Psychology of Adulthood & Aging

CREDIT HOURS
3

LEVEL
UPPER

PUBLISHED NOVEMBER 2017
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Before You Choose This UExcel Exam

Uses for the Examination

• Excelsior College, the test developer, recommends granting three (3) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination.

• Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing.

• Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score.

Exam-takers who have applied to Excelsior College should ask their academic advisor where this exam fits within their degree program.

Exam-takers not enrolled in an Excelsior College degree program should check with the institution from which they wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit. Those who intend to enroll at Excelsior College should ask an admissions counselor where this exam fits within their intended degree program.

Examination Length and Scoring

The examination consists of approximately 120 questions, most of which are multiple choice; for samples of all the item types on this exam, see the sample items in the back of this guide. Some items are unscored, pretest items. The pretest items are embedded throughout the exam and are indistinguishable from the scored items. You will have two (2) hours to complete the examination. Your score will be reported as a letter grade.

UExcel Exam Resources

Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks and other resources to help you prepare for UExcel exams.

The bookstore is available online at: www.excelsior.edu/bookstore

UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. Once you register for your UExcel exam, you are eligible to purchase the corresponding practice exam, which can be taken using any computer with a supported Web browser. Each practice exam includes two forms that you may take within a 180-day period.

Excelsior College Library

Enrolled Excelsior College students can access millions of authoritative resources online through the Excelsior College Library. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference services, and many other resources. Special library
pages relate to the nursing degree exams and other selected exams. To access it, visit www.excelsior.edu/library (login is required).

Our library provides:

- 24/7 availability
- The world’s most current authoritative resources
- Help and support from staff librarians

**Online Tutoring**

Excelsior College offers online tutoring through SMARTTHINKING™ to connect with tutors who have been trained in a variety of academic subjects. To access SMARTTHINKING, go to www.excelsior.edu/smarthinking. Once there, you may download a copy of the SMARTTHINKING Student Handbook as a PDF.

**MyExcelsior Community**

MyExcelsior Community enables Excelsior College students and alumni to interact with their peers online. As members, students can participate in real-time chat groups, join online study groups, buy and sell used textbooks, and share Internet resources. **Enrolled students have automatic access from their MyExcelsior page.** Visit www.excelsior.edu/myexcelsiorcommunity.

**Preparing for UExcel Exams**

**How Long Will It Take Me to Study?**

A UExcel exam enables you to show that you've learned material comparable to one or more 15-week, college-level courses. As an independent learner, you should study and review as much as you would for a college course. For a three-credit course in a subject they don’t know, most students would be expected to study nine hours per week for 15 weeks, for a total of 135 hours.

**Study Tips**

Become an active user of the resource materials. Aim for understanding rather than memorization. The more active you are when you study, the more likely you will be to retain, understand, and apply the information.

The following techniques are generally considered to be active learning:

- **preview or survey** each chapter
- **highlight or underline text** you believe is important
- **write questions or comments** in the margins
- **practice re-stating content** in your own words
- **relate what you are reading** to the chapter title, section headings, and other organizing elements of the textbook
- **find ways to engage** your eyes, your ears, and your muscles, as well as your brain, in your studies
- **study with a partner or a small group** (if you are an enrolled student, search for partners on MyExcelsior Community)
- **prepare your review notes** as flashcards or create recordings that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Take a second look at the material to evaluate your understanding. If you have a study partner, the two of you can review by explaining the content to each other or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.

**Using UExcel Practice Exams**

We recommend taking the first form of the practice exam when you begin studying, to see how much you already know. After taking the first practice exam, check your performance on each question and find out why your answer was right or wrong. This feedback will help you improve your knowledge of the subject and identify areas of weakness that you should address before taking the exam. Take the second form of the practice exam after you have finished studying. Analyze your results to identify the areas that you still need to review.

Although there is no guarantee, our research suggests that students who do well on the practice exams are more likely to pass the actual exam than those who do not do well (or do not take advantage of this opportunity).
About Test Preparation Services

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test-preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College is not affiliated with any test preparation firm and does not endorse the products or services of these companies. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student’s home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest that before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, you consider the points outlined on our website at www.excelsior.edu/testprep.

Preparing for This Exam

Prior Knowledge

A knowledge of concepts usually learned in an introductory psychology course is assumed.

Using the Content Outline

Each content area in the outline includes (1) the recommended minimum hours of study to devote to that content area and (2) the most important sections of the recommended resources for that area. These annotations are not intended to be comprehensive.

