CE QUIZ FOR 6-HOUR ONLINE WORKSHOP WEBINAR

Coherence Therapy

*Facilitating Transformational Change Through Memory Reconsolidation*

To indicate your answer to each question,

simply put your chosen answer into **bold font**

1. This workshop emphasizes that transformational therapeutic change is produced by a core process that is well defined, yet is NOT defined by any particular therapeutic techniques.

True

False

2. According to Coherence Therapy, the root cause of nearly all of the problem patterns addressed by therapy clients is:

a. imbalances of neurotransmitters

b. pathological superego in conflict with healthy needs

c. implicit adaptive emotional learnings

d. maladaptive core beliefs

3. The unambiguous markers of transformational change include:

a. complete disappearance of the unwanted symptom

b. complete disappearance of the symptom’s underlying emotional activation

c. effortless, permanent persistence of those two changes

d. all of the above

4. An emotional learning:

a. consists of a specific schema or mental model of how the world behaves, plus the emotion accompanying that construal

b. operates from outside of awareness and doesn’t exist in words

c. corresponds to a particular ego state

d. all of the above

5. According to Coherence Therapy, if a schema’s version of the world is accurate, the schema is adaptive and coherent, but an inaccurate schema is maladaptive.

True

False

6. For an emotional learning to remain triggerable and compel certain behaviors and/or states of mind for decades, undiminished, is actually the normal functioning, not the malfunctioning, of the brain’s implicit memory system.

True

False

7. The very first step of Coherence Therapy’s methodology is:

a. creating a comforting, safe state to return to

b. a review of attachment relationships in childhood

c. a body scan

d. symptom identification

8. Coherence Therapy’s methodology can be defined by the single sentence, “Find the emotional learnings generating the client’s symptoms and then guide the unlearning of them.”

True

False

9. Coherence Therapy’s methodology is carried out in three main phases named

a. externalizing, resourcing, reintegration

b. stabilization, mindfulness, action

c. discovery, integration, transformation

d. life review, confrontation, repair

10. A central principle of Coherence Therapy states that “A symptom exists because it is emotionally necessary according to at least one emotional learning currently in memory, even with the suffering it entails.” The name of that principle is

a. predictive processing

b. symptom coherence

c. selective memory

d. state-specific memory

11. In bringing the underlying emotional basis of a given symptom into direct awareness, Coherence Therapy uses

a. a type of hypnotic suggestion derived from Ericksonian methods

b. input from family members regarding “critical incidents” they witnessed

c. childhood photos viewed while undergoing prolonged deep breathing

d. any experiential methods applied so as to evoke a response from a symptom-requiring schema

12. “The emotional truth of the symptom” in Coherence Therapy is

a. a verified, corrected account of what happened in “critical incidents”

b. the emotional schema or mental model according to which the symptom is necessary

c. the full expression of how the client feels about having the symptom

d. all of the above

13. The integration phase of Coherence Therapy consists of

a. repeated experiences of the newly conscious necessity of having the symptom

b. regular communication between child, adult, and parent ego states

c. regular checking in with disowned “parts”

d. practicing needed new beliefs and behaviors until they are routine and automatic

14. The brain’s only known mechanism that can fully nullify and erase an emotional learning, and the mechanism used in Coherence Therapy, is

a. Hebb’s principle: neurons that fire together, wire together

b. reparative attachment experiences

c. memory reconsolidation

d. emotional regulation

15. The empirically confirmed process of erasure is carried out in therapy by creating

a “juxtaposition experience,” which consists of experiencing subjectively what a reactivated emotional learning knows and expects, and simultaneously experiencing

a. a contradictory knowledge based on the client’s own direct experience

b. memory of a specific experience that created that emotional learning

c. a state of calm well-being

d. all of the above

16. In contrast to transformational change which fully ends symptom production, the “counteractive” strategy of building up a preferred behavior or state of mind produces incremental, unstable change that is prone to relapse because

a. the potent emotional learning underlying the symptom still exists

b. the new learning of the preferred behavior or belief exists alongside and in competition with the potent emotional learning underlying the symptom

c. the new learning of the preferred behavior or belief creates its own separate memory encoding rather and does not rewrite the encoding of the emotional learning underlying the symptom

d. all of the above

17. The potential for the memory reconsolidation process of erasure to be a unifying framework for the psychotherapy field is supported by the fact that

a. the specific steps of that process have been identified in published case studies from AEDP, EFT, EMDR, IPNB and several other systems of psychotherapy

b. the specific steps of that process are defined as internal, subjective experiences, not external techniques and procedures

c. the therapist is free to use any techniques to carry out the process

d. all of the above

18. Erasure of an emotional learning produces transformational change, so erasure is most effective for psychotherapy, but the memory reconsolidation mechanism is capable of producing other degrees and types of modification of a target learning.

