

Treating Eating Disorders, Chronic Pain, and Maladaptive Self-Care Behaviors by Marilyn Luber

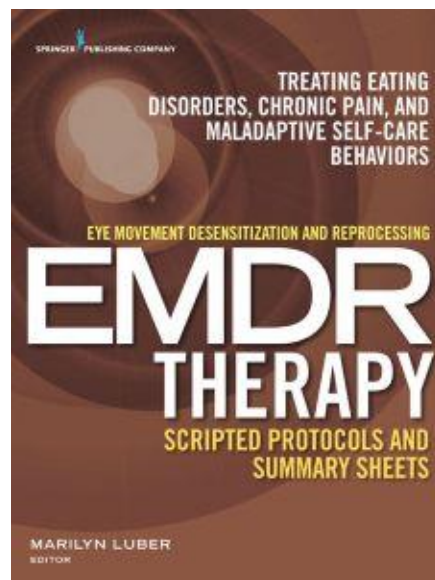
BOOK STUDY PROGRAM

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 102 questions based on the information presented in *Treating Eating Disorders, Chronic Pain, and Maladaptive Self-Care Behaviors* 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*



1. What is one of the most important themes in this text? Adverse Childhood Experiences (ACE) effect childhood development in all the following but one:
 - a. Childhood abuse
 - b. Neglect
 - c. Parental separation
 - d. Poor self-regulation skills
2. If you had four or more types of childhood exposure, what is the percentage of health risks you would have?
 - a. 1-2 times

- b. 3-6 times
 - c. 4-12 times
 - d. 10-15 times
3. The number of ACEs show a relationship to chronic lung disease.
- True or False
4. Which ACEs did Guillaume show predicted higher eating, shape and weight concerns and lower daily function?
- a. Physical abuse
 - b. Sexual abuse
 - c. Emotional abuse
 - d. Domestic violence
5. Which ACEs increases the possibility of intimate partner violence abuse?
- a. Substance Abuse
 - b. Divorce
 - c. Mental illness
 - d. Violence
6. The Adaptive Information Processing (AIP) model that underlies the EMDR therapy idea that inadequately processed dysfunctionally-stored memories establish the basis of psychopathology and effect our well-being throughout our lives is supported by which one of the following:
- a. The ACE Study by Anda and Felitti
 - b. Three Stages of Treatment for PTSD by Judith Herman
 - c. Negative thoughts and errors in logic by Aaron Beck/CBT
 - d. Somatic awareness by Pat Ogden
7. What is the importance of the “pathogenic memory” and EMDR’s AIP model?
- a. It shows the importance of psychopathology in the AIP model
 - b. It includes not just trauma-based disorders but others as well
 - c. It emphasizes trauma
 - d. It supports the use of bilateral stimulation
8. When using the EMDR Scripted protocol books what is the most important concept to keep in mind?
- a. There are many varied protocols for different situations
 - b. There is a standard procedure and 3-prong protocol that inform EMDR therapy
 - c. EMDR is an add-on to other ways of doing treatment
 - d. Different populations need different protocols
9. When using EMDR Scripted protocols, clinicians need all but one of the following:
- a. Adequate training in EMDR therapy and as a clinician
 - b. Clinical acumen
 - c. No clinical training
 - d. Integrity

Neurobiological Foundations of EMDR Therapy

10. Pagani's neurobiological model of EMDR therapy suggests all but one of the following:
- Changes in inter-hemispheric connectivity
 - Neural integration and thalamic binding model
 - Increase in alpha waves
 - Structural and functional brain changes

