

Virtual EMDR Training – Domain 3: Learner Assessment

Page Reference	Question Body	Correct Answer	Category by Survey Rank
P. 216 Shapiro	<p>1) The three-pronged protocol refers to which of the following:</p> <p>A. Fears related to a traumatic event, attachment experiences with primary caregivers, and structural dissociation of the personality</p> <p>B. Identify, target and process the earlier memories causing the problems, present experiences triggering the disturbance and the behaviors needed for adaptive future functioning.</p> <p>C. Sensory experiences related to the trauma, unacted urges and impulses related to the trauma, and emotions related to the trauma</p> <p>D. The negative cognition, the positive cognition and the body sensations.</p>	<p>B. Identify, target and process the earlier memories causing the problems, the present experiences triggering the disturbance, and the behaviors needed for adaptive future functioning.</p>	<p>Eight Phases</p>

<p>P. 206 Shapiro</p>	<p>2) The positive/future template involves applying bilateral dual attention stimulation while a client runs through the sequence of a challenging past experience until there is no longer a disturbance associated with it. A. True B. False</p>	<p>B. False</p>	<p>Eight Phases</p>
<p>PP. 98-100 Shapiro</p>	<p>3) Delineating the client's presenting complaint and its symptoms, initial causes, duration, and additional past occurrences occurs during which Phase? A. Phase 3 – Assessment B. Phase 2 – Preparation C. Phase 4 – Reprocessing D. Phase 1 - History-taking</p>	<p>D. Phase 1 History-taking</p>	<p>Eight Phases</p>
<p>P. 88 Shapiro</p>	<p>4) Shapiro (2018) states that because EMDR therapy has been shown to be effective and efficient, it is not necessary to take steps to test whether clients can manage moderate to high levels of emotional disturbance and to practice self-control procedures. A. True B. False</p>	<p>B. False</p>	<p>Eight Phases</p>

<p>PP. 96-97 Shapiro</p>	<p>5) Shapiro (2018) states that EMDR clinicians should screen each client for dissociative disorders before starting reprocessing. Which of the following is not required of the clinician to treat individuals who meet the criteria for DID:</p> <ul style="list-style-type: none"> A. Training in DID B. Advanced training in EMDR & DID C. Training in IFS D. Know the value and use of 'phase-oriented' EMDR treatment' 	<p>C. Training in IFS</p>	<p>Eight Phases</p>
<p>P. 117 Shapiro</p>	<p>6) Shapiro (2018) suggests the Safe/Calm place exercise is recommended as part of the preparation phase before starting reprocessing because:</p> <ul style="list-style-type: none"> A. Peaceful images do not produce any feelings of anxiety B. It unlocks and drains a reservoir of negative emotions C. It reassures clients they have a way to recover emotional stability during any disturbance D. It allows whatever happens to happen. 	<p>C. It reassures clients they have a way to recover emotional stability during any disturbance.</p>	<p>Eight Phases</p>

<p>PP. 249, 291 Shapiro</p>	<p>7) Which of the following is true about Resource Development and Installation?</p> <p>A. RDI provides access to a range of positive affects that can prepare clients to tolerate or shift out of distress when needed both during and between sessions.</p> <p>B. RDI increases associations to negative associative memory networks.</p> <p>C. RDI should never be paired with bilateral dual attention stimulation.</p> <p>D. RDI should be taught to a client during Phase 4 Reprocessing.</p>	<p>A. RDI provides access to a range of positive affects that can prepare clients to tolerate or shift out of distress when needed both during and between sessions.</p>	<p>Eight Phases</p>
<p>P. 125 Shapiro</p>	<p>8) When selecting an image during Assessment Phase, the clinician should specifically ask:</p> <p>A. What picture best represents the experience to you?</p> <p>B. What picture represents what you think of yourself in your worst moments?</p> <p>C. What scenery is passing by when you think of the incident?</p> <p>D. What picture defines yourself in this moment?</p>	<p>A. What picture best represents the experience to you?</p>	<p>Eight Phases</p>

