

Treating Anxiety, Obsessive-Compulsive, and Mood-Related Conditions by Marilyn Luber

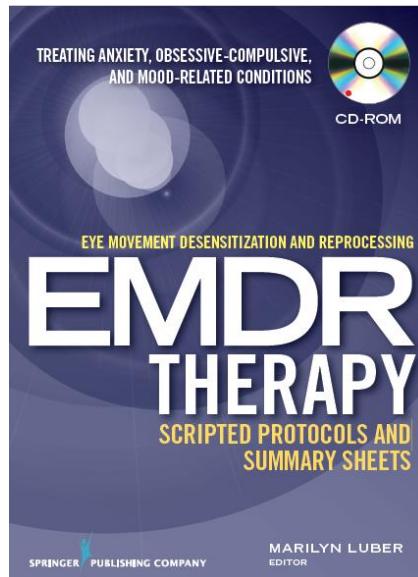
BOOK STUDY PROGRAM

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 67 questions based on the information presented in *Treating Anxiety, Obsessive-Compulsive, and Mood-Related Conditions* by Marilyn Luber.

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



Chapter 1

EMDR Therapy for Specific Fears and Phobias: The Phobia Protocol (Ad de Jongh)

1. It is likely that a person fulfils the criteria for specific phobia as stated in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5; American Psychiatric Association, 2013) if:
 - a. They had previous symptoms that are now resolved
 - b. They demonstrate excessive and unreasonable fear of objects or situations that are dangerous
 - c. They demonstrate excessive and unreasonable fear of certain objects or situations that are not dangerous
 - d. They find pleasure facing dangerous situations

2. Research suggests all of the following except:
- Highly disruptive emotional reactions during a threatening situation can result in a specific phobia
 - Symptoms of phobias are similar to many symptoms of PTSD
 - Cognitive behavioral therapy outperformed EMDR therapy in the study with people suffering from travel fear and phobias
 - EMDR therapy has demonstrated effectiveness in an RCT trial of 30 pe with a dental phobia
3. The term used to describe conditions under which symptoms manifest is
- Conditioned stimulus
 - Reactive stimulus
 - Conditioned reaction
 - Reactive situations
4. The unconditioned stimulus refers to
- The triggering circumstances
 - What the client expects to have happen when stimulated by the CS
 - What happens when the client is not activated by the CS
 - What actually will happen when the client is activated by the CS
5. When understanding the possible events that may have laid the groundwork for the client's fear or phobia, the clinician is advised to consider all except:
- Distressing events previously experienced by the client (traumatic experience)
 - Horrific events witnessed by the client (vicarious learning)
 - Unpleasant event read or heard about (negative information)
 - Feared future experiences (anticipated future response)
6. It is important to assess whether the client is "afraid of the fear reaction", which is common with phobias.

True or False

7. Distraction techniques are suggested as anxiety management strategies and include all except:
- Counting backwards
 - Using a container for distracting information
 - Remembering details of a positive experience
 - Thinking of animals alphabetically
8. A client who is not completely convinced that they can handle the future and counter despite the use of a future template, might benefit from in vivo exposure.

True or False

9. The scale used to assess the validity of the catastrophe rates responses using following method:
- 0- 100%
 - 0-10
 - 1-7

- d. 1-5
10. The client is asked to identify a feasible treatment goal during which phase of EMDR therapy
- History taking
 - Preparation
 - Desensitization
 - Installation

Chapter 2

EMDR Therapy Protocol for Panic Disorders with or Without Agoraphobia (Ferdinand Horst and Ad de Jongh)

11. From a theoretical perspective, there are several reasons why EMDR Therapy could be useful in the treatment of panic disorder including all except:
- Panic attacks are often unexpected, therefore distressing
 - Panic attack memories resemble memories in PTSD
 - Panic attacks are best treated by deep breathing
 - Panic attacks often develop after stressful life events
12. Criteria for panic attack disorder include at least one of the following except:
- Continuous worrying about having another panic attack
 - Significantly changing behavior to avoid having another panic attack over a period of one month after the attack
 - Panic attack is attributable to the effects of a substance
13. Common EMD are therapy targets the treatment of panic attacks include all except:
- Panic attack memories
 - Traumatic memories
 - Agoraphobic memories
 - Compulsive behaviors
14. The protocol suggests that creating a timeline of the clients panic history and traumatic events will likely be too stimulating and therefore counterproductive.

True or False

15. The protocol recommends assessing the use of benzodiazepines and then exploring whether the client might choose to reduce their consumption of the medication?

