

亞洲大學

115 學年度碩士班考試入學招生考試試題紙

學系別	考試科目	考試日期	時 間
心理學系碩士班 (臨床心理學組)	變態心理學	115.03.14	10:30-11:30
1.A 32-year-old man has experienced excessive anxiety and worry about finances, health, and work performance for the past seven months. He finds it difficult to control his worry and reports fatigue, difficulty concentrating, sleep disturbance, and muscle tension. He denies any history of panic attacks or substance use. Although his symptoms worsened two months ago due to increased occupational stress, they were already present beforehand. What is the most appropriate diagnosis? A.Adjustment Disorder with Anxiety B.Generalized Anxiety Disorder C.Other Specified Anxiety Disorder D.Major Depressive Disorder with anxious distress 2.A 15-year-old adolescent experiences intense fear when giving classroom presentations and worries about being negatively evaluated by peers. The symptoms have persisted for eight months and are limited exclusively to public speaking situations. Social interactions in other contexts are unaffected. Which specifier is most appropriate? A.Performance only B.Generalized type C.Situational type D.With panic attacks 3.An 8-year-old child refuses to attend school due to a persistent fear that something terrible will happen to his mother. He insists on sleeping next to her at night. These symptoms have lasted for five weeks. His parents recently divorced. What is the most accurate diagnosis? A.The duration is insufficient for Separation Anxiety Disorder B.Separation Anxiety Disorder C.Adjustment Disorder D.Observation is required until symptoms persist for three months 4.A patient reports a persistent fear of flying, elevators, and bridges due to concerns about being unable to escape or obtain help if something goes wrong. The symptoms have lasted for over one year. He has never experienced a panic attack. What is the most appropriate diagnosis? A.Specific Phobia B.Agoraphobia C.Panic Disorder D.Illness Anxiety Disorder			

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- 5.A patient reports difficulty initiating and maintaining sleep for four months, occurring four nights per week, resulting in significant functional impairment. The patient also meets full criteria for Major Depressive Disorder. Which of the following is correct?
- A.Diagnose only Major Depressive Disorder
 - B.Diagnose only Insomnia Disorder
 - C.Diagnose both Insomnia Disorder and Major Depressive Disorder
 - D.Diagnose Other Specified Sleep-Wake Disorder
- 6.A patient reports adequate nighttime sleep but experiences recurrent, irrepressible periods of a need to sleep, lapsing into sleep, or napping occurring within the same day for four months. There is no evidence of a breathing-related sleep disorder or substance use. What is the most likely diagnosis?
- A.Hypersomnolence Disorder
 - B.Narcolepsy
 - C.Insomnia Disorder
 - D.Circadian Rhythm Sleep-Wake Disorder
- 7.A nurse working rotating night shifts reports chronic misalignment between her sleep schedule and circadian rhythm for eight months, leading to significant distress and impairment. If her symptoms resolve after returning to a stable daytime schedule, what is the most accurate diagnosis?
- A.Persistent Insomnia Disorder
 - B.Short-Term Insomnia Disorder
 - C.Circadian Rhythm Sleep-Wake Disorder, Shift Work Type
 - D.Adjustment Disorder
- 8.A patient exhibits vigorous limb movements and dream enactment behaviors during REM sleep, occasionally resulting in injury to a bed partner. Which diagnosis is most appropriate?
- A.Nightmare Disorder
 - B.REM Sleep Behavior Disorder
 - C.Sleep Terror Disorder
 - D.Insomnia Disorder

