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## **Factors producing over-selectivity in older individuals**

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### **Abstract**

Stimulus over-selectivity describes a phenomenon where only a subset of the relevant stimuli present in the environment, control an individual's behavior. The current experiment explored the degree to which over-selectivity increases in old age. The level of over-selectivity in a visual discrimination task in 60 individuals aged 60-89 years was assessed, as well as the degree to which this reflected attentional control. In addition, the intellectual functioning and cognitive flexibility of the participants were assessed. Results showed that, as age increased, three effects were revealed: levels of stimulus over-selectivity increased, IQ scores decreased, and cognitive flexibility decreased. However, over-selectivity was not related to IQ or cognitive flexibility, and appeared related most to attentional impairments. Thus, aging is related to significant declines in effective stimulus control. These effects can have a serious impact on the physical and psychological health of old adults, as well as their quality of life, and, therefore, this area of research warrants further exploration. The results are discussed in relation to the attention-deficit and comparator theory of over-selectivity.

Keywords: Over-selectivity; Older individuals; Extinction; Attention; Cognitive flexibility; IQ.

‘Stimulus over-selectivity’ describes a phenomenon where an individual responds only to a subset of the stimuli present in the environment, and, thus, may restrict learning regarding the range, breadth, or number of stimuli that are important in any given situation (Dube, 2009; Ploog, 2010). Instances of over-selective responding are found in many populations that experience some assault to their levels of cognitive function, including individuals with intellectual disabilities (Smeets, Hoogeveen, Striefel, & Lancioni, 1985), learning disabilities (Bailey, 1981; Dube & McIlvane, 1999), Rett’s Disorder (Fabio, Giannatiempo, Antonietti, & Budden, 2009), acquired brain injury (Wayland & Taplin, 1982), schizophrenia (Feeny, 1972), and Autism Spectrum Disorders (ASD; Kelly, Leader, & Reed, 2015; Leader, Loughnane, McMoreland, & Reed, 2009; Reed, Broomfield, McHugh, McCausland, & Leader, 2009; Frankel, Simmons, Fichter, & Freeman, 1984). Moreover, previous research investigating over-selectivity in typically developing adults has demonstrated that adding a cognitive load can induce higher levels of over-selective responding (Reed & Gibson, 2005; McHugh & Reed, 2007; Broomfield, McHugh, & Reed, 2010; Reynolds & Reed, 2011a; Reynolds & Reed, 2011b; Reed, Savile, & Truzoli, 2012; Reynolds, Watts, & Reed, 2012).

As might be predicted by the increasing problems with cognitive capacity and attention deficits that can be noted with age (Chao & Knight, 1997), higher levels of over-selectivity have also been noted in older people (Gard, Hölzel, & Lazar, 2014; McHugh et al., 2009; McHugh & Reed, 2007). An increased level of over-selective responding may well have a serious impact on the physical and psychological health of older adults, as well as their quality of life, and, therefore, this area of research certainly warrants further exploration. Although higher levels of over-selectivity have been noted in older individuals compared to younger populations, a number of important theoretical aspects of this empirical finding are unclear.

Firstly, it has not yet been established if there is a developmental trend towards over-selectivity as a function of age, and at what point this trend may commence. McHugh and Reed (2007) compared one group of individuals whose mean age was 73 years old, with groups of individuals whose mean age was 50 and 20 years old. The sixteen participants in the oldest age group were aged between 70 and 80 years. At present, there is no comparative data for individuals across this higher end of the age range.

Secondly, over-selectivity can be related to a number of aspects of cognitive function, such as levels of intellectual functioning (cf. Kelly et al., 2015; Ploog, 2010; Wilhelm & Lovaas, 1976), and levels of executive function, especially as indexed by cognitive flexibility (Gard et al., 2014; Reed & McCarthy, 2012; Solomon, Smith, Frank, Ly, & Carter, 2011). Both of these areas are impacted by age-induced assaults on cognitive function (Brayne et al., 1995; Finucane et al., 2000; Park, 2000; Tales & Porter, 2008; Tales et al., 2011; Traykov et al., 2007). Given this, another aim of the current investigation was to determine if over-selectivity was related to intellectual functioning and/or cognitive flexibility in an older population.

