Abnormal Psychology

CREDIT HOURS
3

LEVEL
UPPER

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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 grade.

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.

For more information on exam availability and actual testing information, see the Exam Registration and Information Guide.

Examination Length and Scoring

This examination consists of 130 multiple choice and other type questions. You will have three (3) hours to complete the exam. Your score will be reported as a letter grade. Questions are scored either correct (1) or incorrect (0). There is no partial credit. Each credit-bearing exam contains pretest questions, which are embedded throughout the exam. They are indistinguishable from the scored questions. It is to your advantage to do your best on all the questions. Pretest questions are being tried out for use in future versions of the exam.

The UExcel exams do **not** have a fixed grading scale such as A = 90–100%, B = 80–90%, and so forth, as you might have seen on some exams in college courses. Each UExcel test has a scale that is set by a faculty committee and is different for each exam. The process, called standard setting, is described in more detail in the Technical Handbook. Excelsior puts each exam through a standard setting because different test questions have different levels of difficulty. To explain further, getting 70% of the questions right on the exam when the questions are easy does not show the same level of proficiency as getting 70% of questions correct when the questions are hard. Every form of a test (a form contains the test questions) has its own specific grading scale tailored to the particular questions on each exam form.

Please also note that on each form, some of the questions count toward the score and some do not; the grading scale applies only to those questions that count toward the score. The area with percentage ratings on the second page of your score report is intended to help identify relative strengths and weaknesses and which content areas to emphasize, should you decide to take the examination again. Your grade is **based**
on both scored and pretest questions—pretest questions which are not scored. Therefore, the percentage ratings do not necessarily reflect the total percentage that counted toward your grade.

For the best view of the types of questions on this exam, see the sample questions in the back of this guide. Practice, practice, practice!

**Score Reporting**

For most of our examinations, based on performance, an examinee is awarded a letter grade of A, B, C, or F along with diagnostic information describing examinee performance in each of the major content areas in any given exam. A letter grade of D can be given, but credit is awarded for A, B, and C letter grades only. The letter grades reported to examinees indicate that their performance was equivalent to the performance of students who received the same letter grade in a comparable, on-campus course.

More specifically, the letter grade indicates the examinee’s proficiency relative to the learning outcomes specified in the exam content guide. Following are general descriptions of examinee performance at each level:

**Letter Grade Description**

A Highly Competent: Examinee’s performance demonstrates an advanced level of knowledge and skill, relative to the learning outcomes.

B Competent: Examinee’s performance demonstrates a good level of knowledge and skill, relative to the learning outcomes.

C Marginally Competent: Examinee’s performance demonstrates a satisfactory level of knowledge and skill relative to the learning outcomes.

D Not Competent (no credit recommended): Examinee’s performance demonstrates weak knowledge of the content and minimal skill relative to the learning outcomes.\(^1\)

F Fail (no credit recommended): Examinee’s performance demonstrates no knowledge of the content and no skill in the subject relative to the learning outcomes.

Credit is transcripted by Excelsior College for examinees who achieve letter grades of C or higher.

We encourage colleges and universities to use the Excelsior College letter grades of A, B, and C as acceptable standards for awarding credit.

See page 23 for a sample UExcel Grade Report for Examinations, at the back of this content guide.

**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 (login required): [www.excelsior.edu/bookstore](http://www.excelsior.edu/bookstore)

**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](http://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](http://www.excelsior.edu/smarthinking). Once there, you may download a copy of the SMARTTHINKING Student Handbook as a PDF.

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\(^1\) In general, two hour exams do not award a D letter grade.
Preparing for UExcel Exams

Take Charge of Your Own Learning

At Excelsior College, independent, self-directed study supported by resources we help you find is not a new concept. We have always stressed to exam takers that they are acting as their own teacher, and that they should spend as much time studying for an exam as they would spend in a classroom and on homework for a corresponding college course in the same subject area.

Begin by studying the content outline contained in this content guide, at its most detailed level. You will see exactly which topics are covered, and where chapters on those topics can be found in the Recommended Resources. You will see exactly where you might need to augment your knowledge or change your approach.

The content outline, along with the Learning Outcomes for this exam and recommended textbooks, will serve as your primary resources.

How Long Will It Take Me to Study?

Study for a UExcel exam is comparable to an equivalent college-level course. As an independent learner, you should study and review as much as you would for the same subject in a campus-based college course. If you already have a background in the subject, you may be able to pass the exam successfully with fewer hours of study. It depends upon the learner as well as the subject, the number of credits (for example, a 6- or 8-credit exam will require more hours of study than a 3-credit exam), and the length of the exam. We strongly encourage you to create a long-term action, or study plan, so that you have a systematic approach to prepare for the exam. We’ve included guidelines for creating such a plan.

How Can I Create an Effective Long-Term Study Plan?

