2023 CT / FT Certification Exam Study Guide

Message from ADEC’s Credentialing Council and Exam Development Committees

Congratulations on your commitment to professional development. By pursuing ADEC’s respected certification in thanatology, you are on the path to earn the credential of CT (Certified in Thanatology) or FT (Fellow in Thanatology). Certification protects the public by establishing standards in the field. ADEC’s certification exam is driven from the core Body of Knowledge that defines the knowledge required for competency in the field of death, dying and bereavement.

It is our belief and experience that exam candidates who prepare by utilizing 1) ADEC’s study guide, 2) the Body of Knowledge Outline, and 3) the specified exam references, will be the ones most likely to succeed in this final step toward receiving certification and being awarded the credential of CT or FT.

This guide was created to assist you in preparing for the certification exam which is administered once each year. ADEC does not offer a required preparatory course but does strongly recommend developing a self-directed study plan as you prepare for the annual exam.

ADEC’s certification exam measures foundational knowledge in the field of thanatology. Exam candidates come from diverse thanatology roles (funeral directors, nurses, clergy, social workers, therapists, counselors, end of life doulas, organ transplant professionals, death educators, and so many more). Each discipline has its own set of skills needing to be used within its thanatology role. Important: This exam is not intended to measure your clinical skill competency. It is a knowledge exam that measures your “knowledge competency” in thanatology.

Best wishes in your study process and in taking the exam in November. Thank you for the valuable thanatology service you provide to those in need of your knowledge, skills, and compassion.

Table of Contents

1. Exam Design, References, Specifications ................................................................. 2
2. ADEC’s Body of Knowledge Outline ........................................................................ 3
3. Exam Content and Distribution of Questions ......................................................... 5
4. Question Format Examples ..................................................................................... 6
5. Question Format Types .......................................................................................... 6
6. Tips for Taking the Exam ....................................................................................... 7
7. Scoring the Exam ................................................................................................. 7
8. Reporting Exam Results ...................................................................................... 7
9. Plan for Success: Developing a Self-Study Plan ..................................................... 8
10. Using the BoK Outline and the Exam Reference Books to Direct Your Study ........ 8
11. Prominent Individuals in the Field of Thanatology ............................................... 9
12. Theories, Research, Models, etc. .......................................................................... 11
13. Study Tips Summary .......................................................................................... 12
14. Sample Exam ..................................................................................................... 12
Exam Design, References, Specifications

1. Exam development is driven by the **ADEC Body of Knowledge (BoK) Outline**, found on pages 3 - 5 of this document. The outline “perspective” is a re-presentation of the former ADEC Body of Knowledge Matrix. For some, the BoK Outline, which also includes non-death losses not previously included in the BoK Matrix, is a more efficient way of visualizing that which makes up the body of knowledge in thanatology. As of 2023, the BoK Outline is used as the structural basis for the annual ADEC Certification Exam.

2. Thanatology subject matter experts are responsible each year for writing and approving 150 multiple choice questions created from specific reference materials.

3. The 2023 exam questions are written from 2 equally important reference books. No single book can cover the comprehensive field of thanatology, so it is important that you study from both sources. The reference books listed below can be accessed from the links provided or obtained from other sources available to candidates:


4. Cognitive skill-based questions are distributed as follows:
   A. Knowledge / recall questions make up about 70% of the exam (approximately 105 of 150 questions). B. Applied knowledge questions make up about 30% of the exam (approximately 45 of 150 questions).

