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EMDRIA Distance Learning Examination

Examination Questions for:
Healing the Heart of Complex Trauma with EMDR and Ego State Therapy.
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10 Chapters/ 5 Questions per Chapter
Please circle the correct answer.

Chapter 1

1. The cross-training model consists of:
 - a. EMDR, EST and DD interventions.
 - b. EMDR and interventions for working with alters.
 - c. a and b are both incorrect.
2. Stabilization work is:
 - a. Only necessary with DID clients.
 - b. Included as necessary with complex trauma clients.
 - c. Used instead of RDI.
3. Complex trauma clients have difficulty handling:
 - a. Eye movements.
 - b. Dissociative symptoms.
 - c. Any trauma memories.
4. Parental attachment styles are implicated in:
 - a. Increasing negative effects of trauma in children.
 - b. Forming negative self images.
 - c. a and b are both correct.
5. The "Home base" is:
 - a. Analogous to the client's Safe Space.
 - b. Used only with DID clients.
 - c. Should not be used with complex trauma clients.

Chapter 2

1. Complex trauma is correctly described as:
 - a. An attachment disorder.
 - b. Disorders of extreme stress, NOS.
 - c. Borderline Personality Disorder.
2. The _____ is the gateway to the limbic system.
 - a. Prefrontal cortex
 - b. Amygdala
 - c. Hippocampus

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3. Because neurepinephrine levels become extremely high when trauma continues unabated, REM sleep is:
 - a. Enhanced.
 - b. Disturbed.
 - c. More functional.
4. In secondary dissociation, the freeze state is:
 - a. A hyperoused state of readiness.
 - b. The antidote to helplessness.
 - c. Never combined with analgesia.
5. Relational trauma in the first three years of life:
 - a. Promotes excessive sympathetic arousal.
 - b. No pruning of neurons is provoked.
 - c. Pain numbing opiates are decreased.

Chapter 3

1. The SARI model:
 - a. Doesn't include a safety phase.
 - b. Parallels phased trauma treatment.
 - c. Excludes hypnosis.
2. There are significant differences between EMDR and hypnosis.
 - a. This is validated by EEG recordings.
 - b. This is incorrect.
 - c. But they can be used effectively together.
3. Conflict free imagery
 - a. Represents an area of functioning free of all symptoms.
 - b. Not action oriented.
 - c. Cannot focus on life events.
4. Ego Strengthening is:
 - a. Necessary for all EMDR treatment.
 - b. Not useful in treatment of dissociative disorders.
 - c. Important in each stage of treatment.
5. Helper ego states:
 - a. Are most effective in late stage therapy.
 - b. Can contribute insight into clients' problems throughout treatment.
 - c. Are always in conflict.

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Chapter 4

1. In cognitive schema therapy the accurate wording of the NC:
 - a. May work to approximate the schema.
 - b. Is critical to trigger the schema.
 - c. Has no effect on treatment.
2. Cognitive Analytic Therapy was developed by:
 - a. Watkins and Watkins.
 - b. Ryle.
 - c. Young.
3. Ego State Theory is valuable:
 - a. For understanding trance work.
 - b. In the understanding of complex trauma victims.
 - c. In the general understanding of personality development.
4. Adding Ego State Therapy to EMDR work:
 - a. Helps lower resistance to therapy.
 - b. Enables the resolution of internal conflicts in the preparatory phase.
 - c. Destablizes dissociative clients.
5. Maladaptive Schemas:
 - a. Continue to provide impasses to treatment.
 - b. Provide a weak foundation which is unalterable.
 - c. Are altered to more adaptive functioning with the integration of EMDR and EST.

Chapter 5

1. A long preparation phase always precedes trauma reprocessing:
 - a. With DID patients.
 - b. With all dissociative patients.
 - c. Only when clinically indicated.
2. Fractionated work is a safe way for structuring processing in work with DD patients:
 - a. Only in child therapy.
 - b. Only with DID patients.
 - c. Correct.
3. The Dissociative Table Technique:
 - a. Creates an internal workspace.
 - b. Prevents ego state dialogue.
 - c. Isolates ego States.

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4. Did patients:
 - a. Have illusions that the alters are actually separate people.
 - b. Will not allow the therapist to work with alters.
 - c. Always have several handwriting styles.
5. Containers are:
 - a. Concrete objects in the office.
 - b. Utilized in imagery work for stability.
 - c. Used only in the preparation work.