Part I Treating Eating and Body Image Dysregulation with EMDR Therapy

11. Eating Disorders are mainly a current phenomenon:

True or False

12. All but one are factors that have contributed to the increase in Eating Disorders in Western and Eastern countries:
- Industrialization
 - Globalization
 - Intellectualization
 - Idealization of fashion models
13. Which statistic is inaccurate concerning eating disorders in the US:
- Every 62 minutes at least one person dies from an eating disorder
 - Sexual minority women are not affected by eating disorder behaviors
 - 16% of transgender college students reported having an ED
 - 13% of women over age 50 engage in eating disorder behaviors
14. Francine Shapiro believed that all but one of the following has the possibility of being true when it came to recovered memories in EMDR:
- The memory is always true
 - The image can be a symbolic representation
 - The event may be vicariously experienced
 - The image could be the result of trickery

Chapter 1: Protocol for EMDR Therapy in the Treatment of Eating Disorders

15. Dutch colleagues use the following procedures in their work on eating disorder behaviors:
- EMDR 2.0
 - Dysfunctional positive targets, Flash technique
 - Intrusion, timeline; dysfunctional belief; flashforward; dysfunctional positive targets; emotion
 - Symptoms clustered on the time-line
16. According to Beer, EMDR is a standalone therapy for patients with eating disordered behavior:

True or False

17. What are all the reasons Beer thinks that EMDR therapy is attractive for patients with eating disorders?
- Cognitive, physical and emotional changes happen instantly and simultaneously
 - Changes involve explicit self-control
 - The client must be motivated for change to occur
 - The client must follow a particular course for change to occur
18. How many procedures does Beer suggest for target selection?
- Three
 - Four
 - Five
 - Six
19. What are the procedures for target selection?
- Dysfunctional Belief Path, Timeline Path, Flash-Forward Path
 - Intrusion Path, Timeline Path, Dysfunctional Positive Targets Path, Emotion Path
 - Dysfunctional Positive Targets Path, Emotion Path, Intrusion Path, Timeline Path, Flash-forward Path
 - Emotion Path Dysfunctional Positive Targets Path, Flash-forward Path, Dysfunctional Belief Path, Timeline Path, Intrusion Path
20. When you are working with the 6 modules Beer suggests you begin with?
- Fears Related to the Eating Disorder
 - Clinician and Client choose the most relevant module
 - Distressing memories of negative experiences
 - Clinical perfectionism
21. What is the purpose of using the dysfunctional positive target path?
- To increase good feelings
 - To create a positive feeling about the self
 - To reduce specific urge-driven eating disorder behaviors
 - To reduce good feelings in the body
22. The Emotion Path is used for both negative and positive emotions

True or False

Chapter 2: EMDR Therapy Protocol for the Management of Dysfunctional Eating Behaviors in Anorexia Nervosa

23. The following are present in the diagnosis of Anorexia Nervosa according to DSM-5:
- Body image distortion for self and attributed to others
 - Need for control
 - Alexithymia
 - All of the above
24. Identify the target that is not important for Zaccagnino's AN protocol:
- Food issues with family

- b. Big “T” traumas
 - c. Negative beliefs about the self
 - d. Triggers/precipitating events
25. Anorexia Nervosa is an illness that occurs only in females
- True or False
26. According to Dan Siegel, what is an Internal Working Model (IWM)?
- a. The initial proximity-seeking attachment behaviors that result in repeated interactions with a child’s caregiver that are encoded
 - b. The attachment figure rejects a child one time and encodes this forever
 - c. The cognitive belief systems that have been internalized
 - d. The emotional connection that the child has with his/her caregiver
27. What is the purpose of Parts Work in the EMDR Therapy Protocol for the Management of Dysfunctional Eating Behaviors in Anorexia Nervosa?
- a. It helps to establish a relationship of trust between patient and clinician
 - b. It encourages motivation
 - c. It acknowledges and makes the patient aware of a controlling part
 - d. All of the above
28. What is the point of using the Dissociative Table at mealtime?
- a. To enjoy eating
 - b. To address all the ways that parts communicate to solve the difficult task of eating at mealtime
 - c. To have a good conversation with others at mealtime
 - d. To change the cognitive schema of the patient about meals

