

2020 年度一般入学試験(後期)

英 語 (問 題)

注 意

- 1) 英語の問題冊子は 12 ページあり，問題は 3 問である。白紙・空白の部分は下書きに使用してよい。
- 2) 別に解答用紙 1 枚があり，解答はすべてこの解答用紙の指定欄に記入すること。指定欄以外への記入はすべて無効である。
- 3) 解解答用紙の所定欄に受験番号を記入しなさい。氏名を記入してはならない。  
なお，記入した受験番号が誤っている場合や無記入の場合は，英語の試験が無効となる。  
また，\*印の欄には何も記入してはならない。
- 4) 問題冊子は持ち帰ること。
- 5) 解答用紙は持ち出してはならない。
- 6) 試験終了時には，解答用紙を裏返しておくこと。解答用紙の回収後，監督者の指示に従い退出すること。

## 2020年度一般入学試験（後期）

### 英語（問題） 訂正

次の2か所に訂正があります。

#### 1 表紙

注意

3) 解解答用紙の所定欄に受験番号を記入しなさい。



解答用紙の所定欄に受験番号を記入しなさい。

最初の『解』を削除する。

#### 2 1 ページ

I

本文 20 行目

She said, 'It [ 4 : are / how / kids / makes/ me / nervous ].'



She said, 'It [ 4 : are / how / kids / makes/ me / nervous ].'

『』を『』に訂正する。

I

*Read the following passage and answer the questions that follow.*

They swoop. They hover. They intrude. They won't or can't let go.

And helicopter parents may be setting up their children to fail in college.

Helicopter parents take an overprotective or excessive interest in the life of their children.

'Helicopter parenting is parents ( 1 : be ) involved at a level that is inappropriate,' said Holly Schiffrin, professor of psychological science at the University of Mary Washington in Fredericksburg, Virginia.

Schiffrin said she sees students struggling to deal with issues ranging ( 2 ) anxiety to maturity to handling simple tasks that come with independence, such as doing laundry or cooking a meal.

Makenzie Tobin, a freshman at Pennsylvania State University, in State College, said the first two weeks in college she needed to call her mom 'like five times a day.' She also said she was scared when she filled a prescription at the local pharmacy the first time. Her mom had always done that for her.

Makenzie's mom, Andrea Tobin, told VOA Student U she also was scared for her daughter to leave the nest.

Andrea said she parented Makenzie [ 3 : does / same / society / the / way ], protecting her from the dangers of today's world.

'When I was in high school and college, it was just different back then,' she said, 'It [ 4 : are / how / kids / makes / me / nervous].'

Andrea admits that she was somewhat of a helicopter parent.

'Today, in a sense, you kind of have to be a helicopter parent,' she said.

Online groups that connect parents whose children attend the same university reveal questions about arranging transportation, buying books and supplies, taking tests, eating, housing and how to negotiate a roommate conflict; all tasks that most students face when they attend college or university.

One mother lamented the difficulty of getting her child's behavior-modifying medication to her. The parent named the child, named the medical issue, and berated the university [ 5 : a / delivering / for / in / not / the medication] timely fashion.

When another parent suggested the student go to the local chain pharmacy and get the medication filled on her own, the helicopter parent fired back aggressively.

Schiffrin said helicopter parents keep their children from developing practical skills, like doing laundry or arranging travel, and are detrimental in other ways.

Such parenting can increase the risk of depression and anxiety in college students, according to a 2016 study in the Journal of Child and Family Studies. It also found that helicopter parenting had negative effects on life satisfaction and physical health through self-sufficiency.

A correlation exists between limiting emotional growth in children ( 6 ) high levels of anxiety, said Lenore Skenazy, the president of Let Grow and the founder of Free Range Kids, organizations that try to end helicopter parenting and help parents give their kids more freedom.

'If your parents think that you need help, they don't perceive you ( 7 ) being competent,' Schiffrin said.

Many college students lack skills such as conflict resolution, which creates issues with roommates and professors. Schiffrin said parents have shown up at her office to discuss their student's performance.

