

日本福祉大学大学院  
社会福祉学研究科  
心理臨床専攻 修士課程  
2026年度 第2期入試

英語



2026年度 第2期入学試験問題

英語（一般）

I. 複雑性 PTSD (CPTSD) について述べた下記の文章を読み、問いに答えなさい。(出典: Phillipa Ann Huynh et al. Prevalence of Complex Post-Traumatic Stress Disorder (CPTSD): A Systematic Review and Meta-Analysis. *Psychiatry Research* 351, 2025)

Complex post-traumatic stress disorder (CPTSD) is a severe mental health condition that may develop after exposure to prolonged or repetitive traumatic events. It has been estimated that 70.4 % of people have been exposed to at least one traumatic event in their lifetime, with 30.5 % exposed to four or more traumatic events (Benjet et al., 2016). While in post-traumatic stress disorder (PTSD), traumatic events such as natural disasters or accidents can contribute to the onset of symptoms, the traumatic events associated with CPTSD are often interpersonal in nature, with repeated childhood abuse or interpersonal violence commonly cited as contributors to CPTSD. ① (Beck and Sloan, 2022)

Over the past three decades, conceptualizations of CPTSD have been gradually shaped into the current cluster of symptoms outlined in the International Classification of Diseases, 11th Revision (ICD-11; World Health Organization, 2019). These comprise the core PTSD symptoms of re-experiencing the traumatic event, avoiding trauma-related cues, and a persistent sense of threat. In addition to core PTSD symptoms, CPTSD comprises disturbance in self-organization, which includes three symptom clusters—negative self-concept, disturbances in relationships, and affective dysregulation—encompassing both affective hyperactivation and hypoactivation (for a review, see Kindred et al., 2025).

問1. 下線部①を日本語に訳しなさい。(15点)

問2. 上記文章で挙げられている、国際疾病分類第11版(ICD-11)のPTSDの三つの中核症状にあてはまらないものを二つ選び、記号で答えなさい。(4点×2=8点)

- (ア) ト라우マ的なできごとの再体験
- (イ) 持続的な脅威感覚
- (ウ) 睡眠障害
- (エ) ト라우マに関連するものの回避
- (オ) 頭痛・腹痛などの身体症状

問3. CPTSDの特徴として挙げられている自己組織化障害の症状群について、三つ日本語で答えなさい。(5点×3=15点)

II. ゲーム障害について書かれた下記の文章を読み、問いに答えなさい。(出典:Ruoyu Zhou et al. Meta-Analysis of Internet Gaming Disorder Prevalence: Assessing the Impacts of DSM-5 and ICD-11 Diagnostic Criteria. Environmental Research and Public Health,2024,21,700)

With the advancement of technology, Internet gaming disorder (IGD) has become increasingly serious among adolescents in Asia. For susceptible individuals, unrestricted online gaming can become time-consuming, energy-draining, and highly addictive. ① In 2021, the prevalence of gaming disorder among Japanese youth (ages 10 to 29) was of 7.6% for males and 2.5% for females, with an overall prevalence of 5.1%.

【中略】

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines IGD as a condition characterized by excessive and compulsive engagement in video games, leading to significant impairment or distress over 12 months. Excessive gaming can result in negative outcomes such as academic decline, physical health issues, and social isolation. It is worth noting that moderate gaming has been associated with benefits such as improved cognitive functions and social skills.

In the context of defining IGD, the World Health Organization (WHO) employs an alternative term, “Gaming Disorder” (GD), in the 11th Revision of the International Classification of Diseases (ICD-11). According to the ICD-11, GD encompasses both online and offline gaming behavior.

【中略】

To diagnose IGD, the DSM-5 outlines nine criteria, including preoccupation with gaming, withdrawal symptoms, tolerance, loss of control, loss of interest in previous hobbies and entertainment, continued excessive use despite psychosocial issues, deceiving family members or therapists regarding the amount of gaming, use of gaming to escape or relieve negative moods, and significant impairment or distress. Conversely, ICD-11 defines GD as a pattern of gaming behavior characterized by impaired control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and continuation or escalation of gaming despite the occurrence of negative consequences.

問1. 下線部①を日本語に訳しなさい。(10点)

問2. この文章の内容として最も適切なものを一つ選び、記号で答えなさい。(6点)

(ア)2021年、日本における10歳から29歳までの青少年を対象とした調査では、ゲーム障害の有病率は、全体で7.6%であった。

(イ)国際疾病分類 第11版(ICD-11)において、ゲーム障害は、オンラインによるゲーム行動と定義されている。

(ウ)精神障害の診断と統計マニュアル第5版(DSM-5)では、ゲーム障害の名称を「Gaming Disorder」としている。

(エ)適度なゲームは、認知機能や社会的スキルの向上などのメリットと関連付けられている。

問3. 本文に記載されている、DSM-5における九つの診断基準について、以下の選択肢であてはまらないものを一つ選び、記号で答えなさい。(5点)

- |                                 |                     |
|---------------------------------|---------------------|
| a. コントロールの喪失                    | b. 以前の趣味や娯楽への興味の喪失  |
| c. 耐性                           | d. 著しい障害や苦痛         |
| e. 離脱症状                         | f. ひきこもり            |
| g. ゲームへの没頭                      | h. 家族やセラピストにうそをつくこと |
| i. いやな気分から逃れるまたは解消するためにゲームをすること |                     |
| j. 心理社会的問題を理解しながらも過度の使用を続けること   |                     |

問4. ICD-11において定義されているゲーム行動パターンを、三つ日本語で答えなさい。

(5点×3=15点)

III. ASD (Autism Spectrum Disorders) の支援について書かれた下記の文章を読み、問いに答えなさい。(出典:Janusz Ostrowski et al. Autism Spectrum Disorders: Etiology, Epidemiology, and Challenges for Public Health. Medical Science Monitor,2024; 30: e944161)

ASD is a multi-faceted disorder and therefore requires a diverse, often individualized therapeutic approach. Long term management of ASD is essential to maximize functioning and quality of life. It is important to minimize deficits in social skills and communication, facilitate development and learning, and to provide social education (including medical staff) and support for families. ①

Given the diagnostic difficulties, more thorough screening is also needed. It is necessary to educate primary health care staff so that they can identify children who may have ASD as quickly as possible. It is also important to know the behaviors and co-occurring conditions that affect the quality of life of people with ASD.

問1. 下線部①を日本語に訳しなさい。(10点)

問2. より徹底した ASD のスクリーニングを行っていく上で必要なことについて、本文に述べられている内容を、二つ日本語で答えなさい。(8点×2=16点)