Beyond these important relationships, there are a number of theories regarding the mechanisms underlying over-selective responding, and these have not been widely explored for this particular age group. One well-researched theoretical perspective regarding stimulus over-selectivity is the attention deficit theory (see Dube, 2009). This theory posits that over-selective responding is caused by an inability to attend to all component elements of a stimulus. Stimuli that are not attended to cannot be processed or learned about; therefore, only the elements of the stimulus that are attended to can subsequently control behavior (e.g., Dube & McIlvane, 1999; Dube et al., 1999; Koegel & Wilhelm, 1973; Lovaas, Schreibman, Koegel, & Rehm, 1971). An alternative view is suggested by the comparator theory of stimulus over-selectivity, which suggests that a comparator mechanism is responsible for

selecting between stimuli that potentially could be responded to, and triggers responses only to the most important stimuli available (see Reed, 2011). This view suggests that over-selectivity is not an acquisition, but a performance problem – with some stimuli, although learned about, not controlling behavior because of their relative lack of importance. It has been noted that extinguishing the over-selected stimuli allows the previously under-selected stimuli to control behavior with no additional training, suggesting that the latter were acquired but did not control behavior while the over-selected cues were present (Leader et al., 2009; Matzel, Schachtman, & Miller, 1985; Reed et al., 2009; Reynolds et al., 2012; Wilkie & Masson, 1976).

Both views have been shown to accommodate data in different populations (Reed, Savile, & Truzoli, 2012; Reed et al., 2009; White & Ruske, 2002) – with the attention-related view appearing most suitable for lower functioning individuals (Leader et al., 2009; Reed et al., 2012). This postulation is supported by the results reported by McHugh and Reed (2007) who noted that while the younger groups in their study did show extinction-induced recovery of responding to previously under-selected stimuli, the oldest group (70-80 years) did not show any such effect. The authors suggested that the reason for the absent emergence effect was that different processes may be involved in the oldest group of participants. A further aim of the current study is to determine the extent to which recovery of responding to previously under-selected stimuli can be seen in older individuals. If such recovery is noted it suggests that the mechanism is a performance-based one, but if it is not noted, then it suggests that the deficit is attentional in nature.

## **Method**

### **Participants**

Sixty healthy individuals participated; 20 in each of three age categories: 60-69 years (mean age =  $64:5 \pm 3:0$ ); 70-79 years (mean =  $75:1 \pm 2:2$ ); and 80-89 years (mean =  $83:2 \pm 2:2$ ). All participants were volunteers recruited through personal acquaintances of the experimenters and none received payment for their participation. Each participant provided written informed consent prior to any testing. No participant reported any chronic health condition, and participants were excluded from the study if they did not obtain a score of 25 or more on the Mini-Mental State Examination (Folstein, Folstein, & McHugh, 1975). The study employed a between subjects design with 50% of the participants in each age group randomly assigned to the experimental group ( $n=30$ ) and the other 50% to the control group ( $n=30$ ). This group type manipulation was employed to analyze if over-selective responding is a result of an initial attentional processing deficit or a post-processing mechanism.

## **Materials**

**Mini-Mental State Examination** (MMSE; Folstein et al., 1975). The MMSE is a commonly used instrument for indicating the presence of cognitive impairment. The MMSE comprises simple questions concerning a number of areas: the time and place of the test, repeating lists of words, arithmetic (such as the serial sevens), language use and comprehension, and basic motor skills. A score greater than or equal to 25 (out of 30) is considered as indicating no cognitive problem. Below this level, scores can indicate severe ( $\leq 9$ ), moderate (10-20), or mild (21-24), cognitive impairment.

**Wechsler Adult Intelligence Scale- Fourth Edition** (WAIS-IV; Wechsler, 2008). The WAIS-IV is a standardized test measuring intelligence in adults aged 16:0-90:11 years. It comprises 10 core subtests, and five supplementary subtests. Full Scale IQ scores were employed in the present study, and are based on the total combined performance of the

Verbal Comprehension Index, Perceptual Reasoning Index, Working Memory Index, and Processing Speed Index. The WAIS-IV was standardized on a sample of 2,200 people in the United States ranging in age from 16 to 90. The median FSIQ is centered at 100, with a standard deviation of 15. In a normal distribution, 68% of adults would fall within one standard deviation above and below the mean IQ score (i.e., between 85 and 115).

