Cultural Competence and Healing Culturally Based Trauma with EMDR Therapy

BOOK STUDY PROGRAM
Post-test

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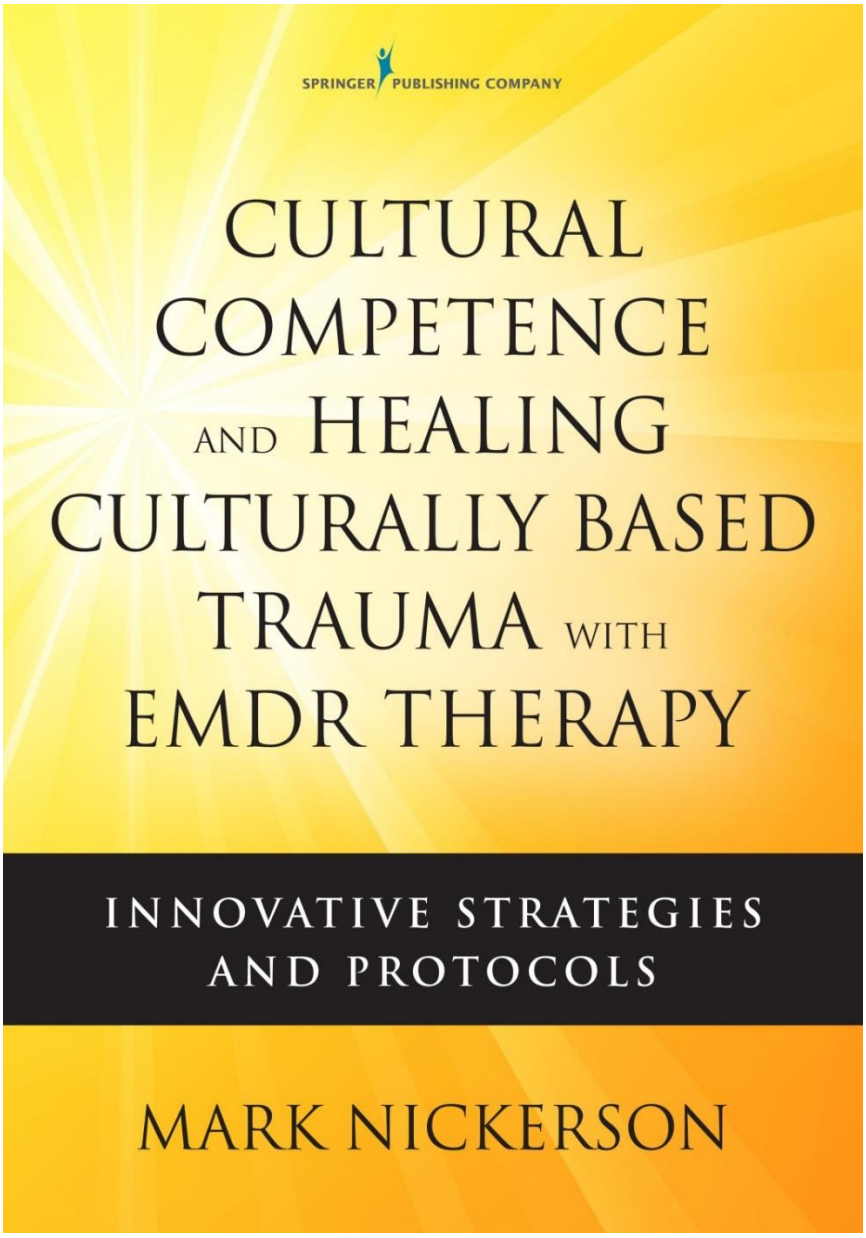

SECTION I: COMPONENTS OF AN EMDR THERAPY APPROACH TO CULTURAL COMPETENCE

Chapter 1: Cultural Competence and EMDR Therapy
Mark Nickerson

1. Ways in which EMDR therapy has demonstrated cultural competence include all **EXCEPT**:
    a. Procedures which have demonstrated effectiveness across a range of cultural contexts
    b. A clinical model that supports cultural understanding and attunement
    c. A comprehensive database of research evaluated, cross cultural interventions
    d. The capacity to understand and treat culturally-based trauma

2. Principals of *Cultural humility* include all **EXCEPT**:
    a. Curiosity about one's own cultural influences
    b. Curiosity about the cultural experience of others
    c. A "culture blind" approach to reduce bias
    d. Understanding and reducing cultural centric views