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9.A patient reports difficulty initiating sleep three nights per week for three weeks following the death of his mother. What is the most appropriate conclusion? A.Insomnia Disorder B.Episodic Insomnia C.Adjustment Disorder D.The duration is insufficient for Insomnia Disorder 10.A patient with medically documented chronic back pain spends several hours daily ruminating about the pain and frequently seeks medical reassurance. The pattern has persisted for over one year and causes significant functional impairment. What is the most appropriate diagnosis? A.Illness Anxiety Disorder B.Somatic Symptom Disorder C.Conversion Disorder (Functional Neurological Symptom Disorder) D.Malingering 11.A patient deliberately contaminates a urine sample with blood in order to appear ill and receive medical attention. There is no external incentive, such as financial gain. What is the most appropriate diagnosis? A.Malingering B.Factitious Disorder Imposed on Self C.Somatic Symptom Disorder D.Illness Anxiety Disorder 12.Following a significant psychosocial stressor, a patient suddenly develops aphonia despite normal neurological findings. The symptom is temporally associated with psychological conflict. What is the most appropriate diagnosis? A.Somatic Symptom Disorder B.Conversion Disorder (Functional Neurological Symptom Disorder) C.Illness Anxiety Disorder D.Panic Disorder 13.A patient presents with prominent somatic symptoms and excessive health-related anxiety lasting four months. The symptoms do not meet the six-month duration requirement for Somatic Symptom Disorder. What is the most appropriate diagnosis? A.No diagnosis can be made at this time B.Other Specified Somatic Symptom and Related Disorder C.Illness Anxiety Disorder D.Obsessive-Compulsive Disorder			

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14.A 28-year-old woman reports depressed mood for 2 months, insomnia, fatigue, impaired concentration, and feelings of worthlessness. She denies any history of elevated mood. Which of the following findings would most strongly suggest Bipolar II Disorder rather than Major Depressive Disorder? A.Early morning awakening B.Recurrent depressive episodes C.Psychomotor retardation D.Family history of bipolar disorder and past episodes of decreased need for sleep 15.According to Beck's cognitive theory of depression, which of the following cognitive patterns is most central to vulnerability for Major Depressive Disorder? A.Overgeneralization of positive experiences B.Negative cognitive triad involving self, world, and future C.External locus of control regarding achievements D.Elevated sensation-seeking traits 16.Which of the following is considered a first-line treatment for moderate Major Depressive Disorder? A.Benzodiazepine monotherapy B.Electroconvulsive therapy (ECT) as initial treatment C.Selective Serotonin Reuptake Inhibitors (SSRIs) D.Antipsychotic monotherapy 17.Which of the following symptom clusters is required for a diagnosis of PTSD under DSM-5-TR? A.Persistent somatic complaints B.Intrusion symptoms related to the traumatic event C.Manic symptoms D.Dissociative fugue 18.Which neurobiological finding is most consistently associated with PTSD? A.Reduced amygdala activation B.Increased hippocampal volume C.Hyperreactivity of the amygdala to threat cues D.Increased dopamine release in the nucleus accumbent			

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19. Which of the following psychological treatments has the strongest empirical support as a first-line intervention for PTSD? A. Supportive counseling alone B. Prolonged Exposure therapy C. Insight-oriented psychodynamic therapy D. Hypnosis as monotherapy 20. Which of the following is a core diagnostic feature of Substance Use Disorder? A. Occasional recreational use without impairment B. Persistent desire or unsuccessful efforts to cut down use C. Tolerance without behavioral consequences D. Use only in social settings 21. The self-medication hypothesis of substance dependence suggests that: A. Substance use primarily results from genetic polymorphisms B. Individuals use substances to regulate negative emotional states C. Dopamine release is related to addiction D. Social factors play no role in relapse 22. Which medication is commonly used as part of medication-assisted treatment for Alcohol Use Disorder? A. Fluoxetine B. Naltrexone C. Haloperidol D. Lithium 23. Which of the following best differentiates Internet Gaming Disorder from high but non-pathological engagement in gaming? A. Playing games more than 2 hours daily B. Experiencing distress or functional impairment due to gaming C. Preference for multiplayer games D. Following esports competitions 24. Which psychological factor is most strongly implicated in Internet Gaming Disorder? A. Secure attachment style B. High cognitive flexibility C. Impulsivity and reward sensitivity D. Low digital literacy			

