

共一~七大題：

一、請閱讀下文摘要，並用中文回答下列問題（配分共 20 分）

1. 請將題目翻譯成中文。(3%)
2. 請說明本研究比較的三種情境為何。(3%)
3. 本研究是否有組間差異 (ASD 組與非 ASD 組)，請簡述結果。(6%)
4. 本研究 ASD 群族是否有組內差異，請簡述結果。(8%)


Original Article




Emotion recognition in autism spectrum condition during the COVID-19 pandemic

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Autism
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Abstract

With the widespread use of masks in the COVID-19 pandemic, it is crucial to understand how emotion recognition is affected by partial face covering. Since individuals with autism spectrum condition often tend to look at the lower half of the face, they are likely to be particularly restricted in emotion recognition by people wearing masks, since they are now forced to look at the upper half of the face. This study compared the recognition of basic and complex emotions in individuals with and without autism spectrum condition, when faces were presented uncovered, with face masks, or with sunglasses. We also used eye tracking to examine group differences in gaze patterns during emotion recognition. Individuals with autism spectrum condition were less accurate at recognizing emotions in all three conditions. Averaged across the three stimulus types, individuals with autism spectrum condition had greater difficulty recognizing anger, fear, pride, and embarrassment than control group. There was no group difference in emotion recognition between the three conditions. However, compared to individuals without autism spectrum condition, there was no evidence of either gaze avoidance or preference for the mouth region. Our results suggest that emotion recognition is reduced in individuals with autism spectrum condition, but this is not due to differences in gaze patterns.

來源出處: Schnitzler T, Korn C, Herpertz S, Fuchs T. Emotion recognition in autism spectrum condition during the COVID-19 pandemic. *Autism*. 2024 Jul;28(7):1690-1702. doi: 10.1177/13623613231203306. Epub 2023 Oct 26. PMID: 37882152; PMCID: PMC11191665.

見背面

二、請閱讀以下摘要，並用中文回答下列問題：(配分共 10 分)

1. 請說明此研究目的為何？(5%)
2. 請說明此研究結論為何？(5%)

Purpose: Neurorehabilitation technologies are a novel approach to providing rehabilitation for patients with neurological conditions. There is a need to explore patient experiences. This study aimed; 1) To identify available questionnaires that assess patients' experiences with neurorehabilitation technologies, and 2) where reported, to document the psychometric properties of the identified questionnaires.

Materials and methods: Four databases were searched (Medline, Embase, Emcare and PsycInfo). The inclusion criteria were all types of primary data collection that included neurological patients of all ages who had experienced therapy with neurorehabilitation technologies and completed questionnaires to assess these experiences.

Results: Eighty-eight publications were included. Fifteen different questionnaires along with many self-developed scales were identified. These were categorised as; 1) self-developed tools, 2) specific questionnaire for a particular technology, and 3) generic questionnaires originally developed for a different purpose. The questionnaires were used to assess various technologies, including virtual reality, robotics, and gaming systems. Most studies did not report any psychometric properties.

Conclusion: Many tools have been used to evaluate patient experiences, but few were specifically developed for neurorehabilitation technologies and psychometric data was limited. A preliminary recommendation would be use of the User Satisfaction Evaluation Questionnaire to evaluate patient experience with virtual reality systems.

來源出處：Nguyen, C. M., Uy, J., Serrada, I., & Hordacre, B. (2024). Quantifying patient experiences with therapeutic neurorehabilitation technologies: a scoping review. *Disability and rehabilitation*, 46(9), 1662–1672.

三、請根據下文描述，用中文回答以下問題 (配分共 15 分)

1. 請定義 well being。(5%)
2. 請說明 health promotion。(5%)
3. 請精簡說明 healthy people 2030 的 5 個目標。(5%)

接次頁

Definitions

Well-Being

Well-being is the ultimate goal of health promotion. *Well-being* is an evolving concept that includes “the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning” (Centers for Disease Control and Prevention, 2018, para. 1). In occupational therapy, well-being also includes satisfaction with participation in occupations and daily activities that enhance quality of life (QoL). Eight dimensions of well-being are identified in the Substance Abuse and Mental Health Services Administration (2016) model: (1) emotional, (2) environmental, (3) financial, (4) intellectual, (5) occupational, (6) physical, (7) social, and (8) spiritual.