**Wisconsin Card Sort Test (WCST;** Grant & Berg, 1948). The WCST is a neuropsychological test of set-shifting or mental flexibility (Hill, 2004). In the computerized version of the WCST, participants match response cards to four stimulus cards along one of three dimensions (color, form, or number) on the basis of verbal feedback ('correct' or 'incorrect'). Participants are not given any other information about the dimensions. After receiving 'correct' feedback for sorting a consecutive series of 10 cards according one category, participants receive 'correct' feedback' for sorting the cards in a different manner (but are not otherwise told about the change). Perseveration errors are defined as a failure to shift set to the new sorting criterion. The only dependent variable examined in the current experiment was percentage of perseverative errors, which is the most-commonly used measure of WCST performance (Hsieh et al., 2010).

**Stimulus over-selectivity materials.** Laminated cards (12 cm x 10 cm) consisted of one or two black stimuli on a white background. The elements were characters obtained from fonts available in Microsoft 2003. The fonts employed were symbol, wingdings, and wingdings 2. The cards either had two elements (e.g., AB) displayed for the training phase (see Figure 1a for an example), or one stimulus element (e.g., A or B) displayed for the testing phase (see Figure 1b for an example).

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Figure 1 about here

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**Distractor task.** A 4x4 grid containing four different shapes, one in each of four of the 16 squares, was used as the distractor task (see Figure 2), which is employed to generate over-selective responding in nonclinical populations. This is the same distractor task used by Reed and Gibson (2005) and McHugh and Reed (2007). Previous research investigating over-selectivity in typically developing adults has demonstrated that adding a distractor task can induce higher levels of over-selective responding (Reed & Gibson, 2005; Broomfield, McHugh & Reed, 2010; Reed, Savile, & Truzoli, 2012; Reynolds, Watts & Reed, 2012; Reynolds & Reed, 2011a; Reynolds & Reed, 2011b).

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Figure 2 about here

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## **Procedure**

Ethical approval was obtained for this research from the ethics research committee in the university of the first and second authors.

The participants were tested individually in a quiet laboratory room. The MMSE, WCST, and WAIS-IV, tests were conducted prior to the test of stimulus over-selectivity. If a participant scored lower than 25 out of 30 in the MMSE, testing was terminated at this point.

**Distractor test.** The participants were shown the distractor 4x4 grid (see Figure 2) for 20s, and were instructed to remember the shapes and the locations of the stimulus shapes in the grid, as they would be asked to replicate it by drawing it at the end of the experiment. The distractor task for an individual participant was randomly chosen from four different distractor cards available.

**Training phase.** At the start of this phase, participants were instructed as follows: *“You will be shown two cards containing two symbols on each. Please select a card by pointing to that card. Point to the card rather than to an individual symbol. You will be given feedback of ‘yes’ for some cards and ‘no’ for others. Your choices will be recorded”*. The participants had the chance to ask any questions about the procedure at that point.

Following this, on each trial, two two-element stimulus cards (e.g., AB and CD; see Figure 1a) were placed next to each other in the center of the table, half-way between the participant and the experimenter. If the participant pointed to the predetermined reinforced compound (e.g., AB), they received positive feedback from the experimenter, who said “yes” enthusiastically with a smile. If the participant pointed to the other card (e.g., CD), participants received negative feedback from the experimenter, who said “no” in a flat tone without a smile. Each trial lasted until a response was made, and each inter-trial interval was approximately 5s.

The positions of the cards were randomized, so that 50% of the time the correct card (AB) was presented on the right, and 50% of the time on the left. During the training phase, the reinforced compound (AB) was always paired with the same non-reinforced compound (CD) for an individual participant. However, the actual stimulus elements used in the compounds were randomly chosen from the fonts, and were different for each participant, in order to prevent an intrinsically more salient stimulus from always having the same role. Participants reached criterion in the training phase once they chose the reinforced compound 10 times consecutively.