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25. Which of the following interventions currently has the strongest evidence base for treating Internet Gaming Disorder?
- A. Psychoanalytic therapy
 - B. Cognitive Behavioral Therapy
 - C. Long-term inpatient hospitalization
 - D. Sedative medication alone
26. Which mechanism most strongly explains how social media may increase suicide risk among adolescents?
- A. Algorithm-driven amplification of harmful content and social comparison
 - B. Decreased academic productivity
 - C. Reduced peer interaction
 - D. Increased parental monitoring
27. Regarding the clinical description and symptoms of schizophrenia, which of the following statements are accurate based on the sources?
- a. Avolition (or apathy) is a negative symptom that involves the inability to initiate and persist in basic day-to-day functions, such as personal hygiene.
 - b. Alogia is a positive symptom characterized by an excess of speech and a distortion of reality through disorganized rambling.
 - c. Anhedonia refers to a lack of pleasure experienced in activities typically considered enjoyable, including eating, social interactions, and sexual relations.
 - d. Affective flattening (flat affect) may be an early indicator of potential schizophrenia in children, as high-risk children who later develop the disorder often display less positive affect.
- A. a, b, c
 - B. a, c, d
 - C. b, c, d
 - D. a, b, d

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28.Regarding the clinical description, etiology, and history of schizophrenia spectrum disorders, which of the following statements are accurate based on the sources?

- a.The enlargement of lateral and third ventricles is one of the most reliable brain structure observations, suggesting that adjacent brain tissue either atrophied or failed to develop fully.
- b.The dopamine hypothesis has evolved to suggest that schizophrenia is partly the result of excessive stimulation of striatal D2 receptors and a deficiency in the stimulation of prefrontal D1 receptors.
- c.Brain-imaging studies reveal that during auditory hallucinations, the most active part of the brain is Broca's area (involved in speech production), which supports the theory that patients are listening to their own thoughts.
- d.Research into the glutamate system indicates that a surplus or over-stimulation of N-methyl-d-aspartate (NMDA) receptors is the primary chemical trigger for psychotic-like behavior.

A.a, b, c

B.a, c, d

C.b, d

D.a, b, c, d

29.Regarding differential diagnosis of psychotic disorders, which of the following statements are accurate based on the sources?

- a.To be diagnosed with schizoaffective disorder, an individual must experience delusions or hallucinations for at least two weeks in the absence of prominent mood symptoms.
- b.Schizophreniform disorder requires that an episode of the disturbance last at least one month but less than six months.
- c.In delusional disorder, the imagined events are generally non-bizarre (things that could happen, like being followed), whereas in schizophrenia, delusions are often bizarre (things that are impossible, like broadcasting brain waves).
- d.Brief psychotic disorder involves the presence of at least one positive symptom (like delusions or disorganized speech) lasting one month or less, with an eventual full return to premorbid functioning.

A.a, b

B.b, c, d

C.a, c

D.a, b, c, d

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30. With respect to the historical figures and psychosocial factors associated with schizophrenia, which of the following statements are accurate according to the sources?

- a. Expressed Emotion (EE) is a communication style (criticism, hostility, and over-involvement) that is a strong predictor of relapse; patients in high EE families are 3.7 times more likely to relapse.
- b. Eugen Bleuler introduced the term "schizophrenia" (split mind) to describe the associative splitting of the basic functions of personality.
- c. Emil Kraepelin unified catatonia, hebephrenia, and paranoia under the term dementia praecox, emphasizing early onset and poor outcomes.
- d. The "schizophrenogenic mother" theory, which blames cold and dominant parenting for causing schizophrenia, remains the primary evidence-based explanation for the disorder's onset today.

A. a, b, c

B. a, c, d

C. b, d

D. a, b, c, d

31. Regarding clinical characteristics and definitions of bipolar disorder, which of the following statements are accurate based on the sources?

- a. Bipolar I disorder is distinguished by the presence of at least one full manic episode, whereas Bipolar II disorder involves major depressive episodes alternating with hypomanic episodes.
- b. A hypomanic episode is a less severe version of a manic episode that does not cause marked impairment in social functioning and only needs to last 4 days.
- c. Cyclothymic disorder is a chronic version of bipolar disorder that involves mood elevation and depression that reach the severity of full manic or major depressive episodes.
- d. To meet the criteria for cyclothymic disorder, an adult must experience mood fluctuations for at least 2 years (1 year for children/adolescents) without being symptom-free for more than 2 months.

A. a, b, c

B. a, b, d

C. b, c, d

D. a, b, c, d

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32.Regarding specifiers and course of bipolar disorder, which of the following statements are accurate based on the sources?

