

問題は回収します

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応用人間科学研究科入学試験問題

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領域共通・英語

(問題用紙 2枚、解答用紙 1 枚)

<一般入学試験>

<2 時限目 60 分>

受 験 番 号	氏 名

問題. 下記の文章を読み、それぞれの設問に答えなさい。

Identifying Targets for Treatment

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Psychotherapy is a process-oriented, time-unlimited relationship between therapist and client. This process emphasizes (1), or feelings the client has toward the therapist that stem from significant others in their life, and (2), or reciprocal feelings the client elicits in the therapist. Comments made by the client during therapy are periodically interpreted in terms of conflicts and (3) mechanisms used to cope with these conflicts. Treatment targets are not explicitly defined. The client wants to feel better and the therapist wants the client to improve. This mutual (4) is generally not further refined. If pressed, therapists may indicate that their goal is personality (5). What constitutes such a reformation remains unspecified. Other therapists specify shoring up psychological defenses but little further specification is given. Many therapists resist specifying particular treatment targets on the basis that this equates therapeutic success with (6) reduction, which is not necessarily a good thing. There is some concern over (6) substitution—meaning that if particular improvements were engineered in one area of a client's life, then new problems would emerge in other areas because basic underlying problems have not been resolved. These problems can be stated theoretically but are not easily defined in terms of specific treatment targets. Other therapists resist focusing on specific treatment targets on the basis that the client may take a “flight into (7)” as a defensive maneuver to terminate therapist inquiry into conflictual material. Again, therapeutic (8) are framed in more general theoretical, rather than specific practical, terms.

Behavioral therapists introduced the idea of treatment targets after identifying particular changes that were planned to occur as a result of specific interventions. Therapeutic intervention to achieve these results also became specific to the point that much of it could be reported in the methods section of a research report. Recent changes in mental health service delivery reinforce the desirability of and need for specific treatment targets in addition to empirically validated treatments for achieving these specific objectives. Consequently, therapists of different theoretical persuasions are now much more sympathetic to the idea of identifying specific treatment targets and evaluating treatment in terms of goal attainment. This chapter hopes to facilitate identification of specific treatment goals.

Therapists cannot treat clients who do not make or keep subsequent appointments. In other words, the therapist's first goal is to keep clients coming in long enough to implement assessment and intervention. The discussion begins with the initial session, clients' motivation for therapy, and the importance of engaging clients to the point where they will return for subsequent sessions. The focus is on the initial dropout problem and what can be done to engage clients to remain in therapy. An important part of the engagement process is rapid identification and specification of treatment targets (perhaps as early as the end of the first session and preferably by the end of the third session).

Clients should participate fully in the treatment process. Some clients have clear treatment goals and even distinct preferences for a certain type of treatment. Other clients have clear treatment goals but are open to various treatment methods. Still other clients are unclear about what they want from therapy but are more certain about the type of therapy they feel they need. These clients often have a preference for psychodynamic approaches. Finally, there are clients who are unclear about treatment goals and who have no firm views or expectations as to the type of treatment.

Therapists should be alert to and accepting of the possibility of clients changing their treatment targets. Clients may choose the initial treatment target to evaluate how the therapist behaves in session rather than because it is an important, personally relevant topic. These clients focus on new treatment targets in subsequent sessions without explanation, trusting that the therapist will follow their lead. A fraction of this group becomes problematic when clients either continue to change treatment targets or develop a long list of targets with similar priority.

Couple- and family-identified treatment targets are an extension of client-identified treatment targets. The main thing to remember is that all participants should share equally in identifying and selecting treatment targets so that they also share a commitment to reach these objectives. Therapist-identified treatment targets are discussed as a last resort. Even in these cases a consulting role is emphasized, whereby the therapist suggests rather than dictates targets and then engages discussion prior to selecting and committing to these ends. Specific treatment targets should be outlined with sufficient clarity to meet the need for fully informed consent.

The issue of modification versus cure is discussed and is found to depend on therapeutic orientation. Sometimes treatment targets involve new behaviors that clients must continue to perform to maintain the desired effects. Relationship problems are a good example because they can be modified but not cured. There will never come a time when a relationship will remain rewarding without cultivation by both parties.

設問1.

文中の(1)から(8)に当てはまる単語を下記の a から h の中から選び、解答欄に記号で記入しなさい。さらに、選んだ単語を文脈に適した日本語に訳しなさい。

- | | | |
|---------------|------------------------|-------------------|
| a. defense | b. countertransference | c. symptom |
| d. objectives | e. understanding | f. reconstruction |
| g. health | h. transference | |

設問2.

以下の文章①から⑩を読んで、本文に合致している文章には○、合致していない文章には×を解答用紙に記入しなさい。

- ① 心理療法は、プロセス指向の、いつ終わるという期間制限のある、セラピストとクライアント間の関係である。
- ② 多くのセラピストは特定の治療ターゲットを明確にすることに、さほど抵抗は感じない。
- ③ 行動療法以外の理論の流派に属するセラピストも今や、具体的な治療ターゲットを定め、ゴール到達という観点から治療を評価するという考えにかなり共感するようになってきている。
- ④ セラピストは次回の予約をしないクライアントを治療することができないわけではない。
- ⑤ クライアントをセラピーに関わるようにするプロセスで重要なことは、治療ターゲットのすばやい同定と具体化である。
- ⑥ 明らかな治療のゴールはもつが、さまざまな治療技法を受け入れるクライアントもいる。
- ⑦ 治療のゴールについて明確でなく、治療のタイプに関しても確固たる考えや期待をもたないクライアントはいない。
- ⑧ カップルや家族によって定められる治療ターゲットは、クライアントによって定められる治療ターゲットの縮小されたものである。
- ⑨ 変容か治療かという問題は、セラピーのオリエンテーションによって異なる。
- ⑩ 対人関係の問題は、変容することはあっても、完治することはない。関わる二人の努力なしでは、好ましい関係を続けることはできない。