

Trauma Recovery/HAP Learning Assessment – Weekend 1

Shapiro, F. (2018). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures* (3rd Ed.). New York, NY: Guilford Press.

Go With That Magazine. 25(3). https://mk0emdrias99osg9utnb.kinstacdn.com/wp-content/uploads/2021/05/GWT.2020.Vol_.25.Issue_.3.RacialTrauma.ALL_.pdf

History of EMDR Therapy

1. EMDR (Eye Movement Desensitization and Reprocessing) therapy was first called EMD (Eye Movement Desensitization).
 - a. True
 - b. False(Shapiro, 2018, p. 12)
2. Francine Shapiro's first controlled study included work with this PTSD population:
 - a. Vietnam Veterans
 - b. Eating disordered patients
 - c. College students
 - d. National Guard(Shapiro, 2018, p. 9)

The EMDR Therapy Approach

3. According to the EMDR therapy approach, change is understood as a byproduct of reprocessing due to the alteration of memory storage and the linkage to adaptive memory networks.
 - a. True
 - b. False(Shapiro, 2018, pp. 27-28, 43-44)
4. As a comprehensive approach, careful attention is given to images, beliefs, emotions, physical responses, increased awareness, internal stability, resiliency, and interpersonal systems in achieving the effects of EMDR therapy.
 - a. True
 - b. False(Shapiro, 2018, p. 1)
5. According to Shapiro (2018), any event that has had a lasting negative effect on the self or psyche is by its nature traumatic.
 - a. True
 - b. False(Shapiro, 2018, p. 39)

Evidence Base of EMDR Therapy

6. Since 1987, EMDR therapy has been empirically supported by numerous randomized controlled trials (RCTs) and is internationally recognized as an effective treatment for trauma and a wide range of experientially based disorders.
 - a. True
 - b. False(Shapiro, 2018, p. 2)

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7. One way in which standard EMDR therapy protocol differs from Cognitive Behavioral therapy is that the standard EMDR therapy protocol does not necessitate homework.
- True
 - False
- (Shapiro, 2018, p. 21)

Culture

8. According to Archer's article, racial trauma is historical, multigenerational, and reinforced through implicit and explicit forms of discrimination and oppression. In addition to preverbal traumatic events, using EMDR helps to target second-generation traumatic material.
- True
 - False
- (Go With That Magazine 25(3), 18)

Mechanism of Action Underlying EMDR

9. Which of the Mechanisms of Action has **not** been strongly supported as an explanation for EMDR therapy?
- Taxing Working Memory
 - Exposure to High Levels of Distress
 - REM Processes
 - Orienting Response
- (Shapiro, 2018, pp. 27, 51, 366)
10. Which of the following is **not** a hypothesis to explain the impact of eye movements on reprocessing are:
- Dual attention taxes the working memory ultimately lowering the disturbance of the memory.
 - Bilateral eye movements elicit the orienting response, engaging the parasympathetic nervous and lowering the disturbance.
 - The rhythm of eye movements erases memories so that they are forgotten.
 - Eye movements stimulate a process similar to REM sleep
- (Shapiro, 2018, pp. 373-374)
11. Research indicates that EMDR reprocessing frequently leads to somatic de-arousal response associated with eye movement.
- True
 - False
- (Shapiro, 2018, pp. 27, 51, 366)

Neuro/Trauma

12. Which of the following is **not** a factor in changes in the nervous system associated with psychological trauma that result in a loss of neural homeostasis:
- Cortisol release.
 - Relaxation response.
 - Fluctuations in neurotransmitters.
 - Spikes in adrenaline.
- (Shapiro, 2018, p. 27)

Model

13. The AIP model provides a framework for treatment, understanding development of pathology, making associations, coming to a resolution, and guiding future actions.
- True
 - False
- (Shapiro, 2018, pp. 26-27)
14. According to the AIP model, inadequately processed and maladaptively stored memories are the basis of pathology across the clinical spectrum, and processed experiences are the basis of resilience and mental health.
- True
 - False
- (Shapiro, 2018, p. 38)
15. Which of the following is an important premise of the AIP model?
- A long period of exposure to the memory of a traumatic incident is the best method for healing trauma.
 - Consistent client homework in between sessions is the key to therapy efficacy.
 - The body has an intrinsic capacity for psychological self-healing.
 - Teaching clients improved responses to stimuli results in improved emotion.
- (Shapiro, 2018, p. 28)
16. The AIP model states that maladaptive personality traits may be:
- The result of unprocessed experience
 - Intractable
 - Pathological targets
 - Difficult to treat
- (Shapiro, 2018, p. 38)
17. According to Shapiro (2018), when the information processing system is activated, it is:
- Maladaptive
 - Always going to result in rapid healing
 - Adaptive
 - Triggering
- (Shapiro, 2018, p. 28)

