

Virtual Training Quiz – Weekend 2

28. The Resource Development protocol includes Future Rehearsal incorporating a positive resource.
- True
 - 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:
- To increase spontaneous association to other experiences
 - To minimize spontaneous association to other experiences
 - To accomplish full EMDR reprocessing effects
- (Shapiro, 2018, p. 220)
30. Which of the following is true of the researched EMD procedure?
- There is no Negative Cognition with EMD
 - There is no Positive Cognition with EMD
 - 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.
- True
 - False
- (Shapiro, 2018, pp. 292, 317, 336)
32. Moving back and forth between focused reprocessing and full EMDR reprocessing:
- Replaces the need to do a future template.
 - Restricts or allows spontaneous associations as needed.
 - 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.
- True
 - 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.
- True
 - False
- (Shapiro, 2018, p. 292)

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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.
- True
 - 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.
- True
 - 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:
- Identifies the modality of BLS to be used during reprocessing,
 - Evaluates needed symptom relief, time constraints and imminent life challenges.
 - 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:
- Begins with the experiential contributors and the chronological sequence is applied.
 - Begins with the present triggers first because the client is too fragmented to start with earlier memories.
 - 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.
- True
 - 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?
- To rehearse scenarios and incorporate a future template(s) in order to address current unstable or challenging situations.
 - When the client is having anticipatory anxiety about an upcoming event.
 - 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.
- True
 - False
- (Shapiro, 2018, pp.172-179)

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42. The cognitive interweave is a proactive and interactive reprocessing strategy used to address more complex and difficult-to-treat trauma and:
- To engage in talk therapy between sets during reprocessing
 - To jump-start blocked processing by introducing certain material rather than depending on the client to provide all of it
 - 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**:
- Give license to engage in talk therapy during reprocessing
 - Evoke client imagery, movement, or thought
 - 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**:
- “I’m confused”
 - New Information
 - 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.
- True
 - 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.
- True
 - False
- (Shapiro, 2018, p. 271–272)
47. Four primary themes for interweaves are:
- Sadness, Fear, Shame, and Disgust
 - Responsibility, Safety, Control and Connection
 - 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.
- True
 - False
- (Shapiro, 2018, pp. 273–274, 279)

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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.
- True
 - 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**:
- Memories may remain private
 - Only verbal modalities exist
 - Attunement with cultural resources and beliefs
 - 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:
- Consider historical trauma and the reluctance, stigma, and shame when seeking help.
 - Work with the client using color blindness as a model.
 - Avoid all reference to race.
 - 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?
- In History Taking, to prevent undisclosed pockets of feeder memories.
 - In Preparation, to allow the client to select resources that fit with their own adaptive information.
 - In Assessment, allowing the client to select a culturally- relevant Negative or Positive Cognition.
 - 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**:
- Discrimination and Oppression
 - Acculturation challenges
 - Resilience in the face of adversity
 - Microaggressions
- (EMDR Institute (2021) Weekend 2 Manual, p. 78)

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Psychological Reactions to Illness and Injury

54. EMDR therapy is used to treat clients with body-based disorder:
- By focusing solely on the physical aspects of an injury/illness
 - By addressing the interaction between the emotional and physical aspects to injury/illness to improve the quality of life.
 - Only when the client is terminally ill
- (Shapiro, 2018, p. 236)
55. When treating clients with illness and injury:
- EMDR is expected to completely eliminate the symptoms
 - The clinician emphasis is on improving the person's quality of life
 - Concentrate only on future templates
 - 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.
- True
 - False
- (Shapiro, 2018, p. 237)
57. Research indicates patients with psychosis are poor candidates for EMDR therapy for trauma symptoms.
- True
 - 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.
- True
 - 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.
- True
 - False
- (Shapiro, 2018, p. 233)
60. Following the death of a loved one, under what condition(s) can EMDR reprocessing be used?
- During the emotional shock and numbing immediately after the loss
 - Once the natural grief process is complete
 - Once the client is able to stay present while experiencing the emotional pain; and maintain dual awareness
 - Only if the client isn't afraid of losing the good memories of the deceased
- (Shapiro, 2018, p. 233)

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

Anxiety and Phobias

62. Which is **not** true of “simple phobias?”
- Fear of an object that is circumscribed and independent of client’s action
 - A situation in which the client must actively participate
 - 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.
- True
 - False
- (Shapiro, 2018, p. 228)
64. The use of self-control procedures is not necessarily important for clients with anxiety or phobias.
- True
 - 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.
- True
 - 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.
- True
 - 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.
- True
 - 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.
- True
 - False
- (Shapiro, 2018, pp. 339)

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69. When working with clients with addictions, reprocessing should always be postponed until the client has maintained one year of sobriety or abstinence.
- True
 - 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.
- True
 - 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.
- True
 - 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:
- The old feeling of dissociation that arises from the target memory and will be metabolized by the sets.
 - A new dissociation that is being triggered because the client is being pushed too far
 - A dissociation that is the product of an undiagnosed dissociative disorder
 - 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?
- If the client has good affect tolerance
 - If the client has a stable life environment
 - If the client has stated they would like to start EMDR reprocessing immediately
 - 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.
- True
 - False
- (Shapiro, 2018, p. 342)
75. Which of the following assumptions about working with clients with dissociative disorders is **not** true:
- EMDR treatment of dissociative disorders should be embedded in a comprehensive approach.
 - There is high prevalence of undiagnosed dissociation in clinical populations
 - EMDR therapy can provide a stand-alone treatment for dissociative disorders
 - 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)

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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)