<p>P. 125 Shapiro</p>	<p>9) Which of the following statements is true of the Negative Cognition (NC)?</p> <p>A. The Negative Cognition is a clear description of the traumatic event.</p> <p>B. The Negative Cognition is a negative self-statement associated with the event</p> <p>C. The Negative Cognition is often stated as an emotion such as, "I am afraid"</p> <p>D. The Negative Cognition is generalizable</p>	<p>B. The Negative Cognition is a negative self-statement associated with the event</p>	<p>Eight Phases</p>
<p>P. 129 Shapiro</p>	<p>10) What is the Validity of Cognition scale range (VOC)?</p> <p>A. From 1-10</p> <p>B. From 0-10</p> <p>C. From 0-7</p> <p>D. From 1-7</p>	<p>D. From 1-7</p>	<p>Eight Phases</p>
<p>P. 130 Shapiro</p>	<p>11) Naming the <i>emotion(s)</i> in the Assessment phase is important because:</p> <p>A. It identifies the emotion that the client feels as they bring up the experience in present time.</p> <p>B. It prevents confusion if they subsequently describe the reprocessing</p>	<p>A. It identifies the emotion that the client feels as they bring up the experience in present time.</p>	<p>Eight Phases</p>

	<p>experience by using the SUD scale</p> <p>C. It produces a sense of accomplishment</p> <p>D. It separates the emotion psychologically from the sensation in the body</p>		
PP. 131-132 Shapiro	<p>12) Which of the following is <u>not</u> an aspect of Identifying the location of <i>body sensations</i> in the Assessment phase:</p> <p>A. It assesses the effects of EMDR reprocessing and it lays the groundwork for the next phase of treatment</p> <p>B. Focusing on the body frees the client from the need to concentrate on painful thoughts or images in subsequent sets.</p> <p>C. It provides the client with an alternative to the reliance on verbalization</p> <p>D. It is much less disturbing to the client</p>	D. It is much less disturbing to the client	Eight Phases
P. 137 Shapiro	<p>13) Which three things should the clinician ask the client to notice when beginning the Desensitization Phase?</p>	C. The image, the negative cognition and where they feel it in their body	Eight Phases

	<ul style="list-style-type: none"> A. The image, the positive cognition and where they feel it in their body B. The negative cognition, the positive cognition and the emotion C. The image, the negative cognition and where they feel it in their body D. The image, the bilateral dual attention stimulation and the emotion 		
P. 137 Shapiro	<p>14) When starting each subsequent set of bilateral dual attention stimulation in the Desensitization Phase, after the first set it is advisable for the clinician to:</p> <ul style="list-style-type: none"> A. Remind client of the negative cognition B. Ask the client to continue to hold the original image in mind C. Refrain from reminding client of the negative cognition D. Check the validity of cognition 	C. Refrain from reminding client of the negative cognition	Eight Phases
P. 150 Shapiro	<p>15) Shapiro states that during the Desensitization Phase the clinician should recheck the SUD level:</p>	C. After retargeting the original incident, providing another set of bilateral dual attention stimulation and	Eight Phases

	<ul style="list-style-type: none"> A. After each set of bilateral dual attention stimulation. B. When only a few minutes are left in the session, before ending the session. C. After retargeting the original incident, providing another set of bilateral dual attention stimulation and there are no new associations, no new emotions, sensation, or images. D. There is no need to check the SUD level until the client has indicated the experience is no longer disturbing 	<p>there are no new associations, no new emotions, sensation, or images.</p>	
<p>P. 259 Shapiro</p>	<p>16) Three primary themes for interweaves are:</p> <ul style="list-style-type: none"> A. Past, present, future B. Responsibility, Safety and Choices C. Supportive figures, personal achievements, spiritual figures D. Relationship, affect regulation, self-esteem 	<p>B. Responsibility, Safety and Choices</p>	<p>Eight Phases</p>
<p>P. 191 Shapiro</p>	<p>17) Phase 8 Reevaluation:</p>	<p>C. Is vital and should open each reprocessing session after the first, assessing how well previously targeted</p>	<p>Eight Phases</p>

