

## Home Study Audio Course

### **“Strengthening the Self Principles and Procedures for Creating Successful Treatment Outcomes for Adult Survivors of Neglect and Abuse” by Andrew M. Leeds, Ph.D. EMDRIA Approved Instructor and Consultant**

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# Home Study Course

## Strengthening the Self

### Principles and Procedures for Creating Successful Treatment Outcomes for Adult Survivors of Neglect and Abuse

by

**Andrew M. Leeds, Ph.D.**

**EMDRIA Approved Instructor and Consultant**

### Continuing Education Credit Examination

1. In predicting possible client responses to the use of the Standard EMDR PTSD protocol, clinicians should primarily consider:
  - A. The number of traumatic events in the client history.
  - B. The client's coping skills and defenses.
  - C. The client's capacity for affect tolerance.
  - D. "A" and "B"
  - E. "B" and "C"
  
2. Francine Shapiro states (1995) that the pivotal element in psychopathology is:
  - A. Disturbing life experiences.
  - B. Body sensations.
  - C. Negative self-assessments.
  - D. Unresolved disturbing affect.
  - E. Stress.
  
3. Janet's model of trauma oriented psychotherapy follows this sequence of stages:
  - A. Uncovering, Resolving, Ego Strengthening, Integrating.
  - B. Unconscious forgetting, Conscious remembering, Conscious forgetting.
  - C. Ego Strengthening, Uncovering, Resolving, Integrating.
  - D. Trauma, Fixed Ideas, Flexible Ideas.
  - E. Medication, Identifying traumas, Resolving Traumas, Discharge Planning.
  
4. The Consensus Model for treating PTSD is based on the premise that:
  - A. It is best to treat traumas starting with the worst trauma.
  - B. It is best to treat traumas starting with the least disturbing.
  - C. Stabilization should be provided before and during uncovering and resolving traumatic memories.
  - D. Stabilization should only be offered when the client is frightened.
  - E. Specific ego strengthening is not necessary if traumas are targeted in the proper sequence.

5. Posttraumatic Stress Disorder must have all of the following symptoms except:
  - A. Exposure to an event involving actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
  - B. Inability to remember key aspects of the event.
  - C. The person's response involved intense fear, helplessness, or horror.
  - D. Intrusive re-experiencing of the event.
  - E. Persistence avoidance of activities, places or people that arouse recollections of the event.
  
6. Complex Posttraumatic Stress Disorder (or DESNOS) is characterized by alterations in:
  - A. regulation of affect and impulses; attention or consciousness; relations with others.
  - B. substance abuse; ideas of reference; weight gain or loss; chronic fatigue.
  - C. self-perception; perception of the perpetrator(s); systems of meaning; somatization.
  - D. "A", "B" and "C".
  - E. "A" and "C"
  
7. In PTSD which coping responses or defenses are available and become entrenched depends:
  - A. on the individual temperament.
  - B. developmental stage and social context at the time of the trauma(s).
  - C. socioeconomic class.
  - D. "A" and "B".
  - E. "A", "B" and "C".
  
8. In Tomkins' model of emotion there are 3 main systems:
  - A. Drives, Pain, Affects.
  - B. Physical Sensations, Imagination, Affects.
  - C. Basic Affects, Defensive Affects, and Adaptive Affects.
  - D. Positive Affects, Negative Affects, Neutral Affects.
  - E. Sexual Affects, Survival Affects, Creative Affects.
  
9. In Tomkins' model, affect:
  - A. Is the strictly innate, biological portion of emotion.
  - B. Varies significantly in different cultures.
  - C. Alters consciousness by amplifying stimuli.
  - D. "A", "B" and "C".
  - E. "A" and "C" only.
  
10. In Tomkins' model, as in Basch's model, "emotion" is:
  - A. A mixture of physical sensations that result from conditioning.
  - B. Always consciously perceived.
  - C. A combination of affects and associated memories triggered by affects.
  - D. Detectible by changes in brain activity.
  - E. Innate biological patterns of response.

11. Affect triggers changes in:
  - A. Vasodilation.
  - B. Muscle activation.
  - C. Facial expression.
  - D. "A", "B" and "C".
  - E. "B" and "C" only.
  
