EMDR and Dissociation: The Progressive Approach

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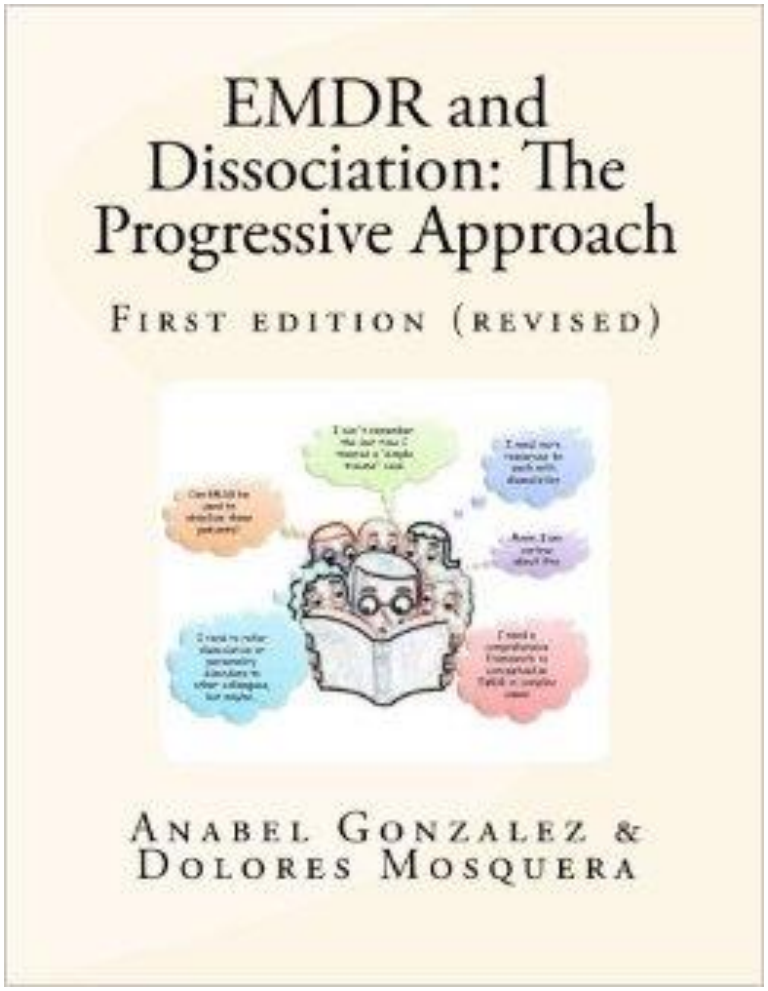

Chapter 2: The A-B-C of Severe Traumatization
Anabel Gonzalez, Delores Mosquera

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. About the Theory of Structural Dissociation of the Personality, which of the following is true:
    a. Emotional Parts of the Personality (EP) are concerned with the daily functions of life such as energy regulation, exploration and social engagement defensive systems and the Apparently Normal Part of the Personality (ANP) are related to defensive systems
    b. Both EPs and the ANP are concerned with the defensive systems and the daily functions of life
    c. EPs are related to attachment and the ANP is concerned with defensive systems
    d. EPs are related to defensive systems and the ANP is concerned with daily functions of life

4. 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
Anabel Gonzalez, Delores Mosquera, Andrew Leeds, Roger Solomon

1. The term dysfunctionally stored information (DSI) is used to explicitly include not only dysfunctionally stored exteroceptive and autobiographic memories but to also include:
    a. The dysfunctional elements generated in the client's intrapsychic experience
    b. The misinformation learned by the client
    c. Good information that is stored in inaccessible memories
    d. Misunderstandings about term structural dissociative

2. 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

3. 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

4. The following category of attachment disruption is most predictably associated with both exteroceptive and interoceptive DSI
    a. Secure enough attachment
    b. Insecure-dismissing
    c. Insecure- anxious
    d. Disorganized

Chapter 4: The Dissociative Language
Anabel Gonzalez, Delores Mosquera, Natalia Seijo

1. Each of the following can be 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.

2. In the case of significant structural dissociation, clients may not give the "stop signal" during Phase 4 reprocessing for the following reasons **EXCEPT:**
    a. They do not remain emotionally connected and lose track of their discomfort
    b. They are focused on setting good boundaries
    c. They are incapable of saying "no" despite permission to do so.
    d. They may want to please the therapist

3. 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.