Memory and Memory Networks

18. In EMDR therapy, the _____ is the earliest, pivotal, self-defining experience that lays the foundation for the client's presenting problem and is often the first target memory for reprocessing.
- Touchstone memory
 - Cluster
 - Present day trigger
- (Shapiro, 2018, p. 98)
19. Adaptive memory networks include positive life experiences as well as negative experiences that have been successfully processed. Adaptive memory networks:
- Do not include the therapeutic relationship.
 - Need to be present and accessible for reprocessing to occur
 - Are good to identify, but irrelevant for reprocessing memories
- (Shapiro, 2018, pp. 16, 37, 38, 110).

Three-Pronged Approach

20. The three-pronged protocol refers to which of the following?
- Fears related to a traumatic event, attachment experiences with primary caregivers, and structural dissociation of the personality
 - Identify and reprocess the earlier memories causing the problems, present experiences triggering the disturbance and incorporation of positive templates for the future.
 - Sensory experiences related to the trauma, unacted urges and impulses related to the trauma, and emotions related to the trauma.
 - The negative cognition, the positive cognition and the body sensations
- (Shapiro, 2018, p. 216)

Phase 1: History Taking and Treatment Planning

21. Delineating the client's presenting complaint and its symptoms, initial causes, duration, and additional past occurrences occurs during which Phase?
- Phase 3 – Target Assessment
 - Phase 2 – Preparation and Stabilization
 - Phase 4 – Reprocessing (Desensitization)
 - Phase 1 – History Taking and Treatment Planning
- (Shapiro, 2018, pp. 98-100)
22. According to Archer's article, when identifying adverse or traumatic experiences during history-taking with Black, Indigenous, People of Color (BIPOC) clients:
- It is not important to consider a client's race, as the concept is simply a social construct.
 - The issue of race can be set aside since race is actually a 'fake' reality with no real consequences.
 - It is especially important to consider how a client might have been racialized into disadvantage, since racism affects one's trauma history.
 - Most BIPOC clients will have the same perspective on their experience of inequity and racism.
- (Go With That Magazine 25(3), 7)
23. During Phase 1 **History Taking and Treatment Planning**, the clinician gathers relevant current and historical information, considers the extent of available adaptive memory networks, and:
- Assesses the client's integrative capacity, motivation, and readiness for reprocessing
 - Disregards any positive experiences as they are unimportant in EMDR therapy
 - Focuses solely on the diagnostic signs and symptoms for target selection
- (Shapiro, 2018, pp. 85-97)

Client Readiness Criteria

24. Screening for and addressing dissociative disorders is necessary before attempting EMDR reprocessing with clients.
- True
 - False
- (Shapiro, 2018, pp. 96-97)
25. According to Shapiro, the Dissociative Experiences Scale (DES-II) should **not** be administered during Phase One as an initial screening for dissociation.
- True
 - False
- (Shapiro, 2018, p. 96)

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26. So far, no medications appear to completely block EMDR reprocessing, although benzodiazepines have been reported to reduce treatment efficacy with some clients.
- True
 - False
- (Shapiro, 2018, p. 95)

Procedures to Identify Memories

27. Direct Questioning, Floatback Technique and Affect Scan are procedures used to accomplish what?
- Identify an appropriate negative cognition associated with the targeted memory
 - Identify when the body scan should be completed
 - Identify earlier memories associated with the client's current issues so they can be reprocessed
- (Shapiro, 2018, p. 216)

