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令和 7 年度

武蔵野大学大学院 人間社会研究科 人間学専攻 言語聴覚コース 入学試験問題 （3 月 9 日）
〔英語〕

【1】 下記の文章を読んで、問いに答えなさい。

Autism spectrum disorder (ASD) is a neurodevelopmental condition that affects how an individual perceives and engages with others, leading to difficulties in social interaction and communication. According to the Centers for Disease Control and Prevention (CDC), ASD is a neurodevelopmental disability attributed to brain differences. Individuals with ASD frequently encounter social, communication, and interaction challenges and exhibit restricted or repetitive behaviors and interests. Additionally, people with ASD may demonstrate distinct approaches to learning, movement, and attention.

Autism spectrum disorder is usually diagnosed in early childhood between the ages of 18 and 24 months¹, and over the years, ^①there has been an increase in its prevalence. The global number of old and new cases of ASD has increased from 0.62% in 2012 to 1.0% in 2021 . Of the childhood population in Mexico, 0.87% have been diagnosed with this disorder, whereas 1% have been diagnosed in South Thames, UK. Its prevalence has been increasing over the last few years, and one in 45 children in the US is born with it . The only study that explored the prevalence of autism in Sri Lanka found that red-flag signs of autism, as specified by the American Academy of Neurology and Child Neurology Society, were present in 7.4% and that one in 93 children (1.07%) aged 18 to 14 months was diagnosed with autism. The increasing numbers could be due to the inclusion and diagnostic criteria modifying over time to be more inclusive and wider, overdiagnosis, or increased risk factors associated with the disorder itself. The diagnosis of autism increased by 57% between 2002 and 2006. Compared with people without ASD, individuals with ASD have higher rates of depression (20% vs. 7%), anxiety (11% vs. 5%), sleep difficulties (13% vs. 5%), and epilepsy (21% with co-occurring intellectual disability vs. 0.8%).

According to the Centers for Disease Control and Prevention (CDC), early signs can be observed from receptiveness to social interaction. Some indications of these behaviors include evading or lacking sustained eye contact, not responding to their name by the time they reach nine months of age, and a lack of display of facial expressions such as happiness, sadness, anger, and surprise. ^②By the age of 12 months, participation in simple interactive games like pat-a-cake is absent. At the same age, gestures, such as waving goodbye, are limited. By 15 months, the child fails to share interests with others, such as demonstrating enthusiasm for objects they like. By 18 months, there is no pointing to indicate something interesting. By 24 months, the child does not show awareness or empathy when others are hurt or upset. By 36 months, there is no observation or inclination to join other children in play. By 48 months, there is no engagement in pretend play, such as assuming roles like a teacher or superhero. Lastly, by 60 months, there will be no singing, dancing, or performing activities. The restrictive or repetitive behaviors manifest in particular interest, such as arranging objects in a specific order and becoming upset when that order is altered. There is also the repetition of words or phrases, known as echolalia. Other repetitive behaviors include playing with toys, in the same manner, each time, displaying heightened focus on specific parts of objects (like wheels), reacting strongly to minor changes, harboring obsessive interests, adhering strictly to certain routines,

engaging in hand-flapping, body rocking, or self-spinning motions, and demonstrating peculiar responses to sensory stimuli such as sound, smell, taste, appearance, or texture. As a consequence of the above early signs, an ASD patient can experience various issues ranging from gastrointestinal issues to seizures, anxiety, hyperactivity or inattentive behaviors, language disorder, and delayed cognitive development or learning skills.

^③Autism invokes more child stigmatization than other developmental diagnostic labels (e.g., developmental language delay). Parents need early support and reassurance to love their children. This might be the best way to create a healthy partnership and promote parental acceptance.

Receiving an early diagnosis (between the ages of two and five) can provide opportunities for therapies that could aid in developing specific areas in a young child, such as communication, social interaction, and movement skills. Opting for therapy at a young age could reduce the child's frustration and potentially enhance their quality of life. Since a child's brain is still growing during the early stages of life, early intervention may have a more significant impact than starting therapy later.

The benefits of early diagnosis of ASD have been supported by several studies, including a systematic review and meta-analysis by Vivanti et al(2014), which found that early interventions led to significant improvements in cognitive, language, and social-emotional functioning in children with ASD. Early diagnosis of ASD leads to earlier interventions, which have been shown to improve developmental outcomes in children with ASD. Parents who received an early diagnosis of their child's ASD were reported by Grzadzinski et al(2021) to have lower levels of stress and anxiety; therefore, they were more likely to access appropriate services and support for their child, as well as help reduce parental stress and improve family functioning.

Better social outcomes and greater independence in adulthood have been observed in children diagnosed early and having early intervention, saving healthcare costs and reducing stress for the family in the long run. The significant cost savings over the long term also reduced the need for more intensive interventions and special education services. Early diagnosis has also been shown to lead to early entry into specialized educational programs tailored to the unique needs of children with ASD. These programs have improved academic or educational outcomes and increased socialization opportunities for children with ASD .

Overall, these studies support the importance of early diagnosis of ASD in improving outcomes for affected individuals and their families and reducing long-term healthcare costs.

Getting an early diagnosis of ASD has been associated with some uncertainties and negative outcomes, including overdiagnosis and overtreatment. Brookman-Frazee et al(2018) reported that children who received an early diagnosis of ASD were more likely to receive medication and behavioral therapies, even if they did not meet the diagnostic criteria for ASD. It has also been found that screening tools designed to identify ASD in toddlers have high false-positive rates, resulting in many children being referred for further assessment who do not ultimately receive an ASD diagnosis. Parents of children with ASD who received an early diagnosis reported feeling stigmatized by others and expressed concerns about the potential negative impact of the label on their child's future opportunities and quality of life. There are reports of high levels of stress and anxiety, exacerbated by challenges accessing and navigating appropriate services and support. An early diagnosis of ASD may also lead to a delayed diagnosis of other conditions that may be present in the child, such as anxiety or attention deficit hyperactivity disorder (ADHD). In 2013, a study published by Sprenger L et al. uncovered that children who were diagnosed with ASD at an early stage were less inclined to receive a diagnosis of ADHD, despite displaying symptoms characteristic of ADHD, and this could be detrimental to their receiving appropriate management.

prevalence : 有病率, pat-a-cake:手遊び歌の一種, demonstrating enthusiasm for～: ～に熱意を示す, peculiar : 独特な, gastrointestinal issues : 胃腸の病気, seizures : 発作, diagnosis : 診断, false-positive : 擬陽性

1 . The global mean age at diagnosis of autism spectrum disorder ranges from 38 to 120 months.
DOI: [10.1177/1362361320971107](https://doi.org/10.1177/1362361320971107)

Okoye, Obialo-Ibeawuchi, Obajeun ,et al. (2023). Early Diagnosis of Autism Spectrum Disorder: A Review and Analysis of the Risks and Benefits. Cureus. 15(8):e43226.より抜粋・一部改変

問 1 下線部①の理由を、70 字程度で述べなさい。

問 2 下線部②を 150 字以内で和訳しなさい。

問 3 下線部②を参考に、ASD 児の言語獲得が遅れる理由について考え、100～150 字で説明しなさい。

問 4 下線部③を 100～150 字程度で、和訳しなさい。

問 5 早期診断のメリットについて、100 字程度で書きなさい。

問 6 早期診断のリスクについて、100 字程度で書きなさい。

問 7 本文を参考に、ASD 児の早期支援において言語聴覚士が果たす役割は何かについて考え、100～150 字で書きなさい。