- a.The rapid-cycling specifier is applied when an individual experiences at least four manic or depressive episodes within a single year.
- b.Rapid cycling is a severe variety of bipolar disorder that is more common in males than in females.
- c.An episode with mixed features occurs when an individual experiences manic symptoms but feels somewhat depressed or anxious at the same time.
- d.Rapid switching refers to a particularly treatment-resistant state where a patient moves directly from one mood state to another without any break.

A.a, b, c

B.b, c, d

C.a, c, d

D.a, b, c, d

33.Regarding etiology and risk factors of bipolar disorder, which of the following statements are accurate based on the sources?

- a.Unlike major depressive disorder, bipolar disorders are distributed approximately equally across gender.
- b.Research into the offspring of twins suggests that individuals can be "carriers" of the genetic vulnerability for bipolar disorder without ever showing symptoms themselves.
- c.Manic episodes can be triggered by positive stressful life events, such as striving to achieve important goals like financial success or a promotion.
- d.Genetic studies suggest that individuals with bipolar disorder are independently susceptible to both depression and mania.

A.a, b, c

B.a, c, d

C.b, d

D.a, b, c, d

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34.Regarding treatment strategies of bipolar disorder, which of the following statements are accurate based on the sources?

- a.Lithium carbonate is considered a mood-stabilizing drug because it is effective in treating and preventing manic episodes.
- b.Valproate has overtaken lithium as the most commonly prescribed mood stabilizer but is less effective than lithium in preventing suicide.
- c.Interpersonal and Social Rhythm Therapy (IPSRT) is a psychological treatment that helps patients regulate their circadian rhythms by stabilizing sleep and eating cycles.
- d.For patients with bipolar disorder, a socially supportive network has been shown to speed recovery from both manic and depressive episodes.

A.a, b, c

B.b, c, d

C.a, c

D.a, b, c, d

35.Regarding clinical features and diagnosis of delirium, which of the following statements are accurate based on the sources?

- a.Unlike major neurocognitive disorders, delirium symptoms typically do not fluctuate throughout the course of a day.
- b.Delirium is characterized by impaired consciousness and cognition that develops rapidly over several hours or a few days.
- c.Common triggers for delirium include substance intoxication, withdrawal, high fevers in children, and sleep deprivation.
- d.While once thought to be temporary, recent research indicates that the effects of delirium can be lasting, with significant mortality rates within one year of an episode.

A.a, b, c

B.a, c

C.b, c, d

D.a, b, c, d

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36.Regarding neurocognitive disorder due to Alzheimer's disease, which of the following statements are accurate based on the sources?

- a.The cognitive reserve hypothesis suggests that higher educational attainment may build a "reserve" of synapses that delays the onset of observable symptoms.
- b.Facial agnosia, the inability to recognize familiar faces, is a common and distressing symptom as the disorder progresses.
- c.Brain deterioration in Alzheimer's involves the accumulation of neurofibrillary tangles (within cells) and amyloid plaques (between neurons).
- d.Apolipoprotein E4 (apo E4) is a "deterministic gene," meaning individuals who carry it have a nearly 100% chance of developing Alzheimer's.

A.a, b, c

B.b, c, d

C.a, c, d

D.a, b, c, d

37.Regarding distinguishing between types of neurocognitive disorders, which of the following statements are accurate based on the sources?

- a.Vascular neurocognitive disorder often has a more sudden onset than Alzheimer's because it results from a stroke that inflicts immediate brain injury.
- b.Subcortical dementias (like those due to HIV or Parkinson's) are more likely to involve aphasia (impaired language) than Alzheimer's type dementia.
- c.Lewy body disease involves microscopic protein deposits that cause motor impairment similar to Parkinson's, as well as vivid visual hallucinations.
- d.Huntington's disease is a genetic disorder inherited as an autosomal dominant trait, meaning roughly 50% of the offspring of an affected parent will develop the disease.,

A.a, b, c

B.b, c, d

C.a, c, d

D.a, b, c, d

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38.Regarding treatment and prevention strategies of neurocognitive disorder, which of the following statements are accurate based on the sources?