EMDR Therapy Case Conceptualization & Treatment Plan

28. The EMDR therapy case conceptualization is the overview of the client's presentation, clinical factors and guides EMDR therapy treatment planning.
- True
 - False
- (Shapiro, 2018, pp. 435-440)
29. The EMDR therapy _____ is developed from the case conceptualization and establishes priorities, the concerns to be addressed, and the order of target reprocessing.
- AIP Model
 - Treatment Plan
 - Future Template
 - Client Readiness Criteria
- (Shapiro, 2018, pp. 435-440)
30. Memory clusters are:
- Determined solely by the clinician based on their conceptualization of the client
 - Groupings of memories that are similar in some way, such as person-specific, belief-specific or sensation-specific.
 - Only useful when the client suffers a recent trauma
- (Shapiro, 2018, pp. 99-100)

Phase 2: Preparation and Stabilization

31. During Phase 2 **Preparation and Stabilization** the clinician prepares the client to handle the disturbance that may arise in EMDR reprocessing, and:
- Normalizes all fears about reprocessing before understanding the origin of the fears.
 - Establishes a therapeutic alliance and sets treatment expectations
 - Disregards the client's inability to maintain dual awareness during history taking.
- (Shapiro, 2018, pp. 113-124)

Informed Consent

32. In memories that might be a part of a case involving a legal proceeding, which of the following is true?
- The client will forget what happened, thereby making their testimony unusable.
 - The client should avoid testifying immediately after an EMDR treatment session.
 - Informed consent should be used with all pertinent parties.
 - EMDR should not be attempted until after the legal proceeding is concluded.
- (Shapiro, 2018, p. 92)
33. According to Shapiro (2018), clinicians should be cognizant:
- That false memory syndrome is a well-known widely accepted common occurrence.
 - That limitations and distortions of memory may exist that could alter the accuracy of any memory that emerges during EMDR reprocessing.
 - That a light hypnotic trance is necessary and desirable during reprocessing.
 - That children's memories are historically accurate.
- (Shapiro, 2018, p. 301)
34. It is essential to inform the client they may experience emotional disturbance during and after EMDR reprocessing sessions.
- True
 - False
- (Shapiro, 2018, p. 66)

Client's Stability

35. Since EMDR reprocessing of disturbing life experiences has been shown to be effective and efficient, it is not necessary for the client to practice self-control procedures or demonstrate the ability to dissipate moderate to high levels of emotional disturbance.
- True
 - False
- (Shapiro, 2018, pp. 66, 88)

Mechanics

36. During all reprocessing phases (Phases 4 – 6), eye movement is the preferred method of BLS and should be executed:
- Seated directly in front of the client so their face can easily be observed
 - As fast as the client can tolerate and is customized to their needs
 - Slow and only four to eight passes
- (Shapiro, 2018, pp. 61-62)

Safe/Calm State

37. Shapiro (2018) suggests the Safe/Calm place exercise is recommended as part of the Phase Two Preparation and Stabilization before starting reprocessing because:
- Peaceful images do not produce any feelings of anxiety.
 - It unlocks and drains a reservoir of negative emotions.
 - It reassures clients they have a way to recover emotional stability during any disturbance.
 - It allows whatever happens to happen.
- (Shapiro, 2018, p. 117)
38. The Safe/Calm State exercise is recommended before memory reprocessing for the following reasons **except**:

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- a. To assess the client's ability to shift states indicating the availability of adaptive memory networks.
 - b. As a trait change mechanism instead of promoting a temporary state change.
 - c. As a strategy to establish a resourced state of calmness or safety which can be accessed on demand.
- (Shapiro, 2018, p. 117)

Cognitions

39. An appropriate negative cognition is a negative self-assessment and represents which of the following.
- a. How the client felt at the time of the traumatic incident and is an 'I' statement.
 - b. The client's rational belief now in relation to the traumatic incident.
 - c. The verbalization of stored affect and is not a description of the event.
- (Shapiro, 2018, p. 55)
40. The negative cognition commonly falls into which four categories?
- a. Responsibility, safety, control and connection
 - b. Mastery, relational, empowering and symbolic
 - c. Vulnerability, Fairness, Guilt, and Choices.
- (Shapiro, 2018, p. 56)
41. An appropriate positive cognition sets the direction for treatment yet feels relatively untrue prior to memory reprocessing and:
- a. Is wishful or magical thinking on the part of the client.
 - b. Is realistic, positive, self-referencing and incorporates an internal locus of control.
 - c. Is stated as a negation of the negative cognition, such as "I am not unlovable."
- (Shapiro, 2018, pp. 58)

