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EMDR Therapy Adaptive Information Processing (AIP)

1. In EMDR therapy, pathology is viewed in terms of maladaptive memory networks which have not been fully processed and continue to be held in a state-specific form giving rise to maladaptive perceptions, behaviors, beliefs and attitudes.
   a. True
   b. False
   (Shapiro, 2018, p. 38)

2. The resolution of dysfunctionally stored memories is a primary focus of treatment.
   a. True
   b. False
   (Shapiro, 2018, p. 43)

3. The components of memory include all of the following except:
   a. Imagery
   b. Emotions
   c. Negative assessments of others
   d. Sensations
   (Shapiro, 2018, p. 133)

4. Memory networks inform perceptions, attitudes and behaviors and are considered the basis for both dysfunction and health in EMDR therapy.
   a. True
   b. False
   (Shapiro, 2018, p. 38)

Presenting Problems, Symptoms, and Issues

5. In complex trauma presentations, the clinician should pace history taking to explore problems in daily living such as affect regulation, self-esteem, relationship issues, and socioeconomic stressors.
   a. True
   b. False
   (Shapiro, 2018, pp. 289-290)

6. The presenting problem describes a specific context in which the presenting issue is experienced, and:
   a. Are informed by maladaptive networks which contain inadequately processed memories.
   b. Are singular and explicit in clients with complex presentations
   c. Are only past problems in clients with complex presentations.
   (Shapiro, 2018, p. 216)

7. As opposed to single trauma memory networks, complex client presentations often include multiple symptoms over several memory networks and may be acute or chronic and are often interconnected.
   a. True
   b. False
   (Shapiro, 2018, pp. 287-293)

8. Which of the following are **not** manifestations of inadequately processed memories?
   a. Dysfunctional traits
   b. Adaptive memory networks
   c. Problem behaviors
   d. Maladaptive beliefs
   (Shapiro, 2018, p. 38)

9. The presenting issues are representative of the broader underlying issues that drive the presenting problems.
   a. True
   b. False
   (Shapiro, 2018, p. 98, 216)

Complex Presentations

10. When working with clients with complex presentations, it is often_____to move back and forth between Phase 1: History/treatment planning and Phase 2: Preparation and Stabilization.
    a. Inappropriate
    b. Necessary
    c. Non-essential
    (Shapiro, 2018, p. 289)

11. Complexity of client's presentation is determined solely by their trauma history (i.e., events).
    a. True
    b. False
    (Shapiro, 2018, p. 287-289)

12. Clients who have complex presentations of PTSD often also exhibit disturbances in affect regulation, self-concept, and relational domains.
    a. True
    b. False
    (Shapiro, 2018, p. 288)

13. Adult-onset traumatic experiences usually do not trigger the cumulative effect of developmental trauma that has remained unresolved and can be destabilizing.
    a. True
    b. False
    (Shapiro, 2018, p. 288)

14. Memories relating to the client's issues may be difficult to access due to the following **except:**
    a. Minimization or denial
    b. Dissociation
    c. Pervasive "little t" traumas
    d. Adaptive coping
    (Shapiro, 2018, p. 291)

15. Complex trauma can result from vicarious experiences **except** for:
    a. Witnessing abuse or bullying
    b. Media postings
    c. Being blamed for being an abuse victim
    d. The ability to distinguish the past from present circumstances
    (Shapiro, 2018, pp. 302, 319)

Clinical Themes

16. Negative beliefs are verbalization of stuck, disturbing affect and can be representative of pervasive clinical themes.
    a. True
    b. False
    (Shapiro, 2018, p. 67)

17. Clinical themes are distinct and separate and will likely not evolve through treatment.
    a. True
    b. False
    (Shapiro, 2018, p. 443)

18. Clinical themes include all **except:**
    a. Control/Choices
    b. Guilt/Shame
    c. Safety/Vulnerability
    d. Responsibility/Defectiveness
    (Shapiro, 2018, pp. 443-444)

Adaptive Memory Networks

19. An adaptively processed and functionally stored event contains adequate learning, appropriate emotions, and is available to guide the client in the future.
    a. True
    b. False
    (Shapiro, 2018, p. 4)