	<p>A. Is optional because in many cases the target has already been processed to a SUD of 0 and a VoC of 7</p> <p>B. Is sometimes referred to as Reassessment phase since it involves checking back in on a previously completed target</p> <p>C. Is vital and should open each reprocessing session after the first, assessing how well previously targeted material has been resolved</p> <p>D. Was added later by Francine Shapiro as the “R” in EMDR</p>	<p>material has been resolved</p>	
<p>PP. 172-174 Shapiro</p>	<p>18) Shapiro (2018) offers several strategies for blocked processing that are variations in procedure that can activate processing. Which variation should be tried first?</p> <p>A. Changing the direction of the eye movements</p> <p>B. Invite “unspoken words” silently or aloud</p> <p>C. Ask the client to listen for sounds or dialogue in the memory that remain disturbing.</p>	<p>A. Changing the direction of the eye movements</p>	<p>Eight Phases</p>

	D. D. Ask the client to scan for a more disturbing aspect of the memory		
P. 190 Shapiro	<p>19) Shapiro (2018) states that, when reprocessing is not progressing even after changing the nature or type of bilateral dual attention stimulation, the clinician should:</p> <p>A. Start a different target</p> <p>B. Change the NC and PC</p> <p>C. Explore ancillary factors, such as feeder memories or blocking beliefs</p> <p>D. End the session</p>	C. Explore ancillary factors, such as feeder memories or blocking beliefs	Eight Phases
P. 180 Shapiro	<p>20) Feeder memories are earlier memories that may contribute to blocked reprocessing.</p> <p>A. True</p> <p>B. False</p>	A. True	Eight Phases
P. 183 Shapiro	<p>21) When processing the initial target is unsuccessful, the clinician should consider inquiring about negative beliefs that are blocking progress.</p> <p>A. True</p> <p>B. False</p>	A. True	Eight Phases

<p>PP. 151-152 Shapiro</p>	<p>22) When beginning the Installation Phase, the first question to ask is:</p> <p>A. "What do you notice now?"</p> <p>B. "Do the words [repeat the positive cognition] still fit, or is there another positive statement you feel would be more suitable?"</p> <p>C. "What do you think about the experience now?"</p> <p>D. "How are you feeling?"</p>	<p>B. "Do the words [repeat the positive cognition] still fit, or is there another positive statement you feel would be more suitable?"</p>	<p>Eight Phases</p>
<p>P. 152 Shapiro</p>	<p>23) When checking the VOC during Installation Phase, the therapist should say:</p> <p>A. When you think about the original picture, what do you think now?</p> <p>B. On a scale of 0 to 10 where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now?</p> <p>C. Think about the original incident and those words [<i>selected positive cognition</i>], from 1, completely false, to 7, completely true, how true do they feel?</p>	<p>C. Think about the original incident and those words [<i>selected positive cognition</i>], from 1, completely false, to 7, completely true, how true do they feel?</p>	<p>Eight Phases</p>

	<p>D. Close your eyes and keep in mind the original memory and the positive cognition. Then bring your attention to the different parts of your body, starting with your head and working downward.</p>		
<p>PP. 500-502 Shapiro</p>	<p>24) Because of the potential of EMDR for rapid destabilization, there are many client factors to consider prior to beginning EMDR. Which of the following is not a factor?</p> <p>A. If the client has good affect tolerance</p> <p>B. If the client has a stable life environment</p> <p>C. If the client has stated they would like to start the EMDR immediately</p> <p>D. If the client can undergo temporary discomfort for long term relief</p>	<p>C. If the client has stated they would like to start the EMDR immediately</p>	<p>Eight Phases</p>

<p>P. 44 Shapiro</p>	<p>25) In EMDR therapy, pathology is viewed in terms of maladaptive memory networks which have not been fully reprocessed and continue to be held in a state-specific form giving rise to maladaptive perceptions, behaviors, beliefs and attitudes. A. True B. False</p>	<p>A. True</p>	<p>AIP</p>
<p>P. 38 Shapiro</p>	<p>26) The AIP model states that maladaptive personality traits may be: A. The result of unprocessed experience B. Intractable C. Pathological targets D. Difficult to treat</p>	<p>A. The result of unprocessed experience</p>	<p>AIP</p>
<p>P. 39 Shapiro</p>	<p>27) Any event that has had a lasting negative effect on the self or psyche is by its nature traumatic. A. True B. False</p>	<p>A. True</p>	<p>AIP</p>
<p>PP. 26-27 Shapiro</p>	<p>28) The AIP model provides a framework for treatment, understanding development of pathology, making associations, coming to a resolution, and guiding future actions. A. True B. False</p>	<p>A. True</p>	<p>AIP</p>