Chapter 3: EMDR Therapy Protocol for Eating Disorders

29. In Seijo’s work, she links the following:
- a. Trauma Attachment and Dissociation
 - b. Trauma Attachment and CBT
 - c. Trauma Attachment and Emotionally Focused Therapy
 - d. Trauma Attachment and EMDR 2.0
30. Seijo works with all but one of the following defenses:
- a. Somatic
 - b. Hunger
 - c. Fear of Improvement
 - d. Righteous Indignation
31. Seijo focuses on all but one of these points in her EMDR Therapy for Eating Disorders Protocol:
- a. Identification and organization of the client’s inner world
 - b. Processing big “T” and small “t” traumas/adverse life experiences
 - c. Dysfunctional positive emotions
 - d. Neutralization of the defenses

32. All but one of these areas are important to check when taking an Eating Disorder History:
- Russell signs
 - Moon face
 - Lanugo
 - Hair loss
33. Current triggers that predispose the client to bingeing and vomiting include all but:
- Loneliness
 - Boredom
 - Curiosity
 - Sadness
34. The following contributes to hospitalization trauma except for this one:
- Extreme underweight
 - The chaos of bingeing and vomiting
 - Extreme distress
 - Suicide attempt
35. Which of the following is not a type of trauma associated with eating disordered behavior?
- Dieting trauma
 - Belief trauma
 - Humiliation trauma
 - Betrayal trauma
36. The focus of Seijo's EMDR Therapy Protocol for Eating Disorders is not to eliminate defenses.
- True or False
37. When is the edge of trauma reached for clients?
- When the client begins to touch the traumas or adverse experiences that will need to be processed to heal underlying problems
 - When the client delves into unpleasant feelings
 - When the client just focuses on positive feelings
 - When the client turns his/her back on the traumas/adverse experiences
38. What is one of the major impediments in the Assessment according to Seijo in this protocol?
- Focusing on body sensations
 - Alexithymia
 - Wanting to discuss emotion
 - Telling you a great deal of information
39. The "Parts Grief" is all but the following:
- Sadness that there is silence inside after integration
 - Distress over all the time lost
 - Voices of parts disappear
 - Parts learn to speak for themselves

40. The “Piranha” part speaks to the following issue:

- a. Working with shame and fear
- b. Working with perfectionism
- c. Working with body image distortion
- d. Working with rejection and submission

41. Filtering is used by the Piranha to do the following:

- a. Keeps the internal experience the same
- b. Focus on reality
- c. Reminds you of all your inadequacies
- d. Focus on the positive experiences

Chapter 4: The Rejected Self EMDR Therapy Protocol for Body Image Distortion

42. What are the 3 emotional defenses that Seijo deactivates in her Protocol for Body Image Distortion?

- a. Rejection, shame, worry
- b. Distress, disgust, fear
- c. Fear, shame, blame
- d. Guilt, anger, rejection

43. According to Seijo, who is the figure in the client’s life who is associated with helping build the concept of self?

- a. Mother
- b. Father
- c. The mother figure
- d. An important teacher

44. When gathering information about body dissatisfaction, all of these questions are important except one:

- a. Through whose eyes did you learn to look at yourself?
- b. What comments did you receive at home about your body?
- c. Did people compare you to others in relation to your body?
- d. How are you expecting your body to be in the future?

45. When working with the rejected self what is important for the clinician to know?

- a. Processing is not necessary for the rejected self
- b. It is important to focus on resourcing
- c. It reaches directly into the most profound layers of trauma/attachment issues.
- d. It is important to focus on the future

46. The best time to work with the rejected self does not include:

- a. When the client is stabilized
- b. When general defenses have been neutralized
- c. When there are many resources
- d. When critical comments internally are more constructive

