

【第一題，本題佔 50%】

請針對高危險新生兒的兩項早期發展介入理論：缺損模式為根據之代償介入(Deficit Model-Based Compensatory Intervention)以及以家庭為中心介入(Family-Centered Intervention)，回答下列問題(本題佔 50%)：

- (a) 請敘述各項理論的假設(assumptions)與原則(principles) (15%)
- (b) 請依照以上理論，分別幫高危險新生兒設計出生後至一歲之間的发展介入內容 (20%)
- (c) 請分別提出適合用以評估以上介入療效的工具 (15%)

【第二題，本題佔50%】

請閱讀以下一篇有關自閉症類群障礙兒童發展的論文摘要(摘錄自 Kaur M., Srinivasan S.M., Bhat A.N., (2018) *Res Dev Disabil*, Jan, 72:79-95.)，並回答下列問題：

- (a) 請用中文簡述此篇研究的摘要，包含研究背景與目的、方法、結果、討論與結論(10%)，並說明下列圖表顯示的結果(10%)。
- (b) 根據此研究內使用的標準化發展評估工具與方法，請說明影響評估結果的真確性之指標？(10%)，請舉出另一種可以使用的評估工具或方法，並簡述此工具(5%)。
- (c) 請設計一個針對自閉症類群障礙兒童的觀察性或介入性研究，請簡述研究主題、研究目的及研究方法(15%)。

Comparing motor performance, praxis, coordination, and interpersonal synchrony between children with and without Autism Spectrum Disorder (ASD).

Children with Autism Spectrum Disorder (ASD) have basic motor impairments in balance, gait, and coordination as well as autism-specific impairments in praxis/motor planning and interpersonal synchrony. Majority of the current literature focuses on isolated motor behaviors or domains. Additionally, the relationship between cognition, symptom severity, and motor performance in ASD is unclear. We used a comprehensive set of measures to compare gross and fine motor, praxis/imitation, motor coordination, and interpersonal synchrony skills across three groups of children between 5 and 12 years of age: children with ASD with high IQ (HASD), children with ASD with low IQ (LASD), and typically developing (TD) children. We used the Bruininks-Oseretsky Test of Motor Proficiency and the Bilateral Motor Coordination subtest of the Sensory Integration and Praxis Tests to assess motor performance and praxis skills respectively. Children were also examined while performing simple and complex rhythmic upper and lower limb actions on their own (solo context) and with a social partner (social context). Both ASD groups had lower gross and fine motor scores, greater praxis errors in total and within various error types, lower movement rates, greater movement variability, and weaker interpersonal synchrony compared to the TD group. In addition, the LASD group had lower gross motor scores and greater mirroring errors compared to the HASD group. Overall, a variety of motor impairments are present across the entire spectrum of children with ASD, regardless of their IQ scores. Both, fine and gross motor performance significantly correlated with IQ but not with autism severity; however, praxis errors (mainly, total, overflow, and rhythmicity) strongly correlated with autism severity and not IQ. Our study findings highlight the need for clinicians and therapists to include motor evaluations and interventions in the standard-of-care of children with ASD and for the broader autism community to recognize dyspraxia as an integral part of the definition of ASD.

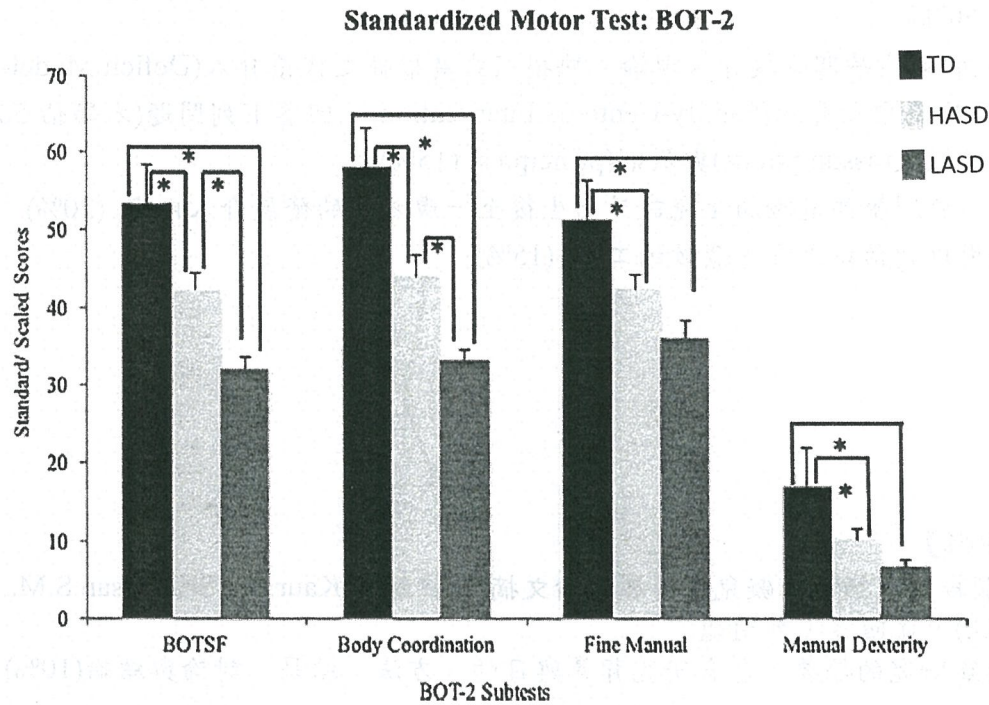


Fig. 2. Standard/scaled scores for BOT-2 subtests in the TD, HASD, and LASD groups.
 Note: BOT-2 standard scores have a mean of 50 and standard deviation of 10. BOT-2 scaled scores have a mean of 15 and standard deviation of 5.

Figure: The Kruskal-Wallis test revealed a significant group effect for the BOT-SF, body coordination composite, fine manual composite, and manual dexterity subtest scores. The post-hoc Mann-Whitney U tests indicated that both the ASD groups scored lower than the TD group on all the BOT-2 outcome measures (p values < 0.006 , see Figure). In terms of differences between the two ASD groups, the LASD group received lower scores than the HASD group on the BOT-SF and body coordination subtests (p values ≤ 0.004). Both groups demonstrated equally poor performance on the fine manual composite and manual dexterity subtest (see Figure).

試題隨卷繳回