Health Promotion, Health, and Healthy Life

It is important to frame the discussion of occupational therapy’s role in health promotion by first defining health promotion and health. According to the *Ottawa Charter for Health Promotion*,

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. *Health* is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy lifestyles to well-being. (World Health Organization, 1986, para. 2, italics added)

For nearly 40 years, the U.S. Department of Health and Human Services (DHHS) has established health promotion and disease prevention objectives to facilitate and measure improvement in health (DHHS, 1980, 1990, 2000, 2010, 2018a). The vision of *Healthy People 2030* is the realization of “a society in which all people achieve their full potential for health and well-being across the lifespan” (DHHS, 2018a, para. 11). Attention to all dimensions in health promotion programming is essential to facilitate overall well-being. *Healthy People 2030* has five major goals:

見背面

1. Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury, and premature death.
2. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
3. Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.
4. Promote healthy development, healthy behaviors, and well-being across all life stages.
5. Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all. (DHHS, 2018a, para. 11)

Active engagement in life and overall health status, not just longevity, are emphasized in these goals. A *healthy life* means the use of capacities and adaptations across the lifespan, allowing people to enter into satisfying relationships with others, to work, and to play in their community. From a national perspective, a healthy life means a person is able to be a vital, creative, and productive citizen and resident who contributes to the development of flourishing communities and a thriving nation. See Appendix A for more terms and definitions.

來源出處：Occupational Therapy in the Promotion of Health and Well-Being.
(2020). *The American Journal of Occupational Therapy*, 74(3),
7403420010p7403420011- 7403420010p7403420014.
<https://doi.org/10.5014/ajot.2020.743003>. Page 1-2

四、請用中文寫出此篇研究對復健的含意。(配分共 10 分)

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PERSPECTIVES IN REHABILITATION

OPEN ACCESS Check for update

Toward a paradigm shift in healthcare: using the International Classification of Functioning, Disability and Health (ICF) and the capability approach (CA) jointly in theory and practice

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ABSTRACT

Purpose: Over the past two decades, healthcare systems have shifted to adopt a more holistic, patient-centered care system. However, operationalization in practice remains challenging. Two frameworks have contributed substantially to the transformation toward more holistic and patient-centered care: the International Classification of Functioning, Disability and Health (ICF) and the capability approach (CA). Using these frameworks jointly can contribute to improved patient-centered care in clinical practice.

Methods: This article explores the strengths and weaknesses of the use of the two frameworks in care and investigates whether using them jointly might contribute to more appropriate and patient-centered care. We will present a practical example of this integration in the form of a novel e-health application.

Results: The exploration indicated that if the frameworks are used jointly, the individual weaknesses can be overcome. The application, used to exemplify the joint use of the frameworks, contains all categories of the ICF. It offers a unique tool that allows a person to self-assess, record, and evaluate their functioning and capabilities and formulate related goals.

Conclusions: Using the ICF jointly with the CA can foster holistic, patient-centered care. The e-health application provides a concrete example of how the frameworks can be used jointly.

ARTICLE HISTORY

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KEYWORDS

Capability approach; ICF; e-health; patient-centered care; functioning; capabilities

► IMPLICATIONS FOR REHABILITATION

- Using the International Classification of Functioning, Disability and Health jointly with the capability approach can foster holistic, patient-centered care.
- The joint use of the frameworks is demonstrated by an e-health application which enables users to evaluate their functioning in relation to their own goals, provides them with the opportunity to increase control over their health and have a more active role in their care.
- Tools to record both functioning and goals from a patient's perspective can support professionals in offering patient-centered care in daily practice.
- Individual recording, monitoring and evaluation of functioning, capabilities and goals regarding functioning can provide a basis for research and quality improvement.

見背面

五、Please address the following questions based on the following abstract. (請用中文回答) (配分共 15 分)

1. What is the aim of the practice guidelines? (5%)
2. How did the authors develop the clinical recommendations? (5%)
3. What is the recommended regimen for enhancing performance of extended daily life activities in individuals with stroke? (5%)

Occupational Therapy Practice Guidelines for Adults with Stroke

Mary W. Hildebrand, Daniel Geller, Rachel Proffitt

Importance: Stroke is a leading cause of disability. Occupational therapy practitioners ensure maximum participation and performance in valued occupations for stroke survivors and their caregivers. Objective: These Practice Guidelines are meant to support occupational therapy practitioners' clinical decision making when working with people after stroke and their caregivers. Method: Clinical recommendations were reviewed from three systematic review questions on interventions to improve performance and participation in daily activities and occupations and from one question on maintaining the caregiving role for caregivers of people after stroke. Results: The systematic reviews included 168 studies, 24 Level 1a, 90 Level 1b, and 54 Level 2b. These studies were used as the basis for the clinical recommendations in these Practice Guidelines and have strong or moderate supporting evidence. Conclusions and Recommendations: Interventions with strong strength of evidence for improving performance in activities of daily living and functional mobility include mirror therapy, task-oriented training, mental imagery, balance training, self-management strategies, and a multidisciplinary three-stages-of-care rehabilitation program. Constraint-induced therapy has strong strength of evidence for improving performance of instrumental activities of daily living. Moderate strength of evidence supported cognitive-behavioral therapy (CBT) to address balance self-efficacy, long-term group intervention to improve mobility in the community, and a wearable upper extremity sensory device paired with training games in inpatient rehabilitation to improve social participation. Practitioners should incorporate problem-solving therapy in combination with CBT or with education and a family support organizer program. What This Article Adds: These Practice Guidelines provide a summary of strong and moderate evidence for effective interventions for people with stroke and for their caregivers.