True or False

Chapter 3

The Flashforward Procedure (Robin Logie and Ad de Jongh)

16. The Flashforward Procedure has appeared to be an effective application of EMDR Therapy to deal with which of feature of three-pronged approach:
- First prong (past experiences)

- b. Second prong ("present")
 - c. Third prong (future)
 - d. Fourth prong (developed for this protocol)
17. Although the FlashForward procedure is typically recommended after past traumatic events have been fully reprocessed, other times it might be indicated include all except:
- a. Disruptive fear events
 - b. Client skeptical
 - c. Unable to identify past events
 - d. Client does not meet criteria for EMDR processing
18. As highlighted by the authors, fear of future catastrophic events is a key component in several psychological conditions including all except:
- a. Obsessive-compulsive disorder
 - b. Various phobias
 - c. Depression
 - d. PTSD
19. Once the client has the catastrophic event, it is important to invite the client to follow the event to its ultimate conclusion with questions like, "What would be the worst thing about that?"
- True or False
20. The essential elements of a flashforward suitable for treatment with EMDR Therapy all except:
- a. A detailed and still picture
 - b. Contains catastrophic elements of what might happen in the future
 - c. Context specific and conceptually related to client's symptoms
 - d. Readily tolerated by the client at this time
21. If the client who is working on a Flashforward target spontaneously links to a prior trauma memory, the therapist should:
- a. Return to the Flashforward target immediately
 - b. Discontinue reprocessing and move to closure
 - c. Continue to process the prior trauma
 - d. Only process the prior trauma if it can be done without cognitive interweaves

Chapter 4

Obsessive-Compulsive Disorder and EMDR Therapy

(Karsten Böhm, 101)

22. In addition to the standard protocol, specific goals and the EMDR therapy treatment for OCD include all except:
- a. Unlock the nervous system so that the traumatic experience can be processed adequately
 - b. Enable OCD patients to observe precisely and experience their inner processes
 - c. Support the understanding and acceptance of connections between the obsessions
 - d. None of the above

23. The author states that EMDR Therapy can help the emotional aspects of issues to be integrated better, so that patients are able to transfer their emotional learning to everyday life and to tolerate their emotional distress.

True or False

24. The most common personality styles relevant to patients with OCD are:

- a. Anxious/fearful and narcissistic
- b. Anxious/fearful and paranoid
- c. Anxious/fearful and antisocial
- d. Anxious/fearful and dependent

25. Examples of obsessions include all except:

- a. Repetitive thoughts
- b. Unwanted and disturbing mental pictures
- c. Trying to overlook or neutralize unwanted thoughts
- d. Drives to execute unwanted behaviors

26. Difficulties with affect regulation are common underpinnings of OCD thoughts and behaviors.

True or False

27. Obsessions and compulsions are frequently related social interactions in the following ways except:

- a. Creating closeness with others
- b. Finding an outlet for suppressed aggression against others
- c. Dealing with conflict and its resolution
- d. Handling social deficits and difficulties

28. This protocol recommends that the practitioner shown in Phase 1 clarify all except:

- a. The motivation of patients for coming into treatment at this time
- b. The type and intensity of suffering
- c. If there are current social situations that impact the OCD or vice versa
- d. None of the above as these questions might be triggering and counterproductive

29. Generally speaking, patients without clear inner motivation to confront OCD related material they need a longer time of preparation to build up a willingness to take risks.

True or False

30. As recommended, creating a timeline can be useful in history taking and should include which of the following

- a. Best and worst memories connected with obsessive thoughts or compulsive behaviors
- b. Best memories only connected with obsessive thoughts or compulsive behaviors
- c. Worst memories only connected with obsessive thoughts or compulsive behaviors
- d. None of the above

Body Dysmorphic Disorder and Olfactory Reference Syndrome EMDR Therapy Protocol
(Therese McGoldrick, Millia Begum, and Keith Brown)