Phase 3: Target Assessment Phase

42. In Phase 3 **Target Assessment**, the clinician identifies the components of the target memory and establishes a baseline response before reprocessing begins.
- a. True
 - b. False
- (Shapiro, 2018, p. 67)
43. When selecting an image during Target Assessment Phase, the clinician should specifically ask:
- a. "What picture represents the worst part of the experience **now**?"
 - b. "What picture represents what you think of yourself in your worst moments?"
 - c. "What scenery is passing by when you think of the incident?"
 - d. "What picture defines yourself in this moment?"
- (Shapiro, 2018, p. 125)
44. A Negative Cognition (NC) is a negative self-statement the client believes at least to some extent about themselves now when recalling the disturbing event and picture.
- a. True
 - b. False
- (Shapiro, 2018, p. 125)
45. The baseline measure of how true the client believes the desired positive cognition to be is rated on the _____ scale, and ranges from _____.
- a. Validity of Cognition (VoC);1-10
 - b. Subjective of Disturbance (SUD);0-10

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- c. Validity of Cognition (VoC); 1-7
(Shapiro, 2018, p. 129)
46. Naming the *emotion(s)* in the Target Assessment phase is important because:
- It identifies the emotion that the client feels as they bring up the experience in present time.
 - It prevents confusion if they subsequently describe the reprocessing experience by using the SUD scale.
 - It produces a sense of accomplishment.
 - It separates the emotion psychologically from the sensation in the body.
- (Shapiro, 2018, p. 130)
47. During the Target Assessment Phase, which of the following is **not** true when identifying the body sensations?
- The clinician asks the client, “Where do you feel it [the disturbance] in your body?”
 - The response of the body to the trauma is an important aspect of treatment.
 - It is necessary to ask for a description of the body sensation.
- (Shapiro, 2018; p. 131)

Phase 4: Desensitization

48. Which three things should the clinician ask the client to notice when beginning the Phase 4 **Desensitization**?
- The image, the positive cognition and where they feel it in their body.
 - The negative cognition, the positive cognition and the emotion.
 - The image, the negative cognition and where they feel it in their body.
 - The image, the bilateral dual attention stimulation and the emotion.
- (Shapiro, 2018, p. 137)
49. During the Desensitization Phase after the first set of BLS, it is advisable for the clinician to:
- Remind client of the negative cognition.
 - Ask the client to continue to hold the original image in mind.
 - Refrain from reminding client of the negative cognition.
 - Check the validity of cognition.
- (Shapiro, 2018, p. 137)
50. During the Desensitization Phase, when continuing to administer sets of BLS, the clinician:
- Reminds the client of their negative cognition.
 - Tells the client to hold the original image in their mind.
 - Says to the client, “Go with that” or “notice that.”
- (Shapiro, 2018, p.140)
51. When a memory appears blocked and the client reports feeling stuck and “mad in their gut,” which strategy is best used to identify a feeder memory?
- Floatback technique
 - Affect Scan
 - Resource Development and Installation
- (Shapiro, 2018, pp. 182-183, 445)
52. When reprocessing the initial target memory is unsuccessful, the clinician should consider inquiring about the negative beliefs that are blocking progress.
- True
 - False
- (Shapiro, 2018, p.183)

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53. EMDR reprocessing is not causing the client's emotional distress but rather is simply releasing it. The clinician should:
- Become immersed in the client's emotional reactions to demonstrate attunement with the client.
 - Pay close attention to the client's nonverbal cues (i.e., facial expression, breathing rate, body language) while maintaining BLS until the emotional state has shifted.
 - Discontinue the BLS and immediately take the client to their Safe/Calm State to reduce the level of distress.
- (Shapiro, 2018, pp. 165-167)