Chapter 6

1. Having “two feet in the past”:
 - a. Enables the client to be safer during sessions.
 - b. Causes the client to emotionally relive, but not reprocess the trauma.
 - c. Enhances trauma processing.
2. The therapist can counter the risk of negative abreactions by:
 - a. Emphasizing safety.
 - b. Teaching containment skills.
 - c. Both of the above.
3. Targeting avoidance defenses can be:
 - a. The best point of access to trauma material.
 - b. Helpful in maintaining amnesia.
 - c. Too frightening for many clients.
4. The Back of the Head Scale:
 - a. Is used during reprocessing only.
 - b. Enhancing present orientation.
 - c. Increases dissociation outside of sessions.
5. The CIPOS procedure:
 - a. Enhances the safety of the therapy relationship.
 - b. Allows for growth of positive feelings of control.
 - c. Both of the above.

Chapter 7

1. The hallmarks of Personality Disorder are:
 - a. Rigid defenses and difficulty in relationships.
 - b. Dissociation.
 - c. High empathy with others.

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2. Working with PD clients calls for:
 - a. Short term treatment contracts.
 - b. Using RDI, not trauma processing.
 - c. Longer term EMDR/ ego state integrated treatment.
3. In current discussions of the “self”:
 - a. There is more attention paid to the multiplicity and various aspects of the self.
 - b. The monolithic view of the self is considered most accurate.
 - c. Neither a or b are correct.
4. The symptoms of PD are:
 - a. Never disavowed by the client.
 - b. Ego syntonic.
 - c. Always dissociated.
5. EMDR treatment of PD clients:
 - a. Is too stressful for the client.
 - b. Can be useful when used with the cross training model.
 - c. Is never recommended if the client is dissociative.

Chapter 8

1. Contextual therapy:
 - a. Stresses 4 dimensions of relational reality.
 - b. Is dis-integrative in couples’ work.
 - c. Posits that couples both need and use each other.
2. Intrapsychic problems:
 - a. Cannot be solved relationally.
 - b. Are completely submerged by dissociation.
 - c. Are made worse with EMDR Couples treatment.
3. Using Genograms and Contracting:
 - a. Exposes ego state conflicts.
 - b. Are used in the EMDR treatment of couples.
 - c. Both A and B are correct.
4. Whether EMDR treatment of one partner takes place with both partners present:
 - a. Depend on the existence of empathy in the observing partner.
 - b. Is not successful with complex trauma clients.
 - c. Must be balanced by having alternate sessions with each partner.
5. One goal of EMDR couples treatment is:
 - a. To exaggerate acting out behavior.
 - b. To get clients to see the absurdity of their relational patterns.
 - c. Is to work only on individual problems.

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Chapter 9

1. A unique feature of IFS is:
 - a. The normal multiplicity of self.
 - b. Discounting of innate healing.
 - c. The universal presence of an undamaged self.
2. Working through this 'undamaged self':
 - a. Helps to heal other ego states.
 - b. Encourages self leadership.
 - c. Both a and b are correct.
3. Protective parts will respond negatively if:
 - a. Therapists respect and address their fears.
 - b. Therapist doesn't challenge their role in the system.
 - c. Both a and b are incorrect.
4. The 3 categories of parts in the IFS model are:
 - a. People pleasers, gatekeepers, opposite parts.
 - b. Exiles, managers and firefighters.
 - c. Punitive, fearful parts and bullies.
5. IFS is used successfully with EMDR:
 - a. To help promote agreement for trauma reprocessing.
 - b. To eliminate the Self in EMDR processing.
 - c. To minimize counter-transference.

Chapter 10

1. Stalled treatment with Complex trauma clients is:
 - a. Eliminated by collaborative work.
 - b. Evidence of therapist incompetence.
 - c. Often amenable to exploration in a collaborative model.
2. Collaborative work with a non EMDR trained therapist, and an EMDR trained therapist.
 - a. Presents a new model utilizing a therapeutic triad.
 - b. Avoids client abandonment when the client is referred for EMDR treatment.
 - c. Both are true.
3. Collaborative relationships between the treating therapists:
 - a. Requires careful planning and client preparation.
 - b. Causes distrust between therapists.
 - c. Ignores client transference reactions to 2 therapists.

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4. Clients who may benefit from EMDR/EST include:
 - a. Clients with medical problems of psychogenic origins.
 - b. Those who are not trauma survivors.
 - c. Those who do not dissociate.

5. An advantage of collaborative therapy is:
 - a. It always shortens treatment.
 - b. It encourages cross referrals between therapists.
 - c. The client can access specialized treatment without leaving the primary therapy relationship.