**Test phase.** Participants were presented with two cards simultaneously, each comprising of just one element from the complex stimuli from the training phase. The pictures were paired so that the participants had a choice of a previously reinforced stimulus

element (A or B; see Figure 1b) and a previously non-reinforced stimulus element (C or D). There were five trials for each combination of previously positively reinforced and non-reinforced components of the compound stimuli (i.e., A v C, A v D, B v C, B v D), giving a total of 20 trials. No feedback was provided to the participant during test trials. To ensure maintenance of trained discriminations of complex stimuli, ten probe trials were presented with no feedback throughout the test phase, giving a total of 30 test trials. The presentation order of the complex stimulus and single stimulus cards was randomized over the total trials (20 test trials and 10 probe trials).

**Extinction phase.** For the experimental group, the over-selected stimulus element from the training phase was determined (i.e., A or B; see Figure 1b), and was paired with one of four novel stimuli (E, F, G, or H) in a series of trials. On each trial, the previously over-selected stimulus and one of the novel stimuli (selected at random on each trial) were presented side by side (as described above). Participants were reinforced, as described above, for choosing the novel stimuli, and not the previously over-selected stimulus element. Criterion was reached when the participants chose the novel stimuli 10 times consecutively.

Participants in the control group were shown two novel stimuli paired together. Selection of one of the stimuli was given feedback of “yes”, while the other was given the feedback “no”. No card was extinguished. Training continued for an individual participant for the same number of trials as a participant in the experimental group required to reach criteria

**Re-test phase.** The same test procedure was used as the first testing phase, with no feedback provided to the participants.

**Distractor test.** Each participant was instructed to replicate the memory grid by drawing the four shapes in the correct four positions onto the empty 4x4 grid provided by the experimenter.

## Results

### Training Phase: Trials to Criterion

All participants successfully completed the training phase. The mean numbers of trials to criterion (including the 10 consecutive correct trials) for the three age groups were: 24.80 ( $\pm 4.36$ ) for the 60-69 year olds; 26.40 ( $\pm 4.78$ ) for the 70-79 year olds; and 28.45 ( $\pm 0.87$ ) for the 80-89 year olds. A one-way analysis of variance (ANOVA) was conducted on these data with age group as a between-subjects factor. The analysis revealed a statistically significant effect for age,  $F(2,57) = 3.53, p < .05, partial \eta^2 = .11$ . Tukey's Honestly Significant Difference (HSD) tests indicated that the mean score for the 60-69 year old group was significantly lower than that of the 80-89 year old group,  $p < .05$ , but that no other pairwise comparison was significant,  $ps > .05$ .

### Test Phase: Most Often and Least Often Selected Elements

The mean number of times that each of the elements from the previously reinforced stimulus (AB) were selected during the test phase was calculated. The element that was selected most often and least often for each participant during the test phase was determined. The group-mean percentages for the most and least selected stimulus are shown in Figure 3. Inspection of these data reveals a larger difference between the percentage times that the elements of the previously reinforced compound were selected as the age of the groups increased, with this being reflected in a decrease in the number of times that the least-selected stimulus was chosen.

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Figure 3 about here

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A two-factor, mixed-model ANOVA was performed on these data, with stimulus type (most versus least-selected) as a within-subjects factor, and age group (60-69, 70-79 and 80-8) as the between-subjects factor. This analysis showed significant main effects of stimulus type,  $F(1,57) = 352.92, p < .001, \text{partial } \eta^2 = .86$ , and age group,  $F(2,57) = 8.04, p < .001, \text{partial } \eta^2 = .22$ , and a significant interaction between the two factors,  $F(2,57) = 6.80, p < .01, \text{partial } \eta^2 = .18$ . Simple effect analyses (using the pooled error term) conducted on the most-selected stimulus across the three age groups revealed no difference between the groups,  $F < 1, \text{partial } \eta^2 = .02$ . However, there was a significant simple effect of age group on the least-selected stimulus,  $F(2,57) = 14.41, p < .001, \text{partial } \eta^2 = .34$ . There was significant linear trend in these data,  $F(1,57) = 20.85, p < .01, \text{partial } \eta^2 = .27$ , but no significant quadratic trend,  $F < 1, \text{partial } \eta^2 = .01$ .