3. Components of EMDR therapy that contribute to cross cultural effectiveness include all **EXCEPT:**
    a. EMDR therapy can often be implemented despite language differences between therapist and client
    b. EMDR therapy requires that clients overcome any culturally linked reluctance to share the details of their traumatic experiences
    c. In EMDR therapy, the SUDs and VOC scales provide a simple and effective means of client self-assessment
    d. EMDR therapy can integrate existing cultural resources to assist the client in reaching clinical goals

4. The following would likely **NOT** be considered a cultural competence goal for an EMDR practitioner:
    a. Understand the importance of culture and framing individual client issues within a cultural context
    b. Adapt EMDR methods to a client's cultural context and needs
    c. Educate and empower clients to be culturally aware
    d. Advise clients to put aside their culturally adverse experiences in a clinical setting

Chapter 2: Integrating Cultural Concepts and Terminology into the AIP Model and EMDR Approach
Mark Nickerson

1. According to the author, all are true about the concept of *social identity* **EXCEPT**:
    a. It is sometimes used interchangeably with the term *cultural identity*
    b. It includes the meaning a person gains from identifying with a certain cultural group
    c. It includes the meaning that is ascribed to a person by others because they are identified with a certain cultural group
    d. It does not include achieved or chosen identities such as being a mental health professional

2. The term "entitativity" refers to:
    a. The qualities of a true native of the culture they reside in
    b. The degree to which members of a particular social group are bonded together
    c. The broader culture of the entire human race
    d. The degree to which members of a particular social group are genetically linked.

3. Providing information that integrates well into the Adaptive Information Processing model, social science researchers have discovered that people process information differently regarding *in-group* members as compared to *out-group* members. Research has shown all of the following to be true **EXCEPT:**
    a. More detailed information is retained about in-group members
    b. Positive information does not generalize as readily regarding out-group members
    c. People are more generous and forgiving toward out-group members
    d. The use of pronouns such as "we" and "they" influence perception

4. According to social science research, each of the following are true regarding social categorization **EXCEPT:**
    a. It is an innate process that begins in childhood
    b. It is a largely automatic, unconscious process that facilitates quick decision-making
    c. It is inherently maladaptive
    d. Once established, social bias resists integrating subsequent information that contradicts prior learning

Chapter 3: Healing Culturally Based Trauma and Exploring Social Identities with EMDR Therapy
Mark Nickerson

1. The following is **NOT** a way in which EMDR therapy Phases 1 and 2 should be adjusted by an EMDR therapist to allow for more cultural attunement in therapy:
    a. Read as much as you can about a client's culture but try to avoid asking direct questions about their cultural experiences
    b. Expand the psychoeducational portion of treatment to include a discussion of how sociological factors can impact people
    c. If a client is slow to respond to discussion about cultural factors, consider why this might be true and proceed accordingly
    d. Demonstrate humility and curiosity when inquiring about a person's culture

2. As emphasized in the chapter, a client may be hesitant to talk about social and cultural issues for all of the following reasons **EXCEPT**:
    a. The therapist's social identity appears to be different from the clients
    b. The client has the impression that cultural issues are not appropriate in a therapy setting
    c. The therapist asks for permission to discuss social or cultural experiences.
    d. It is internally disturbing to the client to share and face these issues

3. The author proposes a distinct category to describe the needs and beliefs associated with socially-based experiences:
    a. Safety
    b. Connectedness and belonging
    c. Self-worth
    d. Assimilation

4. The following is **NOT** true about social identities:
    a. They can be temporary
    b. They can be visible or invisible to others
    c. They may not be valued by the person they have been assigned to
    d. By definition, they include only those chosen by the person

Chapter 4: Dismantling Prejudice and Exploring Social Privilege with EMDR Therapy
Mark Nickerson

1. The following is **NOT** true about prejudice:
    a. Conscious anti-prejudice values do not necessarily eradicate implicit prejudice
    b. Implicit prejudice responses link to the amygdala and become automatic
    c. Implicit prejudice is unconscious and ego dystonic
    d. Implicit prejudice reflects a person's overall chosen value system

2. When a therapist is trying to determine whether or not to point out a patient's prejudice, each of the following factors support the clinical benefits **EXCEPT:**
    a. The therapist is reasonably confident that they can help move the client forward if the prejudice is addressed
    b. The prejudice interferes with client treatment goals including the needs of people in the client's life
    c. The client aspires to be without prejudice and is unaware that they have prejudiced perceptions
    d. The therapist anticipates that the client will be offended and discontinue treatment with resentment