47. The Rejected Self Protocol is based on the following: (choose one)

- a. Use the Three-Prong Protocol with the Rejected Self Protocol
 - b. Only work in the present with The Rejected Self Protocol
 - c. Work in the present and future with The Rejected Self Protocol
 - d. Make sure to use the Flashforward and Present triggers when working with the Rejected Self protocol
48. In the artichoke metaphor, what part resides in the core?
- a. Shame
 - b. Rejection
 - c. Vulnerable part
 - d. Rejected self
49. When working with the rejected self, what is the defense that is used?
- a. Reaction Formation
 - b. Denial
 - c. Rationalization
 - d. Body Image Distortion
50. How do you know that the defenses and the traumatic and adverse life experiences have been successfully reprocessed?
- a. They will feel anger for the part of themselves they once rejected
 - b. They will feel sadness for the part of themselves they once rejected
 - c. They will feel love for the part of themselves they once rejected
 - d. They will feel disgust for the part of themselves they once rejected
51. Concerning the goals of The Rejected Self Protocol, the client learns to do all but the following?
- a. Not integrate the dissociative part
 - b. Accept the body as one's own
 - c. Process the trauma contained in the rejected self cognitively and emotionally
 - d. Substitute body image distortion for acceptance

Part II

52. You are being abused if your partner does all but one of the following:
- a. Does not allow you to work
 - b. Calls you names in front of your children or others
 - c. Threatens to kill him/herself if you leave
 - d. Always wants to make love at the same time
53. One way that this protocol is different than the EMDR Standard Protocol is the following:
- a. The positive statement is distorted because of the idealization
 - b. The negative cognition is different than the EMDR Standard Protocol
 - c. Emotions are not included
 - d. There is no target

Chapter 5: EMDR Therapy and Physical Violence Injury "Best Moments" Protocol

54. What does the positive image of a perpetrating partner block?

- a. Access to traumatic memories
 - b. Access to resources
 - c. Access sensations
 - d. Access to emotions
55. Effective EMDR targeting for clients with an addictive disorder, include all but the following:
- a. The urge to engage in the addictive behavior
 - b. The positive feeling that goes with the addictive behavior
 - c. The interest and excitement that occurs later after a compulsive dysfunctional behavior
 - d. After an addictive relapse
56. All is true about a partner of a perpetrator of violence except the following:
- a. No full awareness of the partner's violent behavior
 - b. Holds on to a negative point of view of the perpetrator
 - c. Holds on to a positive point of view concerning the perpetrator
 - d. The patient's behavior can be life threatening
57. What is the measure used in this protocol?
- a. The Level of Urge (LoU)
 - b. Subjective Units of Disturbance (SUDs)
 - c. Level of Positive Affect (LOPA)
 - d. Level of Urge to Avoid (LoUA)
58. The Protocol for working with EMDR Therapy and Physical Violence is based on what characteristic in the patient?
- a. Interest
 - b. Ambivalence
 - c. Hate
 - d. Love
59. The difference between the positive cognition of the Standard EMDR Protocol and the "Best Moments" Protocol is the following:
- a. This is a cognition about shame
 - b. This is a cognition about idealization
 - c. This is a negative belief about the self
 - d. This connects to the presenting problem

Part III

60. Chronic pain includes all but the following:
- a. Pain signals keep firing for weeks to years
 - b. There is always a reason for chronic pain
 - c. Chronic pain affects many older adults
 - d. Chronic pain can include headache to cancer pain
61. What is the most common type of pain?
- a. Neck pain
 - b. Headache

- c. Low-back pain
 - d. Facial pain
62. Who introduced the idea of “antidote images” to shift negative images with patients?
- a. Check and LeCron
 - b. Eimer
 - c. Grant
 - d. Wilson
63. Who did the first randomized controlled trial that addressed treatment for amputees?
- a. Wilson, Becker & Tinker
 - b. Tesarz, Seidler & Eich
 - c. Rostaminejad et al.
 - d. De Roos, Veenstra, de Jongh, et al.
64. How many people experience migraines worldwide a year?
- a. 39 million
 - b. 50 million
 - c. 1 billion
 - d. 5 billion