You may need to refer to other chapters in the recommended textbooks. Chapter numbers and titles may differ in other editions.

This content outline contains examples of the types of information you should study. Although these examples are numerous, do not assume that everything on the exam will come from these examples. Conversely, do not expect that every detail you study will appear on the exam. Any exam is only a broad sample of all the questions that could be asked about the subject matter.

Using the Sample Questions and Rationales

Each content guide provides sample questions to illustrate those typically found on the exam. These questions are intended to give you an idea of the level of knowledge expected and the way questions are typically phrased. The sample questions do not sample the entire content of the exam and are not intended to serve as an entire practice test.
Recommended Resources for the UExcel Exam in Psychology of Adulthood & Aging

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 1 of this guide. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Textbooks

These textbooks were used by the examination development committee to verify all questions on the exam. The Cavanaugh book should be your primary text. The Cox volume provides articles on timely issues in aging that may not be adequately covered in the primary text.


These study materials may be purchased from the Excelsior College Bookstore.

This resource was identified by the examination development committee as a resource to help you gain a deeper understanding of the subject.


(Available from the Annenberg/CPB Multimedia Collection, P.O. Box 2345, So. Burlington VT 05407-9920, phone 1-800-LEARNER [1-800-532-7637], fax 1-802-864-9846.)

Any introductory psychology textbook.

Open Educational Resources

The following resources for the Foundations of Gerontology exam may contain useful material for this exam as well:

iTunesU: PSYC 336 Gerontology from Liberty University

Johns Hopkins School of Public Health: Health Issues for Aging Populations
http://ocw.jhsph.edu/index.cfm/go/viewCourse/course/AgingPopulations/coursePage/index/

Reducing Textbook Costs

Many students know it is less expensive to buy a used textbook, and buying a previous edition is also an option. The Excelsior College bookstore includes a buyback feature and a used book marketplace, as well as the ability to rent digital versions of textbooks for as long as students need them. Students are encouraged to explore these and the many other opportunities available online to help defray textbook costs.
General Description of the Examination

The UExcel Psychology of Adulthood & Aging examination is based on material typically taught in a one-semester upper-level course in the psychology of adulthood and aging.

The examination measures understanding of the psychological, biological, and social aspects of aging throughout adulthood, based on classic and contemporary research and theory related to adult development and aging.

Those beginning to study for this exam should be familiar with the concepts generally covered in general introductory psychology.

Learning Outcomes

After you have successfully worked your way through the recommended study materials, you should be able to demonstrate the following learning outcomes:

1. Define the basic conceptualizations of “age,” and describe various models of aging.
2. Describe the various types of research paradigms, assess problems of validity, and identify practical and ethical issues involved in the psychological study of the older adult.
3. Discuss major theories of personality development.
4. Identify physiological, systemic, biological, lifestyle, and sociocultural factors affecting adult psychology.
5. Recognize the changes in cognition and mental functioning associated with aging, and identify factors influencing memory recall.
6. Describe measures of intelligence, creativity, and wisdom, and discuss the role of physical health and performance in the evolution of intelligence.
7. Discuss the interrelated roles of work, retirement, leisure, and relationships in adult developmental psychology.
8. Explain the psychology of death across the life span; identify stages of grief and mourning; and discuss the ethical, medical, and legal issues surrounding the various definitions of death.
9. Discuss theories of psychological adjustment to aging, including the effects of disease and social relations, and identify psychological treatments to assist the aging adult.
Content Outline

The content outline describes the various areas of the test, similar to the way a syllabus outlines a course. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, and systematic review.

The major content areas on the Psychology of Adulthood & Aging examination, the percent of the examination, and the hours to devote to each content area are listed below.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Percent of the Examination</th>
<th>Hours of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Concepts of Age and Demographics</td>
<td>7%</td>
<td>10</td>
</tr>
<tr>
<td>II. Research Methods and Designs</td>
<td>10%</td>
<td>14</td>
</tr>
<tr>
<td>III. Personality</td>
<td>7%</td>
<td>10</td>
</tr>
<tr>
<td>IV. Biology, Physiology, Health, and Chronic Conditions</td>
<td>19%</td>
<td>26</td>
</tr>
<tr>
<td>V. Cognitive Aspects</td>
<td>17%</td>
<td>23</td>
</tr>
<tr>
<td>VI. Work, Retirement, Leisure, and Relationships</td>
<td>15%</td>
<td>20</td>
</tr>
<tr>
<td>VII. Death, Dying, and Bereavement</td>
<td>7%</td>
<td>10</td>
</tr>
<tr>
<td>VIII. Mental Health, Adjustment, and Psychopathology</td>
<td>18%</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Occasionally, examples will be listed for a content topic to help clarify that topic. However, the content of the examination is not limited to the specific examples given.