<p>P. 73 Shapiro</p>	<p>29) Recurring nightmares may be an appropriate target, given the AIP model proposes:</p> <ul style="list-style-type: none"> A. Nightmares can be a presenting concern B. The REM dream state is a period when unconscious material arises to be processed C. Nightmares disrupt neurotransmitters D. Dream analysis reduces disturbance 	<p>B. The REM dream state is a period when unconscious material arises to be processed</p>	<p>AIP</p>
<p>P. 28 Shapiro</p>	<p>30) Which of the following is an important premise of the AIP model?</p> <ul style="list-style-type: none"> A. A long period of exposure to the memory of a traumatic incident is the best method for healing trauma. B. Consistent client homework in between sessions is the key to therapy efficacy. C. The body's intrinsic capacity for psychological self-healing. D. Teaching clients improved responses to stimuli results in improved emotion. 	<p>C. The body's intrinsic capacity for psychological self-healing.</p>	<p>AIP</p>
<p>P. 37 Shapiro</p>	<p>31) Which of the following is <u>not</u> true about the AIP model:</p>	<p>D. Prolonged exposure is an important</p>	<p>AIP</p>

	<p>A. It posits that PTSD symptoms are caused by disturbing information that is stored in state specific form.</p> <p>B. The old information from the trauma memory is isolated from other more adaptive networks.</p> <p>C. Thoughts of the negative incident are connected to all negative attributes of the original experience.</p> <p>D. Prolonged exposure is an important component in the process of resolving the trauma symptoms.</p>	<p>component in the process of resolving the trauma symptoms.</p>	
P. 28 Shapiro	<p>32) When the information processing system is activated it is:</p> <p>A. Maladaptive</p> <p>B. Always going to result in rapid healing</p> <p>C. Adaptive</p> <p>D. Triggering</p>	C. Adaptive	AIP
P. 37 Shapiro	<p>33) In the midst of reprocessing a target, client statements should be considered to be:</p> <p>A. Fully functional</p> <p>B. The current state of the processed information</p> <p>C. Nonadaptive</p> <p>D. Representative of the</p>	B. The current state of the processed information	AIP

	goal of the reprocessing		
P. 166 Shapiro	<p>34) Which of the following would be an appropriate strategy for assisting a client in maintaining Dual Attention during an intense emotional response:</p> <p>A. Stop reprocessing and discuss the emotional response</p> <p>B. Increase non-specific verbal encouragement during the sets of stimulation.</p> <p>C. Lengthen the sets of stimulation so that more material is accessed</p> <p>D. Check the SUD</p>	B. Increase non-specific verbal encouragement during the sets of stimulation.	Neuro/Trauma
P. 39 Shapiro	<p>35) A “big T” trauma or Criterion A event necessary to diagnose PTSD includes being humiliated in grade school.</p> <p>A. True</p> <p>B. False</p>	B. False	Neuro/Trauma
P. 27 Shapiro	<p>36) Which of the following is <u>not</u> a factor in changes in the nervous system associated with psychological trauma that result in a loss of neural homeostasis:</p> <p>A. Cortisol release</p> <p>B. Relaxation response</p>	B. Relaxation response	Neuro/Trauma

	<p>C. Fluctuations in neurotransmitters</p> <p>D. Spikes in adrenaline</p>		
P. 373-374 Shapiro	<p>37) Which of the following is <u>not</u> a hypothesis to explain the impact of Eye movements on reprocessing are:</p> <p>A. Dual attention taxes the working memory ultimately lowering the disturbance of the memory</p> <p>B. Bilateral eye movements elicit the orienting response, engaging the parasympathetic nervous and lowering the disturbance</p> <p>C. The rhythm of eye movements erases memories so that they are forgotten</p> <p>D. Eye movements stimulate a process similar to REM sleep.</p>	<p>C. The rhythm of eye movements erases memories so that they are forgotten.</p>	<p>Neuro/Trauma</p>
P. 373 Shapiro	<p>38) REM processing of episodic memories results in:</p> <p>A. The effect of hyperfocusing on details of the memory</p> <p>B. The elimination of negative affect associated with the memory.</p> <p>C. The integration of episodic memories</p>	<p>A. The effect of hyperfocusing on details of the memory</p>	<p>Neuro/Trauma</p>