Amy Sevic, a high school English and social studies teacher, sent her son, Andrew, off to Michigan State University in East Lansing for his freshman year. The Mooresville, N.C., native tried to give her son more freedom and responsibility growing up after witnessing helicopter parents smother their children.

'They [ 8 : do / for / much / so / tend / their child / to] that their

children cannot even go through the thought process of problem-solving the issue,' Sevic said.

She and her husband guide Andrew by offering advice, but ask him to execute when faced with a decision, such as picking a second major.

'We can't do it for him,' she said, 'All the helicopter parenting my husband and I could do isn't going to solve those world problems, isn't going to ( 9 ) him safe, isn't going to ( 9 ) him from making mistakes.'

Amy said Andrew has adjusted surprisingly well to life away from home. She thinks [10 : because / forced / he / is / it / partly / was] to be a self-advocate during his childhood.

'Our end goal is to want them to be successful, independent adults.'  
(Voice of America, March 17, 2019. "Does your mother still do your laundry?")

1 Change the verb form in the blank marked ( 1 ) to the appropriate one.

If there is no need to change the form, write the word as it is.

2 Fill in the blanks marked ( 2 ), ( 6 ), and ( 7 ) with the most suitable English word to complete each sentence.

3 Rearrange the words and phrases in the brackets marked [3], [4], [5], [8], and [10] to make correct sentences. No capitalization is done even at the beginning of the sentence. On your answer sheet, write the word or phrase which comes to the \* positions below.

[ 3 : does / same / society / the / way]

[ 3 : \_\_\_\_\_ \* \_\_\_\_\_ ]

[ 4 : are / how / kids / makes / me / nervous]

[ 4 : \_\_\_\_\_ \* \_\_\_\_\_ ]

[ 5 : a / delivering / for / in / not / the medication]

[ 5 : \_\_\_\_\_ \* \_\_\_\_\_ ]

[ 8 : do / for / much / so / tend / their child / to]

[ 8 : \_\_\_\_\_ \* \_\_\_\_\_ ]

[10 : because / forced / he / is / it / partly / was]

[10 : \_\_\_\_\_ \* \_\_\_\_\_ ]

4 Fill in the two blanks marked ( 9 ) with the same English word to complete the sentence.

II

*Read the following passage and answer the questions that follow.*

The FDA has just approved the first, non-drug medical device to treat ADHD in children. It works by delivering a low-level electrical pulse through a patch on a child's forehead and will be marketed as a treatment for children from 7 to 12 years old who do not currently take prescribed medication for the disorder.

Previous studies have shown the device increases activity in parts of the brain that are important in regulating attention, emotion and behavior.

The device is about the size of a cellphone and has a wire that attaches to a patch. You place that patch on the child's forehead and they wear it overnight.

"It emits a low level electrical pulse that essentially stimulates a cranial nerve called the trigeminal nerve and the idea is that nerve then sends signals into the brain particularly to the areas that are important for attention, for functioning and behavior," Dr. Tara Narula said on "CBS This Morning." "And they did see in this small study of about 60 kids over four weeks it did reduce symptoms. It seems to be on par with the effects seen with non-stimulant medications."

Although the study didn't clock any serious adverse events, there were some side effects including drowsiness, increased appetite, fatigue, headache and teeth clenching.

"But as I said it was a small study and it was over a short period of time. We don't know what it would be like if kids were on medication when they used this," she said.

An estimated 6.1 million children have been diagnosed with ADHD in the U.S., according to a national survey of children's health in 2016. But it's also one of the more difficult disorders to diagnose. Narula stressed that the symptoms must affect their day-to-day function.

“The important thing is that it’s pervasive, so you see it at school and at home. It persists for longer than six months and it affects function. If their function is limited academically, socially, emotionally, that’s when you might want your child to be seen and evaluated and they may in fact have it,” Narula said.