1. Determine the time you will require to complete your preparation for this exam. As a rule, you should plan to budget approximately 150 hours of study time for this exam. About 135 of those hours should be spent on studying the content alone. Aside from the content review, you should then factor in time to search for and use other resources, and to complete any projects and assignments in the study materials that will clarify your understanding of the topics in the content outline (that part in the content guide where the specific areas of study are spelled out). Spend more time on concepts and areas in which you feel you are weak. Totaled, this is approximately the amount of time you should expect to devote to a three-credit, campus-based course. The actual amount of time you require depends on many factors, and will be approximate. If your background is weak, you may need to set aside substantially more than 135–150 hours. If your background is strong, you may budget less time.

Take a few minutes to review the content outline to assess your familiarity with the content. Then, in the space below, write the number of hours you will allocate to complete preparing for the exam.

Hours Required =

2. Determine the time you will have available for study.

In self-study, you need structure, as well as motivation and persistence, and a methodical approach to preparation. There is no set class to keep you on task. You have to do that yourself. Construct a time-use chart to record your daily activities over a one-week period. The most accurate way to do this is to complete the chart on a daily basis to record the actual amount of time you spend eating, sleeping, commuting, working, watching television, caring for others and yourself, reading, and everything else in an adult’s life. However, if your schedule is regular, you might prefer to complete the chart in one sitting and, perhaps, by consulting your appointment book or planner.

After you have recorded your activities, you will be ready to schedule study periods around these activities or, perhaps, instead of some of them. In the space below, write the number of hours you will be able to set aside for study each week.

Hours Required =

3. Divide the first number by the second number.

This will give you the number of weeks you will need to set aside for independent study. For example, if you think you will require 170 hours of study and you have 10 hours available to study each week, divide 170 hours by 10 hours and you will get 17. This means
that you will need about 17 weeks to complete this course of study. However, you will also need to allow about a week for review and self-testing. Moreover, to be on the safe side, you should also add two weeks to allow for unforeseen obstacles and times when you know you will not be able to study (e.g., during family illnesses or holidays). So, in this case, you should allot a total of 18 to 19 weeks to complete your study.

4. Schedule your examination to coincide with the end of your study period.
For example, if you plan to allow 18 weeks for study, identify a suitable examination date and begin study at least 18 weeks before that date. (The date you begin study assumes that you will have received all of your study materials, particularly textbooks, by that time.)

5. Format a long-term study plan.
You will need to use a calendar, planner, or some other tool to format and track your long-term study plan. Choose a method that is convenient and one that keeps you aware of your study habits on a daily basis. Identify the days and exact hours of each day that you will reserve for study throughout your whole independent study period. Check to see that the total number of hours you designate for study on your long-term study plan adds up to the number of hours you have determined you will need to complete this course of study (Step 1).

6. Record in your long-term study plan the content you plan to cover during each study period.
Enter the session numbers, review, and examination preparation activities you will complete during each study period. While it is suggested that approximately 160–170 hours of study is required for this exam, each and every student may require different timelines based on their comfort with, and comprehension of, the material.

You now have a tentative personal long-term study plan. Keep in mind that you will have to adjust your study plan, perhaps several times, as you study. It is only by actually beginning to work systematically through the material, using the content outline, that you will be able to determine accurately how long you should allow for each unit.

**What Learning Strategy Should I Use?**
The following guidelines are intended to help you acquire the grounding in the knowledge and skills required for successful completion of this examination.

1. **Approach learning with a positive attitude.**
Most students are capable of learning subject content if they devote enough time and effort to the task. This devotion will give you a positive edge and a feeling of control.

2. **Diligently complete the exact work you specified in your study plan.**
Your study plan is being designed for the specific purpose of helping you achieve the learning outcomes for this exam.

3. **Be an active learner.**
You should actively engage in the learning process. Read critically, take notes, and continuously monitor your comprehension. Keep a written record of your progress, highlight content you find difficult to grasp, and seek assistance from someone in your learning community who can help you if you have difficulty understanding a concept.

4. **Be patient: you may not understand everything immediately.**
When encountering difficulty with new material, be patient with yourself and don't give up. Understanding will come with time and further study. Sometimes you may need to take a break and come back to difficult material. This is especially true for any primary source material (original letters, documents, and so forth) that you may be asked to read. The content outline will guide you through the material and help you focus on key points. You will find that many concepts introduced in earlier sessions will be explained in more detail in later sessions.

5. **Apply your learning to your daily life.**
Use insights you gain from your study to better understand the world in which you live. Apply the learning whenever you can. Look for instances that support or contradict your reading on the subject.
6. Accommodate your preferred way of learning.

How do you learn best? Common ways to learn are reading, taking notes and making diagrams, and by listening to someone (on video or live). Others learn by doing. Do any of these descriptions apply to you? Or does your learning style vary with the learning situation? Decide what works for you and try to create a learning environment to accommodate your preferences.