20. Adaptive memory networks can contain all **except**:
    a. Positive resource states
    b. Affect regulation skills
    c. Somatic Intolerance
    d. A sense of safety and belonging
    (Shapiro, 2018, p. 290)

21. For the development of adaptive memory networks, Phase 2 Preparation and Stabilization may be more extensive in clients with complex clinical presentations.
    a. True
    b. False
    c. (Shapiro, 2018, p. 291)

22. Indications of need for additional stabilization or resourcing include all **except**:
    a. Difficulties with affect or mood regulation
    b. Ability to shift states
    c. Self-injurious behaviors
    d. Addictive behaviors
    e. (Shapiro, 2018, p. 291)

23. Stabilization skills used to increase stability for clients with complex clinical presentations include strengthening affect regulation capacity, psychoeducation through the AIP lens, and:
    a. Reducing their ability to shift states
    b. Developing sufficient maladaptive memory networks
    c. Strengthening positive experiences in and out of sessions
    (Shapiro, 2018, pp. 290-291)

Resource Development and Installation (RDI)

24. Which of the following is true about Resource Development and Installation (RDI)?
    a. RDI provides access to a range of positive resource states that can prepare a client to tolerate or shift out of distress when needed, both during and between sessions
    b. RDI increases associations to negative associative memory networks
    c. RDI should never be paired with BLS
    (Shapiro, 2018, p. 291)

25. The Mastery Resource is something external to the client, such as a previous coping response to a challenging situation demonstrated by a supportive individual in the client's life.
    a. True
    b. False
    (Shapiro, 2018, p. 248)

26. Which is **not** a Relational Resource?
    a. Positive role models
    b. Caregivers, teachers, supportive others
    c. A time the client felt very safe
    d. Wise or spiritual self
    (Shapiro, 2018, pp. 248-249)

27. Symbolic Resources include anything that symbolizes a specific quality such as an animal, tree or religious and archetypal figures.
    a. True
    b. False
    (Shapiro, 2018, p. 249)

28. The Resource Development protocol includes Future Rehearsal incorporating a positive resource.
    a. True
    b. False
    (Shapiro, 2018, p. 250)

Eye Movement Desensitization

29. Eye Movement Desensitization (EMD) is used in clinical situations to reduce arousal and increase stability and:
    a. To increase spontaneous association to other experiences
    b. To minimize spontaneous association to other experiences
    c. To accomplish full EMDR reprocessing effects
    (Shapiro, 2018, p. 220)

30. Which of the following is true of the researched EMD procedure?
    a. There is no Negative Cognition with EMD
    b. There is no Positive Cognition with EMD
    c. Return to target image and negative cognition after every set of BLS
    (Shapiro, 2018, p. 221)

The Continuum of Reprocessing

31. Focused reprocessing allows the clinician to limit associations to other memory networks according to client need.
    a. True
    b. False
    (Shapiro, 2018, pp. 292, 317, 336)

32. Moving back and forth between focused reprocessing and full EMDR reprocessing:
    a. Replaces the need to do a future template.
    b. Restricts or allows spontaneous associations as needed.
    c. Focuses on the Negative Cognition associated with the memory.
    (Shapiro, 2018, p. 220)

Case Conceptualization and Treatment Planning

33. Case conceptualization is the overall view of the client's presentation, all clinical factors and a basis for the working hypothesis that guides treatment planning.
    a. True
    b. False
    (Shapiro, 2018, pp. 289, 435)

34. Case conceptualization might indicate that EMD could be used to address a client's current anxiety about an upcoming event, while RDI can access and enhance their confidence, and the future template protocol may be useful for developing adaptive responses to the situation.
    a. True
    b. False
    (Shapiro, 2018, p. 292)

35. The three-pronged approach in EMDR therapy addresses the experiential contributors informing the presenting problems, the present triggers that may need to be targeted separately; and future scenarios of adaptive responses to meet current life demands.
    a. True
    b. False
    (Shapiro, 2018, p. 71)

36. The positive/future template involves applying BLS while a client runs through the sequence of a challenging past experience until there is no longer a disturbance associated with it.
    a. True
    b. False
    (Shapiro, 2018, p. 205)