### **Test Phase: Correlations and Predictors**

Inspection of the data in Table 1 reveals that there were significant relationships between IQ and age, and IQ and WCST scores, and also between the age of the participant and the level of over-selective responding. A multiple regression was conducted with the difference between the stimuli as the target, and the participants' age, IQ, and WCST scores as predictors. This revealed a statistically significant model,  $F(3,56) = 3.76, p < .05, R^2 = .168$ , in which age acted as the only significant independent predictor ( $\beta = .077, t = 3.14, p < .01$ ); IQ ( $\beta = .228, t = 1.10, p > .20$ ); WCST ( $\beta = .432, t = 1.22, p > .20$ ).

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 Table 1 about here  
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### **Extinction Phase: Trials to Criterion**

All 30 participants in the experimental group reached criterion in the extinction phase. The mean trials to extinction criterion (including the 10 consecutive trials not responding to the previously over-selected stimulus) for the three age groups were: 15.25 ( $\pm$  3.84) for the 60-69 year olds; 15.90 ( $\pm$  2.75) for the 70-79 year olds; and 18.15 ( $\pm$  4.60) for the 80-89 year olds. A one-way ANOVA with age group as a between-subject factor revealed a statistically significant difference,  $F(2,57) = 3.20$ ,  $p < .05$ ,  $partial\ eta^2 = .10$ . Tukey's HSD test indicated that the mean score for the 60-69 year old group was significantly different from the 80-89 year old group,  $p < .05$ , but no other pairwise group difference was significant,  $ps > .05$ .

### **Re-test Phase: Percentage Change from Test to Re-Test**

Inspection of Figure 4 reveals that, for all three groups who had received extinction (i.e., the experimental groups), the most selected stimuli were chosen less often in the re-test phase than it had been in the initial test phase. However, there was very little increase in control exerted by the previously under-selected stimuli in any group. In the control group, the most selected stimuli were chosen more times in the re-test phase across all three age groups. There was little change in the control exerted by the previously under-selected stimuli in any group.

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Figure 4 about here

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A three-factor, mixed-model ANOVA was conducted on these data, with stimulus type (most versus least-selected) as a within-subject variables, and group type (experimental versus control) and age group (60-69, 70-79 and 80-89) as between-subject variables. This

analysis revealed significant main effects of stimulus type,  $F(1,54) = 17.99, p < .001, \text{partial } \eta^2 = .25$ , and group type,  $F(1,54) = 25.17, p < .001, \text{partial } \eta^2 = .32$ , but no main effect for age group,  $F(2,54) = 1.09, p > .30, \text{partial } \eta^2 = .04$ . There was a significant interaction between stimulus type and group type,  $F(1,54) = 33.83, p < .001, \text{partial } \eta^2 = .39$ , but no interaction effects for stimulus type and age group,  $F < 1, \text{partial } \eta^2 = .02$ , age group and group type,  $F < 1, \text{partial } \eta^2 = .01$ , or three-way interaction,  $F < 1, \text{partial } \eta^2 = .02$ . When the difference scores from the experimental group were tested against zero, the decrease in control exerted by the previously over-selected stimuli was statistically significant,  $t(29) = 7.35, p < .001$ , but the emergence of the previously under-selected stimulus was not significantly different from zero,  $t < 1$ . When the mean scores from the control group were tested against zero, neither the decrease in control exerted by the previously over-selected stimuli, nor the emergence of the previously under-selected stimuli, were statistically significant, both  $ts < 1$ .

### **Re-test Phase: Predictors**

A multiple regression was conducted, with the difference between most-selected stimulus at test and re-test as the target (re-test score minus test score), and the participants' age, IQ, and WCST scores, as predictors. This was not statistically significant,  $F(3,56) = 1.24, p > .30, R^2 = .062$ , and none of the predictors was independently significant: age ( $\beta = .043, t = 1.32, p > .10$ ); IQ ( $\beta = .156, t = 1.09, p > .30$ ); WCST ( $\beta = -.518, t = 1.09, p > .30$ ). A multiple regression was conducted with the difference between least-selected stimulus at test and re-test as the target (re-test score minus test score), and the participants' age, IQ, and WCST scores as predictors. This was not statistically significant,  $F(3,56) = 1.03, p > .30, R^2 = .052$ , and none of the predictors was independently significant: age ( $\beta = .034, t = 1.64, p > .10$ ); IQ ( $\beta = .100, t = 1.00, p > .30$ ); WCST ( $\beta = -.537, t = 1.00, p > .30$ ).