5. The exam contains 4 broad content (subject) domains and exam questions are distributed as follows: A. Dying & Foreseen Death, Traumatic & Unforeseen Death, and Death Matters (51 of 150 questions) B. End-of-Life Preparation and Decision-Making (15 of 150 questions) C. All Loss: Grief, Mourning, and Memorialization (63 of 150 questions) D. History of the Field of Thanatology and Evolution of Death Education (21 of 150 questions)

6. Content questions under Domains A, B and C above are fairly equally distributed between 2 categories: A. Research: theories, models, demographics/epidemiology, and terms/definitions that inform practice B. Practice: practice settings, assessment & interventions (including teaching and resources)    1) Practice considerations: cultural, religious, developmental, individual/personhood, family systems    2) Professional practice issues: behavioral, moral, ethical, and legal

7. Content questions under Domain D are designed for the test taker to be able to show their general knowledge of how the field of thanatology began and has evolved. Content involves the following: A. Important theorists, researchers, clinicians, educators, and authors who have shaped (and are shaping) the field of thanatology B. Social movements and social representations of death that have impacted our awareness and perceptions of death and the death system over time and have driven death education.

8. About 2 weeks before the exam date, you will receive instructions on how to access the exam and be given an opportunity to participate in a “familiarization exercise". 
9. The familiarization exercise is made up of a few questions unrelated to thanatology and is designed to help you practice navigating the exam platform prior to the exam date.

**Body of Knowledge (BoK) Outline**

**The Association for Death Education and Counseling®: The Thanatology Association®**

In 2016, ADEC’s membership approved a reformulated version of its original Body of Knowledge of Thanatology, previously depicted in matrix format. Starting in 2023, the newest Body of Knowledge Outline, a more accessible linear version, will serve as the organizational framework for the annual certification exam. Most topic areas listed in the Outline are found in one or both exam reference books. This Outline should guide your study for the exam.

I. Arenas of Thanatology
   A. Issues around definitions and perceptions of death
   B. Demography and epidemiology related to death and dying (local and global)
   C. Dying and foreseen death (when death is expected)
      1. Conversations about goals of care at the end of life
      2. “Tasks” of dying: physical, psychological, spiritual, social
      3. Concerns/needs of those involved in the dying process
   D. Unforeseen death
      1. Suicide
      2. Homicide, wrongful death
      3. Accidents and other unexpected deaths
      4. Concerns/needs of those immediately or distantly affected
   E. Otherwise traumatic death in terms of mode, reaction, or appraisal
   F. Loss, grief, and mourning
      1. Anticipatory grief/mourning
      2. Reactions to loss: psychological, physiological, social, spiritual, neurological
      3. Factors that influence the grief response
      4. Developmental considerations
      5. Concerns related to differently-abled and disenfranchised persons/populations
   G. Theories of grief
      1. Historical context
         a. Early concepts
         b. Stages/phases of grief
      2. Contemporary models
         a. Dual process
         b. Two track
         c. Attachment theory
         d. Constructivist (meaning-making)
         e. Grieving as a process of relearning
      3. Important concepts related to grief
         a. Tasks of Grieving
         b. Disenfranchised grief
         c. Continuing bonds
d. Ambiguous loss
e. Non-finite loss
f. Anticipatory grief/mourning
g. Chronic sorrow
h. Resilience
i. Historical trauma
j. Complicated/Prolonged Grief

4. Funeral practices, rituals, and memorialization (both short and long term)
   a. Traditional
   b. Current trends and changes

II. Practice Considerations for Professionals in Thanatology

A. Practices related to human finitude
   1. Preparation for end of life
      a. Conversation
         1) Education about death and dying
         2) Preferences and goals
         3) Life review
         4) Past experiences with death
      b. Documents/tools
   2. Decision making regarding the end of life
      a. Weighing benefits and burdens
      b. Other ethical issues
      c. Role responsibilities
      d. Issues around hastening death
         1) Euthanasia
         2) Medical aid in dying
      e. Organ, body, and tissue donation
   3. Care of the dying
      a. Developmental and differently-abled considerations
      b. Hospice and palliative care
      c. Implications of care settings
      d. Ethical/moral considerations

B. Practices related to counseling/therapy in thanatology
   1. Therapeutic relationship
   2. Assessment
   3. Interventions:
      a. Targets
         1) Individual
         2) Family
         3) Group
         4) Community/nation
      b. Intervention models
   4. Developmental considerations
   5. Concerns related to differently-abled and disenfranchised persons/populations