12. As adults, we generally become aware of our affective responses:
  - A. As they are generated by the brain.
  - B. By observing others' responses to us.
  - C. As sensory receptors relay information back to the brain.
  - D. Primary when they are positive.
  - E. Primary when they are negative
  
13. Affect is contagious through:
  - A. Molecules in the air.
  - B. Reading about another person's experience.
  - C. Imitating others' facial expressions.
  - D. Hearing certain passages of music.
  - E. Certain medications.
  
14. Interest-Excitement involves:
  - A. A gripping sensation in the chest.
  - B. "D" and "E".
  - C. A gradual decrease in arousal.
  - D. Facial display of attention and tracking stimuli.
  - E. Mild to moderate increase in brain activity.
  
15. Enjoyment-Joy involves:
  - A. Increasing density of stimulation in the brain.
  - B. Decreasing density of stimulation in the brain.
  - C. Smiling with lips slightly open.
  - D. "A" and "C".
  - E. "B" and "C".
  
16. Fear-Terror involves:
  - A. Speeding pulse; gripping sensation in chest; fixed stare.
  - B. Face pale, hair standing up.
  - C. A steady, high level of arousal.
  - D. "A" and "B" only.
  - E. "A", "B" and "C".
  
17. Innate affects known as "Drive Attenuators" are:
  - A. Disgust
  - B. Dissociation
  - C. Dissmell
  - D. "A" and "B" only.
  - E. "A" and "C" only.

18. Shame-Humiliation is triggered whenever:
- A. Something blocks the expression of anger-rage.
  - B. Something blocks the expression of interest-excitement.
  - C. Something blocks the expression of distress-anguish.
  - D. "A" and "B" only.
  - E. "A", "B" and "C".
19. In the Compass of Shame, Nathanson states all of the following, except:
- A. In "Withdraw" there is avoidance of physiological and cognitive aspects of shame.
  - B. In "Attack Other" inferiority is associated, others are made to seem lower.
  - C. In "Attack Self" inferiority is sought as the price of needing relationship.
  - D. In "Attack Self" physical self-injury is not a standard feature.
  - E. In "Avoid" excitement, fear, and enjoyment are used to defend against shame.
20. In research and theories on attachment all of the follow are true except:
- A. Bolby based his model in part on earlier animal studies of a critical period for maternal bonding.
  - B. Longitudinal studies by Carlson & Sroufe (1995) and Demos (1988) have shown childhood attachment patterns generally are changed by later life experiences.
  - C. Attachment status represents a working model of self and significant others.
  - D. Attachment status is related to patterns for self-regulation and coping with interpersonal stressors.
  - E. Clinicians' understanding of clients' attachment status can help them repair unavoidable problems in attunement and empathy.
21. Ainsworth's studies of the Strange Situation led to finding all of the follow except:
- A. Avoidant (A) infants show little or no distress during separation, but physiologically have persistent elevated heart rate.
  - B. A majority of infants categorized as Secure (B) cry during separation, but are quickly comforted on reunion.
  - C. Mothers of Resistant-Ambivalent (C) infants tend to ignore them during play and exploration.
  - D. Infants categorized Disorganized-Disoriented (D) sometimes show a dazed expression with sudden immobility, but could have a secure attachment with a different parent.
  - E. Resistant-Ambivalent (C) infants show high levels of distress when separated yet want to be put down before they are completely calm then picked up again.
22. For infants categorized Disorganized-Disoriented (D) Liotti (1992) proposed all of the following except:
- A. They have "multiple working models of self."
  - B. They have mothers who frequently interrupt their spontaneous exploration and play.
  - C. They have exposure to frightening parental behavior.
  - D. They tend to have mothers with unresolved grief or posttraumatic stress disorder.
  - E. They develop "care-taking" responses to attempt to decrease parental stress.