“We know that a third of these kids have other disorders like anxiety disorders or mood disorders,” she said. “A third will go on to get symptoms into adulthood and the issue is that it really can be associated with increased risk of substance abuse, injuries, either accidental or intentional, poor self-esteem, poor academic performance. So it’s important to identify it — really truly identify it — and get kids treated for it.”

The class of drugs typically used to treat ADHD are stimulants like Ritalin or Adderall, but Narula said it’s important to discuss other options like behavioral therapy because these drugs have side effects like anorexia, poor growth and even cardiovascular side effects.

(CBS News, April 24, 2019. “FDA approves breakthrough medical device to treat ADHD in children”)



1 *In accordance with the passage, put the letter "O" if each of the following sentences is true and "X" if it is not, on your answer sheet.*

- ① Those children who are taking prescribed medicines for ADHD at the moment cannot use the new medical device described in the article.
- ② This new medical device described in the article is cordless and can be connected to smartphones via Bluetooth.
- ③ This new medical device described in the article actually had some treatment effect on children with ADHD. However, that effect was far inferior to that of non-stimulant medications.
- ④ There is no adverse reaction to this new medical device described in the article.
- ⑤ According to the article, most children with ADHD suffer from other mental disorders as well.
- ⑥ According to the article, if there are sixty children with ADHD, twenty children among them will continue to have the symptoms of ADHD even when they grow up.
- ⑦ Those stimulants typically used in the treatment of ADHD can cause loss of appetite and problems with the heart and blood vessels.

2 *According to the passage, what are the three guideline conditions for parents to start considering whether they have their child assessed for the diagnosis of ADHD by a specialist? The guideline conditions are written in three sentences in the passage. Answer in Japanese using the expressions in the passage.*

III *Read the following passage and answer the questions that follow.*

There's no one-size-fits-all fix to treating insomnia, depression, anxiety, drug addiction, eating disorders, and other psychological problems. But there ( 1 ) seem to be a common starting place most psychologists and other therapists rely on: cognitive behavioral therapy (or "CBT" as it's commonly referred to).

CBT falls under the broader category of psychotherapy. (Psychotherapies differ from other types of therapy, such as medications, in that they involve a psychologist or other trained professional working with an individual or group to identify a problem and develop solutions. Usually that process involves a lot of talking and thinking.)

The American Psychological Association (APA) recognizes CBT as one of the most effective forms of psychological therapy and psychiatric medications. And based on the evidence proving it works when it comes to managing anxiety disorders, bulimia, insomnia, personality disorders, stress management, and more, CBT is considered the gold-standard of psychotherapies in the field.

Exactly how CBT is delivered varies from one individual to another, based on each person's needs, as well as other problems he or she may be dealing with—such as age, and the environment that person lives in. The common thread underpinning all CBT, however, is the goal of changing unhelpful or problematic ways of thinking in order to change unwanted or unhealthy behaviors.

"It's trying to help you change your thoughts, your behaviors, and your feelings to give you better strategies to cope in day-to-day living and better overall health," explains Thomas H. Ollendick, PhD, University Distinguished Professor and Director of the Child Study Center in the Department of Psychology at Virginia Tech. (His research and clinical work primarily focuses on children and adolescents, but he's worked with adults, too.)

Our thoughts, our feelings, and our behaviors all exist in a very

interrelated ménage à trois. One affects the other affects the other affects the other, and so on, in an endless loop, Ollendick says. The theory ( 3 ) CBT is that by reframing your thinking, you learn how to reframe behaviors and emotions, too. It addresses all three of those components.

CBT is direct and problem-solving in its approach of coming up with the ways to handle what's wrong that you can use in your everyday life, Ollendick explains. Other forms of psychotherapy take a ( 4 ) direct approach, he says. Psychoanalysis, for example, aims to promote better functioning ( 5 ) indirectly by encouraging emotional awareness and personality change.

“[With CBT] you're learning and developing coping strategies — and ways to control and manage your thinking and emotions,” Ollendick says.

CBT always addresses unhelpful thinking styles and ( 6 ) patterns of behavior, but in practice it differs from patient to patient because it should be applied in a way that meets that specific patient's needs wherever they're at, explains Lindsey Giller, PsyD, a clinical psychologist at the Child Mind Institute in New York City. “There's a lot of flexibility,” she says.

