

Treating Addictions with EMDR Therapy by Nancy Abel, LCSW, LADC and John O'Brien, Ph.D.

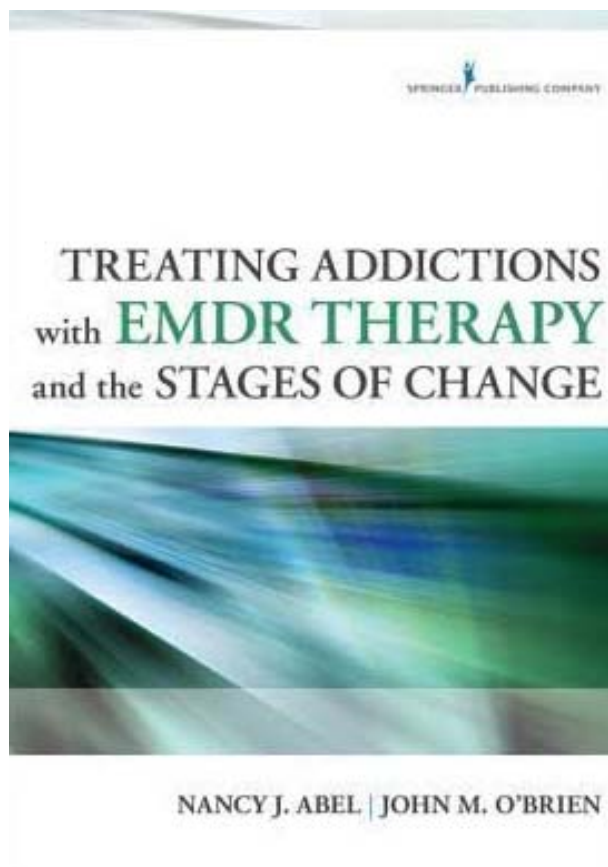
BOOK STUDY PROGRAM

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 40 questions based on the information presented in *Treating Addictions with EMDR Therapy and the Stages of Change*.

The 12 EMDRIA credits and 12 NBCC* CE's 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:

Chapter One:

1. EMDR is based on the Adaptive Information Processing Model. This model states:
 - a. Humans cannot naturally heal from trauma once it become PTSD.
 - b. Humans have an information processing system that allows them to naturally process trauma.
 - c. Trauma resolution requires challenging negative beliefs about personal responsibility.
 - d. Trauma resolution must first undermine a client's experience of safety.

2. In the eight-phase model of EMDR, Phase 3 (Assessment) incorporates:
 - a. identifying the client's primary diagnosis.
 - b. specifying who will be a support person during EMDR.
 - c. listing the client's resources and creating more with Resource Development Installation (RDI).
 - d. selecting a specific memory to be processed.

3. According to chapter one of this book, research on the use of EMDR therapy and addiction is limited. The only randomized control trial that studied the use of EMDR to treat clients with addiction was:
 - a. Cox & Howard (2007)
 - b. Marich (2009)
 - c. Hase, Schallmayer & Sack (2008)
 - d. Abel & O'Brien (2010)

Chapter Two:

4. According to Zinberg's model (1986) of influences on an individual's substance use patterns, "set" refers to:
 - a. the psychological processes of the individual and how use might impact the person.
 - b. the social setting in which individuals use substances.
 - c. the overall impact of a substance on a specific person.
 - d. drug paraphernalia related to their use.

5. Binge drinking is defined as having _____ or more drinks in a 2-hour period.
 - a. three
 - b. four
 - c. five
 - d. six

6. The addictive disorder with the highest suicide rate, with over 20% of these addicts attempting suicide and up to 70% saying that they want to die, is:
- alcohol addiction
 - heroin addiction
 - sex addiction
 - gambling addiction

Chapter Three:

7. The Stages of Change Model (Prochaska & DiClemente, 1982, 1992) incorporates a stage in which clients begin to acknowledge that their behavior is problematic, although they are not committing to change at that point. This is called the _____ stage.
- pre-contemplation
 - contemplation
 - preparation
 - action
8. According to Norcross (2011), _____ of clients who present to treatment centers are in the Action Phase of the Stages of Change Model.
- 10%
 - 20%
 - 40%
 - 50%