4. 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
Anabel Gonzalez, Delores Mosquera, Andrew Leeds

1. 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

2. 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

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

4. In the development of higher order mental processes, the authors recommend working through the**:**
    a. Adult self
    b. Child self
    c. ANP
    d. EP

5. The adult self is considered different from the ANP because**:**
    a. The adult self is an attempt at being an adult person while the ANP is the true self
    b. The adult self is thought of as the more true self which is integrating other dimensions of the personality
    c. The adult self is an extension of the child self EPs.
    d. The ANP must integrate the adult self until it is normal

Chapter 6: Introducing Healthy Patterns of Self-Care
Anabel Gonzalez, Delores Mosquera, Jim Knipe, Andrew Leeds

1. Positive self-care is thought of as having the following components **EXCEPT:**
    a. An attitude of valuing and loving the self
    b. A diminishment of self-defeating actions
    c. An ability to self-shame as a form of self-control
    d. Positive actions that provide benefit or value to the individual

2. Looking at oneself with "the best possible eyes" includes all **EXCEPT:**
    a. Treating oneself like someone they love the most
    b. Radical self-acceptance
    c. Believing in personal superiority over others
    d. Nonjudgement view of self

3. The following could be goals for self-care **EXCEPT:**
    a. Recognizing and valuing one's needs
    b. Understanding the value of personal boundaries
    c. Physical self-care
    d. Buffering against a realistic understanding of the self

4. 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:**
    a. Picturing the adult self "seeing" the feelings of the inner child
    b. Imagining what the child might say to the adult
    c. Imagining the child caretaking the troubled adult
    d. Imagining the child "looking out of the eyes" into the therapist's office

5. Other approaches to increasing self-care include all **EXCEPT:**
    a. Developing self-care as a way to avoid emotional regulation
    b. The caring for the baby procedure
    c. Developing positive affect tolerance
    d. Targeting memories of dysfunctional self-care patters in the treatment plan

Chapter 7: Working Toward Integration: Co-consciousness and Connection
Anabel Gonzalez, Sandra Baita, Delores Mosquera

1. 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

2. 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

3. The purpose of the integrative movie procedure as proposed by the authors is to:
    a. To 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. Distancing from painful material by imagining it as a movie

4. As described by the authors, integration in the form of synthesis, differentiation and realization can by created by all **EXCEPT:**
    a. Enhancing higher order mental functions
    b. Processing dissociative phobias
    c. Decreasing separation between parts
    d. Increasing separation between parts

Chapter 8: Overcoming Dissociative Phobias
Anabel Gonzalez, Delores Mosquera

1. 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 traumatic memories
    c. Identify them and understand what is happening
    d. Delay establishing a therapeutic plan

2. 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

3. When working with a phobia of dissociative parts, it is important to proceed at a pace the client can handle to:
    a. Enhance internal communication and collaboration
    b. Extend therapy
    c. Inhibit the client's associations
    d. Be sure the therapist understands everything the client is experiencing

4. 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
Anabel Gonzalez, Delores Mosquera, Andrew Leeds

1. 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

2. 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

3. 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

4. In a clinical example, the authors point out that when a client is unable to fully access and resolve a traumatic memory target, it can be most effective to consider all **EXCEPT:**
    a. Overcome the "peripheral" barrier
    b. Do "preventative work" to prepare the client for full reprocessing
    c. Offer mental instructions as they uncovered potential obstacles to effective reprocessing
    d. Put the tendency to feel fear or shame in a "container"

Chapter 10: Working on Therapeutic Relationship with EMDR Therapy
Anabel Gonzalez, Delores Mosquera, Andrew Leeds

1. A portrayed by the authors, a client may be holding onto an idealization of a parent for reasons **EXCEPT:**
    a. As a coping strategy for overcoming an oppressive childhood environment
    b. To avoid the loss of facing the more realistic view of the parent
    c. Because accessing their own strengths will liberate them from their past
    d. Because they do not have the inner resources to process a more realistic view of the parent