37. AIP-informed treatment planning evaluates the entire clinical picture by identifying memories for reprocessing, client's readiness for reprocessing and:
    a. Identifies the modality of BLS to be used during reprocessing,
    b. Evaluates needed symptom relief, time constraints and imminent life challenges.
    c. Plans the order of priority based on the client's time in treatment \
    (Shapiro, 2018, p. 65-66)

38. When a client has the appropriate adaptive networks and affect tolerance, full reprocessing:
    a. Begins with the experiential contributors and the chronological sequence is applied.
    b. Begins with the present triggers first because the client is too fragmented to start with earlier memories.
    c. Is postponed until further resourcing and/or more restricted processing is accomplished.
    (Shapiro, 2018, pp. 71, 291- 292)

39. For many clients with complex PTSD, it is preferable to begin reprocessing by first targeting a recent example of a present trigger, because the past memories are too disturbing or fragmented.
    a. True
    b. False
    (Shapiro, 2018, p. 292)

40. In which of the following clinical situations is it **not** necessary or appropriate to start working with the future prong?
    a. To rehearse scenarios and incorporate a future template(s) in order to address current unstable or challenging situations.
    b. When the client is having anticipatory anxiety about an upcoming event.
    c. History taking revealed several past experiences informing the presenting problem and the client demonstrates readiness for full EMDR reprocessing.
    (Shapiro, 2018, p. 289)

Blocked Processing and Cognitive Interweaves

41. Mechanic strategies (i.e., changes to length, speed and/or direction of BLS) and/or TICES strategies (i.e., returning to target, focusing solely on or altering the image, cognitions, emotions, or sensations) can be used when a client's reprocessing is blocked, and the spontaneous associations appear to be stalled.
    a. True
    b. False
    (Shapiro, 2018, pp.172-179)

42. The cognitive interweave is a proactive and interactive reprocessing strategy used to address more complex and difficult-to-treat trauma and:
    a. To engage in talk therapy between sets during reprocessing
    b. To jump-start blocked processing by introducing certain material rather than depending on the client to provide all of it
    c. When the client remains at a low level of disturbance after successive sets of BLS.

    (Shapiro, 2018, pp. 256-257)

43. Using a cognitive interweave can offer new information or help to access stored adaptive information and mimic spontaneous reprocessing, but does **not**:
    a. Give license to engage in talk therapy during reprocessing
    b. Evoke client imagery, movement, or thought
    c. Should be viewed as a channel with an eventual return to the target

    (Shapiro, 2018, p. 259)

44. If the clinician believes the client already has the appropriate information, but it is not accessible, the type of cognitive interweaves that could be used include all **except**:
    a. "I'm confused"
    b. New Information
    c. Socratic method

    (Shapiro, 2018, pp. 270–273)

45. Using cognitive interweaves is a more proactive version of EMDR reprocessing and allows the clinician to be creative by utilizing metaphors or visualization such as "inner child" imagery.
    a. True
    b. False

    (Shapiro, 2018, p. 280)

46. The cognitive interweave known as a Metaphor uses a series of easily answered questions that leads to an irrefutable conclusion.
    a. True
    b. False

    (Shapiro, 2018, p. 271–272)

47. Four primary themes for interweaves are:
    a. Sadness, Fear, Shame, and Disgust
    b. Responsibility, Safety, Control and Connection
    c. Supportive people, personal achievements, spiritual figures, memory networks

    (Shapiro, 2018, p. 259)

48. Verbalizations and actions are powerful cognitive interweaves to aid the client in expressing emotions (e.g., anger) and/or body sensations (e.g., sensing a need to run) that they were unable to express previously.
    a. True
    b. False

    (Shapiro, 2018, pp. 273–274, 279)

Phase 8 Reevaluation

49. With complex cases, there are multiple dysfunctional memory networks which need to be identified and reprocessed. For each issue you will work through a specific treatment plan with past, present and future targets.
    a. True
    b. False
    (Shapiro, 2018, pp. 287-293; EMDR Institute (2021) Weekend 2 Manual, p. 75)