3. As part of an *EMDR Protocol for Targeting Prejudice and Negative Externalized Beliefs*, the author suggests all **EXCEPT**:
    a. Identifying an externalized negative belief (ENC) about the subject of the prejudice during the Assessment Phase
    b. Omitting the self-referencing positive cognition during the Assessment Phase
    c. Identifying an externalized positive belief (EPC) during the Installation Phase
    d. Identifying a temporary PC and EPC if the session is incomplete during the Closure Phase

4. Following a practicum experience in which EMDR therapists targeted a personal prejudice, all of the following realizations were reported **EXCEPT**:
    a. More curiosity about members of groups that had previously been avoided
    b. Increased awareness of the origin of the prejudice beliefs
    c. Decreased ability to separate a person from the associations toward their group
    d. Increased awareness of previously aligning with oppressive views

SECTION II: STRATEGIES FOR MARGINALIZED CULTURES

Chapter 5: An Integrative Approach to EMDR Therapy as an Anti-oppression Endeavor
Rajani Venkatraman Levis and Laura Siniego

1. The authors conceptualize EMDR therapy as an anti-oppression endeavor due to the following reasons **EXCEPT:**
    a. It allows therapy to reach beyond the client's presenting problem and incorporate the philosophical, contextual, experiential and pragmatic considerations which affect the client
    b. It acknowledges the impact of intersecting domains on both therapist and client, and creates a more integrative framework for EMDR therapy
    c. It allows clients to internalize the negative effects of social oppression such as racism, sexism, ableism and other forms of isms
    d. It facilitates the integration of the client's own healing resources through acknowledging sociopolitical realities and rewriting the narrative with greater agency

2. The authors emphasize the installation of Community Cultural Wealth Resources (CCWR) in the Preparation Phase because of the following reasons **EXCEPT:**
    a. CCWR encompasses an impressive array of hidden knowledge, contacts, abilities and tools
    b. CCWR can be vital sources of empowerment for communities of Color, immigrants, refugees and other minority groups
    c. Those from the minority communities lack resources to move through the EMDR reprocessing phases
    d. CCWR incorporates multiple forms of capital such as aspirational capital, familial capital, social capital, navigational capital, resistant capital and cultural intuition which may be invisible to those from the dominant culture

3. The distinctive labeling of Oppressive Cognitions facilitates all of the following **EXCEPT:**
    a. Broadening the therapeutic focus to acknowledge the impact of historic and social oppression upon the presenting problem
    b. An understanding of the role played by external circumstances in creating limitations for the individual and their cultural group
    c. Building of the therapeutic alliance with minority clients, expands the scope of therapeutic intervention and leads to trait change through reprocessing targets related to social oppression
    d. Delineates sociopoliticially influenced negative cognitions as outside the scope of EMDR therapy

4. The authors identified the following potential targets that generate Oppressive Cognitions **EXCEPT:**
    a. Microaggressions
    b. Supremacy of the English language
    c. Issues related to skin color
    d. Vicarious resilience

Chapter 6: Placing Culture at the Heart of EMDR Therapy
Rajani Venkatraman Levis

1. In this chapter, the author emphasizes placing culture at the heart of EMDR therapy for each of the following reasons **EXCEPT**:
    a. In order to embrace the distinct cultural, subcultural, racioethnic, sociopoliticial and economic environments within which each client has been socialized
    b. In order to reveal hidden targets related to social oppression and historical trauma, while also uncovering invisible and undervalued forms of cultural wealth
    c. In order to demonstrate that symptom expression is the same across cultures and therefore the concepts of western psychotherapy are universally applicable
    d. In order to highlight client's Community Cultural Wealth Resources and empower clients

2. Appropriate application of a pragmatic consideration in culturally attuned EMDR therapy is **LEAST** likely to include which of the following:
    a. Stating that the therapist's position, culture and values make them completely neutral and objective
    b. Acknowledging the degree to Western psychotherapeutic modalities are culture bound
    c. Motivating therapists to become competent clinicians cross culturally in order to support community mental health
    d. Acknowledging how power and cultural norms may be embedded in and conveyed through the therapeutic relationship

3. Which of the following would **NOT** be considered a Community Cultural Wealth Resource, within the model proposed by the author:
    a. Linguistic capital
    b. Cultural intuition
    c. Navigational capital
    d. Sociopolitical capital