- a.Cholinesterase inhibitors (like Aricept) work by preventing the breakdown of acetylcholine, which is often deficient in Alzheimer's patients.
- b.Psychosocial interventions, such as "memory wallets," are designed to help patients compensate for lost abilities and improve social communication.
- c.Current medical consensus strongly recommends high doses of Vitamin E (2,000 units/day) as a primary way to prevent the development of Alzheimer's.
- d.Three major conclusions for prevention identified in research are: controlling blood pressure, not smoking, and maintaining an active physical and social life.

A.a, b, d

B.a, c, d

C.b, c

D.b, c, d

39.Regarding biological bases of major neurocognitive disorders, which of the following statements are accurate according to the sources?

- a.Frontotemporal neurocognitive disorders (e.g., Pick's disease) primarily damage brain regions involved in personality, behavior, and language.
- b.HIV-related neurocognitive disorder is classified as a cortical dementia because it mainly attacks the outer cortical regions of the brain.
- c.Prion diseases are caused by proteins that contain no DNA or RNA but are capable of self-replication; they are currently incurable and inevitably fatal.
- d.The deterministic genes of Alzheimer's disease, such as Presenilin 1 and Presenilin 2, almost guarantee disease onset if present, but are extremely rare in the general population.

A.a, b, c

B.b, c, d

C.a, c, d

D.a, b, d

40.Which of the following statements regarding the diagnosis of Bipolar Disorder in adolescents is correct?

- A.In DSM-5, the diagnostic criteria for bipolar disorders in adolescents are the same as those for adults.
- B.Bipolar I disorder requires the presence of a hypomanic episode.
- C.Cyclothymic disorder refers to the occurrence of multiple manic episodes and depressive symptoms in adolescents.
- D.A hypomanic episode is the core diagnostic indicator for Bipolar I disorder.

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41. According to J. Kagan's concepts, which of the following temperaments is more likely to lead to the development of anxiety disorders? A. Difficult temperament B. Behavioral inhibition C. Behavioral activation D. Overprotective style 42. Which of the following symptoms is commonly seen in children with Post-Traumatic Stress Disorder (PTSD) but is relatively less common in adult patients? A. Sleep problems B. Agitation C. Hopelessness D. Flashbacks 43. Which of the following statements regarding Feeding and Eating Disorders in DSM-5 is correct? A. Both Anorexia Nervosa and Bulimia Nervosa require significant weight loss as a diagnostic criterion. B. Avoidant/Restrictive Food Intake Disorder (ARFID) is commonly seen in children and is centered on distorted beliefs about body weight or shape. C. Anorexia Nervosa is divided into the Restricting type and the Binge-eating/Purging type; the latter involves behaviors such as self-induced vomiting or the use of laxatives. D. Eating disorders such as Pica and Rumination Disorder most commonly emerge during adolescence and are frequently accompanied by body image disturbances. 44. According to the classification in DSM-5-TR, Personality Disorders are divided into three clusters (Cluster A, B, and C). Which of the following statements regarding these clusters and their characteristics is correct? A. Cluster A individuals typically display anxious or fearful traits, including Avoidant and Dependent Personality Disorders. B. Cluster B individuals typically display dramatic, emotional, or erratic traits, such as histrionic and narcissistic personality disorders. C. Cluster C individuals typically display odd or eccentric traits, including paranoid Personality disorders. D. obsessive-compulsive personality disorder belongs to Cluster B, which is characterized by dramatic traits.			

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45. Both individuals with schizoid personality disorder and avoidant personality disorder may exhibit social isolation in their external behavior. According to the differential diagnosis in DSM-5-TR, which of the following is the most critical factor in distinguishing the withdrawal behaviors of these two disorders?

- A. Individuals with avoidant personality disorder lack the desire and capacity for close relationships, whereas individuals with schizoid personality disorder desire relationships but lack social skills.
- B. The social isolation in schizoid personality disorder is primarily due to a fear of criticism, rejection, or feelings of inadequacy, whereas individuals with avoidant personality disorder simply lack interest in others.
- C. Individuals with avoidant personality disorder actually desire to establish relationships with others and feel distressed by their loneliness; their withdrawal is driven by a fear of rejection and humiliation. In contrast, individuals with schizoid personality disorder lack the desire and motivation for social intimacy.
- D. Individuals with schizoid personality disorder will inevitably experience brief paranoid ideation and cognitive distortions in social situations, whereas individuals with avoidant personality disorder only experience pure anxiety.