Socially and Culturally Based Trauma and Adversity

50. Components of culturally responsive EMDR therapy include all **except:**
    a. Memories may remain private
    b. Only verbal modalities exist
    c. Attunement with cultural resources and beliefs
    d. Group treatment options are available
    (EMDR Institute (2021) Weekend 2 Manual, p. 77)

51. According to Ashley and Lipscomb's article, the EMDR Therapist working with Black Americans should:
    a. Consider historical trauma and the reluctance, stigma, and shame when seeking help.
    b. Work with the client using color blindness as a model.
    c. Avoid all reference to race.
    d. Ignore microaggressions when they are described.
    (Go With That Magazine 25(3), 25; EMDR Institute (2021) Weekend 2 Manual, p. 77)

52. According to Ashley and Lipscomb's article, which best describes how cultural competency informs the application of EMDR therapy?
    a. In History Taking, to prevent undisclosed pockets of feeder memories.
    b. In Preparation, to allow the client to select resources that fit with their own adaptive information.
    c. In Assessment, allowing the client to select a culturally- relevant Negative or Positive Cognition.
    d. Throughout all phases: through race-related inquiry, culturally relevant cognitive interweaves, and awareness that successful desensitization may involve a higher level SUDs due to ongoing threats related to racism.
    (Go With That Magazine 25(3), 25; EMDR Institute (2021) Weekend 2 Manual, p. 77)

53. Related to culturally based trauma, possible targets for reprocessing include all **except**:
    a. Discrimination and Oppression
    b. Acculturation challenges
    c. Resilience in the face of adversity
    d. Microaggressions
    (EMDR Institute (2021) Weekend 2 Manual, p. 78)

Psychological Reactions to Illness and Injury

54. EMDR therapy is used to treat clients with body-based disorder:
    a. By focusing solely on the physical aspects of an injury/illness
    b. By addressing the interaction between the emotional and physical aspects to injury/illness to improve the quality of life.
    c. Only when the client is terminally ill
    (Shapiro, 2018, p. 236)

55. When treating clients with illness and injury:
    a. EMDR is expected to completely eliminate the symptoms
    b. The clinician emphasis is on improving the person's quality of life
    c. Concentrate only on future templates
    d. Explain that the client is responsible for the disease
    (Shapiro, 2018, p. 236)

56. It is necessary to consider all the three-prongs when using EMDR therapy for injury/illness issues.
    a. True
    b. False
    (Shapiro, 2018, p. 237)

57. Research indicates patients with psychosis are poor candidates for EMDR therapy for trauma symptoms.
    a. True
    b. False
    (Shapiro, 2018, p. 413-414)

Grief and Mourning

58. When distressing memories are reprocessed, adaptive information (i.e., positive, meaningful memories) can link in and result in a sense of connection.
    a. True
    b. False
    (Shapiro, 2018, pp. 233-234)

59. Following the death of a loved one, a person may first experience emotional shock accompanied by numbing. In these cases, psychological first aid should be provided before EMDR reprocessing.
    a. True
    b. False
    (Shapiro, 2018, p. 233)

60. Following the death of a loved one, under what condition(s) can EMDR reprocessing be used?
    a. During the emotional shock and numbing immediately after the loss
    b. Once the natural grief process is complete
    c. Once the client is able to stay present while experiencing the emotional pain; and maintain dual awareness
    d. Only if the client isn't afraid of losing the good memories of the deceased
    (Shapiro, 2018, p. 233)

61. EMDR therapy will not dilute healthy associations to the loved one or take away anything the client needs or is true.
    a. True
    b. False
    (Shapiro, 2018, p.232)

Anxiety and Phobias

62. Which is **not** true of "simple phobias?"
    a. Fear of an object that is circumscribed and independent of client's action
    b. A situation in which the client must actively participate
    c. Fear is generated by the sight of the object
    (Shapiro, 2018, p. 228)

63. A "process phobia" is defined as fear of a situation in which the client must actively participate with multiple actions over an extended sequence of time.
    a. True
    b. False
    (Shapiro, 2018, p. 228)

64. The use of self-control procedures is not necessarily important for clients with anxiety or phobias.
    a. True
    b. False
    (Shapiro, 2018, p. 229)