I. Concepts of Age and Demographics

7 PERCENT OF EXAM | 10 HOURS OF STUDY

_Cavanaugh (2015)_

_Ch. 1, Studying Adult Development and Aging_

A. Concepts of age

1. Models of aging
   a. Mechanistic
   
   b. Organismic
   c. Contextual
   d. Normative

2. Definitions of age (for example: chronological, biological, psychological, functional, social)

B. Demographics

1. History
   a. Changes in family/economic structure
   b. Changes in numbers/percentages in different age groups
   c. Maximum life span, life expectancy, and longevity now vs. then

2. Gender/ethnic/cultural differences in demographics, including the racial crossover effect
II. Research Methods and Designs

Cavanaugh

Ch. 1, Studying Adult Development and Aging

A. Research methods and designs
   1. Correlational vs. experimental research
   2. Qualitative/interview research
   3. Cross-sectional designs
   4. Longitudinal designs
   5. Unconfounding age, period, and cohort effects
      a. Cohort-sequential
      b. Time-sequential
      c. Cross-sequential
      d. Schaie’s “most efficient design”
   6. Problems with these designs, including ecological validity
   7. Validity issues, including ecological validity

B. Practical and ethical issues when studying older adults

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IV. Biology, Physiology, Health, and Chronic Conditions

Cavanaugh

Ch. 3, Physical Changes

Ch. 4, Longevity, Health, and Functioning

A. Physiological capabilities and system changes in early, middle, and later adulthood
   1. Aging vs. disease (primary and secondary aging, including environmental effects)
   2. System changes
      a. Nervous system, including changes in sleep
      b. Endocrine system
      c. Immune system
      d. Cardiovascular and respiratory system
      e. Muscular/skeletal system
      f. Integument system
      g. Reproductive system (for example: infertility, risks during pregnancy, menopause)
      h. Sensory
         1) Vision
         2) Hearing
         3) Other senses (for example: olfactory, balance, skin)

B. Biological theories of aging
   1. Genetic
   2. Nongenetic

C. Factors affecting health and chronic conditions
   1. Family history/genetic issues, including ethnic and gender factors
   2. Socioeconomic issues, including access to health care and ethnic and gender factors
   3. Diet and eating disorders (for example: anorexia, bulimia)
4. Exercise
5. Alcohol and other drugs
6. Smoking
7. Stress and control issues
8. Sleep and sleep problems
9. Causes of morbidity and mortality across the life cycle (for example: HIV, accidents, cancer, violence)

V. Cognitive Aspects

| 17 PERCENT OF EXAM | 23 HOURS OF STUDY |

Cavanaugh

Ch. 6, Attention and Memory
Ch. 7, Intelligence, Reasoning, Creativity, and Wisdom

A. Age changes in information processing from early to middle and middle to late
1. Sensory registers
   a. Timing of responses/reaction time
   b. Attention
2. Short-term memory
3. Working memory
4. Long-term memory
   a. Types of memory: semantic, episodic, procedural, and autobiographical
   b. Recognition vs. recall (cued/noncued)
   c. Acquisition, consolidation, retrieval
   d. Implicit/explicit
5. Factors influencing memory
   a. Anxiety
   b. Pacing
   c. Motivation
   d. Expertise—compensation for losses
   e. Interventions
   f. Ecological validity—meaningfulness of information (laboratory vs. everyday problem solving, for example: driving)
   g. Normal vs. pathological losses
   h. Memory aids

B. Intelligence, creativity, and wisdom from early to middle and middle to late adulthood
1. Types of intelligence measures
   a. Primary abilities
   b. Fluid and crystallized intelligence and changes with age
   c. Other measures of intelligence
2. Factors influencing performance
   a. Cohort effects/educational effects
   b. Test-taking anxiety
   c. Cautiousness
   d. Timed tests
   e. Motivation
   f. Terminal drop
   g. Cognitive reserve
3. Creativity, including measures of, and changes in, creativity vs. productivity
4. Wisdom
   a. Formal and postformal operations (for example: relativism, dialectical thought, contextual thought, strategic compensation, problem finding)
   b. Practical and philosophical wisdom