Chapter 6: EMDR Therapy and Chronic Pain Conditions

65. There is a move away from the classic emotional networks of the brain to the pain-processing regions of the brain.

True or False

66. All of these are measures to assess pain and pain-related symptoms except one: Choose the one that is not the pain-related measure
- a. Pain Intensity 0-10
 - b. Pain location
 - c. Chronic Pain Grade
 - d. Adverse Childhood Experiences
67. All but one of these are elements in the DISH approach to working with pain patients:
- a. Creating distance
 - b. Providing information
 - c. Creating strength
 - d. Providing hope
68. Tesarz, Seidler & Eich suggest the following different protocols to use with chronic pain:
- a. Trauma-associated Memories Protocol; Pain-Associated Memories Protocol; Current Pain Sensation Memories Protocol
 - b. Phantom Limb Pain Associated Memory
 - c. Trauma and Attachment Associated Memories
 - d. Grief, Trauma and Pain Memories

69. The positive effect of EMDR on pain symptoms occur because of three of the following. Choose the one that is not true.

- a. Cognitive restructuring can be induced
- b. Increase in the interoceptive and somatosensory expressiveness
- c. Global relaxation response
- d. Indirect modulation of pain perception

70. The cognitive aspect of pain is more important than the emotion and interoceptive sensations.

True or False

71. When should you not install a positive body state even when the SUD does not = zero?

- a. When processing pain-associated memories
- b. When processing current-pain associated memories
- c. When processing trauma-related memories
- d. When processing negative cognitions

72. The key to working with chronic pain is to do the following:

- a. Appreciate and reinforce any relief from and reduction in pain
- b. Only reinforce progress when SUD=0 and VoC=7
- c. Making sure the client is comfortable
- d. Getting the correct negative cognition

73. What is nociception?

- a. The experience of finding yourself in space
- b. To do with smell
- c. The sensory nervous system response to certain harmful or potentially harmful stimuli
- d. The perceptual response to pain

74. Pain is not always linked to consciousness:

True or False

75. What is an example of a pain memory?

- a. Charley horse
- b. Phantom limb pain
- c. Acute pain
- d. Sensory pain

76. When do you use the PAP script?

- a. For trauma-related memories
- b. For pain-associated memories
- c. For current pain sensation memories
- d. For attachment-related memories

Chapter 7. EMDR Therapy Treatment for Migraine

77. All but one of these can happen during migraine attacks. Choose the one that does not occur:

- a. Tingling/numbing in the extremities or the face
 - b. Dizziness
 - c. Loss of vision
 - d. Loss of hearing
78. When working with migraines, according to Konuk et al., begin with the following target:
- a. Attachment-related target
 - b. Trigger of the most current migraine attack
 - c. Traumatic/stressful events connected with migraines
 - d. Pain-related memory
79. When taking a history of the client's migraine, ask about all of these issues except which one:
- a. Type and shape of the migraine
 - b. What occurred before the attack
 - c. Fears about having headaches in the future
 - d. Negative effects on social, familial, and work life
80. Clients always tell you when they are having migraines.

True or False

81. When working with this EMDR Therapy, Treatment for Migraine, use the following:
- a. Flash-forward
 - b. EMDR 2.0
 - c. Only past memories
 - d. EMDR Standard Protocol

Chapter 8: Fibromyalgia Syndrome Treatment with EMDR Therapy

82. What is Fibromyalgia?
- a. Anxiety Disorder
 - b. Major Depression Disorder
 - c. Chronic Pain Disorder
 - d. Dissociative Disorder
83. There is a relationship between neglect, abuse, and other negative life experiences and health problems.

True or False

84. Fibromyalgia is highly comorbid with all but one of the following:
- a. Depression
 - b. Panic disorder
 - c. ADHD
 - d. PTSD
85. Often, people with Fibromyalgia feel helpless, inadequate and hopeless, what is helpful for them to do while addressing treatment goals.