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.

Study smart for your UExcel exam, and succeed with our **Student Success Guide**.

Using UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. They can be taken using any computer with a supported Web browser such as Google Chrome.

A practice exam package containing two forms is available for this exam, for $75. To register for the practice exam, visit www.excelsior.edu and log into your MyExcelsior account. Please note: You must be registered for the corresponding credit-bearing exam first, before you can register for the practice exam.

Practice exams are not graded. Rather, they are intended to help you make sure you understand the subject and give you a sense of what the questions will be like on the exam for credit. Ideally, you would check any questions you got wrong, look at the explanations, and go back to the textbook to reinforce your understanding. After taking both forms of the practice exam, you should feel confident in your answers and confident that you know the material listed in the content outline.

Practice exams are one of the most popular study resources. Practice exams are typically shorter than the credit-bearing exam. Since the questions are drawn from the same pool of questions that appear on the credit-bearing exam, what you will see when you sit for the graded exam will be roughly the same. Used as intended, these practice exams will enable you to:

- Review the types of questions you may encounter on the actual exam.
- Practice testing on a computer in a timed environment.
- Practice whenever and wherever it is convenient for you.
- Take two different forms of a practice exam within a 180-day period. (We highly recommend that you take the first form of the practice exam as a pretest, early in the study period. Use the results to identify areas to further study and carry out a plan. Then take the second form as a post-test and see how much you have improved.)

Although there is no guarantee, our research suggests that exam takers who do well on the practice exams are more likely to pass the actual exam than those who do not, or who do not take advantage of the opportunity. Note that since the practice exams are not graded (calibrated) the same way as the scores on the credit-bearing exam, it will be hard for you to
use the practice exams as a way to predict your score on the credit-bearing exam. The main purpose of the practice exams is for you to check your knowledge and to become comfortable with the types of questions you are likely to see in the actual, credit-bearing exam.

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.

Exam Preparation Strategies
Each learner is different. However, all learners should read the content outline in the exam’s Content Guide and ensure that they have mastered the concepts. For someone with no prior knowledge of the subject, a rule of thumb is 135 hours of study for a three-credit exam—this number is just to give you an idea of the level of effort you will need, more or less.

Content Guides
This content guide is the most important resource. It lists the outcomes, a detailed content outline of what is covered, and textbooks and other study resources. It also has sample questions and suggestions for how to study. Content guides are updated periodically to correspond with changes in particular examinations and in textbook editions. Test-takers can download any of the latest free UExcel content guides by visiting the individual exam page or from the list at www.excelsior.edu/contentguides.

Prior Knowledge
A familiarity with precalculus topics including algebra, trigonometry, and functions is assumed.

Using the Content Outline
Each content area in the content outline includes 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 among textbook 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 Abnormal Psychology

The resources listed below are recommended by the examination development committee for use preparing for this exam. Resources listed under “Exam Verification Resources” were used to verify all the questions on the exam. Please refer to the Content Outline to see which parts of the exam are covered by which of the Exam Verification Resources. Resources listed under “Supplemental Resources” provide additional material that may deepen or broaden your understanding of the subject, or that may provide an additional perspective. Textbook resources, both Exam Verification and Supplemental, are available for purchase at the Excelsior College Bookstore.

You should allow ample time to obtain resources and to study sufficiently before taking the exam, so plan appropriately and with care.

A word about textbook editions: Textbook editions listed in the UExcel content guides may not be the same as those listed in the bookstore. Textbook editions may not exactly match up in terms of table of contents and organization, depending upon the edition. However, our team of exam developers checks exam content against every new textbook edition to verify that all subject areas tested in the exam are still adequately available in the study materials. If needed, exam developers will list supplemental resources to ensure that all topics in the exam are still sufficiently covered.

Exam Verification Resources


Important note: Although the majority of the topics on the exam are covered in this textbook, there are some topics that are not. Below is a list of topics that you should ensure you are familiar with. Many of them can be found in reputable free online resources such as at https://opentext.wsu.edu/abnormalpsychology/. See the information about Open Educational Resources (OER) in this content guide for suggestions on sites to search for similar material.