來源出處：Hildebrand, M. W., Geller, D., & Proffitt, R. (2023). Practice Guidelines—Occupational therapy practice guidelines for adults with stroke. *American Journal of Occupational Therapy*, 77, 7705397010. <https://doi.org/10.5014/ajot.2023.077501>

六、請依據下列文章內容，用中文回答以下問題：(配分共 15 分)

1. Ullman 對 Unexpected Transfer scenario 做了哪些調整？(4%)
2. 這些調整對結果造成怎樣的影響？(3%)
3. Ullman 如何解讀上述的結果/這些結果代表什麼？(4%)
4. 作者對上述現象的結論是什麼？(4%)

From a different perspective, Ullman (2023) shows skepticism about the robustness of Kosinski's findings and focuses on when and how the GPT models fail in the theory of mind (ToM) tests. For this end, he slightly modifies the novel Unexpected Contents and Unexpected Location scenarios Kosinski used and tests them with GPT 3.5. Ullman made three modifications to the Unexpected Contents scenario: 1) transparent access (the bag is transparent so anyone can see what is inside), 2) uninformative label (the character cannot read the label), 3) trusted testimony (a trusted friend of the character tells the content of the bag), and 4) late labels (the label is put afterward and indicating the wrong content). Ullman also made three modifications to the Unexpected Transfer scenario: 1) transparent access (the containers are see-through so anyone can see the cat), 2) relationship change (instead of "in", "on" prepositions are used to indicate the location of the cat), 3) trusted communication (the second character calls and informs the first character about the location transfer), and 4) the mental state of the other character (asking what the second character thinks about the location). These modifications significantly decreased the performance of GPT 3.5 in these ToM scenarios. Based on these findings, Ullman argues that even slight deviations from the common scripts can dramatically deteriorate the performance of these models, thus, their performance in ToM tasks is not robust yet. These findings highlight the need for improving the flexibility of the GPT-3.5 for different ToM scenarios and call for careful examination of the current limitations of LLMs in showing ToM understanding.

來源出處：Ünlütürk, B., & Bal, O. (2025). Theory of mind performance of large language models: A comparative analysis of Turkish and English. *Computer Speech & Language*, 89, 101698.

七、請閱讀以下內容，以中文簡要回答下列問題。(配分共 15 分)

- 1) 請翻譯下表中框起處，social participation & social contact 二個名詞的定義。(8%)
- 2) 依據文章摘要中畫底線處的內容，請說明當時是否有足夠的證據支持「社會參與可降低罹患失智症的風險」？(7%)

Table 1 | Glossary of terms relating to social participation

Term	Definition
Social participation	Engagement of individuals in social leisure activities (focusing on activities undertaken with other people), contact with social networks and their satisfaction with this participation.
Social activity engagement	Taking part in leisure activities within the communities in which people live, including activities undertaken with other people that are social, physical and mentally stimulating ^{145,146} .
Social contact	A quantitative measure relating to visiting or communicating with relatives, friends and acquaintances, usually but not necessarily as a recreational activity; and not encompassing qualitative aspects of satisfaction with social contact.
Social network	The web of social relationships that surround an individual and the characteristics of those ties ^{145,146} .
Social isolation	The inadequate quality and quantity of social relations with other people at different levels of human interaction (individual, group, community and the larger social environment) ¹⁴⁷ .
Social interaction	The quality of the verbal and nonverbal behaviors that are exercised between an individual and others in their surroundings.
Loneliness	A subjective unpleasant experience that occurs when a person's network of social relationships is deficient in quality ¹⁴⁸ .

Abstract

The increasing number of people with dementia globally illustrates the urgent need to reduce dementia's scale and impact. Lifetime social participation may affect dementia risk by increasing cognitive reserve, and through brain maintenance by reducing stress and improving cerebrovascular health. It may therefore have important implications for individual behavior and public health

policy aimed at reducing dementia burden. Observational study evidence indicates that greater social participation in midlife and late life is associated with 30–50% lower subsequent dementia risk, although some of this may not be causal. Social participation interventions have led to improved cognition but, partly due to short follow-up and small numbers of participants, no reduction in risk of dementia. We summarize the evidence linking social participation with dementia, discuss potential mechanisms by which social participation is likely to reduce and mitigate the impact of neuropathology in the brain, and consider the implications for future clinical and policy dementia prevention interventions.

來源出處：Sommerlad, A., Kivimäki, M., Larson, E. B., Röhr, S., Shirai, K., Singh-Manoux, A., & Livingston, G. (2023).

Social participation and risk of developing dementia. *Nature aging*, 3(5), 532–545. <https://doi.org/10.1038/s43587-023-00387-0>.

試題隨卷繳回