## Discussion

The current experiment demonstrated the presence of stimulus over-selectivity in a simple visual discrimination task with an added distractor in each of the three older age groups. This finding replicated the results reported by McHugh and Reed (2007), as well as research exploring the effects of increased cognitive load on levels of over-selectivity in a non-clinical population (Broomfield et al., 2010; Reed & Gibson, 2005; Reed et al., 2012; Reynolds & Reed, 2011a; 2011b; Reynolds et al., 2012). In addition, an age trend in over-selective responding emerged, where over-selectivity increased as a function of chronological age. Specifically, the oldest age group (80-89 years) displayed higher levels of over-selectivity than those in the 70-79 year old group, and the 70-79 year old group displayed greater over-selective responding than the 60-69 year old group.

This effect was the product of decreasing scores in terms of the least-selected stimulus, with performance for the most-selected stimulus remaining unaltered. This finding suggests that as participants become older, then they can still perfectly capable of acquiring the necessary information to perform the task. However, they do so increasingly by focusing on narrower aspects of the stimulus that they are required to learn about – such that, when tested on all of the cues, they respond as well to one element as younger individuals, but perform worse to other aspects of the stimulus that may be regarded as redundant at the time, but which may be needed at a subsequent time.

A number of possibilities exist in terms of which cognitive abilities are implicated in producing this effect. Although the level of over-selectivity was related to the participants' ages, it was neither related to the IQ (WAIS-IV) nor the level of cognitive flexibility (WCST) demonstrated by the participant. This was despite the fact that age and both intellectual

ability and cognitive flexibility were noted to negatively co-vary (see also Finucane et al., 2000; Park, 2000; Tales & Porter, 2008; Tales et al., 2011; Traykov et al., 2007).

The results from the extinction manipulation do suggest that the current over-selectivity effects are the result of a deficit in initial attentional processing, rather than post-processing mechanisms. The comparator theory of over-selectivity predicts that post-learning manipulations of the over-selected cue should enhance the performance of the under-selected cue (Reed, 2007, 2011). However, as in the current study, McHugh and Reed (2007) found no recovery effects in a 70-80 year old group. Thus, it is possible that the older participants displayed an initial pre-conditioning attentional deficit and, thus, there was no suppressed learning about the under-selected stimulus to be revealed by extinguishing the over-selected stimulus. This suggests corresponds to a number of papers that have posited an attentional problem with increasing age (Chao & Knight, 1997).

However, it is worth noting that, the current pattern of findings in terms of the predictors of initial over-selectivity is similar to that obtained from individuals with ASD (Frankel et al., 1984; Kelly et al., 2015; Reed et al., 2009). In these studies of this particular clinical sample, no significant association was revealed between IQ and over-selective responding. In fact, in these studies, the participants' verbal abilities were the key predictor of over-selective performance, and this possibility could be investigated with the current population.

Taken together, the results showed that as chronological age increased, three effects were revealed: levels of stimulus over-selectivity increased, IQ scores decreased, and cognitive flexibility decreased. Aging is, thus, related to significant declines in effective stimulus control, intellectual functioning, and cognitive functioning. These effects can have a serious impact on the physical and psychological health of older adults, as well as their quality of life, and, therefore, this area of research certainly warrants further exploration.



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### **Figure Captions**

Figure 1(a) and 1(b). Example of complex stimulus (AB) and example of single element stimulus (A)

Figure 2: Example of a memory grid used as a distractor task to increase cognitive strain across participants in each age group

Figure 3: Mean percentage scores for the most and least selected elements for each age group in the test phase. Error bars = 95% confidence intervals.