31. Although the features of body dysmorphic disorder (BDD) and olfactory reference syndrome (ORS) have been described for more than a century, all of the following are true except:
 - a. Both disorders have proven resistant to easy classification
 - b. Conditions share similarities in onset, demographics, symptom profile, and response to treatment.
 - c. Both also have a high rate of attempted suicide (Munro,
 - d. Both have been actively discussed as having traumatic precipitants
32. The core feature in BDD is a preoccupation with an imagined defect in appearance causing clinically significant distress or impairment without or with minimal evidence to support the belief. Other observations about BDD include all except:
 - a. The most commonly occurring preoccupations are with the skin, hair, and nose
 - b. His unique condition is rarely comorbid with other conditions
 - c. The debilitating effects include checking, avoidance, and camouflage behaviors taking up to several hours per day
 - d. High frequency of hospitalization and suicide
33. What percent of those with BDD hold their beliefs with delusional intensity
 - a. 10%
 - b. 20%
 - c. 40%
 - d. 60%
34. The core feature of ORS is a belief that the person emits strong foul body odor despite lack of physical evidence for the same. Other observations about ORS include that it is associated with all except:
 - a. Clinically significant distress
 - b. Moderate to extreme and incapacitating impairment in social, occupational, or other functioning
 - c. High levels of psychiatric hospitalization
 - d. Extroverted personality
35. Differences between working with clients who have BDD and ORS as compared to those with trauma-related conditions include all except:
 - a. Clients generally do not present the history of trauma
 - b. There is commonly a history of time spent seeking help from dermatologists and other medical interventions
 - c. Clients are often baffled as to why therapy referred for psychological assessment
 - d. Clients with these conditions have rarely experienced shame regarding their condition

Chapter 6
EMDR Therapy and Hoarding: The Hoarding Protocol
(Priscilla Marquis and Christie Sprowls)

36. Compulsive hoarding is described as acquiring:

- a. A large number of possessions and failing to discard them
 - b. A large number of possessions, discarding and reacquiring
 - c. A small number of possessions and becoming overly absorbed with them
 - d. Disavowing material possessions to an extreme
37. Timpano et al. (2011) determined that approximately what of the population suffers from compulsive hoarding.
- a. Less than 1%
 - b. 3%
 - c. 6%
 - d. 9%
38. Criteria consistent with the DSM-5 diagnosis for Hoarding Disorder include all except:
- a. Ongoing trouble with discarding or parting with possessions, regardless of their value.
 - b. The difficulty is due to the person feeling a need to save the items
 - c. Relief when the person discards them items
 - d. Significant clutter and impacts on the intended use of living areas
39. The authors recommend teaching self-control procedures to handle:
- a. “Fear of fear”
 - b. Therapy tolerance
 - c. Clutter tolerance
 - d. None of the above
40. During Phase 2, the authors recommend determining a desirable goal for treatment and installing the desired state (Popky, 2009)

True or False

41. Because it may not be possible to reprocess all targets in one session, it is recommended to:
- a. Install the future template (related to progress made) to maintain client motivation
 - b. Not install the future template but acknowledge client’s progress
 - c. Save the installation future template until all work is done
 - d. Tell the client they may finish processing the target at the next session accession

Chapter 7

The EMDR Therapy Protocol for Bipolar Disorder

(Benedikt L. Amann, Roser Batalla, Vicky Blanch, Dolors Capellades, María José Carvajal, Isabel Fernández, Francisca García, Walter Lupo, Marian Ponte, María José Sánchez, Jesús Sanfiz, Antonia Santed, and Marilyn Luber)

42. Bipolar disorder is a disease that occurs with high frequency and affects the brain circuits regulating affective states. This complex mental disorder is characterized by dynamic mood changes from elevated mood to depressive or mixed episodes that may include all of the following: mania, hypomania, depression, mixed phase, euthymia, rapid cycling, Prodromal symptoms, and subsyndromal will symptoms.

True or False

43. Bipolar disorder is classified into the following main subtypes except:

- a. Bipolar disorder I
- b. Bipolar disorder II
- c. Cyclothymic disorder
- d. Euthymia

44. As mentioned by the authors, risk factors for bipolar patients are the following except:

- a. Poor insight into the disease
- b. Willing compliance with prescribed medication
- c. Idealization of euphoric symptoms
- d. Unhealthy lifestyle habits

45. EMDR Therapy (Phase 3-6 reprocessing components) are not recommended by the authors when clients are experiencing a moderate to severe manic, mixed, or depressive episode.

True or False

46. THE EMDR Therapy MOOD-STABILIZING PROTOCOL FOR BIPOLAR DISORDER is primarily designed to:

- a. Convince the client to consider medication
- b. Reinforce the positive experiences of effective stability and self-control
- c. Remind the client to use good self-care
- d. Show empathy for the challenges of managing one's mood

47. THE EMDR Therapy ILLNESS AWARENESS PROTOCOL is primarily designed to:

- a. Convince the client to consider medication
- b. Talk to others with bipolar disorder
- c. Help clients become more aware of their disease
- d. Show empathy for the challenges the client experiences

48. THE EMDR Therapy ADHERENCE ENHANCER PROTOCOL is primarily designed to:

- a. Inform clients of the evidence-based nature of EMDR therapy
- b. Help clients stay in a good mood
- c. Identify and strengthen adherence to effective two strategies that prevent relapse
- d. None of the above