VI. Work, Retirement, Leisure, and Relationships

| 15 PERCENT OF EXAM | 20 HOURS OF STUDY |

Cavanaugh

Ch. 11, Relationships
Ch. 12, Work, Leisure, and Retirement

A. Work, retirement, and leisure
1. Work in early, middle, and later adulthood
   a. Occupational cycle — normative and nonnormative, including Super’s work
b. Job satisfaction

c. Gender and class issues in the occupational cycle

d. Stereotypes and evidence concerning age differences in job performance

e. Unemployment across age

f. Postretirement employment

2. Retirement — factors that influence the timing of, and adjustment to, retirement (for example: age, socioeconomic status [SES], health)

a. Gradual vs. abrupt retirement

b. Phases of retirement (Atchley)

c. Gender and racial differences

d. Sense of control

e. Community involvement, including volunteerism, politics, and religion

3. Leisure/recreation/education

B. Relationships

1. Family life cycle, including racial, gender, and ethnic differences

a. Marital satisfaction

b. Biological clock

c. Pre-children

2. Midlife issues, for example: sandwich generation, empty nest, revolving door

d. Midlife issues, for example: sandwich generation, empty nest, revolving door

e. Divorce

f. Reconstituted family

g. Post-children

h. Widowhood adjustment

i. Family relationships across the life cycle

   1. Caregiver burden
   2. Elder abuse

j. Grandparenting, including styles such as surrogate or primary caregiver

2. Never-married

3. Cohabitation

4. Gay and lesbian families

5. Friendship

6. Sexuality

VII. Death, Dying, and Bereavement

| 7 PERCENT OF EXAM | 10 HOURS OF STUDY |

Cavanaugh

Ch. 13, Dying and Bereavement

A. Ethical, medical, and legal issues

1. Definitions of death (for example: brain, clinical, cortical, psychic, and social)

2. Context of dying (for example: advance directives, euthanasia, hospices)

B. Reactions to death

1. Death anxiety across the adult life span

2. Attitudes toward death across the life span

3. Kübler-Ross’s stages

C. Grief and mourning

1. Process of grief, including rituals and religion

2. Coping with dying and death

   a. Stages
   b. Normal grief reactions

VIII. Mental Health, Adjustment, and Psychopathology

| 18 PERCENT OF EXAM | 24 HOURS OF STUDY |

Cavanaugh

Ch 10, Clinical Assessment, Mental Health, and Mental Disorders

A. Mental health

1. Life satisfaction (for example: health, social support, religion)

2. Stress and adaptation (for example: Neugarten’s theory)

   a. Negative life events
b. Defense mechanisms
3. Coping strategies

B. Social theories
1. Activity
2. Disengagement
3. Social clock

C. Psychopathology
1. Depression
   a. Differences across adulthood
   b. Treatment issues
      (for example: cognitive therapy)
   c. Suicide
2. Anxiety disorders
3. Alcohol and drug problems
4. Dementias
   a. Irreversible
      1) Alzheimer’s
      2) Others: multi-infarct, Parkinson’s disease, and AIDS dementia
   b. Reversible or apparent dementias
      (for example: pseudodementia)
      1) Drug interactions
      2) Nutrition deficits
   c. Delirium
5. Paranoia and relationships with sensory changes

D. Treatments that are unique to the older population
1. Sensory training
2. Reality orientation
3. Remotivation
4. Life review therapy
5. Pet therapy
Sample Questions

The sample questions give you an idea of the level of knowledge expected in the exam and how questions are typically phrased. They are not representative of the entire content of the exam and are not intended to serve as a practice test.

Rationales for the questions can be found on pages 14–18 of this guide. In that section, the correct answer is identified and each answer is explained. The number in parentheses at the beginning of each rationale refers to the corresponding section of the content outline. For any questions you answer incorrectly, return to that section of the content outline for further study.

