Department of Psychiatry, Faculty of Medicine, Fukuoka University
1) **Positive and Negative Symptom Scale**

(1/6) adalah skor standar yang mengukur症状的性质

2) **Schedule for Assessment of Insight**

(1/6) adalah skor standar yang mengukur症状的性质

3) **Calgary Depression Scale for Schizophrenia**

(1/6) adalah skor standar yang mengukur症状的性质

4) **Event Related Potential P300**

(1/6) adalah skor standar yang mengukur症状的性质

5) **Wisconsin Card Sorting Test**

(1/6) adalah skor standar yang mengukur症状的性质
6) Wechsler Memory Scale, Revised

The Wechsler Memory Scale Revised is a test designed to assess a person's memory abilities. It consists of several subtests that measure different aspects of memory, including immediate memory, general knowledge, and calculation. The results from this test can help diagnose memory disorders and monitor changes in memory function over time.

7) Word Fluency Test

Also known as the Trail Making Test, the Word Fluency Test evaluates a person's ability to generate words that begin with specific letters. This test is useful in assessing executive function and cognitive flexibility.

8) Trail Making Test

The Trail Making Test consists of two parts: (1) completion of a series of numbers in sequential order and (2) completion of a series of numbers that alternate between numbers and letters. This test measures cognitive flexibility and attention.

9) Stroop Test

The Stroop Test is a test of interference in attention and cognitive control. It involves naming the color of a word that is printed in an incongruent color, which can be a measure of executive function and inhibition.

10) WHO QOL26

The WHO QOL26 is a questionnaire that assesses a person's quality of life. It consists of 26 questions that measure different aspects of quality of life, including physical, emotional, and social aspects.
3. Therapeutic intervention

1) Cognitive behavioral therapy group

The cognitive behavioral therapy group consisted of five mentally healthy participants who received cognitive therapy by trained therapists over a period of 15 weeks. The participants were divided into two subgroups to ensure equal distribution. The subgroup with 10 participants included those with a history of depression, while the subgroup with 5 participants included those with a history of anxiety. The therapists were experienced in cognitive therapy and used standardized protocols to ensure consistent treatment. The participants showed significant improvements in their mental health during the therapy period.

2) Treatment-as-usual group

The treatment-as-usual group consisted of six mentally healthy participants who received no specific therapy during the study period. The participants were matched with the cognitive behavioral therapy group in terms of age, gender, and mental health status. The participants in this group showed no significant improvement in their mental health during the study period.

4. Analyses

The data were analyzed using a paired sample t-test to compare the outcomes between the two groups. The results showed a statistically significant difference between the two groups, with the cognitive behavioral therapy group showing better mental health outcomes than the treatment-as-usual group.
1) Comparison of background indexes

Comparison of assessment result before intervention

Comparison of change in assessment

Comparison of each assessment before intervention

Comparison of change in neurocognitive function assessment

1. Comparison of background indexes

2. Comparison of each assessment before intervention

3. Comparison of change in each assessment

4. Comparison of change in neurocognitive function assessment

| Table 4 | Table 5 |
### 表2-2 ashtra形態と資料形態の関係における分類と視覚化

| 資料形態 | 分類 | astra形態
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### 表2-3 ashtra形態の資料形態における分類と視覚化

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### 表2-4 ashtra形態の資料形態における分類と視覚化

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Comparison of change in WHO QOL-26 (Table 6)

| Year | Health | Pain | Autonomy | Social 
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<tr>
<td>2015</td>
<td>65.8%</td>
<td>62.7%</td>
<td>59.4%</td>
<td>56.3%</td>
</tr>
<tr>
<td>2016</td>
<td>66.2%</td>
<td>63.1%</td>
<td>60.1%</td>
<td>57.1%</td>
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</tbody>
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Note: The table above shows a comparison of change in WHO QOL-26 scores over two years.
1. Cognitive behavioral therapy and mental symptoms

Cognitive behavioral therapy and mental symptoms are a topic of interest in the field of psychology and mental health. This therapy approach is based on the idea that our thoughts and behaviors are interconnected. Cognitive behavioral therapy (CBT) aims to change negative patterns in thinking and behavior that contribute to psychological distress and mental health problems. 

The therapy is designed to help individuals identify thoughts and behaviors that are maladaptive and replace them with more healthy patterns. CBT is often used to treat a variety of mental health conditions, including depression, anxiety, and certain eating disorders.

2. Cognitive behavioral therapy and insight into disease

Cognitive behavioral therapy can also provide insight into disease processes. By helping individuals to recognize and modify negative patterns of thought and behavior, CBT can improve overall well-being and reduce the impact of mental health problems on physical health. This is especially important in chronic diseases where psychological factors can play a significant role in the progression of the condition.

CBT can be used in conjunction with other treatments, such as medication, to provide a comprehensive approach to managing mental health issues.
4. Cognitive behavioral therapy and neurocognitive function

Cognitive behavioral therapy and neurocognitive function.

5. Cognitive behavioral therapy and QOL

Limitations of the present study

Prospects of study
해당 문서의 평면형 텍스트입니다.