4. Which of the following would **NOT** be considered an example of *aspirational capital?*
    a. A transgender man who was a victim of bullying in high school dreams of becoming an LGBTQ youth mentor to help others
    b. An undocumented immigrant who goes to night school to learn English in order to create more opportunities
    c. A teacher who punishes any student who speaks their heritage language during recess
    d. A Muslim client who prays at the local mosque that she will make her family proud of her

Chapter 7: Culturally Attuned EMDR Therapy with an Immigrant Woman Suffering from Social Anxiety
Barbara Lutz

1. A therapist who believes that their immigrant client's mental health issues will be resolved if the therapist can help them fully assimilate with American culture might be considered to be in which phase of "White Identity Development":
    a. Naiveté
    b. Conformity
    c. Dissonance
    d. Resistance and Immersion

2. In this chapter, the author describes her understanding of general cultural trends as:
    a. The key element that allowed her to develop a culturally-attuned alliance with her client
    b. Misleading, as they did not apply in that particular case
    c. Helpful, but not sufficient for establishing culturally attuned therapy
    d. Destructive, because they overshadowed her client's perspective

3. A White American discovers that her ancestors owned slaves. After engaging in historical research, she locates an African-American man who descended from slaves. She contacts him and eventually meets with him in person, apologizing on behalf of her ancestors for contributing to systemic racism. This woman might be considered to be in which phase of "White Identity Development"?
    a. Dissonance
    b. Resistance and Immersion
    c. Introspection
    d. Integrative Awareness

4. According to the author, what is the impact of the United States' history of colonization on the field of psychology?
    a. It has allowed for many resources to be funneled into psychotherapeutic research, helping to develop premier mental health interventions
    b. It has allowed for all Americans to assimilate to one set of cultural norms, making it easier to apply therapeutic interventions universally
    c. It has made psychotherapy better by successfully keeping non-researched methods of healing from consideration as valid approaches
    d. It has led to a heavy influence of White ideals on the development of Western-based therapeutic interventions that can be invalidating of other cultural realities

Chapter 8: The EMDR Approach Used as a Tool to Provide Psychological Help to Refugees and Asylum Seekers

Paola Castelli Gattinara, Antonio Onofri, and Cristina Angelini

1. What percentage of asylum-seekers report having experienced traumatic events?
    a. 26%
    b. 47%
    c. 78%
    d. 92%

2. What do the authors state is the main factor leading to post-traumatic stress disorder in asylum seekers?
    a. Being forced to leave their homes and all of their belongings
    b. Being victims of or witnesses to interpersonal violence
    c. Lack of food and resources
    d. Having to leave loved ones behind

3. What psychological symptom do the authors state occurs with high frequency among traumatized asylum seekers and should thus be considered a "primary" therapeutic target?
    a. Somatization
    b. Hypervigilance
    c. Apathy
    d. Delusions

4. The authors describe a mismatch that can occur between the EMDR therapist's initial goal and the asylum-seekers goal. Which example best represents this mismatch?
    a. The EMDR therapist wants to begin work by processing an adult's migration trauma but the client wants to process a traumatic childhood event related to childhood sexual abuse
    b. A client wants to begin processing their migration trauma but the EMDR therapist feels the client should first process a trauma of childhood sexual abuse
    c. The EMDR therapist is eager to process the asylum-seekers migration trauma but the client is preoccupied with more immediate environmental factors such as unstable living conditions or their asylum application
    d. A client wants to begin processing their migration trauma but the EMDR therapist feels that they should have a psychiatric assessment for medication

SECTION III: INNOVATIVE PROTOCOLS

Chapter 9: Legacy Attuned EMDR

Natalie S. Robinson

1. The author mentions several benefits of extending the focus of EMDR therapy into the transgenerationally linked associations **EXCEPT:**
    a. Developing a legacy inclusive, coherence life narrative
    b. Generating positive cognitions not associated with the past
    c. Accessing legacy based strengths
    d. Desensitizing maladaptively encoded trauma memories associated with family and cultural legacies

2. The author suggests each of the following as potential uses of legacy attuned EMDR **EXCEPT:**
    a. As an expansion of client history and treatment planning
    b. To aid clinical integration of the course of the EMDR therapy
    c. To reduce the relevance of legacy related resourcing
    d. To identify and reprocess legacy rooted triggers

3. Each of the following are suggested as procedures during the BLS assisted sets of the life review phase of legacy attuned EMDR **EXCEPT:**
    a. Proceed in chronological order to increase historical continuity
    b. Guide the client to review different life stages
    c. Pause for the client to write down their thoughts
    d. If new disturbances emerge, collaborate with client about whether to target the disturbance for reprocessing or move ahead