Figure 4: Mean percentage change from the test to the re-test phase for the most and least selected stimuli in the experimental and control groups across the three age groups. Error bars = 95% confidence intervals.

Figure 1:

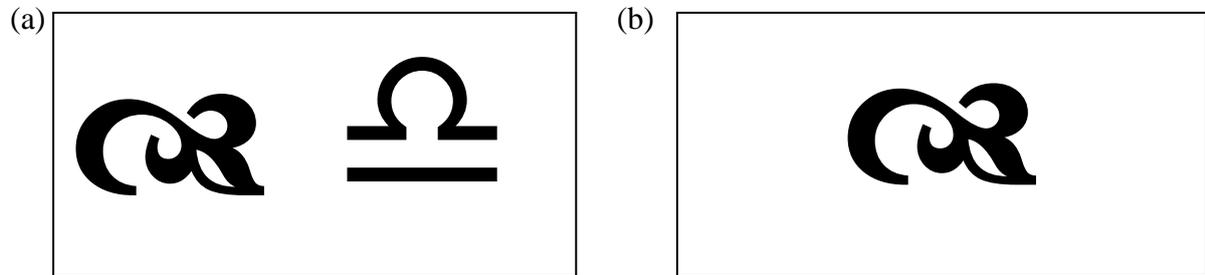


Figure 2

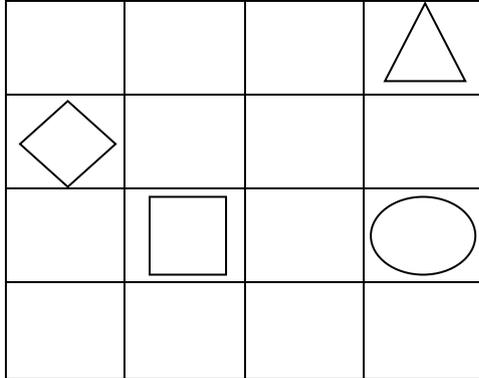


Figure 3

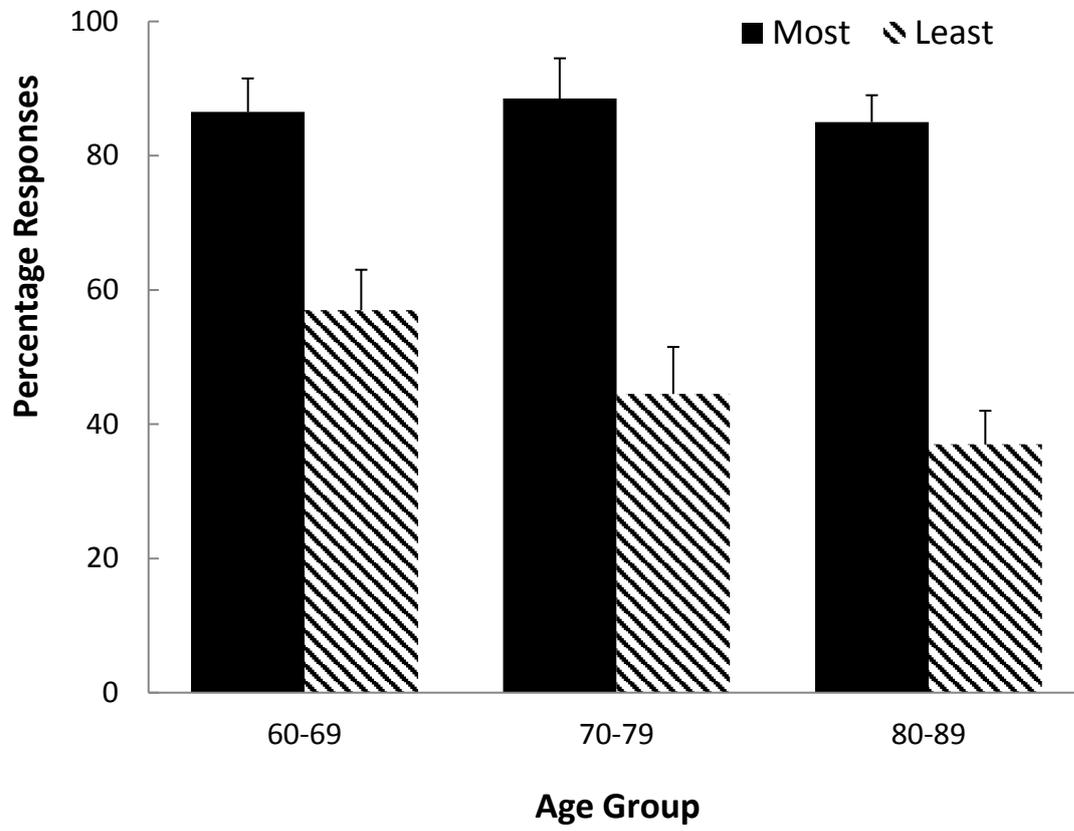
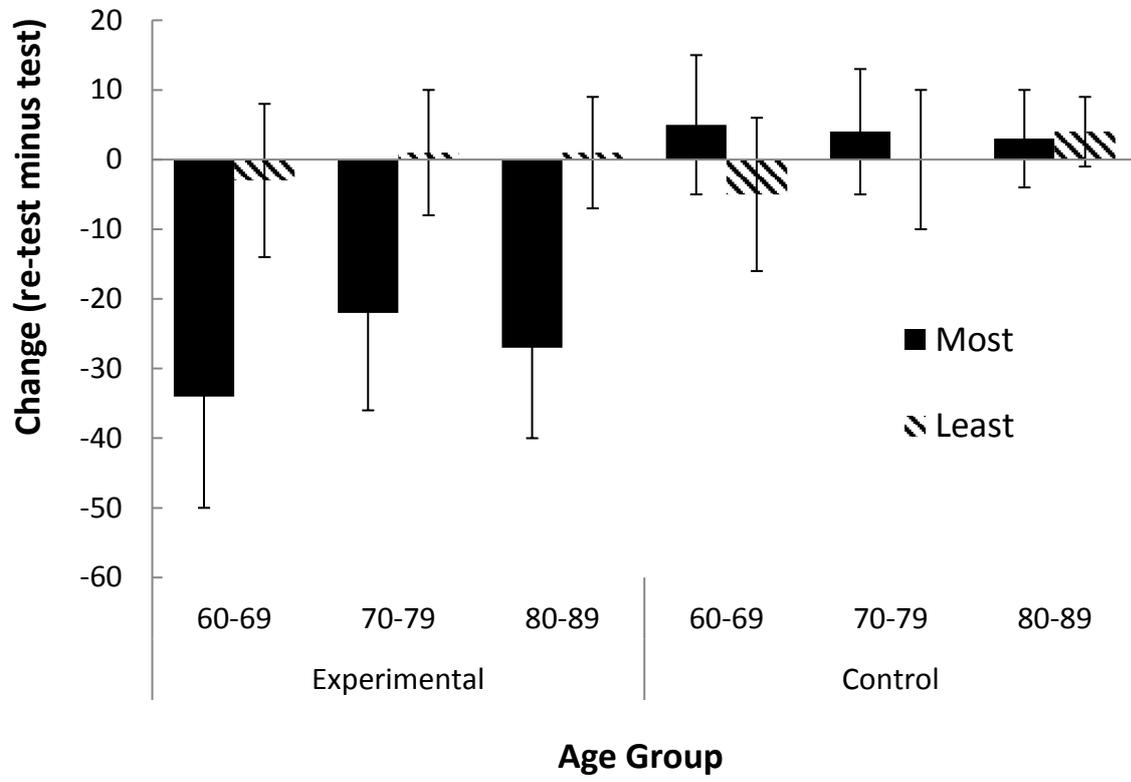


Figure 4



**Table 1: Means (standard deviations) for the difference between the most and least stimulus during Phase 1, the age of the participants (months), IQ scores, and Wisconsin Card Sorting Task (WCST) scores, as well as the Pearson correlations between these scores.**

		Age	IQ	WCST
Stimulus Difference	40.17 (18.56)	.380**	-.056	.143
Age (months)	891.08 (97.73)		-.330**	.124
IQ	103.87 (13.02)			-.479***
WCST	24.33 (7.22)			

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$