

Easy Ego State Interventions: Strategies for Working With Parts by Robin Shapiro, LICSW

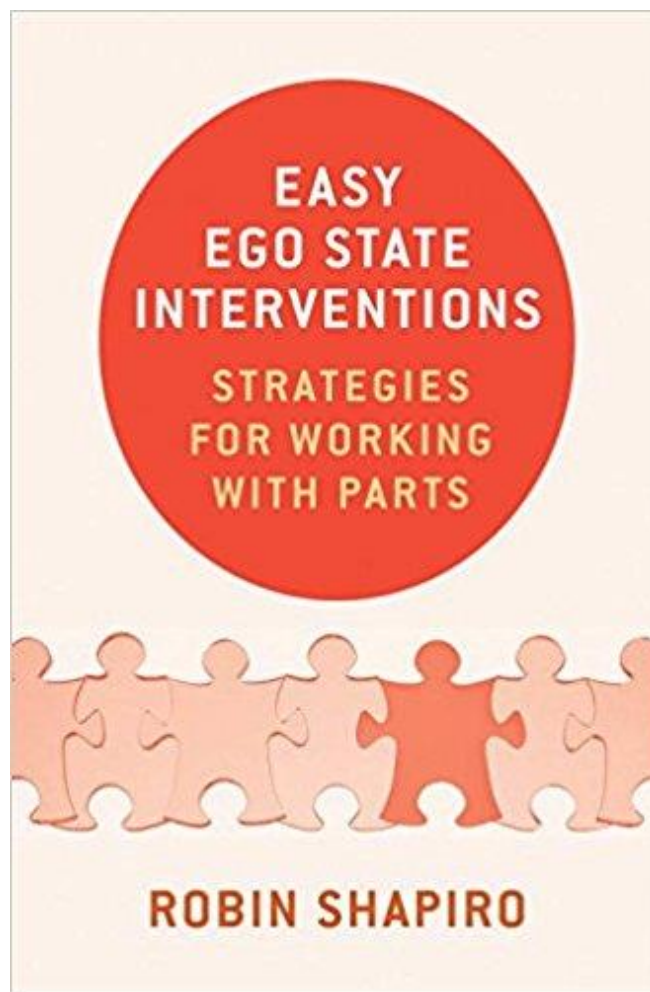
BOOK STUDY PROGRAM

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 20 questions based on the information presented in *Easy Ego State Interventions: Strategies for Working With Parts*.

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*



PART I: Getting Started with Ego State Work

Chapter One: Defining and Diagnosing Ego States

1. The following is **NOT** a possible outcome of ego state work, listed by the author in this chapter:
 - a. New awareness of normal or pathological state switching that allows state switching to be consciously controlled
 - b. Creation of a “dual attention” between parts stuck in a traumatic event and the here-and-now and a positive integration of these states
 - c. The bringing forth of mature adult states to deal with people, situations, and emotions
 - d. Erasing of trauma memories and their associated ego states

2. The author asserts that, when doing ego state work, therapists tend to focus on the following two states:
 - a. Here-and-now and Pre-verbal
 - b. Massachusetts and Vermont
 - c. Positive resourced ego states and dysfunctional, reaction, not-connected-to-present-reality states
 - d. Adult parts and protective parts

3. The following are potential signs of dissociation **EXCEPT**:
 - a. Client has a thought disorder
 - b. Client can't remember much of childhood years
 - c. Client spaces out easily
 - d. Client begins to use different voices, inflections, or age-specific language

Chapter Two: Foundational Intervention: Accessing Positive States

4. According to the author, what is “at the heart” of ego state therapy?
 - a. Teaching clients to cut out their EPs (emotional parts)
 - b. Helping clients develop the skills to confront the perpetrators of their abuse
 - c. Reinforcing and fostering normal, positive states within the client
 - d. Psychoeducation about DID

5. The following is **NOT** a proposed method for inventing new positive functional states, in a client who does not have access to them:
 - a. Future functional self
 - b. Conference room of resources
 - c. The Two-Hand technique
 - d. The Clay Mold model

Chapter Three: Foundational Intervention: Creating Safe Places and Internal Caregivers

6. The following is an example of a situation in which it would **NOT** be critical for the therapist install an outside attachment figure into the client's safe place:
 - a. When working with a client who has an established an internal "self" figure
 - b. When working with a client who is averse to their inner child part/s
 - c. When working with a client who is highly avoidant of their inner child part/s
 - d. When working with a client who has an insecure attachment style

7. The following is **NOT** a characteristic of Preexisting dissociative protectors, provided by the author:
 - a. Can be belligerent, but only to outside people
 - b. Can nurture the self and others
 - c. Can be abusive to inside parts
 - d. Can be the "critic" voice inside the client

