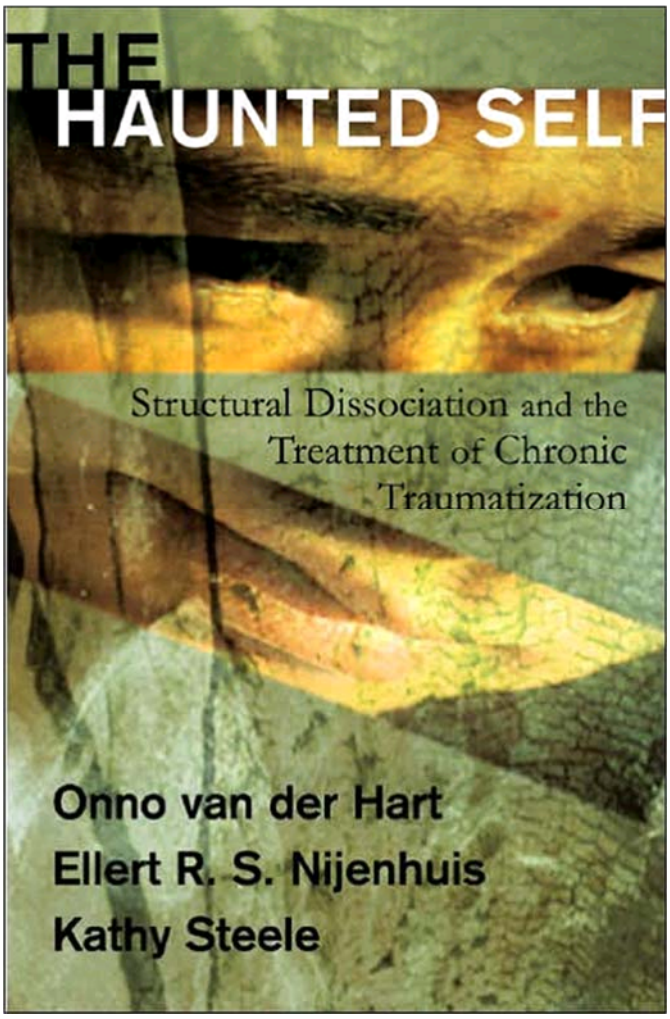
The Haunted Self by Onno van der Hart, PhD

BOOK STUDY PROGRAM
Post-test

To complete the book study program and earn CEs, you must complete the online quiz and evaluation. Links are provided with your order. What follows are 36 questions based on the information presented in *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization*.

The 12 EMDRIA credits and 12 NBCC* CEs will be dated on the day you pass the quiz. You must score 75% or better, but you can take the test multiple times if needed.

**NBCC is approved for most Masters-level Mental Health Professional Disciplines*



Introduction:

1. The theory of structural dissociation of the personality (TSDP) regards dissociation as:

    a. primarily an integrative failure.
    b. primarily a psychological defense.
    c. a special avoidance strategy.
    d. a narrowing of consciousness.

PART 1: STRUCTURAL DISSOCIATION OF THE PERSONALITY

Chapter 1: Structural dissociation of the personality: Basics

2. Trauma-generated dissociation is:

    a. fragmentation of consciousness.
    b. splitting of the personality.
    c. shutting-down.
    d. division of the personality.

3. Apparently normal parts of the personality are:

    a. dissociative parts that do not experience emotions.
    b. dissociative parts that are mainly mediated by daily life action systems.
    c. dissociative parts that look at the body from a distance.
    d. dissociative parts that have complete amnesia for the person's traumatic memories.

Chapter 2: Primary structural dissociation of the personality: Prototypes of the apparently normal and the emotional parts of the personality

4. Emotional parts of the personality are:

    a. emotionally unstable parts.
    b. stuck in traumatic memories.
    c. dissociative parts that have the person's affect at their disposal.
    d. borderline parts of the personality.

5. The relationship between ANP and EP involves:

    a. avoidance of realization of traumatic experiences.
    b. a split of the personality.
    c. ANP's amnesia of EP's existence.
    d. a tendency to integrate with each other.

Chapter 3: Secondary structural dissociation of the personality

6. Secondary (structural) dissociation of the personality involves:

    a. one ANP and more than one EP.
    b. clinically significant depersonalization.
    c. one ANP and at least one EP.
    d. co-morbid dissociative disorder.

7. Pathogenic kernels are:

    a. the essence of EPs.
    b. the most unbearable aspects of traumatic experiences.
    c. the key characteristic of complex PTSD.
    d. characterized by the so-called “double emotion”.