Phase 5: Installation

54. The circumstances under which the clinician proceeds to the Installation Phase includes all **except**:
- The client reports a SUD level of 3 and states this is the lowest it will go because they are unwilling to let go of their anger.
 - The SUD is a 1 and it appears to be ecologically valid.
 - The SUD is a 0 and the memory appears resolved.
- (Shapiro, 2018, p.151)
55. When beginning Phase 5 **Installation**, the first question the clinician asks is:
- "What do you notice in your body now?"*
 - "As you bring up the memory, do the words [repeat the positive cognition] still fit, or is there another positive statement that fits even better?"*
 - "What do you think about the negative cognition now?"*
 - "How are you feeling when you recall the [restate the disturbing event]?"*
- (Shapiro, 2018, pp. 151-152)
56. When checking the VOC during the Installation Phase, the clinician asks:
- "When you think about the original picture, what do you think now?"*
 - "On a scale of 0 to 10 where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now?"*
 - "Bring up the memory and those words [selected positive cognition]. From 1, completely false, to 7, completely true, how true do they feel now?"*
 - "Close your eyes and keep in mind the original memory and the positive cognition. Then bring your attention to the different parts of your body, starting with your head and working downward."*
- (Shapiro, 2018, p. 152)
57. If the VOC does not progress above a 5 after repeated sets of BLS, the clinician should move on to the next phase, the body scan.
- True
 - False
- (Shapiro, 2018, p. 153)

Phase 6: Body Scan

58. In Phase 6 **Body Scan** the client is asked to hold in mind which of the following and mentally scan their body for any residual physical sensation?
- The original image and the negative cognition.
 - The current emotion and the positive cognition.
 - The memory and the positive cognition.
- (Shapiro, 2018, p. 154)
59. Shapiro emphasizes the importance of the body scan and finds which to be true?
- It is more advantageous to complete the body scan with very little time (i.e., 1-2 minutes) left in the session rather than waiting until the next session.
 - It is not beneficial to target the physical sensation unless it is linked with the associated negative beliefs.
 - Focusing on the body sensations revealed during the body scan may open other channels of association that can be reprocessed to the client's benefit.
- (Shapiro, 2018, p. 154)
60. When completing the body scan, the client reports some residual sensations in their body. Given sufficient time remains in the session, what is the appropriate response of the clinician?
- Return to the original target.
 - Take the client to their Safe/Calm State.
 - Resume sets of BLS while the client focuses on the sensations.
- (Shapiro, 2018, p. 154)

Phase 7 Closure

61. The purpose of Phase 7 **Closure** includes all except:
- To check the SUD level, VOC rating and complete a body scan.
 - To bring closure to the memory work and focus on the "here and now."
 - To facilitate stability at the end of and between treatment sessions.
- (Shapiro, 2018, p. 155-157)
62. What specific measurements suggest that the reprocessing of a targeted memory is complete?
- SUDS of 2 or less, VoC of 6 or 7, and a body scan.
 - SUDS of 0 or 1, VoC of 0 or 1, and a clear body scan.
 - SUDS of 0 or 1, VoC of 6 or 7, and a clear body scan.
- (Shapiro, 2018, p. 215)
63. During closure of a treatment session, the clinician reminds the client that the processing may continue, and they may notice images, thoughts, emotions, body sensations, memories and/or dreams between sessions.)
- True
 - False
- (Shapiro, 2018, pp. 78, 157)
64. Shapiro describes TICES as including which of the following components?
- Target, image, control, experience, setting
 - Trigger, image, cognition, emotion, sensation
 - Treatment, intention, confidence, education, success
- (Shapiro, 2018, p. 157)

Strategies to Facilitate Reprocessing

65. Which of the following is **not** a strategy that clinicians can use to reinforce the client's dual focus of attention and connection to present time:
- Verbal reassurances during the set.
 - Purposely changing the direction and speed of the eye movements.
 - Make slower movements or cover a shorter range.
 - Check the VOC level.
- (Shapiro, 2018, p. 168)
66. When the client is exhibiting a strong emotional reaction, the clinician:
- Should immediately discontinue sets of BLS and engage in talk therapy until the client feels safe.
 - Can modify specific components of the memory, such as asking the client to change a vivid image in living color to black and white.
 - Should continue with the set of BLS regardless of the client's signaling they want to stop.
- (Shapiro, 2018, p. 169-170)
67. If the reprocessing remains blocked, the clinician can "jump-start" it by:
- Inviting the client to verbalize any "unspoken words" or scan for other disturbing aspects of the targeted memory, such as visual cues, sounds and/or disturbing dialogue.
 - Inviting the client to converse about their experience while the clinician offers their interpretations.
 - Inviting the client to consider the present-day triggers and future adaptations for more effective functioning.
- (Shapiro, 2018, pp. 173-176)
68. Shapiro (2018) states that, when reprocessing is not progressing even after changing the nature or type of bilateral dual attention stimulation, the clinician should:
- Start a different target to see if that will resolve.
 - Change the NC and PC in case they were the problem.
 - Explore ancillary factors, such as feeder memories, blocking beliefs or secondary gain.
 - End the session and switch back to talk therapy.
- (Shapiro, 2018, p.190)
69. Reprocessing of the targeted memory can be blocked by the client's fears of the outcome (i.e., secondary gains) or of the procedure itself (e.g., fear of going crazy).
- True
 - False
- (Shapiro, 2018, pp.184-185)