1. A 40-year-old first-year college student could be considered young by which definition of age?
   1) biological
   2) chronological
   3) psychological
   4) social

2. Which is an example of a normative age-graded event?
   1) taking early retirement
   2) reaching menopause at 50
   3) winning a lottery
   4) testing positive for AIDS

3. Which pair of variables is confounded in longitudinal research?
   1) age changes and cohort
   2) cohort and selective dropout

4. Which statement is consistent with current research ethics?
   1) Subjects must be informed of risks that might influence their participation.
   2) Compensation can be withheld if a subject prematurely withdraws from a study.
   3) Language or cultural barriers do not have to be considered when seeking informed consent from possible participants.
   4) Informed consent should be obtained from subjects after they participate in research.

5. Mark is happy one moment and irritable the next, whereas Dorothy is even-tempered most of the time. As defined by Costa and McCrae, these two individuals differ along which dimension of personality?
   1) conscientiousness
   2) extroversion
   3) neuroticism
   4) openness to experience

6. According to Erikson, which struggle has been resolved by an older adult who can look back on life and be satisfied with what has been accomplished?
   1) autonomy versus shame and doubt
   2) generativity versus stagnation
   3) integrity versus despair
   4) intimacy versus isolation
7. According to disengagement theory, what is the result of the voluntary withdrawal of an older adult from society?
   1) loneliness and depression
   2) better health
   3) increased life satisfaction
   4) social isolation and rejection

8. What is the most likely cause of an older adult's increased difficulty in hearing higher pitched sounds?
   1) presbycusis
   2) presbyopia
   3) presbystasis
   4) tinnitus

9. Why would a physician recommend that a 30-year-old woman take a calcium and vitamin D supplement for her future health?
   To reduce the
   1) night sweats associated with menopause
   2) possibility of osteoporosis
   3) likelihood of pregnancy
   4) possibility of Alzheimer's disease

10. Which genetic theory predicts the maximum life span of humans to be 110 to 120 years?
    1) Hayflick's aging clock
    2) wear-and-tear theory
    3) free radical theory
    4) cross-linkage theory

11. An older adult must enter a nursing home because of chronic health problems. Which action would best help this individual to adapt to the new setting?
    The individual should be
    1) encouraged to take an active role in selecting and moving into the facility.
    2) encouraged to allow family members to select the facility and plan for the move.
    3) told that the move to the facility is necessary and given enough time to accept the idea.
    4) provided with many details, pictures, and descriptions of the activities of the facility.

12. Which behavior change would have the greatest impact on improving health in the United States?
    1) increasing exercise
    2) quitting smoking
    3) eating healthier foods
    4) reducing levels of stress

13. Which memory task shows the most decline with age?
    1) holding information in the sensory store
    2) visualizing stimuli in iconic memory
    3) retrieving information from long-term memory
    4) manipulating information in short-term memory

14. Which type of intelligence most often increases with age?
    1) crystallized
    2) fluid
    3) full-scale
    4) performance

15. Which characterizes postformal thought?
    1) using logical, hypothetical-deductive reasoning
    2) distinguishing between mental symbols and real-life objects
    3) committing oneself to absolute truths
    4) understanding ideas within frames of reference

16. Which is the most accurate conclusion that can be drawn from the research on the effect of job loss on men?
    Job loss
    1) has a greater effect on older men.
    2) has a greater effect on middle-aged men.
    3) has a greater effect on young men.
    4) affects all age groups equally.
17. Which statement is true regarding recent
trends in retirement patterns?

1) Most people retire at age 65.
2) The percentage of males age 65 or older working full-time has increased.
3) The percentage of people choosing early retirement has increased.
4) The percentage of people choosing early retirement has decreased.

18. A married couple have three grandchildren whom they baby-sit, occasionally indulge, and express strong interest in. The couple also believe that childrearing is the responsibility of parents and rarely give advice unless asked. What type of grandparenting does this represent?

1) distant
2) formal
3) fun seeker
4) surrogate

19. Gabriella’s parents are in their late seventies and rely on her to help with shopping and transportation to medical appointments and social functions. Gabriella also has two adult children who frequently rely on her to help care for their young children. This situation best illustrates which midlife concept?

1) empty nest
2) kinkeepers
3) revolving door
4) sandwich generation

20. What is the purpose of the hospice movement?

1) to assist individuals to determine how and when to end their lives
2) to use any means necessary to prolong life
3) to preserve the dignity and relieve the pain of individuals who are dying
4) to provide medical care comparable to that given in hospitals

21. A man goes to the doctor for a checkup and some tests. When the test results come back, he is told that he has advanced cancer. According to Kübler-Ross’s stage theory of dying, what is the man most likely to do now?