23. The Adult Attachment Interview:
- A. Can be quickly scored to give reliable information on attachment status.
  - B. Considers whether or not the subject reports a history of childhood abandonment.
  - C. Is widely used in clinical settings.
  - D. Is scored on whether the narrative is concise, congruent and cohesive.
  - E. Assigns adults to one of two attachment categories.
24. Bartholomew's Four Category Model of adult attachment:
- A. Has been shown to be highly correlated with the Adult Attachment Interview.
  - B. Relies heavily on self-report.
  - C. Is based on a dimensional model where dependence and avoidance are hypothesized to vary from low to high.
  - D. "A", "B" and "C".
  - E. "B" and "C" only.
25. In young children the right hemisphere:
- A. "C", "D" and "E".
  - B. "D" and "E" only.
  - C. Is dominant during the first few years of life.
  - D. Mediates recognition of parent's facial expression.
  - E. Is more centrally involved in developing emotional regulation than the left.
26. According to Shore's (1996) research, optimal parental behaviors with young children in the second year of life:
- A. "C", "D" and "E".
  - B. "D" and "E" only.
  - C. Induce fear to help develop distress tolerance.
  - D. Inhibit exploratory behaviors that may be dangerous.
  - E. Inevitably induce shame affect when they teach social values.
27. The amygdala:
- A. Produces stress hormones epinephrine and norephenphrine.
  - B. Inhibits the hippocampus under conditions of excess arousal.
  - C. Is the locus of single and multiple event fear conditioning.
  - D. Helps produce meaningful social contact.
  - E. "A", "B", "C" and "D".
28. The hippocampus:
- A. Indexes complex memories with a special temporal map.
  - B. Is needed to form simple declarative memories.
  - C. Works best when the amygdala produces moderate levels of stress hormones.
  - D. "A" and "C" only.
  - E. "A", "B" and "C".

29. Limbic system consequences of early neglect and abuse include all of the following except:
- A. Breakdown of stimulus discrimination in the amygdala.
  - B. Problems with attention, memory and identity.
  - C. Increased exploratory behaviors.
  - D. Hyper-responsiveness to stimuli.
  - E. Impaired short-term memory.
30. Effects of early neglect and abuse on lateralization include all of the following except:
- A. Sensory and affective aspects of “happy memories” in the left hemisphere are enhanced by overstimulation from the right hemisphere.
  - B. The corpus callosum may contain fewer neurons.
  - C. During intrusions of disturbing memories areas in the left hemisphere are inhibited.
  - D. Disturbing memories tend to inhibit the speech center.
  - E. Each hemisphere sometimes inhibits functions in the other.
31. In Shapiro’s Information Processing Model all of the following are hypothesized except:
- A. An intrinsic system exists in the brain to resolve disturbing life experiences.
  - B. Bilateral eye movements are required to resolve traumatic experiences.
  - C. Stress during a developmental period can cause a blockage in information processing.
  - D. Procedural elements in EMDR are intended to help patients access disturbing memories.
  - E. Memory networks consist of five components: memories of images, memories of sounds and thoughts, memories of sensations, memories of affective responses, self-referencing cognitive interpretations.
32. Bower (1981) showed that:
- A. “C” and “D” only.
  - B. “C”, and “E” only.
  - C. Current affective state (mood) regulates access to emotionally charged memories.
  - D. Memories acquired in one affective state are harder to retrieve while in a different affective state.
  - E. Changing a memory is easier when in a different affective state than the memory.
33. Lang’s (1977, 1979) memory network model differs from Shapiro’s by explicitly identifying:
- A. Information about the sensory aspects of the fearful stimulus.
  - B. Information about the meaning of the fearful stimulus.
  - C. Information about emotional responses to the fearful stimulus.
  - D. Information about physiological and behavioral responses to the fearful stimulus.
  - E. None of the above, they are not different.
34. Foa & Kozak (1986) propose that in order for conditioned fear responses to decrease
- A. Lang’s “fear structures” must be accessed.
  - B. Cognitive and affective information incompatible with the fear must be available.
  - C. Cognitive and affective information incompatible with the fear must be integrated.
  - D. “A” and “C” only.
  - E. “A”, “B” and “C”.