Dorothea Dix—mental-health hospitals
Emile Durkheim—three different kinds of suicide: egoistic, altruistic, anomic
  • Collective Consciousness
  • Division of Labor
  • Biography
Nolen-Hoeksema, et al.—helplessness and depression in children
Philippe Pinel—humanitarian treatment for people suffering from mental illness
Carl Rogers approach to therapy - goals
Huntington’s chorea as cause of dementia
Schizophrenia
  • Disorganized
  • Disorganized and Catatonic
  • Catatonic symptoms
  • Extrapyramidal symptoms of long-term use of antipsychotic medications in the treatment of schizophrenia—lip smacking
  • Dopamine and schizophrenia
  • Tardive dyskinesias (TDs)
  • Derailment
  • Residual Schizophrenia
  • Incidence of schizophrenia (hereditary)
  • Twin studies
  • Occurrence in general population

Supplemental Resources

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


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.
A Word About Open Educational Resources

Open educational resources (OER) are educational materials available for study at no cost on the Web. Some OER are available for anyone to access any time. Others, such as Massive Open Online Courses (MOOCs), require sign-up and are only available during certain windows. Please note that some MOOC providers offer certificates of completion or other products or services for a fee. No MOOC or other OER is a complete substitute for the content guide and officially Recommended Resources listed here in this content guide. However, by definition, MOOCs are essentially free of charge and include access to a main body of learning materials that may help you in your learning.

Being an independent learner preparing for credit by exam, you may not need any of the fee-based options that are offered elsewhere online. But if you are looking for a coherent academic course for self-study, lectures on specific topics, or audio or visual materials that fit your learning style better than print materials alone, a MOOC or other type of OER may be your answer. Keep in mind that none of these OER were designed by Excelsior, nor are they guaranteed to match the exam content outlines completely. They are simply another tool available in your study kit.

We highly encourage using the Recommended Resources. In the content outline, you will see that the topics in the exam are referenced to specific portions of recommended textbooks. Using OER alone will not ensure you’ve completely covered the content in the exam, or it may not cover some topics in sufficient-enough depth without the use of the formal, recommended textbooks.

If the OER course you choose does not include a textbook for reference and you do not have significant practical theory-based experience in the field of study, use a college textbook to ensure adequate preparation for the exam, and use the exam’s content outline as a guide.

Combined with comparable college textbooks, OER provides you with a variety of choices in knowledge sources and learning experiences, to enhance your understanding of the subject matter.

Choosing Open Educational Resources

Most sites for university-based OER can be searched through www.ocwconsortium.org and/or www.oercommons.org.

Sites that specialize in Web courses designed by college professors under contract with the website sponsor, rather than in Web versions of existing college courses, include:

www.education-portal.com
www.opencourselibrary.org (abbreviated as OCL)

We have included specific courses that cover material for one or more UExcel® exams from the sites in the listings above. It’s worth checking these sites frequently to see if new courses have been added that may be more appropriate or may cover an exam topic not currently listed.

In addition, sites like Khan Academy (www.khanacademy.com) and iTunes U feature relatively brief lessons on very specific topics rather than full courses. Full courses are also available on iTunes U (http://www.apple.com/education/ipad/itunes-u/). We have chosen a few courses and collections for this listing.

Other Online Resources

This section of the OER Guide is provided to allow learners to independently search for resources.

Open Online Textbooks
Boundless open textbooks
https://www.boundless.com/open-textbooks/

BookBoon
http://bookboon.com/en/textbooks-ebooks

Flatworld Knowledge
http://catalog.flatworldknowledge.com/#our-catalog

College Readiness
Khan Academy
http://www.khanacademy.org/

Hippocampus
http://www.hippocampus.org/

Open Course Library
http://opencourselibrary.org/collg-110-college-success-course/
**Study Aids**

Education Portal  
http://education-portal.com/

Khan Academy  
http://www.khanacademy.org/

Annenberg Learner  
http://www.learner.org/

OpenCourseWare  
http://ocwconsortium.org/en/courses/search

OER Commons  
http://www.oercommons.org/

Open Course Library  
http://www.opencourselibrary.org/

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To achieve academic success, rate yourself at  
Excelsior College’s Self-Regulated Learning Lab. Visit the Diagnostic Assessment  
& Achievement of College Skills site at  
https://srl.daacs.net/

It’s free!
General Description of the Examination

The UExcel Abnormal Psychology examination is based on material typically taught in a one-semester, three-credit, upper-level course in abnormal psychology.

The examination measures knowledge and understanding of the historical background of abnormal psychology; major conceptualizations in the field; and the nature and descriptions of psychological disorders, as well as their definitions, classification, etiology, and major treatments.

Those beginning to study for this exam should be familiar with the concepts usually learned in an introductory psychology course.

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. Identify the basic concepts of abnormal psychology and its historical development. (Aligns to GECC 2.1)
2. Identify the paradigms in science, psychopathology, and intervention. (Aligns to GECC 2.1)
3. Recognize DSM-V-TR diagnoses and explain how the validity and reliability of the diagnoses are established. (Aligns to GECC 2.1)
4. Classify each disorder, analyze the different theories and research into its causes, and examine the available treatments. (Aligns to GECC 2.1)
5. Recognize the problems encountered by health professionals. (Aligns to GECC 4.1)
6. Identify the complex interaction between scientific findings and theories. (Aligns to GECC 2.1)
7. Interpret the role of ethics and the law in abnormal psychology. (Aligns to GECC 6.1)

General Education Career Competencies addressed in this exam

GECC-2: Mathematical and Scientific Problem Solving: Apply scientific knowledge and reasoning to make evidence-based decisions.