	<p>into semantic networks.</p> <p>D. Increase in insight and comprehension.</p>		
P 168 Shapiro	<p>39) Which of the following is <u>not</u> a strategy that clinicians can use to reinforce the client's dual focus of attention and connection to present time:</p> <p>A. Verbal reassurances during the set</p> <p>B. Purposely changing the direction and speed of the eye movements</p> <p>C. Make slower movements or cover a shorter range</p> <p>D. Check the SUD level</p>	D. Check the SUD level	Neuro/trauma
P 169 Shapiro	<p>40) Regarding dissociation during abreaction, which of the following is not one of the true nature or categories of the apparent dissociation:</p> <p>A. The old feeling of dissociation that arises from the target memory and will be metabolized by the sets</p> <p>B. A new dissociation that is being triggered because the client is being pushed too far</p> <p>C. A dissociation that is the product of an</p>	D. A dissociation that is unrelated to the target triggered by an external event.	neuro/trauma

	<p>undiagnosed dissociative disorder</p> <p>D. A dissociation that is unrelated to the target triggered by an external event.</p>		
<p>P. 25 (Fall 2020 Volume 25, Issue 3 Go With That Magazine)</p>	<p>41) Which best describes how cultural competency informs the application of EMDR therapy?</p> <p>A. In History Taking, to prevent undisclosed pockets of feeder memories</p> <p>B. In Preparation, to allow the client to select resources that fit with their own adaptive information</p> <p>C. In Assessment, allowing the client to select a culturally-relevant Negative or Positive Cognition</p> <p>D. Throughout all phases: through race-related inquiry, culturally relevant cognitive interweaves, and awareness that successful desensitization may involve a higher level SUDs due to ongoing threats related to racism.</p>	<p>D. Throughout all phases: through race-related inquiry, culturally relevant cognitive interweaves, and awareness that successful desensitization may involve a higher level SUDs due to ongoing threats related to racism.</p>	<p>Cultural</p>
<p>P. 18 (Fall 2020 Volume 25, Issue 3 Go With That Magazine)</p>	<p>42) Racial trauma is historical, multigenerational, and reinforced through implicit and explicit</p>	<p>A. True</p>	<p>Cultural</p>

	<p>forms of discrimination and oppression. In addition to preverbal traumatic events, using EMDR helps to target second-generation traumatic material.</p> <p>A. True B. False</p>		
<p>P. 7 (Fall 2020 Volume 25, Issue 3 Go With That Magazine)</p>	<p>43) When identifying adverse or traumatic experiences during history-taking with Black, Indigenous, People of Color (BIPOC) clients:</p> <p>A. It is not important to consider a client’s race, as the concept is simply a social construct</p> <p>B. The issue of race can be set aside, since race is actually a ‘fake’ reality with no real consequences</p> <p>C. It is especially important to consider how a client might have been racialized into disadvantage, since racism affects one’s trauma history</p> <p>D. Most BIPOC clients will have the same perspective on their experience of inequity and racism</p>	<p>C. It is especially important to consider how a client might have been racialized into disadvantage, since racism affects one’s trauma history</p>	<p>Cultural</p>
<p>P. 25 (Fall 2020 Volume 25, Issue 3 Go With That Magazine)</p>	<p>44) The EMDR Therapist working with Black Americans should:</p> <p>A. Consider historical</p>	<p>A. Consider historical trauma and the reluctance,</p>	<p>Cultural</p>

	<p>trauma and the reluctance, stigma, and shame when seeking help</p> <p>B. Work with the client using color blindness as a model.</p> <p>C. Avoid all reference to race</p> <p>D. Ignore microaggressions when they are described.</p>	<p>stigma, and shame when seeking help</p>	
<p>P. 92 Shapiro</p>	<p>45) In memories that might be a part of a case involving a legal proceeding, which of the following is true?</p> <p>A. The client may forget what happened, thereby making their testimony unusable.</p> <p>B. The client should avoid testifying immediately after an EMDR treatment session.</p> <p>C. There is no way of knowing beforehand how a client will process an event</p> <p>D. EMDR should not be attempted until after the legal proceeding is concluded.</p>	<p>C. There is no way of knowing beforehand how a client will process an event.</p>	<p>Legal/Ethical</p>