The therapy (whether it's delivered over one session or several) starts with both the therapist and patient collaboratively identifying the problem and problematic thinking. Then the therapist and patient make an effort to change those thinking patterns in the patient by replacing them with more helpful ways of thinking about the problem.

When he works with children, Ollendick likes to refer to CBT as a type of “thought-ectomy,” he says. “I'm going in and helping you remove a thought (7) that is stuck in your head.” (He's not trying to tell you the thought is wrong. It's about swapping out the thought entirely with one that can help you engage in healthier behaviors and feelings, he says.)

Then it's time for the patient (with the support of the therapist) to face whatever is triggering the problem. (For a military veteran dealing with

PTSD, it might mean watching footage of war. For someone trying to manage social anxiety, it might mean going outside of the therapist's office and meeting someone new or interrupting someone to ask a question.)

"You try to recreate the problem you have in the therapy session, so that it can be worked on," Ollendick adds. That's part of what makes CBT different from other types of psychotherapy. With CBT, you bring the problem in and you deal with handling it directly — rehearsing the newly learned coping skills for managing the problem in the therapy session, rather than just talking about it. (Another big difference is that CBT can often be delivered in fewer sessions than other talk therapies — in most instances, no more than 20.)

Finally, CBT calls for out-of-session practice or "homework". After the individual learns how to reframe their thinking in a given situation, they're tasked with practicing using that strategy out in the real world.

That practice out in the real world is when the real healing happens, Giller explains. "We're training individuals to be their own therapists, so they're able to think through things differently when they're outside of the session," she says.

The CBT formula (identify the issue, reframe your thinking, develop a way to cope, face the trigger and practice) can help people with a seemingly large range of problems — from insomnia to depression to PTSD to gambling problems to opioid addiction to bipolar disorders and much more — because they all have something pretty basic in common.

It's a simplistic explanation, but all of these issues involve thinking, feeling and behaving, Ollendick says. And because CBT addresses thinking, feeling and behaving, the approach can help with all of these issues, he says. "It's an intervention that can [he stresses, CAN] potentially address that reverberation within the dynamic system."

It's important to note that for some people, CBT alone can help an individual manage a mood disorder, anxiety disorder, addiction, insomnia,

schizophrenia or PTSD. But others are best treated with a combination of CBT and medication, or CBT and another therapy, Ollendick says.

(NBC News, April 29, 2019. “What is cognitive behavioral therapy and how does it work?” By Sarah DiGiulio)

1 *In accordance with the passage, put the letter "O" if each of the following sentences is true and "X" if it is not, on your answer sheet.*

- ① There are a lot of similarities between psychological therapy and drug therapy.
- ② At the moment, no other medical approaches to mental disorders are considered to be more effective than CBT is.
- ③ There is no common goal for CBT because it is tailored to each patient's individual needs.
- ④ In CBT, military personnel might go to the battlefield to overcome their PTSD.
- ⑤ In CBT, therapists and patients do not engage in problem solving in therapy sessions but just talk about their problem.
- ⑥ CBT has therapeutic effects on an extensive range of mental disorders because these disorders share some similarity.
- ⑦ Some cases of mental disorders are expected to be cured only by CBT, while others are better to be treated by other therapeutic methods along with CBT.

2 *Select the most suitable word to fill in the blanks marked ( 1 ), ( 3 ), ( 4 ), ( 5 ), and ( 6 ) from the following choices and answer by the letter 'ア' through 'ク'.*

ア behind    イ below    ウ do    エ does    オ learned  
カ learns    キ less    ク more

3 *Explain clearly and briefly the meaning of the underlined expression marked (2) in Japanese.*

4 *Using the expressions in the article, explain briefly the meaning of the underlined word marked (7) in Japanese.*

5 *What does a patient do for the "homework" (the underlined word marked (8))? Using the expressions in the article, explain concretely in Japanese.*