GECC-4: Cultural Diversity and Expression: Analyze human thought, creative expression, or cultural representations within their contexts.

GECC-6: Ethical Reasoning: Explain different ethical positions in relation to a problem or issue.


**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 Abnormal Psychology 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. Introduction and Basic Issues</td>
<td>25%</td>
<td>34</td>
</tr>
<tr>
<td>II. Disorders</td>
<td>60%</td>
<td>81</td>
</tr>
<tr>
<td>III. Treatment, Prevention, and Legal Issues</td>
<td>15%</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Approximate: For those test-takers who know the topic well, less time may be needed to learn the subject matter. For those who are new to the subject matter, more time may be required for study.

**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. Introduction and Basic Issues

25 PERCENT OF EXAM

**Kring, et al.**

- Ch. 1, Introduction and Historical Overview
- Ch. 2, Current Paradigms in Psychopathology
- Ch. 3, Diagnosis and Assessment
- Ch. 4, Research Methods in Psychopathology

A. Historical development

1. History of psychopathology from early demonology through humanitarian reforms
2. The mental health professions

B. Definitions and changing historical conceptions of “abnormal” behavior

C. Research approaches in abnormal psychology (for example: methods, strengths and weaknesses, applications, interpretations, and ethical issues)

D. Theories, paradigms, and perspectives

1. Biological
2. Psychodynamic
3. Behavioral/learning
4. Cognitive
5. Humanistic
6. Sociocultural
7. Diathesis-stress

E. Classifications and diagnoses

2. Issues in classification (for example: reliability, validity, problems of labeling)
F. Assessment
1. Interviewing
2. Psychological testing
3. Behavioral and cognitive assessments
4. Biological, medical, psychophysiological, and neuropsychological assessments
5. Issues in assessment (for example: reliability, validity, bias)

II. Disorders  

60 PERCENT OF EXAM

NOTE: You should be familiar with descriptions, current and historical views of major causal factors, and treatments for the disorders listed in this section. Main chapter references in the Kring textbook are indicated for each category.

A. Anxiety disorders (Ch. 6 and 7)
1. Panic disorder and agoraphobia
2. Specific and social anxiety disorder
3. Obsessive-compulsive related and trauma related disorders
4. Generalized anxiety disorder

B. Mood disorders (Ch. 5)
1. Depressive disorders
2. Bipolar disorders
3. Suicide

C. Somatic symptom related disorders (for example: complex somatic symptom disorder, illness anxiety disorder, functional neurological disorder, malingering, factitious disorder) (Ch. 8)

D. Dissociative disorders (for example: dissociative amnesia, fugue, dissociative identity disorder, depersonalization/ derealization disorder) (Ch. 8)

E. Psychological factors affecting physical conditions (for example: essential hypertension, asthma)

F. Eating disorders (for example: anorexia nervosa, bulimia nervosa, binge eating disorder) (Ch. 11)

G. Sexual disorders (Ch. 12)
1. Sexual dysfunctions
2. Paraphilias (for example: exhibitionism, fetishism, transvestic fetishism, pedophilia, voyeurism, frotteurism, sexual sadism, sexual masochism)

H. Substance use disorders (Ch. 10)
1. Alcohol use disorder
2. Tobacco use disorder
3. Dependence on and abuse of other substances (for example: marijuana, opiates, stimulants, hallucinogens, ecstasy, PCP)

I. Schizophrenia spectrum and other psychotic disorders (Ch. 9)
1. Schizophrenia (including etiological models, symptomology, genetic and environmental influences, and social functioning)
2. Other (for example: schizoaffective disorder, brief psychotic disorder, delusional disorder)

J. Life-span developmental disorders (Ch. 13 and 14)
1. Disorders that are usually first evident in childhood and adolescence (for example: autism spectrum disorder, attention-deficit hyperactivity disorder, conduct disorder)
2. Specific learning disorder
3. Problems associated with aging (for example: delirium, dementia)

K. Personality disorders (Ch. 15)
1. Cluster A: eccentric types (schizotypal, paranoid, schizoid)
2. Cluster B: erratic types (antisocial, histrionic, borderline, narcissistic)
3. Cluster C: fearful types (avoidant, dependent, obsessive-compulsive)
4. Issues in diagnosis (for example: gender or class bias in classification)
III. Treatment, Prevention, and Legal Issues

15 PERCENT OF EXAM

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Treatment sections of individual chapters

Ch. 16, Legal and Ethical Issues

A. Approaches to treatment (for example: psychoanalytic; cognitive/behavioral; social learning; humanistic/existential; group, marital, and family therapy; biological)