- a. Checking their resources
 - b. Getting a trauma history
 - c. Getting a pain history
 - d. Imagining the picture of their preferred future
86. Treatment planning includes accessing all but one of the following:
- a. First traumatic memory related to fibromyalgia pain
 - b. Flashforward
 - c. Other traumatic memories
 - d. Future template
87. Future template is used after the following:
- a. Trauma memories
 - b. Present triggers
 - c. Floatback
 - d. Affect Scan

Part IV

88. Which organization created the Standards of Self Care Guidelines?
- a. Red Cross
 - b. Green Cross Academy of Traumatology
 - c. Red Crescent
 - d. World Health Organization

Chapter 9. The Impact of Complex PTSD and Attachment Issues on Personal Health: An EMDR Therapy Approach

89. According to Forgash, health problems emanate from the following:
- a. Early neglect
 - b. Bed-wetting
 - c. Secure attachment
 - d. Poor nutrition
90. All but one of the following are the result of chronically decreased cortisol levels:
- a. Rheumatoid arthritis
 - b. IBS
 - c. Cramps
 - d. Chronic Fatigue Syndrome
91. Positive healing resources include all but one of the following:
- a. Progressive muscle relaxation
 - b. Cocoon of light meditation
 - c. Circle of excellence
 - d. Yoga breathing
92. What is the Constructive Avoidance of Present-Day Situations for?
- a. To teach a calm place

- b. To show how to breathe
- c. To address present triggers
- d. To be able to imagine going to a doctor's appointment

Chapter 10. EMDR Therapy Self-Care Protocol

93. According to Mosquera et al. self-care includes all but the following:
- a. Getting enough sleep
 - b. Eating well
 - c. Taking care of mental and emotional needs
 - d. Dedicate self to others
94. Indicators to use the EMDR Therapy Self-Care Protocol include all but the following:
- a. Use of substances
 - b. Inflicting self-harm
 - c. Meditation
 - d. Dismisses need for self-care
95. Mosquera et al. have self-help protocols aimed at all but one of the following:
- a. Deep breathing
 - b. Relapse Prevention
 - c. Self-harm
 - d. Working with the inner child
96. During the Preparation phase, which Self-Care Protocol does not occur?
- a. EMDR Therapy Self-Care Psychoeducation Protocol for Understanding Self-Care
 - b. EMDR Therapy Self-Care Protocol for Working with the Inner Child
 - c. EMDR Therapy Self-Care Protocol for Developing Resources
 - d. EMDR Therapy Self-Care Psychoeducational Protocol for Learning How to Take Care of Ourselves
97. All of the following are key elements of self-care except one:
- a. Meditating
 - b. Have a positive self-attitude
 - c. Avoid self-harm
 - d. Engage in actions that provide benefits, growth or value to ourselves
98. The EMDR Therapy Self-Care Psychoeducational Protocol on Relapse Prevention has how many phases?
- a. 2
 - b. 3
 - c. 4
 - d. 5
99. All but one of these are reasons that patients self-harm or engage in destructive behaviors:
- a. It gives a temporary sense of calm
 - b. It gives a sense of euphoria
 - c. It is a way to self-punish

- d. Because it makes us more interesting to others
100. When working with self-harm and self-destructive behaviors which protocol is used:
- a. Flashforward
 - b. Urge reduction
 - c. Flash Technique
 - d. EMD
101. What is a dissociative phobia?
- a. Part dissociates into an earlier experience
 - b. Client feels stepped back about the issue
 - c. Client feels negative toward the child
 - d. Client is interested in the child

Appendix A: Updated Worksheets

102. What is the importance of using the updated worksheets in Appendix A?
- a. To support EMDR therapy
 - b. To ensure fidelity to the model
 - c. To show the importance of EMDR therapy
 - d. To create more work for therapists