

Mindful Continuing Education

EMDR for Alcohol Use Disorder

1. Research suggests that when applied to substance abuse, Eye Movement Desensitization and Reprocessing (EMDR), an evidence-based treatment for PTSD, may also reduce craving and:

- A. Irritability
 - B. Relapse rates
 - C. Obsessive thoughts about substances
 - D. Disruptive sleep patterns
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Mediators, Moderators, and Predictors of Alcohol Use and Relapse

2. Each of the following is an accurate statement about desire thinking and rumination related to alcohol use and relapse EXCEPT:

- A. Desire thinking refers to the elaboration of cognitions and imagery in working memory which may escalate craving intensity, and it correlates with escalating levels of drinking status
 - B. Desire thinking is regarded as a specific type of perseverative thinking, such as rumination or worry
 - C. Rumination increases craving in alcohol-dependent drinkers but not in problem and social drinkers
 - D. Rumination predicts short term outcomes of addiction treatment in alcohol-dependent patients
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Research on EMDR in Addiction

3. With EMDR, specific memory representations are identified and reactivated in working memory, and over time, memory representation gets less vivid and emotionally charged, while a new, self-perspective tends to arise that is more:

- A. Adaptive
 - B. Realistic
 - C. Affirmative
 - D. Benign
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Objectives

4. When studying the efficacy of EMDR and treatment as usual for alcohol dependent individuals, tertiary objectives include:

- A. Coping and self-efficacy**
 - B. Improved quality of life**
 - C. Diagnosis and treatment of co-morbid psychopathology**
 - D. Credibility of treatment and treatment adherence**
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Eye Movement Desensitization and Reprocessing (EMDR)

5. Recommendations for EMDR plus treatment as usual include having participants receive a maximum of seven weekly, 90-minute EMDR sessions where focus shifts from establishing goals to targeting negative associations with long-term abstinence and positive memories associated with alcohol use, to the final focus of:

- A. Addressing memory representations associated with loss of control**
 - B. Developing self-efficacy undermining beliefs and anticipated relapse**
 - C. Envisioning positive aspects of sobriety**
 - D. Feeling more empowered in trigger situations**
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Measurements-Effects on Drinking Behavior

6. The Alcohol TLFB is recommended for use when assessment of relatively precise estimates of drinking are necessary, as it generates information pertaining to patterns and variability of drinking, as well as:

- A. Magnitude**
 - B. Predisposition**
 - C. Reactions**
 - D. Efforts to abstain**
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Measurements-Safety, Acceptability and Feasibility of Treatment

7. In order to measure safety, acceptability and feasibility of interventions during the treatment process, all regular care providers, EMDR therapists, treatment supervisors physicians must report adverse events that may arise and participants will answer questions about opinions and expectations regarding the treatment.

- A. True**
 - B. False**
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8. The primary outcome variable recommended to analyze the efficacy of EMDR compared to treatment as usual to treat alcohol dependence is:

- A. Changes in key relationships in the last 30 days**
 - B. Changes in the number of heavy drinking days in the last 30 days**
 - C. Changes in craving status and coping with drinking desires in the past 30 days**
 - D. Changes in quality of life in the past 30 days**
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