2. 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 themself 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

3. 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

4. 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 scheduled 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

5. An indication that the "Seducer vs Seduced" paradigm is operating may include all **EXCEPT**:
    a. You feel attracted to a client and it is a distraction to your clinical focus
    b. You do not pay special attention to your appearance
    c. You inquire about sexual details that are not relevant to the therapy
    d. You feel the client is acting seductively toward you

6. An indication that the "Control vs Out of Control" paradigm is operating may include all **EXCEPT**:
    a. You feel the therapeutic process is out of control
    b. The client minimizes the out of control realities of their life
    c. The client readily allows you to guide treatment
    d. No matter what approach you try, the client shows no results

Chapter 11: Working on Ambivalence, Defenses and Motivation for Therapy
Anabel Gonzalez, Delores Mosquera, Andrew Leeds

1. 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

2. 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

3. Patient motivation can emerge at different stages of therapy related to all **EXCEPT**:
    a. Early Phase- negative or ambivalent feelings about therapy
    b. Middle Phase- hopelessness about getting through the traumatic content that has arisen
    c. The Trauma Work Phase- relapses after progress
    d. Later Phases of Therapy- progress is too easily integrated into life experiences

4. 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
Anabel Gonzalez, Delores Mosquera, Janina Fisher

1. Which of the following is **not true** about the "progressive approach" to the use of BLS aided reprocessing of traumatic memories:
    a. It works around an all-or-nothing notion that trauma can't be processed until stabilization is absolute
    b. It encourages processing of small fragments of traumatic memories
    c. It is progressive because it goes for the center of the traumatic memory
    d. It is consistent with other EMDR methods to controlled processing of disturbing memories

2. The authors use the term "processing" to include:
    a. Traditional EMDR memory processing and processing of peripheral elements
    b. The movement through stages of treatment
    c. The deliberations over treatment priorities
    d. Reprocessing for fully accessed trauma memories

3. When processing peripheral trauma memory elements, it can be helpful to prioritize targeting parts of memory associated with any of the following **EXCEPT**:
    a. Dissociative phobias
    b. Self-care patterns
    c. Preverbal trauma
    d. Other blockages to emotional regulation

4. In the application of the Tip of the Finger Strategy (TFS), important elements include all **EXCEPT:**
    a. Educate the EP as to why they may have developed maladaptive ways of coping
    b. Explain EMDR to both the ANP and EP, in language they can both understand
    c. Explain EMDR to the ANP only, in language the EP will not be interested in.
    d. Explain EMDR to the EP only, in language the ANP will discredit.

5. Fractionization of the processing of traumatic material refers to**:**
    a. Fracturing the core traumatic memory to create pieces to work on
    b. Processing small bits of trauma memories so as not to overwhelm clients
    c. Dividing reprocessing up into 15 minute experiences then taking a rest
    d. Fracking to create leaks in the memory system

Chapter 13: The Meeting Place Procedure for EMDR Therapy
Anabel Gonzalez, Delores Mosquera, Roger Solomon

1. The authors recommend that short sets of BLS can be useful when working with parts in the "meeting place" to do all **EXCEPT:**
    a. Decrease the intensity of a disturbing emotion
    b. Decrease phobias between parts
    c. Separate destructive parts for adaptive parts
    d. Increase realization and meaning during the experience

2. In using the "meeting place" strategy, the therapist should:
    a. Leave it to the client to direct the experience, to make it an authentic experience
    b. Leave it to the client to direct the experience, so that the client's dominant parts will maintain order
    c. Be ready to adapt to the client's characteristics, but be directive to prevent chaos or internal battles for control.
    d. Be ready to adapt to the client's characteristics, but be directive only as a last resort

3. 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

4. In a clinical example, the authors present a client whose meeting area procedure was undertaken with by asking the client to make a drawing that include the following points except **EXCEPT:**
    a. When the client says she cannot draw, the clinician offers BLS to get over this barrier
    b. BLS is used to return to the "calm place" to maintain stability at all times
    c. BLS is used to assist in reducing the phobias between EPs
    d. BLS is used to process somatic sensation