4. Each of the following is true about a legacy attuned core positive cognition (CPC) **EXCEPT:**
    a. It is not linked to a specific event or image
    b. It is a positive self-referencing beliefs
    c. It is generated as part of the clinical focus on transgenerational associations
    d. The therapist should not assist the client to identify the CPC

Chapter 10: EMDR in a Group Setting (G-EMDR)
André Maurício Monteiro

1. The following is **NOT** a characteristic of group EMDR that the author cites as one that may make it advantageous for some clients:
    a. It enhances the power of the social-emotional support provided to the client
    b. The client can choose to be more or less vocal in the treatment, depending on how they are feeling on any particular day
    c. A client who suffers from social isolation can develop a sense of belonging
    d. A client may benefit from their own healing as they hear about the experiences and re-processing of others

2. The author suggests that practitioners may consider each of the following characteristic(s) exclusionary when screening potential clients for GEMDR **EXCEPT** for:
    a. Individuals who are unable to maintain dual attention
    b. Individuals who meet criteria for Cluster C personality disorders (avoidant, dependent, …)
    c. Individuals who meet criteria for Cluster A personality disorders (paranoid, schizoid, …)
    d. Individuals who cannot tolerate exposure to other's traumatic content

3. The author cites the following challenge that may be new to therapists who have previously only conducted EMDR in an individual setting:
    a. One client's traumatic self-disclosure(s) might negatively impact the functioning of another group member
    b. A client may dissociate during re-processing
    c. A client may become defensive or withdrawn
    d. A client may present to therapy in a state of crisis

4. The author suggests that the GEMDR practitioner divide group sessions into the following phases:
    a. Re-processing, Body Scan, Debriefing
    b. History-taking, Target Development, Re-processing
    c. Past, Present, Future
    d. Warm-up, Intervention, Sharing

SECTION IV: LGBTQ ISSUES: SEX, GENDER, AND AFFECTIONAL ORIENTATIONS

Chapter 11: EMDR Therapy as Affirmative Care for Transgender and Gender Nonconforming Clients
Sand Chang

1. In this chapter, the author provides the following definition for the term "Cisgender":
    a. A person whose sex assigned at birth is more or less aligned with their gender identity
    b. A person whose sex assigned at birth is not congruent with their gender identity
    c. A person who identifies as both a man and women
    d. The distress that can arise when a person feels that their sex assigned at birth is incongruent with their gender identity.

2. As stated by the author, when a person develops negative internalized core beliefs about themselves and other transgender and gender non-conforming (TGNC) individuals, it can be named and understood as:
    a. Environmental Transphobia
    b. Culturally-induced TGNC-phobia
    c. Internalized Transphobia
    d. Internal identity confusion

3. The following is **NOT** a common misconception about the TGNC community cited by the author in this chapter:
    a. TGNC individuals are automatically associated with a particular sexual orientation
    b. TGNC individuals are mentally ill
    c. TGNC individuals are only interested in transitioning so that they can access heterosexual privilege
    d. Only some TGNC individuals are interested in medical transition

4. The following is **NOT** among the guidelines offered by the author to clinicians preparing to work with a client from the TGNC community:
    a. Follow the client's lead when it comes to what identity pronouns are used to describe them
    b. If the client consents to discuss body-based sensations at the first session, you can assume it will be OK to discuss them at future sessions as well
    c. Have a thorough discussion with your client about the possibility of doing inner-child work before initiating it in a session
    d. Take responsibility for learning about relevant topics that you are unfamiliar with

Chapter 12: EMDR Therapy with Lesbian/Gay/Bisexual Clients
John M. O'Brien

1. In this chapter, the author cites research that suggests which of the following to be true about sexuality within gay and lesbian populations:
    a. Gay men are more likely to engage in extra-dyadic sexual encounters which leads to lower relationship satisfaction
    b. Women's sexuality tends to be more fixed over time than men's sexuality
    c. Lesbian women report experiencing sexual satisfaction as a result of both genital and non-genital sexual behaviors
    d. Lesbian women in long-term relationships report lower sexual satisfaction

2. Research has shown that people who have experienced one or more same-sex sexual encounters during their life are more likely to develop PTSD in response to a traumatic event. The author cited each of the following as key variable(s) in determining the likelihood that a person within this population will develop PTSD **EXCEPT**:
    a. Level of social support at the time of the trauma
    b. Type of trauma
    c. Age that trauma was experienced
    d. Stress of heterosexist oppression