B. Issues of treatment (for example: efficacy, effectiveness, empirical validation, cultural and ethnic factors)

C. Specific community approaches
   1. Prevention and crisis intervention
   2. Deinstitutionalization and community mental health

D. Legal and ethical issues
   1. The law and abnormal behavior (for example: commitment, the insanity defense)
   2. Ethical issues (for example: the right to treatment, informed consent, confidentiality)
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 17–20 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. Which research method in abnormal psychology is best suited for identifying cause and effect relationships?
   1) epidemiological
   2) correlational
   3) experimental
   4) observational

2. Which concept is central to understanding the relationship between the psychodynamic therapist and the patient?
   1) anxiety threshold
   2) transference
   3) empathy
   4) response hierarchy

3. According to Sigmund Freud’s psychoanalytic paradigm, what is the source of most of the important determinants of human behavior?
   1) conscious
   2) preconscious
   3) superego
   4) unconscious

4. Which course of action by a therapist illustrates a cognitive-behavioral approach?
   1) encouraging the client to explore early-life experiences
   2) helping the client to change mistaken assumptions and increase self-efficacy
   3) providing the client with insight about unconscious motives
   4) using hypnosis to help the client forget painful life experiences

5. What is the essential feature of borderline personality disorder?
   A pervasive pattern of
   1) instability in a variety of areas
   2) inflexibility and perfectionism
   3) constant attention seeking
   4) callousness in interpersonal relationships
6. A person is diagnosed as having an avoidant personality disorder, a major depression, and hypertension. How would these diagnoses be recorded using the multiaxial system of DSM?

<table>
<thead>
<tr>
<th>Axis I</th>
<th>Axis II</th>
<th>Axis III</th>
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<tr>
<td>avoidant</td>
<td>major depression</td>
<td>hypertension</td>
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<td>no diagnosis</td>
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<tr>
<td>hypertension</td>
<td>major depression</td>
<td>avoidant</td>
</tr>
</tbody>
</table>

7. How were items for the clinical scales of the Minnesota Multiphasic Personality Inventory (MMPI) ultimately selected?

- Item selection was based on:
  1) the judgments made by clinicians familiar with the symptoms included in the diagnostic categories.
  2) how well items differentiated between groups of individuals without psychiatric diagnoses and a group with a specific diagnosis.
  3) specific theories of personality related to behavioral traits.
  4) the diagnostic criteria of the DSM.

8. What is the most common complication of panic disorder?
   1) agoraphobia
   2) cardiovascular disease
   3) bipolar disorder
   4) migraine headache

9. A child acquires a phobia after being bitten by a dog. The initial fear most likely developed through which process?
   1) classical conditioning
   2) operant conditioning
   3) cognitive dissonance
   4) social learning

10. What is a persistent, irrational thought or impulse that is very difficult to dismiss or control?
    1) a compulsion
    2) a delusion
    3) an illusion
    4) an obsession

11. How is dissociative identity disorder best defined?
    1) two or more loosely organized, incomplete personalities or personality states
    2) two or more distinct, well-developed personalities or personality states
    3) two or more personalities, each with well-developed thought processes, but loosely organized emotional processes
    4) two or more personalities, each with well-developed emotional processes, but loosely organized thought processes

12. Compared to patients with hypochondriasis, patients with conversion disorders are likely to have which manifestation?
    1) heightened awareness of new symptoms
    2) preoccupation with bodily processes
    3) specific physical symptoms
    4) fear of real illness

13. Which statement exemplifies depersonalization?
    1) “I sometimes feel like I’m not in control of myself, like I’m just watching myself from the outside.”
    2) “I hear voices telling me what to do. I’m afraid I will die if I don’t obey the voices.”
    3) “Life is so impersonal and meaningless that I feel like ending it all.”
    4) “I secretly think I was born into the body of the wrong sex.”

14. Which stress-related disorder is most common among children?
    1) asthma
    2) hypertension
    3) migraine headaches
    4) ulcer
15. What personality pattern is seemingly shared by men who engage in voyeurism or exhibitionism?
   1) fearfulness, social immaturity, and avoidance of direct social contact
   2) deep-seated rage directed at women, with wishes for revenge
   3) latent homosexual strivings
   4) great social confidence and many brief sexual encounters

16. Which is the most effective treatment for bipolar disorder?
   1) implosion
   2) lithium carbonate
   3) psychoanalysis
   4) electroconvulsive therapy (ECT)

17. A person says that “thoughts are leaking out of his neuro-hole.” Which characteristic of schizophrenia is this person displaying?
   The person is
   1) exhibiting overinclusiveness.
   2) expressing a delusion of grandeur.
   3) using a neologism.
   4) experiencing thought broadcasting.