1) insist that a mistake was made
2) become very depressed
3) accept the diagnosis and plan for death
4) become angry with those who will go on living

22. According to research, which factor plays no significant role in life satisfaction?

1) age
2) income
3) marital status
4) social support

23. Which disorder is characterized by a series of small strokes in the brain?

1) Alzheimer’s disease
2) multi-infarct dementia
3) Parkinson’s disease
4) pseudodementia

24. Which of the following causes dementia symptoms that are reversible with proper treatment?

1) Alzheimer’s disease
2) multi-infarct dementia
3) nutritional deficiencies
4) Pick’s disease

25. A nursing home resident has been having therapy that stresses efforts to identify her actual abilities and to discover activities that she once found pleasurable. The woman had been recommended for therapy because she was apathetic, withdrawn from the other residents, and seemed confused. What form of therapy is she receiving?

1) cognitive
2) sensory training
3) remotivation
4) reality orientation
SECTION FOUR

Rationales

1.(IA)
1) Biological age compares a person’s physical state to that of persons of different ages. A 40 year old in an excellent state of health and fitness would have a young biological age compared to her or his chronological age. This question, however, does not mention the person’s health status.

2) Chronological age is a person’s age in years. A 40 year old would be considered middle-aged.

3) Psychological age refers to capacities such as memory, intelligence, feelings, and motivation that a person uses to adapt to changing environmental demands. The question does not give enough information to know whether or not this person is psychologically functioning as a young person.

*4) Social age refers to a person’s roles in relation to other members of society. Since most first-year college students are 17 or 18 years old, this 40-year-old individual’s social age could be considered as young.

2.(IA)
1) Early retirement is nonnormative; retirement at 65 would be normative.

*2) A normative age-graded event is an event that happens to many individuals during a particular age period. Reaching menopause at 50 is a normative age-graded event because it occurs in most women between 45 and 55 years of age.

3) Winning a lottery is a nonnormative event because it is unusual and it is not related to different age periods.

4) Testing positive for AIDS is a nonnormative event.

*correct answer

3.(IIA)
1) Age changes and cohort are not confounded because all the participants are going through the age changes together.

2) Cohort and selective dropout are not confounded. Although there can be a problem with selective dropout over the course of a longitudinal study, cohort is constant.

3) Time of measurement and cohort are not confounded. Time-of-measurement effects can occur in longitudinal research, for example if the age group all experience wartime or economic changes, but time of measurement is not a confound because all the participants experience the same time effects.

*4) Age changes and time of measurement are confounded in longitudinal research because it can be difficult to separate the effects of age (such as being a young adult) from the effects of historical events (such as being young during the Vietnam War).

4.(IIB)
*1) An important component of research ethics is that participants must be informed of risks that might influence their participation in the research study.

2) If compensation is offered, a subject is usually paid for participating whether or not he or she decides to continue with the study.

3) For informed consent to be meaningful, subjects must understand what they are agreeing to do; therefore, attention to language or cultural barriers is vital.

4) Informed consent must be obtained from subjects prior to their participating in the research.
5.(IIIA)
1) In Costa and McCrae’s model, conscientiousness means being organized, deliberate and rule-following. We do not have this information about Mark and Dorothy.

2) In Costa and McCrae’s model, extroversion means the tendency to be outgoing, assertive, and active. We do not have this information about Mark and Dorothy.

*3) In Costa and McCrae’s model, neuroticism means the tendency to be anxious, moody, and self-punishing. Mark fits this description while Dorothy does not.

4) In Costa and McCrae’s model, openness to experience refers to curiosity and imagination. We do not have this information about Mark and Dorothy.

6.(IIIB)
1) According to Erikson, autonomy versus shame and doubt is the struggle of early childhood. The young child is working on gaining control of her or his body, behavior, and surroundings and doing more things for herself or himself.

2) According to Erikson, generativity versus stagnation is the struggle of middle adulthood in which the focus shifts to concern for the next generation (generativity) or feelings of self-absorption (stagnation).

*3) According to Erikson, integrity versus despair is the struggle of older adulthood. An older adult who looks back at her or his life and concludes that it has been worthwhile achieves integrity. One who feels life was a waste of time develops despair.

4) According to Erikson, intimacy versus isolation is the struggle of early adulthood. The young adult, having struggled with identity, is ready to form a close mutual relationship.

7.(VIIIB)
1) Disengagement theory suggests that reduced involvement with society in aging is normal and healthy; it does not associate loneliness and depression with social withdrawal.