35. In this presentation, Leeds asserts that
- A. Fear alone is not sufficient to cause a blockage in information processing.
  - B. Shame (Central Inhibition) has an important role in blocking information processing.
  - C. Amnesia is often associated with the affect “dissemell”.
  - D. “A” and “B” only.
  - E. “A”, “B” and “C”.
36. An investigatory or orientating response model has been proposed to explain EMDR treatment effects by:
- A. Lipke (1992)
  - B. Armstrong & Vaughan (1994)
  - C. Denny (1995)
  - D. MacCulloch and Feldman (1996)
  - E. All of the above.
37. The most comprehensive standardized instrument for assessing Complex PTSD presently available is:
- A. Trauma Center Package (TAQ, Modified PTSD Symptom Scale, SIDES, Trauma Focused Initial Adult Clinical Evaluation)
  - B. The Symptom Check List (SCL-90R)
  - C. Trauma Symptom Inventory (TSI)
  - D. Dissociative Experiences Scale (DES)
  - E. Somatoform Dissociation Questionnaire (SDQ-20)
38. In this presentation, which of the following was not recommended to include as a standard part of clinical assessment for survivors of neglect and abuse.
- A. Past and present use of self-injury, food, alcohol, drugs and sex for self-soothing.
  - B. Inquiring how caregivers responded to basic childhood needs.
  - C. Eliciting memories of pre-birth experiences in the womb.
  - D. Earliest memories of dissociation as a defense.
  - E. Inquiring the session after taking childhood history how the patient functioned that night and the next day.
39. With the Complex PTSD population, inquiring about the patient’s treatment goals during treatment planning:
- A. Should not be done, because it is likely to create excessive performance anxiety.
  - B. Should be done, but the clinician should direct to the therapy toward complete resolution of all negative life experiences not just the client’s treatment goals.
  - C. Should not be done because the client may not be able to tolerate failure if the treatment should not achieve these goals.
  - D. Should be done and the clinician should focus on the patient’s stated goals, even if the clinician believes the client should pursue less modest goals.
  - E. Should be done only if it is legally required in the clinician’s jurisdiction.

40. Shapiro (2001) proposed three broad schemas in which nearly all negative beliefs fall:
- A. Danger, Vulnerability, and Helplessness.
  - B. Trust, Independence and Frame of Reference.
  - C. Power, Self-Trust, Esteem.
  - D. Responsibility, Trust, Intimacy.
  - E. Responsibility, Safety, Control.
41. “Resource Development” refers to:
- A. “C”, “D”, and “E”.
  - B. “C” and “D” only.
  - C. Ego resources and self-capacities that are normally developed through modeling by care-givers, listening to or reading stories, and instruction in moral and practical values.
  - D. Any therapeutic interventions and the therapeutic relationship that help the client construct more adaptive models, defenses and responses.
  - E. Focused methods like communication skills, assertiveness training, and Dialectical Behavior Therapy.
42. All of the following are characteristic of Resource Development and Installation except:
- A. Similar to some Ericksonian ego strengthening methods.
  - B. Looks within the patient for needed resources.
  - C. Uses direct and specific suggestions.
  - D. Assists the patient to identify and enhance resources to find their own solutions.
  - E. Uses patient’s own experiences as a source for resources.
43. Three basic domains of experience in which to find potential resources:
- A. School experiences, Church experiences, Home experiences.
  - B. Mastery, Relational, Symbolic.
  - C. Pre-verbal, Sensory, Imaginary.
  - D. Successes, Failures, Good-enough experiences.
  - E. Family, Friends, Work.
44. Significant, potentially destabilizing negative responses to resources installation procedures may occur based on all the following except:
- A. Whether patients’ have a dissociative disorder.
  - B. Patients’ attachment status.
  - C. Patients’ affect tolerance.
  - D. Patients’ age.
  - E. The selection of the resource.
45. During RDI, the number of back and forth eye movements, tones or taps should be:
- A. About 24 to 30 to assure comprehensive results.
  - B. Faster than for the Standard EMDR PTSD Protocol to avoid accessing negative material.
  - C. About 6 to 12 depending on proximity of negative associations and affect tolerance.
  - D. “A” and “B”.
  - E. “B” and “C”.