18. Low-birth-weight infants and children who are malnourished are at higher risk for which condition?
   1) separation anxiety disorder
   2) conduct disorder
   3) anorexia nervosa
   4) mental retardation

19. Which symptom would a person who has Alzheimer’s disease be most likely to display?
   1) delirium
   2) delusions
   3) dementia
   4) dysthymia

20. A therapist is treating a client’s depression by helping the client to learn how to initiate and end conversations, make small talk, and maintain eye contact. The therapist’s treatment is most likely based on the belief that depression is caused by which factor?
   The client’s inability to
   1) feel physically attractive
   2) openly express anger
   3) obtain social reinforcers
   4) focus on the problems of others
Rationales

1.(IC)
1) Epidemiological studies are specifically designed to assess the frequency of a disorder with a population. Case studies are often useful for generating hypotheses about cause and effect relationships, but are rarely used for testing these hypotheses systematically.
2) Correlational studies do not permit definitive cause and effect conclusions to be drawn because the researcher does not systematically manipulate the variables.
*3) Experimental studies require a researcher to randomly assign participants to conditions and systematically manipulate independent variables.
4) Observational studies do not permit cause and effect relationships to be determined because the researcher records naturally occurring events in the environment. The researcher does not systematically manipulate variables.

2.(IIIA)
1) Although the concept of anxiety threshold is discussed by many personality theorists, it does not play a key role in the relationship between psychodynamic therapists and patients.
*2) Transference, the tendency of the patient to view the therapist as similar to an important figure in the patient's life (for example, a parent), is believed by psychoanalysts to be necessary for therapeutic improvement.
3) Empathy is a Rogerian concept that refers to a therapist's ability to relate to a client's feelings.
4) A response hierarchy is a component of the systematic desensitization technique used by behavior therapists.

3.(ID2)
1) Freud considered conscious experience to be very limited, involving only a small part of the personality.
2) The preconscious refers to memories and thoughts that can be brought to consciousness, but are not currently at the conscious level.
3) The superego refers to the moral standards of an individual instilled by one's family and culture in childhood.
*4) Freud argued that the primary motivation for behavior stems from the id urges, which are entirely unconscious.

4.(ID3/4)
1) Cognitive-behavioral therapists tend to focus on current, rather than historical, factors.
*2) Cognitive-behavioral therapists believe that abnormal behaviors result from faulty thoughts and assumptions that a person uses continually.
3) Insight into unconscious motives is emphasized by psychodynamic therapists.
4) Hypnosis is usually used by psychodynamic therapists seeking to understand unconscious motives.

*correct answer
5.(IIIM2)

1) Instability in mood, self-concept, and interpersonal relationships is one of the central features of borderline personality disorder.
2) Inflexibility and perfectionism are behaviors typically observed in individuals with obsessive-compulsive personality disorder.
3) Although constant attention seeking is sometimes seen in patients with borderline personality disorder, this behavior is more typical of individuals with histrionic personality disorder.
4) Callousness in interpersonal relationships is a primary feature of both narcissistic and antisocial personality disorders.

6.(IE1)

1) Avoidant personality should be diagnosed on Axis II, major depression on Axis I.
2) Hypertension should be noted on Axis III (general medical conditions).
3) Major clinical disorders are diagnosed on Axis I, personality disorders on Axis II, and general medical conditions on Axis III.
4) Hypertension should be noted on Axis III, major depression on Axis I, and avoidant personality on Axis II.

7.(IF2)

1) Judgments by clinicians are often subjective and frequently there is low agreement among clinicians regarding the diagnosis of symptoms.
2) The MMPI was designed to be a reflection of empirical research. Only items that were shown to differentiate between psychiatric and control groups were included on the test.
3) The MMPI was intended to be atheoretical regarding the cause and treatment of disorders.
4) The MMPI is not linked to the DSM system.

8.(IIA1)

1) Agoraphobia, the fear of situations from which escape would be difficult or embarrassing, or in which help would be difficult to obtain in the event of a panic attack, is a common consequence of panic disorder.
2) Cardiovascular disease is not a common complication of panic disorder.
3) Bipolar disorder is not a complication of panic disorder.
4) Migraine headaches are not a complication of panic disorder.

9.(IIA2)

1) Classical conditioning occurs when an initially neutral stimulus (for example, a dog) is paired with a powerful stimulus (for example, a bite/pain) so that the neutral stimulus acquires the ability to provoke a response (for example, fear).
2) Operant conditioning focuses on how consequences (for example, reinforcement) shape behavior.
3) Cognitive dissonance occurs when a person simultaneously holds two contradictory beliefs or ideas.
4) Social learning refers to the acquisition of responses through the observation of others.

10.(IIA3)

1) Compulsions are ritualistic behaviors that an individual repeatedly and uncontrollably presents.
2) Delusions are false beliefs that distort reality and are commonly experienced by people suffering from schizophrenia.
3) Illusions are perceptual tricks or distortions.
4) Obsessions are defined as persistent, irrational thoughts or impulses.
11.(IID)
1) The personalities in multiple personality disorder are not believed to be loosely organized or incomplete.
2) The personalities in multiple personality disorder are believed to be both distinct and well-developed.
3) The personalities in multiple personality disorder are believed to possess highly organized emotional processes.
4) The personalities in multiple personality disorder are believed to possess highly organized thought processes.