C. Practices related to death education
   1. Targets
      a. Individuals/families
b. Social groups/communities
c. Academic settings

2. Formats
   a. Formal classes/workshops; death cafes
   b. Informal conversations
c. Teachable moments
d. Media, internet

3. Developmental considerations
4. Concerns related to differently-abled and disenfranchised persons/populations
5. Content regarding different ways of knowing

D. Practice issues applying to all professionals in thanatology
   1. Training, preparation, and continuing education
   2. Self-awareness regarding one’s own thanatological issues
   3. Self-care, compassion fatigue, and burnout
   4. Professional practice issues, e.g., moral distress
   5. Cultural humility
   6. Global considerations
   7. Collaboration and collegiality
   8. Communication/translation
   9. Ethics in thanatology
   10. Marginalized populations
   11. Evolving platforms of practice, e.g., internet, social media

III. Contextual and Theoretical Considerations in Thanatology

   A. History of the field
   B. Social frameworks that influence thanatology
      1. Societal or cultural norms
         a. Death anxiety and denial
         b. Cultural taboos
         c. Religious influences
         d. Ritual
         e. Technology
      2. Laws
      3. Body disposal
      4. Institutional policies
      5. Community/local considerations
      6. Disciplinary perspectives and language
      7. Family dynamics/Individual values
   C. Representations of death and grief in the arts and in media
   D. Non-death loss
   E. Resources and research

Exam Content and Distribution of Questions

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<thead>
<tr>
<th>Content Domains and Classifications</th>
<th># of Questions; % of Exam</th>
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<table>
<thead>
<tr>
<th>Domain 1: Dying and Foreseen Death; Traumatic and Unforeseen Death; Death Matters</th>
<th>51 Questions</th>
<th>34%</th>
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<tbody>
<tr>
<td>• Research: theories, models, terms, demographics/epidemiology, definitions that inform practice</td>
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<td>• Practice: practice settings, assessments and interventions (including education and resources)</td>
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<tr>
<td>Considerations: cultural, religious, developmental, personhood/individual, family systems</td>
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<td>Professional Practice Issues: behavioral, moral, ethical, legal</td>
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<tr>
<td>• Practice: practice settings, assessments and interventions (including education and resources)</td>
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<tr>
<td>Considerations: cultural, religious, developmental, personhood/individual, family systems</td>
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<td>Professional Practice Issues: behavioral, moral, ethical, legal</td>
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<th>Domain 3: All Loss: Grief, Mourning and Memorialization</th>
<th>63 Questions</th>
<th>42%</th>
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<tr>
<td>• Practice: practice settings, assessments and interventions (including education and resources)</td>
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<tr>
<td>Considerations: cultural, religious, developmental, personhood/individual, family systems</td>
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<td>Professional Practice Issues: behavioral, moral, ethical, legal</td>
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<tr>
<th>Domain 4: History of the Field of Thanatology and Evolution of Death Education</th>
<th>21 Questions: 14%</th>
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<tbody>
<tr>
<td>Important theorists, researchers, clinicians, educators, and authors who have shaped the field of thanatology</td>
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<tr>
<td>Social movements and social representations of death that have contributed to our changing awareness and perceptions of death and the evolution of death education</td>
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**Question Format Examples**

**Cognitive Level of Questions**

There are two levels of questions based on cognitive or thinking levels. They are “Knowledge / Recall” and “Applied Knowledge”. The correct answers in the non-thanatology content examples below are in bold print.

1. **Knowledge or Recall Questions** recognize specific information and facts that do not vary by situation. Such questions are an effort of memory and include the recall of specific facts, generalizations, concepts, theories, formulae, and procedures.