46. During RDI, the eye movements, tones or taps are believed to:
- A. Make positive images more vivid.
  - B. Decrease arousal, leading to a calmer state.
  - C. Foster more associations, first to the most proximal, then more distant material.
  - D. "A" and "C".
  - E. "B" and "C".
47. In the stabilization phase of treatment for Complex PTSD, if negative associations or emotions emerge, especially early on during RDI, the clinician should:
- A. Extend the number of repetitions.
  - B. Slow the speed or change the direction of the eye movements.
  - C. Ask if the client wants to continue.
  - D. Start over with an alternate resource.
  - E. Encourage the patient to describe the memory to better understand the trauma.
48. In addition to stabilization in Complex PTSD, RDI procedures can be used for:
- A. "C" and "D" only.
  - B. "C", "D" and "E".
  - C. To support a new sense of self near the end of treatment.
  - D. During trauma processing for a cognitive interweave or for closure.
  - E. For performance enhancement.
49. Research by Korn & Leeds showed that:
- A. The RDI procedure appeared to help stabilize patients with Complex PTSD.
  - B. Eye movements help reduce symptoms.
  - C. Single case studies can be designed and published by clinicians in private practice.
  - D. "B" and "C" only.
  - E. "A" and "C" only.
50. In this presentation, Affect Tolerance refers to:
- A. Containing, modulating and choosing how to respond to stimuli producing affect change.
  - B. Tolerating negative affect.
  - C. Tolerating positive affect.
  - D. "A", "B" and "C".
  - E. "A" and "B" only.
51. In McCullough's model (1997) defensive emotions are:
- A. Fear-terror and Shame-Humiliation.
  - B. Anger-Rage and Distress-Anguish.
  - C. Any emotion that blocks a primary affect.
  - D. Anger-Rage.
  - E. Helpful to clients to protect themselves from genuine dangers.

52. In McCullough's (1997) model, treatment for a poorly regulated drive behavior such as over eating, alcohol abuse, or compulsive sex, would be directed towards:
- A. Identifying ego states invested in defensive emotions and exploring internal dialogue.
  - B. Identifying and modifying distorted beliefs and self-constructs.
  - C. Identifying and relinquishing defensive emotions and integrating primary affects.
  - D. Identifying behavioral contingencies and devising aversive consequences.
  - E. Identifying and processing the patient's unresolved developmental stressors.
53. To help patients develop positive affect tolerance, clinicians should do all the following except:
- A. Focus initially on strongest possible positive emotional response to extend the patient's maximal tolerance.
  - B. Explain why positive affect tolerance needs to be part of the treatment plan.
  - C. Point out when a patient has had a life success and ask about associated feelings.
  - D. Use distraction such as changing the subject if the patient does not tolerate the positive feelings yet.
  - E. Ask the patient to "just think about thinking about it" and add eye movements, tones or taps.
54. Earlier EMDR protocols relevant to developing distress tolerance protocols included:
- A. Installing positive pre-natal memories.
  - B. Focusing on the traumas related to developing substance abuse.
  - C. Using resources in the preparation phase.
  - D. Focusing on distress with current stimuli and not emphasizing targeting past traumas.
  - E. "C" and "D".
55. In a distress tolerance protocol, the clinician should:
- A. Target a current situation rather than an early traumatic memory.
  - B. Accept a decrease of 2 to 4 SUD levels as sufficient for one session.
  - C. "A" and "B".
  - D. Focus on the earliest associated memory.
  - E. None of the above.
56. Patients with Anxious-Ambivalent adult attachment status:
- A. Had parents who generally offered them needed soothing.
  - B. Should not be given much reassurance, as it will foster excessive dependence.
  - C. Often respond well to RDI.
  - D. Tend not to show much emotion in therapy.
  - E. Probably have a dissociative disorder.
57. Patients with Withdrawn (Avoidant) insecure attachment status:
- A. Seek proximity to overcome past abandonment.
  - B. Progress most quickly when a strong attachment is formed in therapy.
  - C. Generally tolerate RDI focused depending on a Supportive Other.
  - D. May not show as much distress as they are having physiologically.
  - E. All of the above.

58. Patients with Disorganized-Disoriented insecure attachment status:
- A. Need to focus on the trauma history to ground the therapy in something real.
  - B. Need a therapist with flexible boundaries who can be a friend, not just a professional.
  - C. Should not be asked for permission to contact other treating professionals to avoid reenacting past boundary violations.
  - D. Should not have moments when they dissociate pointed out to them to avoid embarrassing them.
  - E. None of the above.
59. Use of EMDR based distress tolerance protocols:
- A. “C” and “D”.
  - B. “C” and “E”
  - C. May elicit disturbing memories or behavioral instability.
  - D. Should be offered with caution and informed consent as a clinical innovation.
  - E. Have been empirically validated in controlled studies and found effective.
60. The three basic choices in EMDR are:
- A. Eye movements, hand taps, or auditory tones.
  - B. Responsibility, Safety, or Choice.
  - C. Targeting past, present or future.
  - D. Reprocessing a trauma, resource development and installation, or developing affect tolerance.
  - E. Feeder memories, blocking beliefs or cognitive interweaves.