3. According to research, what portion of parents reacts negatively to their child coming out?
    a. Less than one-third
    b. 43%
    c. Over half
    d. 100%

4. The author identifies the following as common therapeutic targets which often have unique configurations that can arise when working with gay, lesbian, and bisexual clients **EXCEPT:**
    a. Religion/Spirituality
    b. Sensory issues
    c. Family of Origin Issues
    d. Social Isolation

Chapter 13: Sex Assignment, Gender Assignment, and Affectional Orientation: Applying Continua of Congruence to Dismantle Dichotomies
Earl Grey

1. The following is true about sex and gender assignment:
    a. They are two ways of describing the same process
    b. They occur at the same time
    c. They are two separate processes
    d. If your sex assignment is female, your gender assignment will automatically be girl

2. Gender orientation is:
    a. Determined by the culture a person lives in
    b. The imprinted behavioral instincts that inform one's general manner
    c. Always congruent with the physiological sex a person has been assigned in utero
    d. Always congruent with a person's gender assignment

3. The following is **NOT** true about the concept *affectional orientation*:
    a. It accounts for the emotional aspects of attraction and arousal, unlike the term *sexual orientation*
    b. It offers a continuum for understanding how people are attracted to building intimate relationships
    c. It is distilled into two categories: physical attraction/arousal and emotional attraction/arousal
    d. It can help a person choose if they wish to be attracted exclusively to males or exclusively to females.

4. During the history-taking phase, it is helpful for clinicians to:
    a. Urge clients to align themselves with one gender so that the clinician will know what gender pronouns to use during the therapy
    b. Understand that sex assignments, gender identities, and affectional orientations are not always congruent in the way the clinician might expect
    c. Help a client who is having a difficult time identifying their gender by explaining that gender corresponds with their sex assignment
    d. Avoid asking questions about body image

SECTION V: SPECIFIC CULTURES AND SOCIAL STIGMA

Chapter 14: The Transgenerational Impact of Antisemitism
Karen Alter-Reid and Ruth Heber

1. As described by the authors, *generational trauma* is:
    a. The symptoms of trauma that are transmitted from one traumatized generation to later generations
    b. When one family member traumatizes a family member(s) from the next generation
    c. When a person becomes distressed after watching a movie about historical atrocities
    d. Not considered to be successfully treatable through evidence-based trauma interventions

2. The authors suggest that EMDR therapists take note of potential losses and their impact that commonly occur in 2nd generation offspring of holocaust survivors seeking therapy. The losses include all **EXCEPT**:
    a. The loss of familial artifacts and belongings
    b. The loss of a regulated, coherent narrative which helps a person develop a continual sense of self
    c. The loss of access to the survivor's story of Jewish history
    d. The loss of storytelling and passing wisdom to the next generation

3. The authors suggest that EMDR clinicians make the following adjustment to the history-taking phase of EMDR when working with clients who may be experiencing symptoms of generational trauma:
    a. Avoid asking questions about the traumatic history of their ancestors if they were not directly involved in the event
    b. Avoid asking questions about previous generations; stick to questions about the client's generation
    c. If the client can't recall a coherent narrative of their ancestor's trauma, don't push for deeper exploration
    d. In addition to the client's more immediate background, extend the history taking process to include a trans-generational history.

4. The authors identify each of the following potential targets that may arise when working with clients who are experiencing symptoms of trans-generational trauma **EXCEPT:**
    a. Traumatic experiences from the client's own life
    b. Trauma of past generations
    c. Trauma related to incidents the client has witnessed through the media
    d. Symptoms not accounted for in any way

Chapter 15: Left Out and Left Behind: EMDR and the Cultural Construction of Intellectual Disability ***247***
Joseph C. Yaskin and Andrew J. Seubert

1. The following is true about individuals with intellectual disabilities (ID):
    a. They do not experience trauma-related mental illness
    b. They often do not respond well to EMDR
    c. They can experience persistent, internalized stigma
    d. They do not experience internalized stigma because they suffer from memory impairments

2. In the case of Mitchell, what adjustment do the authors indicate the therapist made in the preparation phase to the standard protocol to make it less confusing?
    a. The therapist translated aspects of the protocol and used visual aids to make it more concrete
    b. The therapist did not include the history-taking portion because Mitchell could not remember enough information about the past
    c. The therapist provided Mitchell with a calm/safe place instead of asking him to think of one on his own
    d. The therapist chose not to use either the subjective units of distress scale or the validity of cognition scale because the concepts were too complex