   What is the time difference between Greenwich Mean Time and U.S. Eastern Standard Time? A. Plus 5 hours  
   B. Plus 6 hours  
   C. **Minus 5 hours**  
   D. Minus 6 hours

2. **Applied Knowledge Questions** require comprehension, interpretation, or manipulation of concepts or data. They test simple interpretations or applications of limited data. Questions may require recognition of more than one element or concept and the ability to apply knowledge to a specific situation.

   If the time in London, using Greenwich Mean Time, is 7:30 P.M., what time will it be in New York, using Eastern Standard Time (EST)? A. 12:30 A.M.  
   B. 1:30 A.M.  
   C. 1:30 P.M.  
   D. **2:30 P.M.**
**Question Format Types**

**Direct or Closed Format**: a complete question followed by four options; there is only one correct answer to direct or closed questions.

Who was the King of England in 1484?
A. George I  
B. Richard III  
C. Edward IV  
D. Henry V

**Open Question or Incomplete Sentence Format**: an incomplete sentence with four options; there is only one correct answer to incomplete sentence questions.

Confederate Commander General Robert E. Lee’s horse was named:
A. Trigger  
B. Silver  
C. Traveler  
D. Champion

**Complete Question Format that includes the phrase ‘Which of the following’**: is used when there is more than one correct answer to a question, but ONLY one of the correct answers is offered in the options.

Which of the following is a prime number?
A. 7  
B. 10  
C. 12  
D. 15

**Tips for Taking the Exam**

In multiple-choice questions, the response options are presented after the question. There are four options and only one is correct. Your task is to identify the correct answer from the plausible, but incorrect answers. The correct answer is called the “key” and the other options are called “distracters”.

- All multiple-choice questions have the same format — 4 options but only one correct answer.  
- The correct answer is the best answer (based on assigned readings) for each question.  
- Analyze what the question is asking.  
- Try to answer the question before looking at the options. Then decide which option is closest to your answer and is the best option.  
- It is best to answer questions as you proceed through the exam.  
- During the exam you may mark questions to which you want to return. You will be able to return to these questions when you have completed the other questions either to answer them or change your answer.  
- For best results pace yourself, periodically checking your progress.  
- If you are near the end of the 3-hour examination period, make your best guess at the unanswered questions by eliminating the incorrect/wrong options. You could get the answer correct. You will want to answer all 150 questions.  
- The exam cannot be submitted with unanswered questions unless you have reached the 3-hour time limit, in which case the exam will self-submit regardless of how many unanswered questions are left.  
- Remember the exam has a fixed 3-hour time limit. There is no pause button, so any time you divert away from the exam is time that is included within your time limit. Have drinking water with you during the exam.
You will receive access to a “familiarization exercise” and very specific exam instructions via email approximately 2 weeks before the exam date.

- **Sign into the familiarization exercise during the time frame it is available.** This is a short exercise to answer between 5 – 10 non-thanatology questions so you can become familiar with how to navigate the online exam platform. You will be able to answer, change your answer, flag for later, return to flagged questions or unanswered questions, etc. This exercise is designed to familiarize you with the platform and testing process and assure your comfort level prior to the date of testing.

- Exam instructions will be very specific. Read them carefully, print them, and have them with you on exam day.

- **With the exception of the exam instructions, no other books, notes, devices, etc are permitted in the room where you take the exam.** This is not an open book test. Any attempts to search for answers will take time away from your 3-hour time limit and you will be unable to finish your exam within the allotted time.

**Scoring the Exam**

IMPORTANT: Once you submit your completed exam, the platform will not automatically score the exam. The screen will show that your exam is “started”. Do not worry that it doesn’t say “completed”. It simply means it has not programmed to immediately score your exam and report your score, so it is not considered “complete” until scoring is done over the next few weeks following exam administration.

Each year, the Exam Management Committee and Psychometrician determine the minimum number of questions a candidate must attain correctly to be certified, referred to as the passing score or cut score. The specific cut score for each year’s exam is set based on a statistical process and assessment of panels of experts regarding the level of difficulty of individual exam questions. This is done yearly because the exam questions are not the same each year.