49. THE EMDR Therapy PRODROMAL SYMPTOMS PROTOCOL is primarily designed to:

- a. Increase early awareness of relapse risk factors
- b. Improve sleep
- c. Reduce suicidal ideation
- d. None of the above

50. THE EMDR DE-IDEALIZATION MANIC SYMPTOMS PROTOCOL is primarily designed to help clients identify risk factors related to still idealized specific pleasant euphoric symptoms with the goal of having clients:

- a. Understand the dangers of high-risk behavior during manic episodes
- b. Remain aware of the importance of adherence to good self-care

- c. Reduce affect active relapses
- d. All of the above

Chapter 8

DeprEnd©—EMDR Therapy Protocol for the 8 Treatment of Depressive Disorders

(Arne Hofmann, Michael Hase, Peter Liebermann, Luca Ostacoli, Maria Lehnung, Franz Ebner, Christine Rost, Marilyn Luber, and Visal Tumani)

51. Where does depression rank in terms of the most common mental disorders?
 - a. First
 - b. Second
 - c. Third
 - d. Fourth
52. Studies show that relapse rate for major depression within one year is approximately
 - a. 10%
 - b. 20%
 - c. 30%
 - d. 40%
53. Studies show that guidelines for the treatment of depression are overwhelmingly focused on
 - a. Depression informed psychotherapy
 - b. Medication
 - c. Increased exposure to light
 - d. Exercise
54. Depression research cited by the authors suggest a strong relationship between depression and stressful, both dramatic and nondramatic, events and memories.

True or False

55. Research shows that distinct psychosocial stressors precede most depressive episodes by
 - a. One or two hours
 - b. One or two weeks
 - c. One or two months
 - d. One or two years
56. Factors that seem to play a major role in the emergence, maintenance, and recurrence of depressive episodes include all except:
 - a. Triggers of current depressive episodes
 - b. Belief systems
 - c. Depressive states
 - d. Medication side effects
57. The Trauma Map can be used During Phase 1 to identify the following except:
 - a. Events that are linked with the present depressive state
 - b. Events that are linked to the earliest remembered depressive state
 - c. Important developmental milestones

- d. Positive states of well-being
58. Strategies in finding and targeting the memory network behind the irrational belief include all except:
- Looking for “proof memories” that support irrational beliefs
 - Using the affect bridge from a present trigger of the belief to the Touchstone memory
 - Process present triggers related to irrational beliefs
 - Process future triggers unrelated to irrational beliefs

Chapter 9

EMDR Therapy Protocol for the Prevention of Birth Trauma and Postpartum Depression in the Pregnant Woman

(Anna Maria De Divitiis and Marilyn Luber)

59. Four types of postpartum problematic responses include:
- All of the following
 - Baby blues
 - Puerperal psychosis
 - Postpartum depression
 - Posttraumatic delivery disorder
60. As discussed, the transition to motherhood can be highly evocative and carry deep emotional implications. Common identity changes include:
- Parental role structuring and female identity development
 - Parental role structuring primarily
 - Female identity development primarily
61. Risk factors for PPD and Childbirth-Related PTSD include all except:
- Anxiety and/or depression during pregnancy
 - Traumatic experiences related to childbirth and delivery
 - Parental conflict
 - Financial well-being
62. As presented, interventions for PPD prevention include which goals:
- Reduce or avoid exposure to risk factors
 - Improve the woman’s performance in the complex process of childbirth
 - Strengthen the woman’s resiliency
 - All of the above
63. The detailed questionnaire in the Addendum: Anamnestic Questionnaire for Pregnancy can be used for clinical as well as research purposes

True or False

Chapter 10

EMDR Therapy Group Protocol for the Prevention of Birth Trauma and Postpartum Depression for Pregnant Women

(Anna Maria De Divitiis and Marilyn Luber)

64. The main objective of this group protocol is to:
- Get parents involved early in therapy
 - Reduce the incidence of childbirth PTSD and postpartum depression
 - Cover liability issues for birth centers
65. Advantages of this protocol include:
- Resiliency
 - Positive childbirth experience
 - Increasing favorable conditions for the mother-child dyad
 - All of the above
66. It is recommended that the clinician who conducts the childbirth preparation course not be the person who leads the EMDR Therapy Group Protocol for the Prevention of Birth Trauma and Postpartum Depression for Pregnant Women.

True or False

67. To create positive future outcomes, this protocol uses the:
- Homework to prepare desired goals
 - A script of desired outcomes designed by other parents
 - MASTERY RESOURCE SCRIPT (Korn & Leeds, 2002)
 - Tarot Cards