Chapter Four:

9. Houston, Shevlin, Adamson & Murphy (2011) reported that an estimated ____ to ____ % of people experience at least one traumatic event in their lifetime.
- 20%/40%
 - 30%/40%
 - 50%/70%
 - 50%/80%
10. The term Post-Traumatic Growth (PTG) connotes:
- neurobiological changes resulting from a traumatic experience.
 - changes in body weight and fat percentage that occur due to experiencing trauma.
 - an increase in an individual's attendance at church after PTSD treatment.
 - positive changes that occur in someone's psychological makeup due to a traumatic experience.

11. Acute Stress Disorder is defined by similar symptoms to those of PTSD but occurring _____ to _____ days after the traumatic experience.
- a. 1 to 10
 - b. 1 to 30
 - c. 3 to 10
 - d. 3 to 30

Chapter Five:

12. In the CAGE Questionnaire assessing alcohol and drug use, "A" stands for:
- a. Alcohol
 - b. Annoyed
 - c. Absent-minded
 - d. Attitude
13. Finance issues are important to assess in treating those with gambling problems. According to Petry, Weinstock, Ledgerwood & Morasco (2008), problem gamblers spend an average of _____ per month on gambling whereas as those with pathological gambling spend an average of _____ or more per month on gambling.
- a. \$ 200/\$500
 - b. \$ 200/\$2000
 - c. \$400/\$800
 - d. \$ 400/\$2000
14. In using the Dissociative Experiences Scale- Second edition (DES-II), scores that are indicative of dissociative identity disorder (DID) are those with % higher than:
- a. 10%
 - b. 20%
 - c. 30%
 - d. 50%

PART II: PROLOGUE

15. Therapists may avoid working with addiction clients due to:
- a. their own unresolved issues.
 - b. personal stereotypes about who can be an addict.
 - c. lack of information about addiction.
 - d. all of the above

16. Confrontation:

- a. should never be used.
- b. is always effective.
- c. should be used carefully when a relationship is established.
- d. none of the above

17. The following is considered the most important therapist quality when working with addiction:

- a. knowledge about addiction and addictive patterns
- b. an empathic relationship with the client
- c. an ability to be strong and never take personally what a client says
- a. a sense of humor

Chapter Six:

18. During Precontemplation, the therapist:

- a. should never discuss addiction because it will scare away resistant clients.
- b. should ask if the client is willing to discuss addiction, then never bring it up again.
- c. should ask if the client is willing to discuss addiction, then gently explore the issues.
- d. should tell the client that it is time to quit.

19. In Precontemplation, the most resistant clients may benefit from:

- a. Affect tolerance
- b. Resource Development Installation
- c. Robin Shapiro's Two-handed Interweave
- d. all of the above

20. If a client refuses to discuss addiction issues:

- a. the therapist should terminate immediately.
- b. the therapist should enter into a power struggle with the client until the client agrees to do what the therapist wants.
- c. the therapist should ride with the resistance as long as the therapist feels this is ethically and clinically a viable choice.
- d. none of the above

Chapter Seven:

21. In the contemplation stage, the goal of treatment is:

- a. to help the client quit the addiction.
- b. to help the client explore the pros and cons of continuing the addictive behaviors.
- c. to help the client get into an appropriate treatment center.
- d. to help the client figure out relapse triggers.

22. Ambivalence is:

- a. something that is normal at this stage and should be dealt with as part of the treatment process.
- b. something to be ignored so that you can more quickly move the client to the point of quitting the addiction.
- c. a very abnormal part of the process.
- d. none of the above

23. A cost – benefit analysis may include the following EMDR intervention:

- a. Resource Development installation
- b. Safe/Calm Place
- c. Affect Tolerance
- d. Robin Shapiro's Two-handed Interweave

Chapter Eight:

24. This medication is NOT used to support recovery from opioids:

- a. Methadone
- b. Buprenorphine
- c. Suboxone
- d. Morphine

25. The goal of the Preparation stage is to:

- a. help the client quit the addiction.
- b. help the client figure out what he or she may need in order to quit the addiction.
- c. help the client develop a long-term plan for maintaining abstinence from the addiction.
- d. break through client resistance about the existence of a problem.