Once that process is completed, for each candidate, the total number of correct responses on all 150 exam questions is calculated to determine a score. Candidates whose score is equal to or exceeds the cut score for the year’s exam will be certified. Those candidates whose score falls below the year’s cut score are not certified and will be eligible to retest the following year.

**Reporting Exam Results**

The results of the exam will be reported as pass/fail. Candidates will be notified by email within 6-7 weeks of the exam. We aim to report exam results by December 20 at the latest. By mid-late January, successful candidates can expect to receive a signed printable digital certificate that shows they have been awarded the CT or FT.

**Plan for Success: Developing a Self-Study Plan**

1. On exam administration day, you will want to feel secure in the knowledge that, through a well-planned course of self-study, along with your practical experience, you are in as strong a position as possible to be successful.

2. Everyone has their own distinct learning style so there is no one way to study. The information listed below is intended to guide you in creating a self-study plan where you can start early and pace yourself.

3. General exam topics under the exam content domains listed on page 5, and the areas of questioning within each domain (classifications) are described below. We have listed the chapters in each reference book where you can direct your focus of study. Also refer to page 5 to review the number of questions to expect under each domain.
Using the BoK Outline and the Exam Reference Books to Direct Your Study

Refer to the BoK Outline and the exam reference books as you prepare to study. Using both 1) the subject indexes in each reference book, and 2) the listing of chapters noted under specific topic areas below, you should be able to organize your study plan. For simplification, the two reference books are abbreviated as follows:


Topic: Dying and Foreseen Death; Death Matters
Includes questions on research, theories, models, demographics/epidemiology, and terms/definitions that inform practice (list of examples are on pages 11 - 12). Questions also address practice settings, assessment & interventions (including teaching and resources)

• 3/HoT: Chapters 1, 2, 3, 6, 12
• 8/Corr: Chapters 2, 3, 4, 5, 6, 7, 8, 16, 19, 20

Topic: Traumatic and Unforeseen Death
Includes questions on research, theories, models, demographics/epidemiology, and terms/definitions that inform practice (list of examples are on pages 11 -12). Questions also address practice settings, assessment & interventions (including teaching and resources)

• 3/HoT: Chapters 13, 14, 15, 16
• 8/Corr: Chapters 4, 17

Topic: End of Life Preparation and Decision-Making
Includes questions on research, theories, models, and terms/definitions that inform practice (list of examples are on pages 11-12). Questions also address practice settings, assessment & interventions (including teaching and resources)

• 3/HoT: Chapters 4, 5
• 8/Corr: Chapters 16, 18

Topic: All Loss: Grief, Mourning, and Memorialization
Includes questions on research, theories, models, demographics/epidemiology, and terms/definitions that inform practice (list of examples are on pages 9 -12). Questions also address practice settings, assessment & interventions (including teaching and resources)

• 3/HoT: Chapters 8, 9, 10,11, 13, 14, 15, 16, 17, 22
• 8/Corr: Chapters 9, 10, 11

Considerations: Some, but not most, questions about “Practice” may require consideration of the following:

  o Cultural and Religious Considerations
    • 3/HoT: Chapter 7
    • 8/Corr: Chapter 5, 19

  o Developmental Considerations (across the lifespan)
• 8/DDLL: Chapters 12, 13, 14, 15

  o Professional Practice Issues (behavioral, moral, ethical, legal)
    • 3/HoT: Chapter 19
    • 8/Corr: Chapters 7, 10

  o Individual Personhood and Family Systems Considerations These can be found in different areas of both books.

**Topic: History of Thanatology, Social Representations of Death, and Evolution of Death Education**

• 3/HoT: Chapters 18, 20, 21
• 8/Corr: Chapters 1, 4

**Prominent Individuals in the Field of Thanatology**

You should possess foundational knowledge of the individuals whose focus, theories, research, and practice have contributed to the body of knowledge that informs and guides the multi-disciplinary practice of thanatology.