65. The Anxiety and Phobia Protocol includes the first time the fear was experienced, the worst time, the most recent time, current stimuli, physical sensations, an in-vivo component and the future template.
    a. True
    b. False
    (Shapiro, 2018, p. 228)

66. When targeting a "process phobia" the clinician must address all the pertinent aspects of the experience, including decision-making and anticipatory anxiety.
    a. True
    b. False
    (Shapiro, 2018, p. 228-229)

Addictions

67. It appears that unprocessed trauma "pushes" addictive behavior, while euphoric recall and other rewarding affective states "pull" one towards the behavior.
    a. True
    b. False
    (Shapiro, 2018, pp. 339)

68. It is useful to develop and install a "positive goal state" in which the client can imagine a time in the near future when life is good, it feels desirable and compelling, and is without addiction.
    a. True
    b. False
    (Shapiro, 2018, pp. 339)

69. When working with clients with addictions, reprocessing should always be postponed until the client has maintained one year of sobriety or abstinence.
    a. True
    b. False
    (Shapiro, 2018, pp. 337-342)

Dissociation and Dissociative Disorders

70. Shapiro states that screening for dissociative disorders is imperative before starting EMDR reprocessing with a client.
    a. True
    b. False
    (Shapiro, 2018, p. 96, 348, 499)

71. The DES-II is useful as a screening tool but additional diagnostic assessments, such as the Multidimensional Inventory of Dissociation (MID) may need to be utilized.
    a. True
    b. False
    (Shapiro, 2018, p. 499)

72. Regarding dissociation during reprocessing, which of the following is not considered to be one of the sources of the dissociation response:
    a. The old feeling of dissociation that arises from the target memory and will be metabolized by the sets.
    b. A new dissociation that is being triggered because the client is being pushed too far
    c. A dissociation that is the product of an undiagnosed dissociative disorder
    d. A dissociation that is unrelated to the target triggered by an external event
    (Shapiro, 2018, p. 169)

73. Because of the potential of EMDR for rapid destabilization, there are many client factors to consider prior to beginning EMDR. Which of the following is not a factor?
    a. If the client has good affect tolerance
    b. If the client has a stable life environment
    c. If the client has stated they would like to start EMDR reprocessing immediately
    d. If the client has an adequate support system
    (Shapiro, 2018, pp. 500-502)

74. It is not necessary for clinicians using EMDR therapy with clients suffering from dissociative disorders to have any additional education or experience working with this population.
    a. True
    b. False
    (Shapiro, 2018, p. 342)

75. Which of the following assumptions about working with clients with dissociative disorders is **not** true:
    a. EMDR treatment of dissociative disorders should be embedded in a comprehensive approach.
    b. There is high prevalence of undiagnosed dissociation in clinical populations
    c. EMDR therapy can provide a stand-alone treatment for dissociative disorders
    d. Failing to consider the possibility of dissociative symptoms and disorders can create a high cost to the client and the therapist.
    (Shapiro, 2018, p. 499)

Combat Veterans and First Responders

76. Which of the following is true of working with military personnel and veterans?
    a. Several modifications need to be made to the standard EMDR therapy protocol
    b. It is important to develop cultural competence on the effect of military values and training
    c. It is best to avoid the use of interweaves
    d. Military personnel do not benefit from EMDR therapy due to the complexity of their trauma.
    (Shapiro, 2018, pp. 304-306)

77. It is not necessary to inquire about substance abuse and/or adrenaline seeking behaviors when working with veterans or first responders.
    a. True
    b. False
    (Shapiro, 2018, p. 304)

Couples

78. Individual EMDR therapy for each partner may be an appropriate intervention to resolve the traumatic memories that feed marital discord.
    a. True
    b. False
    (Shapiro, 2018, pp. 321-322)

Self-Directed Use of BLS

79. Which is true about teaching clients the self-directed use of eye movements?
    a. Is used for every EMDR Therapy client
    b. Is never appropriate
    c. Is not generally recommended
    (Shapiro, 2018, pp. 243-245)

80. Which is true about the self-directed use of BLS for clinicians?
    a. May be helpful to clinicians experiencing vicarious traumatization
    b. Can be used by clinicians instead of going to an EMDR therapist
    c. Is prohibited in all situations
    (Shapiro, 2018, p. 244)