Chapter 4: Tertiary structural dissociation of the personality

8. D-attachment consists of:

    a. a mixture of secure and insecure attachment.
    b. a conflict between ANP and EP.
    c. an insoluble conflict between approach and avoidance strategies towards a caregiver.
    d. an inborn form of care-taking.

9. The emancipation of parts involves:

    a. the acceptance by ANP of EPs’ existence.
    b. the amnesia that parts have vis-à-vis each other.
    c. the tendency of ANPs to take the needs of child parts seriously.
    d. the degree to which parts are able to act on their own.

Chapter 5: Trauma-related symptoms in the light of structural dissociation

10. Dissociative symptoms do NOT pertain to:

    a. exclusively depersonalization and derealization.
    b. the inclusion of a narrowing of consciousness.
    c. an underlying dissociation of the personality.
    d. the inclusion of alterations of levels of consciousness.

11. Negative dissociative symptoms are NOT:

    a. more or less persistently present symptoms.
    b. losses of certain functions or actions.
    c. related to the fact that the individual may not be aware of them.
    d. the most painful symptoms of dissociation.

Chapter 6: Structural dissociation and the spectrum of trauma-related disorders

12. Symptoms are NOT considered to be dissociative in nature:

    a. when they stem from individual parts of the personality.
    b. when structural dissociation of the personality exists.
    c. when delusions are part of the clinical presentation.
    d. when they characterize all dissociative parts of the personality.

13. Symptoms of conversion disorder are NOT:

    a. different from dissociative symptoms.
    b. based on a structural dissociation of the personality.
    c. also labeled medically unexplained neurological symptoms.
    d. based on an underlying conversion mechanism.

PART II: CHRONIC TRAUMATIZATION AND JANETIAN PSYCHOLOGY OF ACTION

Chapter 7: Synthesis and its limitations in trauma survivors

14. Integration does NOT involve:

    a. synthesis and realization.
    b. binding and differentiation.
    c. an enmeshment of past and present.
    d. a sense of continuation of past, present, and expected future.

15. Conflicts among dissociative parts involve:

    a. denials of their respective existence.
    b. conflicts between the individual's goals.
    c. the question of whether trauma occurred or not.
    d. the beliefs of sharing one body or not.

Chapter 8: Traumatization as a syndrome of nonrealization

16. Extended personification involves:

    a. identification with many other individuals.
    b. binding and differentiating a wide range experiences with one’s sense of self.
    c. taking ownership of all of one’s traumatic experiences.
    d. the individual’s ability to combine many different roles at one and the same time.

17. Placing accounts of reality too high does NOT include:

    a. giving the present the highest degree of reality.
    b. giving the immediate future the highest degree of reality.
    c. giving an idea a high degree of reality.
    d. giving the distant past a high degree of reality.

Chapter 9: The hierarchy of action tendencies

18. Action tendencies involve:

    a. motivation to act in certain ways.
    b. more generally, the mental components of actions.
    c. the whole range of stages of actions.
    d. the planning of certain actions.

19. Reflective action tendencies as such:

    a. involve the use of symbols, including language, and involve impulsive beliefs.
    b. involve the ability to invest in long term goals.
    c. involve an ability to execute behavioral experiments.
    d. involve symbolic social action tendencies that include deliberation.

Chapter 10: Phobic maintenance of structural dissociation

20. The core phobia of action is the:

    a. phobia of trauma-derived mental actions.
    b. phobia of traumatic memories.
    c. phobia of dissociative parts.
    d. phobia of attachment.

21. Posttraumatic decline involves:

    a. exhaustion and decompensation.
    b. physical illness.
    c. suicide.
    d. increase in mental energy and lowering of mental efficiency.

PART III: TREATMENT OF CHRONICALLY TRAUMATIZED PATIENTS

Chapter 11: Assessment of the traumatized patient

22. The experience of the therapist during assessment usually does NOT include:

    a. feeling anxious.
    b. feeling irritated.
    c. feeling totally in control.
    d. feeling spacey.

23. Which of the following is an essential skill the patient usually does NOT need to develop in therapy:

    a. regulate action tendencies
    b. forgiveness of perpetrator
    c. verbalize instead of acting out
    d. have empathy towards oneself and others

Chapter 12: Promoting adaptive action: General treatment principles

24. Resolving “debts” (“unfinished business”) as a therapeutic goal does NOT include resolving:

    a. debts in daily life.
    b. debts from the past that are not necessarily trauma-related.
    c. trauma-related debts.
    d. debts that one’s family members have.

