

# EMDR and Dissociation by Dolores Mosquera, M.S.

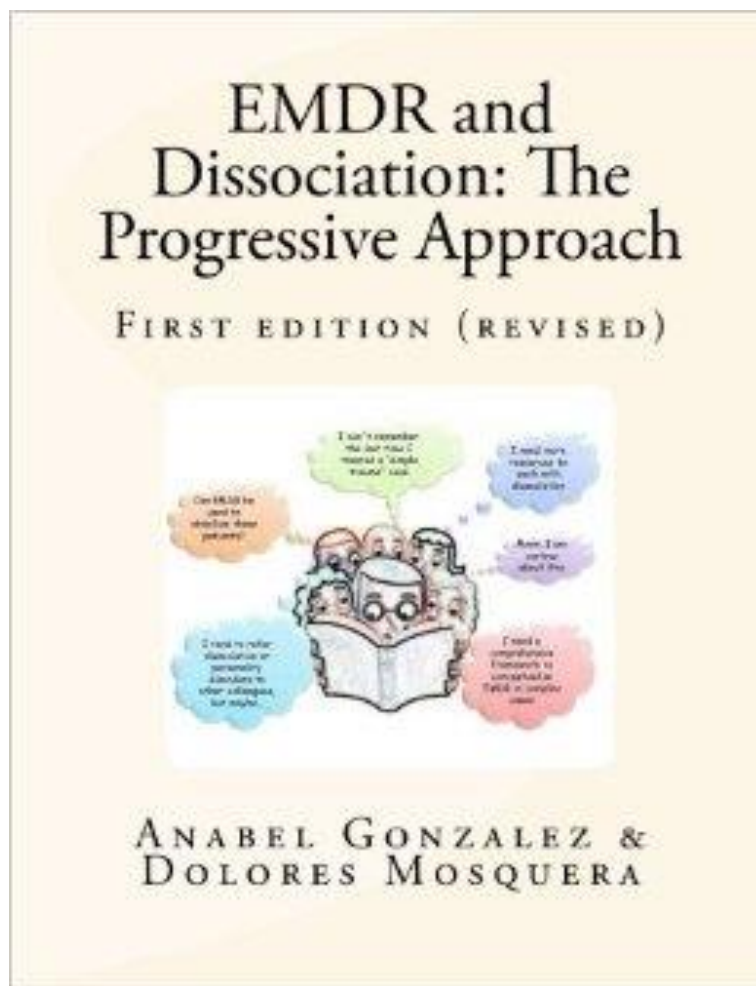
## BOOK STUDY PROGRAM

### 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 *EMDR and Dissociation: The Progressive Approach*.

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*



## **Chapter 2: The A-B-C of Severe Traumatization**

1. As cited in the book, Judith Herman (1992) noted that victims of chronic interpersonal trauma often had symptoms of dysregulation in some of the areas listed below EXCEPT:
  - a. Affect and impulses
  - b. Attention and consciousness
  - c. Diligence in pursuit of goals
  - d. Systems of meaning
  
2. Undetected dissociative parts may be present when a client has the following symptoms EXCEPT:
  - a. High levels of concentration
  - b. Dissociative amnesia
  - c. Dissociative fugue
  - d. Depersonalization disorder
  
3. Successful re-integration of the personality includes the following achievements EXCEPT:
  - a. Synthesis and differentiation
  - b. Synthesis and externalization
  - c. Personification
  - d. Presentification

## **Chapter 3: AIP Model and Structural Dissociation: A Proposal to Extend the Framework**

4. As noted by the authors, one reason intrapsychic events are very relevant in dissociative disorders because:
  - a. They are equally essential in treating all clients
  - b. Meta-consciousness is high
  - c. A lot of psychic energy is invested in controlling mental actions
  - d. Clients prefer to face these aspects of their memory
  
5. The authors believe that distinguishing exteroceptively generated DSI (E-DSI) from interoceptively generated DSI (I-DSI), provides the following clinical benefits EXCEPT:
  - a. Opens the clinician's eyes to an experience the client may not think to report
  - b. Distorts client self-perception
  - c. Informs treatment strategies depending upon the relative presence of DSIs
  - d. Improves treatment outcome

#### **Chapter 4: The Dissociative Language**

6. Each of the following can be an indirect sign of structural dissociation EXCEPT:
  - a. Inconsistent or contradictory information
  - b. Emotional resonance-When talking about trauma, there is a matching emotional resonance of the associated disturbance
  - c. Difficulties recognizing emotions, sensations or feelings
  - d. A façade of apparent normality
  
7. Common elements of “dissociative language” include all EXCEPT:
  - a. Indirect communication, often appearing ambivalent and contradictory
  - b. The importance of the “untold” experience
  - c. Internal dialogue is minimal because of active engagement with outside world
  - d. Body responses indicate disturbance not otherwise evident.
  