12.(IIC)
1) Individuals with hypochondria are more likely to be vigilant for the onset of new symptoms than are individuals with conversion disorder.
2) Individuals with conversion disorder appear to be almost indifferent to their symptoms.
3) The key diagnostic feature of conversion disorder is the presence of physical symptoms that have no apparent physical cause.
4) Clients with hypochondria are more concerned with the potential of illness than are those diagnosed as having conversion disorder.

13.(IID)
1) Depersonalization refers to the feeling that one is separate from one's body.
2) Hearing voices is an example of a hallucination.
3) This statement signifies that the client is experiencing suicidal thoughts.
4) This statement is likely to be made by a person diagnosed with either transsexualism or gender identity disorder.

14.(IIE)
1) Asthma is the most common childhood stress-related disorder.
2) Hypertension (high blood pressure) is likely to have its onset in adulthood.
3) Migraines are not frequently observed in children.
4) Ulcers are likely to have their onset in adulthood.

15.(IIG2)
1) Research with men who have been diagnosed with either voyeurism or exhibitionism often indicates that they are socially withdrawn.
2) Most men who engage in voyeurism or exhibitionism do not report feelings of anger.
3) Most men who are diagnosed with either voyeurism or exhibitionism are heterosexual.
4) Research evidence suggests that most men who engage in voyeurism or exhibitionism are socially withdrawn.

16.(IIB)
1) Implosion, a variant of imaginal flooding, is not used in the treatment of bipolar disorder.
2) Lithium carbonate is one of the standard pharmacological treatments for bipolar disorder.
3) Psychoanalysis has not been found to be effective in the treatment of bipolar disorder.
4) Although electroconvulsive therapy (ECT) is sometimes used with patients who have bipolar disorder and are experiencing depression, it is not a standard or first-choice treatment for bipolar disorder.

17.(II-I)
1) Overinclusiveness refers to the tendency to erroneously treat different stimuli as though they belong to the same category.
2) Delusions of grandeur refer to irrational and persistent beliefs that one is all-powerful or extremely important to the world. These beliefs are sometimes expressed by some clients who are diagnosed as having schizophrenia or another psychotic disorder.
3) Neologisms are invented words that some clients with schizophrenic symptoms create and use.
4) Thought broadcasting refers to the delusional belief that others can hear one's private thoughts.

*correct answer
18.(IIK2)

1) Separation anxiety disorder has not been shown to be related to either low birth weight or malnourishment.

2) No relationship has been reported between conduct disorder and low birth weight or malnourishment.

3) Anorexia nervosa is an eating disorder that is most likely to have its onset in adolescent girls who have not experienced either low birth weight or previous malnourishment.

*4) Low birth weight and malnourishment have been shown to be causes of poor brain development which can result in mental retardation.

19.(IIJ)

1) Delirium is characterized by a disturbance in consciousness and awareness accompanied by changes in cognition that cannot be accounted for by memory loss.

2) Although patients with Alzheimer’s disease sometimes develop paranoid delusions, these delusions are not a defining feature of Alzheimer’s disease.

*3) Dementia is characterized by the presence of multiple and severe cognitive deficits, especially memory loss. Dementia is the primary feature of Alzheimer’s disease.

4) Dysthymia, a chronic form of depression, is not a key feature of Alzheimer’s disease.

20.(IIIA)

1) Most therapists do not believe that the client's capacity to feel physically attractive is highly related to the client's level of social skills.

2) Therapists who believe that the client is unable to openly express anger would typically use the technique of assertiveness training.

*3) These techniques are designed to increase the frequency of social behaviors displayed by the client. They would most likely be used by a therapist who believes the depression is caused by a lack of reinforcement from other people.

4) Therapists who believe that the client's depression is due to an inability to focus on the problems of others would use techniques designed to increase the client's empathy.
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- dress comfortably: the computer will not mind that you’re wearing your favorite relaxation outfit
- arrive at the test site rested and prepared to concentrate for an extended period
- allow sufficient time to travel, park, and locate the test center
- be prepared for possible variations in temperature at the test center due to weather changes or energy conservation measures
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GRADING REPORT FOR EXAMINATIONS

Exam Taker: 123 Any Street
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Contact ID: 54321
Test Date: 1/1/19
Letter Grade: A

Examination Code and Title: 123-456 UExcel Financial Accounting

Recommended Credit: 3 Lower Level

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DETAILED SCORE REPORT

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*Percentage correct is based on both scored and uncored (pretest) items and was not used to calculate your letter grade.