<p>P. 66 Shapiro</p>	<p>46) It is essential that the clinician clearly inform the client of the possibility for emotional disturbance during and after EMDR processing sessions. A. True B. False</p>	<p>A. True</p>	<p>Legal/Ethical</p>
<p>P. 501 Shapiro</p>	<p>47) EMDR does not require informed consent. A. True B. False</p>	<p>B. False</p>	<p>Legal/Ethical</p>
<p>P. 301 Shapiro</p>	<p>48) Clinicians should be cognizant: A. That false memory syndrome is invalid B. Of limitations and distortions of memory itself before advising clients about the accuracy of any memory that emerges during EMDR processing C. That a light hypnotic trance is desirable D. Of childrens' tendencies to exaggerate</p>	<p>B. Of limitations and distortions of memory itself before advising clients about the accuracy of any memory that emerges during EMDR processing</p>	<p>Legal/Ethical</p>
<p>P. 366 Shapiro</p>	<p>49) Research indicates that EMDR processing causes a somatic de-arousal response associated with eye movements. A. True B. False</p>	<p>A. True</p>	<p>Research</p>

<p>P. 27 Shapiro</p>	<p>50) Which of the Mechanisms of Action has <i>not</i> been strongly supported as an explanation for EMDR therapy?</p> <p>A. Taxing Working Memory B. Exposure to High Levels of Distress C. REM Processes D. Orienting Response</p>	<p>B. Exposure to high levels of distress</p>	<p>Research</p>
<p>P. 95 Shapiro</p>	<p>51) So far, no medications appear to completely block EMDR processing, although benzodiazepines have been reported to reduce treatment efficacy with some clients.</p> <p>A. True B. False</p>	<p>A. True</p>	<p>Research</p>
<p>PP. 418-419 Shapiro</p>	<p>52) Shapiro (2018) suggests insufficient treatment time, lack of fidelity to the protocol, and inappropriate clinical measures can do which of the following?</p> <p>A. Compromise the findings established in “gold standard” research B. Determine the longevity of the therapeutic effects C. Undermine the ability to address any potential secondary gains D. Accelerate growth in</p>	<p>A. Compromise the findings established in “gold standard” research</p>	<p>Research</p>

	publications		
P. 221 Shapiro	<p>53) Shapiro originally referred to EMDR as EMD. Which of the following is true of EMD?</p> <p>A. There is no Negative Cognition with EMD</p> <p>B. There is no Positive Cognition with EMD</p> <p>C. You return to target after every set of bilateral dual attention</p> <p>D. EMD is more difficult than EMDR for both client and therapist.</p>	C. You return to target after every set of bilateral dual attention	History
P. 9 Shapiro	<p>54) Francine Shapiro developed the standard EMDR therapy protocol working with these populations:</p> <p>A. Vietnam Veterans</p> <p>B. Survivors of sexual and relational trauma</p> <p>C. College students</p> <p>D. National Guard</p>	A. Vietnam veterans	History
P. 1 Shapiro	<p>55) Since 1987, EMDR therapy has been empirically supported by numerous randomized controlled trials (RCTs) and is internationally recognized as an effective treatment for trauma and a wide range of experientially based disorders.</p> <p>A. True</p> <p>B. False</p>	A. True	History

<p>P. 2 Shapiro</p>	<p>56) As a comprehensive approach, careful attention is given to images, beliefs, emotions, physical responses, increased awareness, internal stability, resiliency, and interpersonal systems in achieving the effects of EMDR therapy. A. True B. False</p>	<p>A. True</p>	<p>History</p>
<p>P.3 Shapiro</p>	<p>57) EMDR's comprehensive protocols produce positive treatment effects through an interaction between: A. Past and present B. Developmental deficits and inaccurate perceptions of reality C. Big "T" and little "T" trauma D. Client containment and information processing</p>	<p>D. Client containment and information processing</p>	<p>History / Research</p>
<p>P. 12 Shapiro</p>	<p>58) The shift from EMD to EMDR represents a change from: A. A complex set of steps to a narrow, more focused therapy B. Use of the therapy solely with PTSD to use with other traumatic experiences C. Psychology's treatment of the therapy as</p>	<p>D. Desensitization of a memory to information processing</p>	<p>History</p>