8. Generally speaking, it is helpful for therapists working with dissociative parts to:
  - a. Translate client symptoms into explicit messages for the client’s benefit
  - b. Observe symptoms but refrain from explaining their role to client
  - c. Help client separate from EPs with symptoms
  - d. Respect the clients “secrets” by not asking about them until the client discloses

#### **Chapter 5: Enhancing High Order Mental Functions: Beyond Resource Installation**

9. Reasons an EMDR therapist might overuse resource development and installation (RDI) to the client’s detriment include all EXCEPT:
  - a. Clinician inability to tolerate client’s traumatic memories
  - b. Limited knowledge and skills about titrating client’s reprocessing of highly emotional trauma memories
  - c. A bias toward making the client feel good
  - d. Confidence that strategic reprocessing can guide a client to a more adaptive resolution of trauma
  
10. The progressive approach calls for methods including interweaves to increase higher order mental processes, helpful in trauma resolution, such as all EXCEPT:
  - a. Meta-cognition
  - b. Trauma-time emersion
  - c. Presentification
  - d. Mindfulness

11. The authors suggest that higher order mental functions are restored when:
- Dysfunctionally stored information is over powered by RDI practice
  - Role models are identified that have higher order mental capacities
  - Dysfunctionally stored information is unblocked by adaptive processing
  - Month long breaks are built into the therapy schedule

### **Chapter 6: Introducing Healthy Patterns of Self-Care**

12. Positive self-care is thought of as having the following components EXCEPT:
- An attitude of valuing and loving the self
  - A diminishment of self-defeating actions
  - An ability to self-shame as a form of self-control
  - Positive actions that provide benefit or value to the individual
13. Looking at oneself with “the best possible eyes” includes all EXCEPT:
- Treating oneself like someone they love the most
  - Radical self-acceptance
  - Believing in personal superiority over others
  - Nonjudgemental view of self
14. The following could be goals for self-care EXCEPT:
- Recognizing and valuing one's needs
  - Understanding the value of personal boundaries
  - Physical self-care
  - Buffering against a realistic understanding of the self
15. In the “loving eyes” intervention (Knipe, 2008), the client is asked to look at the inner child with loving eyes combined with BLS. The authors propose additional dimensions to explore, consistent with this approach. These include all EXCEPT:
- Picturing the adult self “seeing” the feelings of the inner child
  - Imagining what the child might say to the adult
  - Imagining the child caretaking the troubled adult
  - Imagining the child “looking out of the eyes” into the therapist’s office

## **Chapter 7: Working Toward Integration: Co-consciousness and Connection**

16. Integration is generally accepted as a treatment goal when treating dissociation. Each of the following are consistent with respected definitions of “integration” as cited by the authors EXCEPT:

- a. A synthesis of perceptual elements
- b. A unified sense of “me” across times and settings
- c. A sense of controlled detachment of present experience and the true self
- d. Not something that is achieved, but that occurs in moments of fully being and doing

17. The authors describe several methods of enhancing integration through co-consciousness between the ANP and the EP. These include all EXCEPT:

- a. Co-experiencing a neutral stimulus in the external world such as the weather
- b. Sharing information from one system to the other
- c. Acting together as a team in some external task
- d. Competing against each other to see which is stronger

18. The purpose of the integrative movie procedure as proposed by the authors is to:

- a. Make a movie of the trauma and replay it
- b. Increase the fusion of two parts or the entire parts system after a primary trauma has been reprocessed
- c. Increase resourcing before reprocessing
- d. Distance from painful material by imagining it as a movie

## **Chapter 8: Overcoming Dissociative Phobias**

19. As mentioned by the authors, the first difficulty with dissociative phobias is to:

- a. Set boundaries to keep the phobias from being activated
- b. Process the earliest trauma memories
- c. Identify them and understand what is happening
- d. Delay establishing a therapeutic plan

20. As highlighted by the authors, examples of common and key dissociative phobias include all EXCEPT:

- a. Phobias of attachment to the therapeutic relationship
- b. Phobias of bilateral stimulation
- c. Phobias of trauma-driven mental actions such as feeling or noticing their body
- d. Phobias of some parts in relationship to others

21. Phobias related to the outside world might include all EXCEPT:

- a. Change because while change may feel good at first, the client may feel overwhelmed later
- b. That the outer world will be dangerous compared to the inside world
- c. That the outer world will be rewarding and satisfying
- d. Fear of loss of the formerly active focus on the inner world

### **Chapter 9: Working on Blockages or Stuck Points**

22. As pointed out by the authors, sometimes dissociative clients may present with a “blurred” aspect that may resemble other conditions that include all EXCEPT:

- a. Low intelligence
- b. Low resistance to accessing core memories
- c. Low motivation
- d. A non-collaborative attitude

