烈，但是蕭富聰助理教授仍呼籲政府和校方能更加重視並補助教師與研究生參與研究以及出國參與大型國際會議。畢竟台灣欠缺天然資源，人才就是台灣最重要的資源，所以人才的培育養成絕對是最重要的投資，即便短時間內不容易見到成效，日後絕對是台灣能長遠發展的重要力量。

### The Immediate Effects of Suicide Hotline Helping Models on Caller Emotional Distress and Suicide Risk

Fortune Shaw  
National Chi Nan University

Kai-Yu Chu  
Taipei Lifeline Association




### The Taiwan's National Suicide Prevention Hotline

- The Taipei Lifeline Association [TLA] housed Taiwan's first crisis hotline in Mackay Memorial Hospital in 1969.
- The TLA has been undertaking the 24/7 toll-free National Suicide Prevention Hotline (NSPH) from the Department of Health, Taiwan since 2009.
- 61,284 calls to the NSPH in 2009, 71,781 in 2010, and 68,303 in 2011.
- Intervened 143 individuals in the process of a suicide attempt during of right before the call in 2009, 375 in 2010, and 475 in 2011.

Graduate Institute of Guidance & Counseling  
National Chi Nan University

Taipei Lifeline Association

### Previous Research

300 anonymous phone records (including 100 first-ever acute suicidals, 100 first-ever suicidals, & 100 first-ever non-suicidals) were drawn from the NSPH 2009 database.....

- The *Modified Mental State Rating Scale (MSRS)* and the *Modified Suicide Risk Scale (SRS)* were able to detect changes within session.
- Many volunteers didn't perform well.
- Some raters reported that they might unintentionally lowered the *MSRS* and *SRS* scores at the end of calls to prove effectiveness of the service.

Graduate Institute of Guidance & Counseling  
National Chi Nan University

Taipei Lifeline Association

### Research Questions

- Would the NSPH service improve callers' mental state and decrease their suicidality during the call?
- Would helpers' helping behaviors be associated with changes in callers' mental state and suicidality?

Graduate Institute of Guidance & Counseling  
National Chi Nan University

Taipei Lifeline Association

### Methods

- The *Suicide Risk Assessment of NSPH* was used to classify callers into non-suicidal, suicidal, and acute suicidal groups. A total of 551 anonymous phone records (including 89 first-ever acute suicidals, 67 first-ever suicidals, 83 first-ever non-suicidals, 96 repeat acute suicidal, 141 repeat suicidal, and 75 repeat non-suicidals) were drawn from the NSPH 2010-2011 database.
- The *Helper Behavior List*, modified from the Helper's Response List (Daigle & Mishara, 1995; Mishara & Daigle, 1997; Mishara et al., 2007a, Mishara et al., 2007b), was used to code NSPH helper's behaviors.

Graduate Institute of Guidance & Counseling  
National Chi Nan University

Taipei Lifeline Association

- The *Modified Mental State Rating Scale (MSRS)*, based on the works of Kalafat and colleagues (2007), King and colleagues (2003), and Mishara and colleagues (2007b), was used to evaluate callers' level of emotional disturbance at the beginning and at the end of the call.

	Not at all in content or tone	Vague in content or tone	Clear in content or tone	Strong in content or tone	Strong and frequent in content or tone
1. confused/ambivalent					
2. overwhelmed/tired					
3. angry/irritable					
4. sad/tearful					
5. listless					
6. guilt/shame					

- The *Modified Suicide Risk Scale (SRS)*, based on the work of Gould and colleagues (2007), was used to evaluate callers' suicide risk at the beginning and at the end of the call.

	Not at all in content or tone	Vague in content or tone	Clear in content or tone	Strong in content or tone	Strong and frequent in content or tone
1. How much does the caller really want to die?					
2. How likely is the caller to carry out his or her thoughts/plans to kill himself or herself?					
3. How hopeful does the caller feel about the future?					
4. How likely does the caller feel he or she could go on?					
5. How does the caller feel about lost, unpaid, and missed (not planned) payments?					
6. How likely does the caller could tolerate the way he or she feel if his or her current situation did not change?					

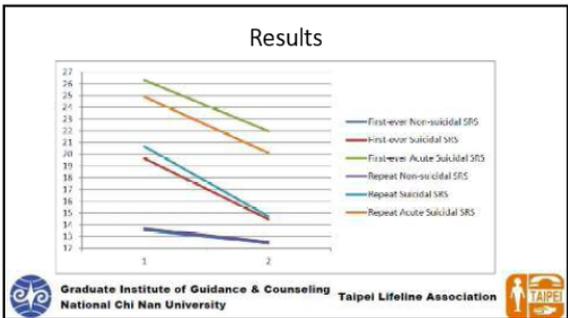
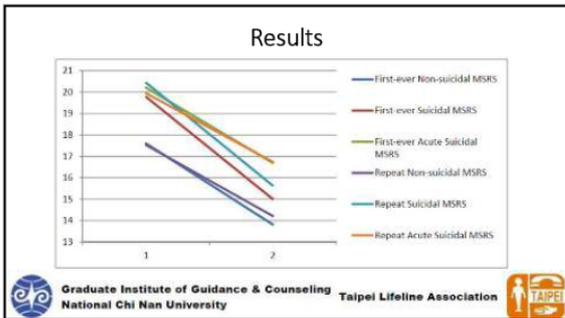
### Methods

- Raters**  
Seventeen independent raters were recruited. All of them were NSPH senior supervisors with a bachelor or master's degree in psychology or related fields. They received an evaluation and coding training until the inter-rater reliability was satisfied with the Kendall = .80.  
Five of the raters were responsible for evaluating callers' mental status and risk status using the *MSRS* and *SRS*. Each caller's *MSRS* and *SRS* at the beginning and at the end of calls were coded by different raters. Other 12 raters were responsible for coding helpers' behaviors using the modified *HBL*.  
After the raters turned in their coding data, the researchers examined one coding record of each rater to make sure that the inter-rater reliability was good enough. All were satisfied with the Kendall = .80.