# Course Evaluation

## Strengthening the Self - Home Study Course

Andrew M. Leeds, Ph.D.

Please rate the following items using the scale below.

1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

### OVERALL COURSE RATING: \_\_\_\_\_

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Presentation was consistent with objective and title.....   | 1 | 2 | 3 | 4 | 5 |
| 2. Content was valuable and/or useful.....   | 1 | 2 | 3 | 4 | 5 |
| 3. Course was appropriately challenging.....   | 1 | 2 | 3 | 4 | 5 |
| 4. Course was taught at the promised level.....  | 1 | 2 | 3 | 4 | 5 |
| 5. The following objective were met.   |   |   |   |   |   |
| A. Learn how to enhance the therapeutic alliance and to build a detailed yet flexible treatment plan in complex cases. ....  | 1 | 2 | 3 | 4 | 5 |
| B. Learn how to sequence development of needed resources and processing specific memories in three stages of recovery: i) stabilization and safety; ii) resolving loss and traumatic memories; iii) reconnection and strengthening of identity. .... | 1 | 2 | 3 | 4 | 5 |
| C. Review key research on affect theory, attachment theory, the developmental neurobiology of affect regulation and the formation of maladaptive schemas. ....   | 1 | 2 | 3 | 4 | 5 |
| D. Learn principles and strategies to assess adult attachment status to aid in planning advanced treatment and intervention strategies.  | 1 | 2 | 3 | 4 | 5 |
| E. Learn fundamental principles and specific procedures to develop affect tolerance and to develop and install resources for strengthening self-capacities and reworking maladaptive schemas. ....   | 1 | 2 | 3 | 4 | 5 |
| F. Acquire practical self-care strategies for patients and clinicians.   | 1 | 2 | 3 | 4 | 5 |
| G. Prevent crises by working through potential problems including transference and counter transference issues. ....   | 1 | 2 | 3 | 4 | 5 |
| H. Review challenging cases that illustrate case formulation and treatment planning. ....  | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please rate the following using the scale below.

1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

#### PRESENTER:

_____ Communication Skills	_____ Knowledge of EMDR model
_____ Ability to answer questions	_____ Responsive to participants' needs

#### MATERIALS:

_____ Quality of audio recording	_____ Usefulness of course manual
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#### ADMINISTRATION:

_____ Administration of course	_____ Helpfulness of staff
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Home Study Audio Course Affirmation

Strengthening the Self

Principles and Procedures for Creating Successful Treatment Outcomes  
for Adult Survivors of Neglect and Abuse

by

Andrew M. Leeds, Ph.D.

EMDRIA Approved Instructor and Consultant

Continuing Education Credit Examination

For each question please fill in the box next to the answer you believe is correct. Only correct answers are counted. A passing score of 75% is needed to document course completion and receive course credit of 12 hours.

Please do not return the entire questionnaire, only the answer sheet, the course evaluation and this form. You may fax these pages to (707) 579-9415 or mail them to:

Andrew M. Leeds, Ph.D.  
1049 Fourth Street, Suite G  
Santa Rosa, CA 95404

If you do not obtain a passing score, your answer sheet will be returned with the wrong items marked. You may retake the examination once without additional charge. For subsequent retakes there is a \$10 fee. A PDF of your certificate of completion will be emailed to you when you pass the exam.

By signing below you affirm that you listened to the entire Home Study Audio Course and completed this examination by yourself without assistance from anyone else.

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|--|--|--|--|--|--|
| 1. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E  | 11. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 21. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 31. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 41. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 51. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |
| 2. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E  | 12. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 22. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 32. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 42. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 52. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |
| 3. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E  | 13. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 23. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 33. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 43. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 53. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |
| 4. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E  | 14. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 24. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 34. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 44. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 54. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |
| 5. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E  | 15. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 25. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 35. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 45. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 55. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |
| 6. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E  | 16. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 26. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 36. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 46. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 56. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |
| 7. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E  | 17. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 27. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 37. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 47. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 57. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |
| 8. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E  | 18. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 28. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 38. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 48. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 58. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |
| 9. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E  | 19. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 29. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 39. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 49. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 59. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |
| 10. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 20. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 30. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 40. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 50. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E | 60. <input type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C<br><input type="checkbox"/> D<br><input type="checkbox"/> E |