Chapter Four: Foundational Intervention: Working with Infant and Child States

8. The following is **NOT** a "dysfunctional child state" category provided by the author:
 - a. Protector state
 - b. Attachment impaired state
 - c. Trauma state
 - d. Social Distress

9. What is the primary goal of child ego state work?
 - a. To guide the client through a visualization in which they eradicate their child parts
 - b. To help clients further compartmentalize child ego states until they are silent
 - c. To teach inner child parts how to handle their emotions
 - d. To create a bridge between child parts and older, more competent parts

PART II: Problem Specific Interventions

Chapter Five: Working With Trauma

10. When using ego state interventions to work with trauma, the author provides different protocols for working with which distinct client presentations:
 - a. Psychotic vs. Not psychotic
 - b. Veteran vs. Civilian
 - c. Simple vs. Repetitive Trauma
 - d. Attachment vs. Non-attachment

11. The following is **NOT** a step included in the protocol for performing ego state work with repetitive trauma that is no longer occurring:
- Have the client identify what happened, how many times, and the time frame of events
 - Have the hear-and-now part identify the part that is stuck in the traumas
 - Hug the younger part(s) inside
 - Identify core beliefs associated with the worst traumatic event and challenge these cognitions using socratic questioning

Chapter 6: Working with Relationship Challenges

12. The following is **NOT** an example provided by the author of how ego state work can help with relationship challenges:
- Helping a client to disengage from an inappropriate partner
 - Helping a client in selecting an appropriate partner
 - Helping a client activate their adult parts while in a relationship
 - Helping a client conceive a child
13. In the case example of Mona and Mary, the author asks the following important question of each client after conducting the intake, to help establish treatment goals:
- "If you could change one thing about your partner what would it be?"
 - "What would you like to change in yourself to help the relationship?"
 - "Are you 100% committed to this relationship?"
 - "Where do you see this relationship in 10 years?"

Chapter 7: Working with Personality Disorders

14. The following is **NOT** a characteristic, listed by the author, of personality disorders related to ego state therapy:
- Client's with personality disorders have one "apparently normal part" and more than one "emotional parts"
 - While somewhat separate, the EP's and ANP share information and have no amnesia between them
 - People with personality disorders suffer frequent blackouts
 - All people with personality disorders suffered inadequate or disrupted early attachment experiences
15. What is a primary outcome goal of ego state work with a client who has been diagnosed with a personality disorder?
- To bring forth the ANP so that it can take charge of all parts
 - To prevent the client from having prolonged dissociative episodes
 - To teach the client the language to understand and integrate "wise mind"
 - To bring forth the EP to take charge of all parts

16. You are a therapist beginning ego state work with a client diagnosed with borderline personality disorder. Which of the following would be an appropriate first intervention, after history-taking, rapport-building, and psychoeducation has occurred?
- Ask the client to begin processing their traumatic experiences, beginning with the first
 - Ask the client to call up a child emotional part and speak to it from the point of view of the ANP
 - Work with the client on containment through the establishment of a safe place/internal caregiver
 - Ask the client to identify all of their parts and give them each a name

Chapter 8: Working with Suicidal Clients

17. You are performing an initial intake with a new client. The client discloses that they have had the recurring thought "I would be better off dead" for the past year or so. You engage in a risk assessment and determine the client is not at imminent risk of self-harm. The following is **NOT** an example of a question the author suggests you ask the client, if you plan to engage in ego state work with that person:
- "What part or parts of you are telling you this? Tell me about them."
 - "How old are these parts?"
 - "Are there other parts of you that want to be alive? Tell me about them."
 - "Are you familiar with the statistics on suicide in the United States?"
18. When performing ego state work with a suicidal client, the author states "ego state therapy is not all you need." Which of the following is **NOT** an additional measure she recommends therapists take to ensure the safety of both client and therapist?
- Ensure that you have another professional sit in on every session between you and the client
 - Make sure both you and your client have access to community crisis resources
 - Be sure to get good, supportive consultation while working with the client
 - Be meticulous about documentation

Chapter 9: Working with Cultural, Familial, and Abuse-Related Interjects

19. The following statement would **NOT** be associated with the term "introject," according to the author:
- Psychic objects that are unconsciously taken in by a person
 - Introjects are usually full-blown ego states
 - Introjects may be emotional states, ideas, or even an ego state of another person or cultural group
 - Introjects are often negative beliefs about the self

20. The author recommends a particular procedure for clearing harmful introjects with non-dissociative clients. The following is **NOT** a step in that process:
- a. Identify the belief and how it got into the client
 - b. Identify where and what it is inside the body
 - c. Have the client imagine the person responsible for instilling the harmful belief
 - d. Get your client's agreement that she doesn't want it anymore

EVALUATION - BOOK COURSE: *EASY EGO STATE INTERVENTIONS: STRATEGIES FOR WORKING WITH PARTS*

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