46. A patient who originally met the diagnostic criteria for binge-eating disorder (BED) has recently begun to regularly engage in behaviors such as self-induced vomiting, misuse of laxatives, and excessive exercise following recurrent binge-eating episodes to prevent weight gain. The patient's current weight remains within the normal, healthy range. According to the DSM-5-TR diagnostic criteria, how should the patient's diagnosis be changed?

- A. Maintain the diagnosis of binge-eating disorder and add the "with inappropriate compensatory behaviors" specifier.
- B. The diagnosis should be changed to bulimia nervosa.
- C. The diagnosis should be changed to anorexia nervosa, binge-eating/purging type.
- D. The diagnosis should be changed to other specified feeding or eating disorder (OSFED).

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47. According to the diagnostic criteria and descriptions in DSM-5-TR, which of the following statements regarding the diagnosis and severity classification of intellectual disability is most correct?

- A. The severity of the disorder is primarily categorized based on IQ scores from standardized intelligence tests (e.g., IQ 50–70 for mild); the lower the IQ score, the higher the severity level.
- B. The essential requirement for diagnosis is limited to confirming deficits in intellectual functions (e.g., reasoning, problem-solving, abstract thinking); deficits in adaptive functioning are not an absolute diagnostic requirement.
- C. The classification of severity is based on the individual's performance in adaptive functioning across the conceptual, social, and practical domains.
- D. If an adult (e.g., aged 25) experiences a significant decline in intellectual and adaptive functions resulting in deficits due to a severe brain injury, they can be diagnosed with intellectual disability.

48. According to the diagnostic criteria and features described in DSM-5-TR, which of the following statements regarding the clinical manifestations of "social-emotional reciprocity" deficits in autism spectrum disorder (ASD) is correct?

- A. Young children with ASD can typically share emotions and feelings with others through language as usual; their social deficits are limited only to nonverbal physical expressions.
- B. In older children and adults without intellectual or language impairments, deficits in social-emotional reciprocity are most evidently manifested as difficulties in processing and responding to complex social cues (e.g., not knowing when or how to join a conversation, or being unaware of what should not be said in certain situations).
- C. All individuals with ASD must exhibit a lack of "Theory of Mind" in their social-emotional judgment; this is a characteristic that absolutely occurs in every patient.
- D. Even if the language development of an individual with ASD is intact, they will still demonstrate strong social reciprocity in their use of language, and are merely unable to understand others' facial expressions.

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49. Which of the following statements regarding the DSM-5-TR diagnostic criteria for Attention-Deficit/Hyperactivity Disorder (ADHD) is correct?

- A. For adolescents and adults (aged 17 and older) to be diagnosed with ADHD, they must meet at least 6 symptoms in either the "inattention" or "hyperactivity/impulsivity" dimensions.
- B. Several inattentive or hyperactive-impulsive symptoms must have been present prior to the age of 12.
- C. A diagnosis can be made as long as the symptoms cause significant impairment in social, academic, or occupational functioning in a single setting (e.g., only at school or only at home).
- D. If an individual's inattention and hyperactivity symptoms occur exclusively during the course of Schizophrenia, a dual diagnosis of ADHD should still be clinically assigned.

50. A 10-year-old student has met 7 symptoms of "Inattention" over the past 6 months based on clinical assessment. However, in the "Hyperactivity and Impulsivity" dimension, he met only 3 symptoms. These symptoms have caused significant interference at both school and home. According to DSM-5-TR, how should the clinician specify the ADHD presentation for this student?

- A. Attention-Deficit/Hyperactivity Disorder, Combined presentation
- B. Attention-Deficit/Hyperactivity Disorder, Predominantly hyperactive/impulsive presentation
- C. Attention-Deficit/Hyperactivity Disorder, Predominantly inattentive presentation
- D. Other specified neurodevelopmental disorder

※ 試題請隨卷繳回