*Study recommendation: Study or review information about the individuals on this list to assure that you have “basic” knowledge: their profession, nationality, contribution to thanatology, and time-period during which contribution was or is being made.*

**Prominent Individuals in Thanatology. (This is not an exhaustive list.)**

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<thead>
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<th>Ainsworth, Mary</th>
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<td>Aries, Philippe</td>
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<td>Attig, Thomas</td>
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<td>Balk, David</td>
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<td>Barrett, Ron</td>
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<td>Bertman, Sandra</td>
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<td>Bluebond-Langer, Myra</td>
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<td>Bonnano, George</td>
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<td>Boss, Pauline</td>
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<td>Brent, Sandor</td>
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<td>Byock, Ira</td>
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<td>Chapple, Helen</td>
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<td>Davies, Betty</td>
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<td>DeSpelder, Lyn</td>
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<td>Doka, Ken</td>
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<td>Durkheim, Emile</td>
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<td>Erikson, Erik</td>
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<td>Fulton, Robert</td>
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Theories, Research, Models, etc.

This list contains examples of some thanatology topics written about in the two exam reference books. Study or review the items to assure you have “basic” knowledge.

<table>
<thead>
<tr>
<th>THEORIES, RESEARCH, MODELS, etc. (This is not an exhaustive list.)</th>
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<tbody>
<tr>
<td>ABCs of self-care model</td>
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<td>Adaptive grieving styles model</td>
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<td>Attachment theory</td>
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<td>Bioecological model</td>
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<td>Cognitive development model</td>
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<td>Complicated grief theory</td>
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<td>Stages of Child’s Concepts of Death/Nagy (1948)</td>
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<td>Constructivist/constructivist learning theory</td>
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<td>Continuing bonds theory/model</td>
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<td>Coping with dying: stage-based model</td>
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<td>Coping with dying: task-based model</td>
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<td>Culture of grief research</td>
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<td>Death acceptance model</td>
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<td>Death awareness research/model</td>
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<td>Death positive movement</td>
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<td>Determination of death criteria</td>
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<td>Dignity research</td>
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<td>Dual process model</td>
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<td>Expressive arts theory</td>
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<td>Fear of death/dying (FDD) Research</td>
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<td>Family systems theory</td>
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<td>Final conversations research</td>
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<td>Five P model for ethical decision making</td>
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<td>Five patterns of attitudes toward death</td>
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<td>Five phases in living with death and dying</td>
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<td>Four phases of mourning model</td>
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<td>Framework holding together different funeral types</td>
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<td>GRACE model</td>
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<td>Grounded theory</td>
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<td>Harvard child bereavement study</td>
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<td>Meaning reconstruction theory and grief model</td>
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<td>Motivated information management theory</td>
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<td>Narrative model of traumatic dying</td>
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<td>Two track model of dementia grief</td>
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<td>Uncertainty in illness theory</td>
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<td>Comparison: Worldwide leading cancer type deaths</td>
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<td>Comparison: Worldwide leading causes of death</td>
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<td>Comparison: Worldwide life expectancy</td>
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<td>Comparison: Worldwide Quality of Death Index</td>
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<td>Comparison: Adults' need for palliative care by diagnosis</td>
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<td>Comparison: Childrens' need for palliative care by diagnosis</td>
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<td>Comparison: Decedent need for palliative care by diagnosis</td>
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<td>Correlation: Levels of palliative care development</td>
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Assessment instruments: Various instruments used in thanatology practice are described in both books.

**Study Tips Summary**

Pace yourself and try to relax while preparing for the exam. Studying from the reference books for ADEC’s certification examination provides an opportunity to learn more about the field of thanatology. Taking the exam allows you to demonstrate your knowledge and ability. Maintain a positive attitude about the exam and allocate the resources required to ensure success. While studying, take breaks, exercise, and stay hydrated. In other words, take good care of you.