2) Disengagement theory suggests that one reason withdrawal from society is a natural development is that declines in health (rather than better health) make continued participation difficult.

*3) Disengagement theory suggests that older adults who withdraw from society are satisfied because they have met personal and societal expectations.

4) Disengagement theory suggests that older adults choose to withdraw from society rather than being ignored or forced out of social life.

8.(IVA)
*1) Presbycusis is the condition associated with aging of progressive hearing loss for high-pitched sounds. It results from changes in the inner ear: sensory (atrophy and degeneration of hair cells), neural (loss of neurons in the auditory pathway), metabolic (diminished supply of nutrients to the cochlea), and mechanical (atrophy and stiffening of vibrating structures in the cochlea).

2) Presbyopia is a reduction in near vision.

3) Presbystasis is a loss of balance and equilibrium.

4) Tinnitus is a constant ringing in the ears.

9.(IVA)
1) Calcium and vitamin D have no effect on night sweats.

*2) Calcium and vitamin D are needed to prevent osteoporosis.

3) Calcium and vitamin D have no effect on preventing pregnancy.

4) Calcium and vitamin D are unrelated to the development of Alzheimer’s disease.

*correct answer
10.(IVB)  
**1) Hayflick found that cells can divide a maximum of approximately 50 times before the genetic material of the resulting cells is too damaged to reproduce. The 110 to 120 year life span is extrapolated from the cell divisions needed to keep the human body functioning.**

2) Wear-and-tear theory suggests that aging is caused by cumulative damage. The theory does not predict a maximum life span.

3) Free radicals are components of cell metabolism that can damage cells through reactions with other substances. The impact of free radicals on the life span has not been predicted.

4) Cross linkage is the formation of bonds between proteins in cells. Harmful levels of cross linkage, including oxidation, occur in cells during aging. This process affects individuals at different rates and does not predict a maximum life span.

11.(IVC)  
**1) An individual who is actively involved in the decision to move into a nursing home will adjust better to the move since personal choice increases the sense of control.**

2) When the individual is not the one making the choice, the individual will have more difficulty adjusting to the nursing home.

3) See 2). Also, having time to accept the idea may increase the individual’s apprehension about the move.

4) Details and pictures may be helpful, but having an active role in the decision is more likely to help the individual’s adjustment.

12.(IVC)  
1) Exercise has known health benefits and retards the aging process, but it is not the most significant factor in improving health.

2) Smoking cessation would do more to improve health in the United States than any other behavior change.

3) Better diet has known health benefits, but quitting smoking would have a greater impact on improving health.

4) Stress reduction can benefit health, but quitting smoking would have a greater impact on improving health.

13.(VA)  
1) At any age, the sensory store is of very short duration (a fraction of a second). This level of processing is not significantly age related.

2) Iconic memory is another term for sensory store and this level of processing is not significantly age related.

3) Long-term memory shows the least decline in old age.

4) Manipulating information in short-term memory shows the most significant decline in old age.

14.(VB)  
**1) Crystallized intelligence refers to knowledge of words, facts, and procedures for completing familiar tasks. As more information is acquired each year a person lives, crystallized intelligence is most likely to increase with age.**

2) Fluid intelligence refers to thinking ability applied to relatively novel problems and timed tasks. It involves fluency and flexibility of thinking and speed of processing. Fluid intelligence shows a greater decline with age than crystallized intelligence.

3) Full-scale intelligence refers to the total IQ score on an individual IQ test. Full-scale IQ does not increase with age.

4) A performance score is the part of an individual IQ test that requires working with puzzles, pictures, and spatial information. Most of these tasks are timed for speed as well as accuracy. This part of an IQ score declines more with age than parts that use verbal information and are untimed.
15.(VB)
1) Logical hypothetical-deductive reasoning is the main feature of formal thought, a stage that occurs in adolescence and precedes postformal thought.

2) Distinguishing mental symbols from real objects is a feature of the early stage of preoperational thought that begins in young children.

3) A person capable of postformal thought may believe some truths are absolute, but the person is not using postformal thought when committing to absolute truths.

*4) When using postformal thought, a person considers the context and frame of reference of an idea. This kind of postformal thinking recognizes the subjective element in knowledge. For example, in evaluating scientific theories, a postformal thinker realizes that more than one theory may account for a set of facts, and that facts are collected by methods that may affect their interpretation.