Graduate Institute of Guidance & Counseling  
National Chi Nan University  
Taipei Lifeline Association

### Methods

Graduate Institute of Guidance & Counseling  
National Chi Nan University  
Taipei Lifeline Association



### Results

		Beginning of Calls	End of Calls	<i>t</i>	<i>p</i>
Total	MSRS	19.78	15.27	22.83	< .001
	SRS	20.26	15.87	17.79	< .001
First-ever Non-suicidal	MSRS	17.60	13.81	7.53	< .001
	SRS	13.52	12.44	2.60	.012
First-ever Suicidal	MSRS	19.78	15.00	7.82	< .001
	SRS	19.65	14.47	6.20	< .001
First-ever Acute Suicidal	MSRS	20.21	16.69	6.64	< .001
	SRS	26.32	21.97	5.84	< .001
Repeat Non-suicidal	MSRS	17.83	14.21	5.98	< .001
	SRS	13.70	12.54	2.69	.009
Repeat Suicidal	MSRS	20.44	15.63	11.41	< .001
	SRS	20.67	14.71	10.45	< .001
Repeat Acute Suicidal	MSRS	19.95	16.74	6.05	< .001
	SRS	21.90	20.11	6.55	< .001

### Results

	F1	F2	F3	F4	F5	F6	F7
Questions: Feelings and Emotions	.74						
Challenge and Customization	.71						
Moral Learning	.69						
Questions: Thoughts	.59						
Questions: Problem Solving	.42	.33					
Reflection	.74						
Control	.44				.30		
Interpretation	.40						
Suggestions for Problem Solving	.33						
Value Judgment		.70					
Asking Callers to Take Helpers' Suggestions		.54					
Diagnosis with Callers		.52					
Questions: Issues and Problems			.81				
Summarizing			.58				
Reflections: Thoughts				.75			
Reflections: Feelings and Emotions				.56			
No Suicide Contract					.53		
Countertransference					.42		
Informing the Crisis Management Process					.42		
Offering Information						.66	
Offering Referrals							.41

*Note.* Loadings less than .30 are not shown.

Predictor Variables	<i>b</i>	<i>p</i>	<i>b</i>	<i>p</i>	<i>b</i>	<i>p</i>
Constant	0.00	1.000	-0.26	<.001	-0.21	.002
MSRS at the Beginning of Calls (standardized)	0.18	<.001	0.16	<.001	0.16	<.001
First-ever Suicidal			0.18	.225	0.26	.071
First-ever Acute Suicidal			0.67	<.001	0.55	<.001
Repeat Non-suicidal			0.04	.774	-0.06	.660
Repeat Suicidal			0.34	.003	0.26	.019
Repeat Acute Suicidal			0.69	<.001	0.54	<.001
F1: Guidance and Directives (standardized)					0.20	<.001
F2: Problem Solving (standardized)					-0.12	.005
F3: Non-Professional Behavior (standardized)					0.01	.902
F4: Facts Gathering (standardized)					0.04	.347
F5: Empathy (standardized)					-0.18	<.001
F6: Crisis Response (standardized)					-0.09	.976
F7: Offering Resources (standardized)					-0.11	.010
R <sup>2</sup>	.03	***	.11	***	.19	***
R <sup>2</sup> Change			.08	***	.09	***

*Note.* Criterion Variable: MSRS at the End of Calls (standardized).

Predictor Variables	<i>b</i>	<i>p</i>	<i>b</i>	<i>p</i>	<i>b</i>	<i>p</i>
Constant	0.00	1.000	-0.21	<.001	-0.17	.005
SRS at the Beginning of Calls (standardized)	0.51	<.001	0.30	<.001	0.27	<.001
First-ever Suicidal			-0.01	.936	0.01	.928
First-ever Acute Suicidal			1.02	<.001	0.88	<.001
Repeat Non-suicidal			-0.06	.608	-0.09	.468
Repeat Suicidal			-0.02	.856	-0.07	.475
Repeat Acute Suicidal (standardized)			0.75	<.001	0.60	<.001
F1: Guidance and Directives (standardized)					0.05	.500
F2: Problem Solving (standardized)					-0.11	.002
F3: Non-Professional Behavior (standardized)					0.04	.212
F4: Facts Gathering (standardized)					0.07	.687
F5: Empathy (standardized)					-0.07	.043
F6: Crisis Response (standardized)					0.11	.006
F7: Offering Resources					-0.05	.451
R <sup>2</sup>	.26	***	.38	***	.40	***
R <sup>2</sup> Change			.11	***	.03	***

*Note.* Criterion Variable: SRS at the End of Calls (standardized).

### Comments, suggestions, or feedback?

Correspondence: Fortune Shaw  
 1 University Rd., Graduate Institute of Guidance & Counseling  
 Puli, Nantou 54561, Taiwan  
 Tel. +886-492910960 ext.2783  
 Email: ftshaw@ncnu.edu.tw



Graduate Institute of Guidance & Counseling  
National Chi Nan University



Taipei Lifeline Association