**Sample Exam**

A 10 item practice exam is provided on the next two pages to 1) help you discover how well you know thanatology content prior to studying, and 2) help you learn how to pace yourself in answering questions. Since the actual exam is timed for you to complete 150 questions in 3 hours, you may want to time yourself on the sample exam. To stay within the timing framework, you will need to complete the 10 questions within 12 minutes. NOTE: The sample questions were written from multiple exam references used in the past and may not reflect the content found in current reference books. These questions will not be on the actual exam.

**Q1:** Following a stillbirth, which form of support is MOST important in reducing maternal anxiety and depression.

- A. Family support.
- B. Spiritual support.
- C. Grief support groups. D. Mental health counseling.

**Q2:** With the goal of providing the best care possible to a terminally ill patient, a palliative care nurse opens a conversation in a genuine attempt to understand the patient’s identity (racial, ethnic, personhood, family roles, beliefs, values, etc). The nurse is:

- A. Fulfiling the plan of care.
- B. Practicing cultural humility.
- C. Overstepping professional boundaries. D. Gathering information to help the family write an obituary.

**Q3:** Six months after the death of her husband, Jane registers for “Car Mechanics for Dummies”, a course to learn about the simple car maintenance her husband always handled. According to Worden’s model of bereavement, Jane is working on which task?

- A. Accepting the reality of the death.
- B. Experiencing the pain and anguish of grief.
- C. Emotionally relocating the deceased and moving on with life. D. Adjusting to an environment in which the deceased is missing.

**Q4:** According to Aries, which term describes the attitude that death is “simple, inevitable, and public”?

- A. Tame death.
B. Forbidden death.
C. Death of the other. D. Remote and imminent death.

Q5: Which of the following is a core issue of compassion fatigue?

A. Lack of self-care.
B. The financial stress of caregiving.
C. Absence of a serene, spiritual workplace experience. D. Boredom resulting from performing a single role constantly.

Q6: Mrs. Johnson, an 81-year-old, is dying from cancer. Her signed and dated advance care directive states she does not want tube feedings or blood transfusions; but she does want to be offered food and drink as long as she is able to swallow, and she does want to be kept comfortable through pain management. She was admitted to a hospice inpatient facility 3 days ago where she has become more lethargic and is resisting any food or water that is offered. Her daughter, Joan, arrived from out of state today and is demanding IV hydration and tube feeding be started. You have been asked to help Joan understand the plan of care in accordance with her mother’s written wishes. Which ethical principles will your explanation and advocacy be based on?

A. Justice and Autonomy.
B. Beneficence and Trust.
C. Nonmaleficence and Autonomy.
D. Confidentiality and Beneficence.

Q7: An interpersonal, socio-physical and symbolic network through which an individual’s relationship to mortality is mediated by his or her society is known as the death:

A. Culture.
B. System. C. Society.
D. Structure.

Q8: Which of the following statements about research on continuing bonds is true?

A. It almost always leads to pathological grief.
B. It can lead to a new and altered relationship with the deceased.
C. It was only conducted on older adults and doesn’t apply to children. D. It is specific to Western culture and cannot be applied to most other cultures.

Q9: Which description of the difference between spirituality and religion is correct?

A. Spirituality is communal; religion is personal.
B. Spirituality does not accommodate a transcendence level; religion does.
C. Spirituality does not provide comfort during the dying process; religion does.
D. Spirituality involves individual meaning-making; religion involves shared beliefs.
Q10: A method used to re-create the personality and lifestyle of the deceased following an ambiguous death is known as a/an:

A. Investigation.
B. Obituary extension.
C. Psychological autopsy.
D. Forensic reassessment.

Answers to Sample Exam Questions on pages 13 -14.

Q1. A  
Q2. B  
Q3. D  
Q4. A  
Q5. A  
Q6. C  
Q7. B  
Q8. B  
Q9. D  
Q10. C  

Questions 1, 4, 5, 7, 8, 9, and 10 are “knowledge” questions.  
Questions 2, 3 and 6 are “applied knowledge” questions.