3. According to the authors, why is it common for people with ID to act out their psychiatric symptoms with destructive behavior?
    a. Because they cannot learn appropriate anger management skills
    b. Because they are inherently violent
    c. Because they have impaired awareness and limited ability to express their internal experiences
    d. Because they are suffering from an un-medicated psychiatric disorder

4. According to the authors, why is it important for EMDR clinicians working with ID individuals to pay close attention to attachment issues?
    a. Because people with ID cannot rely on their caregivers to take appropriate care of them
    b. Because people with ID are particularly sensitive to interpersonal injury
    c. Because people with ID have a difficult time attaching to others
    d. Because ID individuals rely on their caregivers in a way that the majority of adults without ID do not

Chapter 16: "*People Like Me Don't Get Mentally Ill*": Social Identity Theory, EMDR, and the Uniformed Services
Liz Royle

1. According to the author, it is important for clinicians preparing to work with USP to understand social identity theory for the following reasons **EXCEPT:**
    a. Because it has an influence on the likelihood that a USP will seek and continue with mental health services
    b. So that the therapist can learn to act in ways that are more attuned with being an "in-group" member
    c. Because it influences the manifestation of mental health symptoms
    d. Because USP are well schooled in this theory as it is central to their work

2. The author discusses four USP group norms that are important for an EMDR therapist to be aware of because they can dictate how USP respond to problems. The following is **NOT** one of these norms:
    a. Mission focus
    b. Strength and control
    c. Aggression towards the enemy
    d. Cohesion

3. According to the author, therapists face specific barriers when it comes to building a therapeutic rapport with a USP. Each of the following situations might be considered an example of a case in which these types of challenges might arise **EXCEPT:**
    a. A therapist working with a USP client has a spouse who is also a USP
    b. A therapist working with a new USP client has a soft-spoken, relaxed demeanor and often wears jeans to work
    c. A therapist working with a USP client uses indirect language when communicating
    d. A therapist working with a USP client takes the client's word when he states that his symptoms are "not that bad"

4. According to the author, why is it important for an EMDR therapist to place particular emphasis on psychoeducation and emotional regulation skills when working with a USP client during the preparation phases?
    a. Because the USP client is likely to become flooded and dissociate when experiencing strong affect
    b. Because the USP client likely has a tendency to suppress affect when it becomes strong
    c. Because the USP client doesn't understand psychotherapeutic concepts
    d. Because the USP client has a greater likelihood of assaulting their therapist if they experience strong affect

Chapter 17: EMDR Therapy and the Recovery Community: Relational Imperatives in Treating Addiction
Jamie Marich

1. The author urges clinicians to take what approach when guiding addicts towards selecting a treatment path:
    a. Do not strongly push addicts in any treatment direction
    b. Strongly encourage clients to adhere to the 12-step model of recovery
    c. Educate the client about the lack of scientific support for the 12-step model
    d. Strongly encourage the client to become involved in Rational Recovery.

2. What does the author mean by the statement "EMDR should never be used in a vacuum" when discussing work with addicts?
    a. EMDR therapists should require clients to attend 12-step meetings while participating in EMDR
    b. EMDR therapists should ensure that clients have at least 2 years of sobriety before they begin EMDR treatment
    c. EMDR should not be considered a magic bullet for healing and should be combined with additional supports
    d. Addicts do not respond well to emptiness and vacuums.

3. Before beginning EMDR therapy, a client with a history of addiction should be able to report having been sober for a minimum of:
    a. 2 years
    b. 1 year
    c. 1 month
    d. Length of sobriety time is not the best way to assess a client's readiness for reprocessing

4. The author suggests using what model for determining whether or not a client with a history of addiction is prepared to move forward with reprocessing?
    a. The 12-step model
    b. The Smart Recovery model
    c. The Stages of Change
    d. The medical model

Chapter 18: EMDR with Issues of Appearance, Aging, and Class
Robin Shapiro

1. When working with clients who are attempting to process appearance-based shame, how does the author suggest moving through targets during reprocessing?
    a. Begin with the worst memory, then move on to earlier memories
    b. Begin with the earliest traumatic memories, then move on to whatever memories are left
    c. Begin with the most recent traumatic memory, then move on to the worst
    d. Let the client decide how they would like to move through the targets

2. Which of the following examples might the author consider to be an ideal outcome of EMDR therapy used with a client who has appearance based shame?
    a. The client learns useful strategies for altering their appearance so that they fit in with societal norms and feel less self-conscious
    b. The client confronts people who seem disapproving of their appearance
    c. The client accepts their appearance as it is
    d. The client enters a beauty pageant