23. EMDR bilateral procedures can increase mental efficiency that may be seen in all EXCEPT:

- a. Increased insights
- b. Increased access to parts of their self
- c. Increased interhemispheric fissure
- d. Increased integrative capacity

24. Continuous BLS as compared with short sets of BLS is not routinely recommended for highly dissociative clients for reasons that include all EXCEPT:

- a. It may dysregulate the client
- b. It may overwhelm the client
- c. It may increase mental efficiency and integrative capacity
- d. It may destabilize the clinical relationships

### **Chapter 10: Working on Therapeutic Relationship with EMDR Therapy**

25. A therapist might come to realize that the “Needy Child vs. Perfect Caregiver” paradigm is operating when they realize any of the following EXCEPT:

- a. When the therapist finds themselves doing a lot of things for the client
- b. When the therapist is able to convey healthy limits to the client which are understood
- c. If the client is seeking ways to build a friendship
- d. When the therapist is disclosing an uncharacteristic level of personal information

26. Indications that the “Submission vs Domination” paradigm may be operating include all EXCEPT:

- a. A client setting boundaries around their needs and yours as the therapist
- b. A client stating that they are make progress in EMDR when it feels different to you
- c. When you find a strong preference for clients that comply with your treatment recommendations
- d. When you interpret a “challenging” client as not motivated

27. An indication that the “Victimization vs Aggression” paradigm is operating may include all EXCEPT:

- a. You are mistreated by a client
- b. You find yourself hoping the client does not come to a schedule session
- c. You confront a client in a harsh way
- d. You hold back stating the many hostile thoughts you are having about the client

### **Chapter 11: Working on Ambivalence, Defenses and Motivation for Therapy**

28. When structural dissociation is strong, a negative risk of exploring a patient’s avoidant of defensive reactions with Socratic dialogue can be:

- a. The discussion will be with the ANP, and thus not access the defensive tendencies of an EP
- b. The discussion will be with the ANP, thus securing a safe approach to the material
- c. The discussion will be with the EP, which enjoys a cognitive approach
- d. The discussion will be with the EP, which will lead the ANP to being unaware of any defensive tendencies

29. When seeking to reduce avoidance or other defenses, it may be wise to target only the body sensations for all of these reasons EXCEPT:

- a. There may not be full access to the memory system
- b. The dissociative part may have a low first person perspective
- c. Without access to body sensations, now progress can be made
- d. The body may be the most accessible feeling

30. Tools to create a “therapeutic team” when dealing with negative, critical or hostile parts include all EXCEPT:

- a. Create a collaborative team rather than a competitive one
- b. Teach the negative parts to be secondary to the positive parts
- c. Explain to each part the advantages of working together
- d. Reassure each part if needed that they will not disappear or die

## Chapter 12: Trauma Processing in Structural Dissociation

31. Which of the following is not true about the “progressive approach” to the use of BLS aided reprocessing of traumatic memories:
- It works around an all-or-nothing notion that trauma can’t be processed until stabilization is absolute
  - It encourages processing of small fragments of traumatic memories
  - It is progressive because it goes for the center of the traumatic memory
  - It is consistent with other EMDR methods to controlled processing of disturbing memories
32. The authors use the term “processing” to include:
- Traditional EMDR memory processing and processing of peripheral elements
  - The movement through stages of treatment
  - The deliberations over treatment priorities
  - Reprocessing for fully accessed trauma memories
33. In the application of the Tip of the Finger Strategy (TFS), important elements include all EXCEPT:
- Educate the EP as to why they may have developed maladaptive ways of coping
  - Explain EMDR to both the ANP and EP, in language they can both understand
  - Explain EMDR to the ANP only, in language the EP will not be interested in
  - Explain EMDR to the EP only, in language the ANP will discredit

## Chapter 13: The Meeting Place Procedure for EMDR Therapy

34. The authors recommend that short sets of BLS can be useful when working with parts in the “meeting place” to do all EXCEPT:
- Decrease the intensity of a disturbing emotion
  - Decrease phobias between parts
  - Separate destructive parts from adaptive parts
  - Increase realization and meaning during the experience
35. In using the “meeting place” strategy, the therapist should:
- Leave it to the client to direct the experience, to make it an authentic experience
  - Leave it to the client to direct the experience, so that the client’s dominant parts will maintain order
  - Be ready to adapt to the client’s characteristics, but be directive to prevent chaos or internal battles for control
  - Be ready to adapt to the client’s characteristics, but be directive only as a last resort



36. Working with the adult self in the “meeting place” procedure:

- a. Creates a higher authority over angry parts
  - b. Is counter indicated because it pulls a person out of the emotional experience
  - c. Should only be done when the client has overcome process phobias
  - d. Promotes metacognition and integrative capacity
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**EVALUATION - BOOK COURSE: EMDR AND DISSOCIATION: THE PROGRESSIVE APPROACH**

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