26. In terms of EMDR treatment during the Preparation stage,

- a. The Standard Protocol for treatment should never be used at this stage; it should only be used if the client is abstinent.
- b. Only Resource Development Installation should be used at this stage.
- c. The Standard Protocol for trauma may be used carefully and judiciously.
- d. Only the Safe/Calm place should be used at this stage.

Chapter Nine:

27. The Stage of Action is:

- a. a lifelong stage.
- b. the shortest stage.
- c. only to be entered into after a period of abstinence from addiction.
- d. none of the above

28. In this stage, clients:

- a. identify and deal with triggers.
- b. learn new and healthier coping mechanisms.
- c. learn how to deal with feelings appropriately.
- d. all of the above.

29. The CRAVEX protocol was developed to help clients:

- a. process urges and cravings.
- b. develop resources that will support a healthy recovery.
- c. learn how to deal with feelings in a healthy fashion.
- d. learn how to quit their addictive behaviors.

Chapter Ten:

30. Maintenance and relapse prevention is a stage where:

- a. clients begin the healing process by giving up the addiction.
- b. clients make plans for how to quit.
- c. clients develop the skills necessary for long term sobriety.
- d. clients no longer need therapy.

31. If a client relapses:

- a. treatment should be terminated immediately.
- b. treatment should be terminated until the client decides to become abstinent again.
- c. the client re-enters the change process and needs to decide what stage of change he or she is at.
- d. the therapist moves the client back to the Action stage.

32. The following protocols may be helpful at this stage:

- a. CRAVEX
- b. DeTUR
- c. Standard protocol for trauma
- d. all of the above

Chapter Eleven:

33. Relapse and recycling is:

- a. a very important stage in the healing process.
- b. a series of events that remove the client from the change process.
- c. an abnormal and detrimental process when dealing with addictions.
- d. a stage to be avoided at all costs.

34. In the case vignette about “Maureen”, after she lapsed she:
- a. continued to use substances and had to go to inpatient treatment.
 - b. immediately reentered the stages of change by returning to Action.
 - c. felt so much shame that she dropped out of therapy.
 - d. decided to work on Moderation Management.

35. Relapse:

- a. is extremely common; about 90% of those who enter recovery relapse.
- b. is not common at all; only a select few clients who are not engaged in treatment relapse.
- c. should be taken very seriously; clients should not be in treatment unless they agree to return to abstinence.
- d. none of the above

Chapter Twelve:

36. The Standard Protocol for trauma:

- a. can always be used with addiction clients.
- b. can never be used with addiction clients.
- c. should be used judiciously after carefully assessing the client.
- d. should always be integrated with DBT skills.

37. Before doing the Standard Protocol the client should have the following:

- a. affect tolerance
- b. internal and external resources
- c. one year of addiction therapy
- d. A and B

38. Unresolved trauma:

- a. may make it difficult for a client to maintain abstinence.
- b. never hurts a client’s chance of recovery.
- c. should never be treated until the client has at least one year of abstinence no matter what.
- d. is very rare in clients with addiction.

Case Studies:

39. In the “Margo” case, the client was unable to maintain sobriety due to:

- a. the large number of unsuccessful previous therapies.
- b. lack of motivation.
- c. unresolved trauma.
- d. her lack of a sense of humor.

40. "Joanne" waited to do trauma work after a period of sobriety because:

- a. she was extremely fragile and needed to develop ego strength first.
 - b. she continued a pattern of relapse for years and was not ready.
 - c. she did not want to do EMDR.
 - d. her insurance would not pay for trauma treatment.
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EVALUATION - BOOK COURSE: TREATING ADDICTIONS WITH EMDR THERAPY AND THE STAGES OF CHANGE

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