	<p>“pseudoscience” to an accepted treatment</p> <p>D. Desensitization of a memory to information processing</p>		
P. 21 Shapiro	<p>59) One way in which EMDR therapy differs from Cognitive Behavioral therapy is no homework is required for EMDR to be effective.</p> <p>A. True B. False</p>	A. True	EMDR vs. Other
P. 21 Shapiro	<p>60) Which of the following is <u>not</u> true about the model of EMDR therapy:</p> <p>A. It helps clients integrate more adaptive self statements B. It fosters desensitization of dramatic cues (triggers) C. It requires between session homework D. It alleviates inappropriate self blame</p>	C. It requires between session homework	EMDR vs. Other
P. 23 Shapiro	<p>61) When compared to other therapies, a defining characteristic of EMDR is that:</p> <p>A. EMDR takes a more detailed life history B. EMDR is less complex C. EMDR is guided by the AIP model D. EMDR always provides</p>	C. EMDR is guided by the AIP model	EMDR vs. Other

	rapid results		
PP. 304-306	<p>62) Which of the following are true of working with military personnel and veterans:</p> <p>A. Several modifications need to be made to the standard EMDR therapy protocol</p> <p>B. It is important to develop cultural competence on the effect of military values and training</p> <p>C. It is best to avoid the use of interweaves</p> <p>D. Military personnel do not benefit from EMDR therapy due to the complexity of their trauma</p>	B. It is important to develop cultural competence on the effect of military values and training	Selected Populations
P. 338 Shapiro	<p>63) Looking at addiction through the lens of AIP, which of the following is <u>not</u> true:</p> <p>A. Addiction is often referred to as an “affect regulation strategy,” therefore additional preparation procedures are recommended.</p> <p>B. The clinician’s judgment supersedes the client’s motivation for change when deciding when and how to utilize EMDR therapy.</p>	B. The clinician’s judgment supersedes the client’s motivation for change when deciding when and how to utilize EMDR therapy	Selected Populations

	<p>C. The ACE study may be used to determine specific targets for reprocessing</p> <p>D. It is believed that addictions assist avoidance of the underlying trauma that threatens to surface in sobriety</p>		
PP. 228-229 Shapiro	<p>64) When targeting a process phobia, the clinician must address all the pertinent aspects of the experience, including decision-making and anticipatory anxiety.</p> <p>A. True B. False</p>	B. False	Selected Populations
P. 233 Shapiro	<p>65) Following the death of a loved one, a person may first experience emotional shock accompanied by numbing. In these cases, psychological first aid, rather than EMDR processing, is recommended at this stage.</p> <p>A. True B. False</p>	A. True	Selected Populations
P. 223 Shapiro	<p>66) Which of the following is the first step in the Recent Event Protocol?</p> <p>A. Target the most disturbing aspect of the memory</p>	B. Obtain a narrative history of the event, noting the most disturbing moments	Selected Populations

	<ul style="list-style-type: none"> B. Obtain a narrative history of the event, noting the most disturbing moments C. Process present stimuli D. Incorporate positive future templates for each trigger 		
<p>PP. 324-325 Shapiro</p>	<p>67) The following statements are true for the treatment of children, <u>except</u>:</p> <ul style="list-style-type: none"> A. Children can create maps, timelines, and storybooks of their lives, through which the clinician can identify potential targets and resources. B. Young children may use hands to indicate levels of disturbance C. Clinicians should advise parents to remain in the room and give verbal feedback during desensitization and installation phases D. Clinician may ask for a “mixed up thought” or a “bad thought” to help elicit the negative cognition. 	<p>C. Clinicians should advise parents to remain in the room and give verbal feedback during desensitization and installation phases</p>	<p>Selected Populations</p>

P. 291 Shapiro	68) For many clients with complex PTSD, it is preferable to begin processing by first targeting recent, adult-onset traumatic experiences or the present disturbing situations or triggers. A. True B. False	A. True	Selected populations
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------	----------------------