16.(VIA)
1) Older men who are close to retirement age are less affected by job loss because the job loss can be viewed as an early retirement and financial responsibilities are often decreased in late adulthood.

*2) Middle-aged men are most affected by job loss. They have more financial responsibilities and work is often an important part of their identities. It may also be more difficult for middle-aged men to find new jobs than it is for young men.

3) Young men are often more flexible in their career plans and tend to have fewer financial responsibilities than middle-aged men, so job loss tends to be less traumatic for them.

4) Job loss affects age groups differently.

17.(VIA)
1) Most people retire before age 65.

2) The percentage of males age 65 or older working full time has decreased.

*3) The percentage of people choosing early retirement has increased.

4) See 3).

18.(VIB)
1) The distant type of grandparenting has little contact with grandchildren. This couple is involved with their grandchildren.

*2) These grandparents represent the formal type of grandparenting. They provide occasional child care and show affection and concern, but do not assume primary parenting roles.

3) The fun seeker type of grandparenting is characterized by informal playfulness with the grandchildren. This couple does not represent the fun seeker type of grandparenting.

4) The surrogate type of grandparenting occurs when grandparents assume some or all parenting activities, become full-time primary caregivers, or provide daily care when parents are at work. This couple does not assume the parenting role.

19.(VIB)
1) Empty nest refers to the situation in which middle-aged parents are alone after the last child has left the home.

2) Kinkeepers of the family, usually women, are the ones who plan social activities, send cards and letters, and generally keep the family in touch with one another.

3) Revolving door refers to the situation in which adult children leave the parental home and later return, often due to circumstances such as job loss or marital breakdown.

*4) The sandwich generation refers to the situation in which middle-aged persons, especially women, are providing care for their own children as well as for their parents.
20.(VIIA)
1) The hospice movement is not involved with assisted suicide.
2) Hospice principles discourage extreme interventions to prolong life in a person who is dying.
*3) The primary principles of hospice care are to preserve the dignity and relieve the pain in the person who is dying.
4) Hospice care generally begins when attempts to cure a disease are no longer deemed to be effective. Surgical care, chemotherapy, and other interventions used in hospitals are not part of hospice care.

21.(VIIB)
*1) Insisting that a mistake was made is an example of denial, the first stage in Kübler-Ross's stages of dying.
2) Becoming very depressed is part of the fourth of Kübler-Ross’s stages, after bargaining and before acceptance.
3) Accepting the diagnosis and planning for death is an example of acceptance, the last of Kübler-Ross’s stages.
4) Becoming angry is the second of Kübler-Ross’s stages.

22.(VIIIA)
*1) Age has been found to be unrelated to life satisfaction.
2) Income is a significant factor in life satisfaction. People with higher incomes report more life satisfaction, when other factors are held constant.
3) Marital status is a significant factor in life satisfaction. Married people as a group report higher life satisfaction, when other factors are controlled.
4) Social support is a significant factor in life satisfaction at all ages.

23.(VIIIC)
1) Alzheimer’s disease is characterized by plaques and tangles in neurons and, eventually, by accelerated cell loss.
*2) Multi-infarct dementia is a loss of cognitive ability due to the cumulative effects of a series of small strokes, or transient ischemic attacks.
3) Parkinson’s disease is caused by the deterioration of the neurons in the midbrain that produce the neurotransmitter dopamine.
4) Pseudodementia is an apparent loss of cognitive ability due to depression.

24.(VIIIIC)
1) No treatment presently exists to reverse the symptoms of Alzheimer’s disease.
2) Multi-infarct dementia may be halted from progressing by treating the risk factors of stroke such as hypertension and by rapid intervention when a transient ischemic attack occurs. The damage to the brain, however, cannot be reversed.
*3) Nutritional deficiencies such as a vitamin B12 deficiency can lead to dementia symptoms that are reversible when nutritional supplements are taken.
4) Pick’s disease is a form of brain degeneration. It is not reversible.

25.(VIIIID)
1) Cognitive therapy focuses on irrational beliefs that are causing a person’s anxiety or depression.
2) Sensory training is used with people who are very regressed to stimulate the senses by exposing the person to various smells, tastes, textures, sounds, and visual stimuli.
*3) Remotivation therapy draws on past skills and interests to rekindle interest in the world.
4) Reality orientation is used with individuals who are confused to orient them to place and time with the use of large calendars, verbal reminders, and visual cues.
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