25. According to TSDP, phase-oriented treatment can be described in terms of interventions aiming at:

    a. changes in the personality of the client.
    b. increasing mindfulness.
    c. the resolution of different ego states.
    d. overcoming phobias that maintain dissociation.

Chapter 13: Phase 1 treatment and beyond: Overcoming the phobia of attachment and attachment loss

26. Interventions to overcome the phobia of attachment do NOT include:

    a. from the beginning of therapy, fostering attachment to the therapist.
    b. not encouraging attachment but staying predictably available.
    c. exploring the patient’s difficulties with attachment-related affects.
    d. recognizing and challenging reflexive beliefs about attachment.

27. Interventions to overcome the phobia of attachment loss do NOT include:

    a. providing a backup therapist for absences, if needed.
    b. beginning and ending sessions on time, having the same appointment time each week.
    c. being constantly available.
    d. exploring, challenging, and testing reflexive beliefs regarding dependence, autonomy, and independence.

Chapter 14: Phase 1 treatment and beyond: Overcoming the phobia of trauma-derived mental actions

28. Expressing vehement emotions are:

    a. necessary for integration.
    b. lower-order substitute actions.
    c. intense adaptive actions.
    d. a resource which makes the individual mentally stronger.

29. Interventions for overcoming the phobia of mental actions do NOT include:

    a. prolonged exposure of mental actions.
    b. psychoeducation regarding mental actions.
    c. encouraging the use of symbols.
    d. identification of substitute actions.

Chapter 15: Phase 1 treatment and beyond: Overcoming the phobia of dissociative parts

30. When clients as ANP report hearing voices, they should be helped to:

    a. find out which parts they belong to and establish relationships with them.
    b. suppress these voices using medication.
    c. take control over the voices.
    d. realize that they are just their own thoughts.

31. Perpetrator-imitating parts should be:

    a. ignored as much as possible.
    b. regarded as basically protecting parts.
    c. fought against by both ANPs and the therapist.
    d. helped to enter a deep hypnotic sleep state.

Chapter 16: Phase 2 treatment: Overcoming the phobia of traumatic memories

32. When in the process of realizing the integration (processing) of traumatic memories, if abuse-related dissociative parts come forward who idealize the perpetrator, the therapist should:

    a. try to persuade them to realize that he or she was really a bad person.
    b. support the parts with the traumatic memories of abuse to overrule them.
    c. ignore them and go ahead with the integration (processing) of these traumatic memories.
    d. validate their relationship with the perpetrator and then help them to become more open-minded to the painful experiences other parts had with him or her.

33. Guided synthesis of traumatic memories pertains to:

    a. helping the client detach from emotional parts.
    b. helping parts to share the target traumatic memory with each other.
    c. helping the client to verbalize the target traumatic experience.
    d. focusing on abreacting the emotions involved in the trauma.

Chapter 17: Phase 3 treatment: Integration of the personality and overcoming the phobias of normal life

34. The notion of unification of the personality as a treatment goal should be:

    a. regarded by the therapist as a very important but rather naturally reached treatment goal.
    b. mentioned and emphasized by the therapist early in therapy.
    c. strongly pushed by the therapist as an essential treatment goal.
    d. not necessary, as having reached the point where parts can collaborate is sufficient.

35. If a client experiences grief in the course of therapy it is:

    a. an indication that there are still unintegrated traumatic memories.
    b. a necessary component of further integration.
    c. an experience signifying a relapse.
    d. an experience to get through as soon as possible.

Epilogue

36. A psychology of action does NOT describe how:

    a. an individual changes maladaptive actions for more adequate actions.
    b. An individual can be encouraged to engage in more adaptive actions.
    c. an individual uses defense mechanisms
    d. an individual can perform adaptive actions.

EVALUATION - BOOK COURSE: ***THE HAUNTED SELF: STRUCTURAL DISSOCIATION AND THE TREATMENT OF CHRONIC TRAUMATIZATION***

Please indicate below the extent to which the course's learning objectives were achieved:

1. I gained or reinforced conceptual understanding related to issues described in this book:
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree

2. I gained or reinforced knowledge about the issues described in this book:
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree

3. I gained or reinforced useful clinical approaches and skills related to issues described in this book:
    a. strongly agree
    b. agree
    c. neutral
    d. disagree
    e. strongly disagree