Phase 8: Reevaluation

70. Phase 8 Reevaluation:
- Is optional because in many cases the target has already been reprocessed to a SUD of 0 and a VoC of 7.
 - Is sometimes referred to as Reassessment Phase and should only be used after incomplete sessions.
 - Is vital and should open each reprocessing session after the first, assessing client's progress and how well previously targeted material has been resolved.
 - Was added later by Francine Shapiro as the "R" in EMDR.
- (Shapiro, 2018, p. 191)

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71. In Phase 8 **Reevaluation** when resuming an unfinished target memory, the clinician:
- Reviews their notes and reminds the client where they left off in the previous reprocessing session.
 - Reminds the client of their negative and positive cognitions associated with the previously targeted memory.
 - Reminds the client of the previously targeted memory and assesses the image or worst part, emotions, SUD, and body sensations.
- (Shapiro, 2018, pp. 71, 195)

Present Triggers

72. The _____ of the EMDR therapy protocol, known as _____ includes current people and situations that generate maladaptive reactions and may be activating another memory network not previously identified.
- First prong, present triggers
 - Third prong, future template
 - Second prong, present triggers
- (Shapiro, 2018, pp. 199-201; 217)
73. Current triggers that are still active due to second-order conditioning should not be targeted for reprocessing.
- True
 - False
- (Shapiro, 2018, p. 73)

Future Template

74. The future template optimizes the client's capacity to respond effectively in future situations, strengthens needed skills and behaviors, and
- Disregards the existence of blocking beliefs, avoidance behaviors and fears
 - Uses the client's negative cognition to address the anticipatory anxiety
 - Prepares the client for challenging situations in the future
- (Shapiro, 2018, pp. 206-207)
75. The positive/future template involves applying bilateral dual attention stimulation while a client runs through the sequence of a challenging past experience until there is no longer a disturbance associated with it.
- True
 - False
- (Shapiro, 2018, p. 206)
76. The clinician proceeds to the installation of the Future Template:
- When the client's SUD level remains high
 - Following the resolution of distress associated with a present trigger
 - At the end of every reprocessing session
- (Shapiro, 2018, p. 203)

Recent Event Protocol

77. After standard preparation is complete, which of the following is the **first** step in the Recent Event Protocol?
- The clinician targets the most disturbing aspect of the memory.
 - The clinician obtains a narrative history of the event, noting the most disturbing moments
 - The clinician reprocesses all the present stimuli.
 - The clinician incorporates a positive future template for each trigger
- (Shapiro, 2018, p. 223)
78. When using the Recent Event Protocol, the clinician should not use the body scan until the final segment of the memory has been treated and all targets have been reprocessed.
- True
 - False
- (Shapiro, 2018, p. 223)

EMDR and Children

79. Which of the following is **true** when using EMDR therapy with children?
- Reprocessing effects tend to be more rapid with children than with adults.
 - The clinician should explain EMDR therapy only to parents.
 - Parents should never be present during the reprocessing session.
- (Shapiro, 2018, p. 331)
80. The following statements are true for the treatment of children, **except**:
- Children can create maps, timelines, and storybooks of their lives, through which the clinician can identify potential targets and resources.
 - Young children may use hands to indicate levels of disturbance.
 - Clinicians should advise parents to remain in the room and give verbal feedback during desensitization and installation phases.
 - Clinician may ask for a “mixed up thought” or a “bad thought” to help elicit the negative cognition.
- (Shapiro, 2018, pp. 324-325)