3. When gathering history from clients for whom appearance-based shame is a target, the author suggests the question, "When and where did you learn that you were supposed to look like that (referencing a specific standard)?" Once the moment of realization is identified, the author recommends:
    a. Discussing how unfair that experience was
    b. Targeting the memory for reprocessing
    c. Repeating affirmations of self-acceptance
    d. Resource installation emphasizing parts of their appearance the person likes

4. When addressing issues related to aging, the author suggests that EMDR therapy can help with all **EXCEPT:**
    a. Reducing the impact of media messages about age
    b. Bringing greater acceptance about one's physical body
    c. Slowing the aging process
    d. Mourning changes related to aging

SECTION VI: GLOBAL FRONTIERS OF EMDR INTERVENTION

Chapter 19: Learning EMDR in Uganda: An Experiment in Cross-Cultural Collaboration
Rosemary Masters, Elizabeth McConnell, and Josie Juhasz

1. Some of the obstacles to success, as mentioned by the authors, when people from first world countries attempt to offer knowledge or material gifts to someone in a developing country, include all but:
    a. Cultural differences
    b. Language differences
    c. Lack of resources
    d. Lack of cultural humility

2. When attempting to introduce EMDR in Uganda, the authors utilized Freire's concept of "learning as a process of dialogue" to guide their approach. Which is an example of their use of this principle offered in the chapter?
    a. They asked trainees for feedback about what was and was not helpful for them throughout the training
    b. They conducted the training in the format of a conversation with no didactic lectures
    c. They educated the trainees about American norms so that the trainees could more easily understand the material being presented
    d. They spoke with cultural leaders about cultural customs prior to developing the training

3. During their EMDR trainings in Uganda, the authors discovered particular differences between their culture and Ugandan culture that were important to the process of passing knowledge from one to the other. The following is **NOT** one of the differences discussed in the chapter:
    a. Differences in cultural norms related to formality
    b. Differences in the interpretation of metaphors
    c. Differences in the ability to access EMDR related resources
    d. Differences in trainees overall formal education

4. After reflecting on their experience training clinicians in Uganda, the authors summarize the key elements that they believe other trainers should keep in mind when attempting to train clinicians in other cultures. The following is **NOT** cited by the authors as one of these key elements:
    a. Trainers should not attempt to teach EMDR to clinicians who do not have a working understanding of the Western-derived trauma model
    b. It is important that participants from both cultures feel that they can be honest when giving feedback about the training to one another
    c. Trainers should be attuned to the subjective experience of their trainees
    d. It may be necessary to involve not only trainees but local indigenous organizations and leaders

Chapter 20: Teaching and Learning EMDR in Diverse Countries and Cultures: When to Start, What to Do, When to Leave
John Hartung

1. The author urges potential cross-cultural trainers and consultants to consider various factors before offering services to people in other countries and cultures. Recommendations include the following **EXCEPT**:
    a. Realize that interventions not welcomed and coordinated with local resources might create more harm or chaos
    b. Do not enter a region without being mindful of the negative circumstances that could arise after they leave
    c. Have faith that good intentions at a time of need will have a positive impact
    d. Assess that there are adequate resources to provide useful services in the host country

2. According to the author, and Ken Blanchard's situational leadership model, the best leaders are able to do what?
    a. Be hands-off and allow the people he/she is leading full autonomy right from the beginning of training
    b. Be initially assertive and directive and then step aside once they have imparted the necessary skills to those they are leading
    c. Closely oversee those they are training, even after training is complete
    d. Stick very closely to a previously determined training approach, ensuring trainees do not stray from the path

3. Which of the following is **NOT** described by the author as a strategy that international trainers can use to help avoid perpetrating neocolonialism in their host country?
    a. Asking local leaders to "coach the coach"
    b. Avoid engaging in conversations about politics
    c. Inquire and learn about local healing practices
    d. Be informed about how powers in your own country of origin have influenced the host country's day to day living

4. According to the author of this chapter, the TOT model is based on what belief about the implications of foreign aid?
    a. People from more developed countries should donate money instead of providing direct services to those from another country
    b. People from more developed countries should travel to other countries in crisis and provide direct services
    c. It is best if organizations travel collectively to countries in need of aid and set up shop until after the crisis is over
    d. It is best for aid organizations to teach residents of the country in need to provide ongoing aid services to fellow residents themselves