True

False

19. Erasure of pieces of autobiographical memory, such as specific events, is a collateral damage risk when erasing an emotional learning.

True

False

20. In case example 1, which addressed a woman’s underachieving due to her compulsive inaction on new, expansive opportunities, the therapist began the discovery work by asking her for a specific example of this pattern because

a. Coherence Therapy always focuses on concrete perceptions and behaviors for producing new awareness most effectively

b. in a scene where the symptom happened, the underlying emotional learning is reactivated and therefore easiest to elicit

c. useful associations are most likely to arise in that way

d. all of the above

21. In that case example, the therapist used the technique of *overt statement* in the discovery phase in order to shift the client from talking *about* her emotional theme intellectually into directly *feeling* that emotional theme and talking *from* it and *in* it.

True

False

22. The discovery work in that case example resulted in the client having new, vivid awareness that

a. throughout childhood she had been repeatedly traumatized by being forced take action and do new things that were unsafe and terrifying to do with no accompaniment

b. throughout childhood, whenever she initiated an action that was unfamiliar to her mother, she received a terrifying blast of rage from her mother

c. she was punished harshly for taking actions that surpassed any of her siblings

d. there were two occasions where her taking action led to extremely painful losses

23. That case example illustrated that a simple overt statement of a discovered schema, intended to be only an integration experience, can engage the client’s ever-active mismatch detector, producing a juxtaposition experience that disconfirms and nullifies the schema.

True

False

24. That case example also illustrated that a juxtaposition experience is not a counteractive method because

a. the therapist empathizes with both sides of the juxtaposition and does not express any favoring of one side over the other

b. the client is guided to stay fully in touch with the schema generating the symptom, rather than to disengage from it

c. the client is not being guided to build up a desired state to prevent an undesired state

d. all of the above

25. In case example 2, which addressed a woman’s ongoing depression and guilt over the death of her 5-year-old son eight years ago, the discovery technique of *symptom deprivation* was used to

a. show her that she is capable of having and feeling well-being

b. reengage the neural networks that subserve states of well-being

c. enhance her capacity for emotional regulation

d. reveal how and why remaining distressed was emotionally necessary

26. That woman’s discovery process identified two different underlying schemas pertaining to

a. preventing loss of autonomy and placating her father’s requirement for loyalty

b. preventing disconnection from her boy and avoiding resumption of “overwhelming” responsibilities

c. avoiding others’ negative judgments and preserving her parents’ image of her to keep her expected inheritance

d. competing with her husband for attention and prolonging her disability insurance payments

27. In case example 3, which addressed a high school teacher’s daily impotent rage at a student who threatens her with violence, again the discovery technique of *symptom deprivation* was used and revealed that

a. the student’s threats resembled her father’s threats in childhood and were retriggering her traumatic memory of being terrorized by him

b. feeling hated by this student was threatening to desuppress overwhelming hurt and grief over feeling hated by her brother all her life

c. she was furious at this student for humiliating her in front of her other students

d. she greatly enjoys meeting any threat of aggression and was angry that her role as his teacher didn’t allow her to joust vigorously with him

28. In case example 4, which showed a family session addressing a boy’s physical aggression toward other children at school, it emerged that underlying the boy’s behavior was the punitive attitude of his mother.

True

False

29. In that family session, nullification of underlying schemas and transformational change resulted from interpersonal processing in which a family member reveals the hidden true meaning of his or her behaviors that the others have been reacting to negatively.

True

False

30. In case example 5, which addressed a woman’s feeling of a formless “terror” that she frequently felt throughout her life, the client discovered that her terror was arising from

a. her helpless vulnerability to plunging into an experience that she named “the black hole of non-existence”

b. her traumatic memory that is retriggered whenever she perceives a sudden rupture in shared reality with anyone

c. her emotional learning that there exists no one who cares about maintaining shared reality or sees who she is

d. all of the above

31. In that case example of terror, the discovery work was done entirely using *coherence empathy*, which consists of

a. the therapist’s nonverbal communication of caring understanding and acceptance when the client expresses any dissatisfaction with the therapist or the process of therapy

b. the therapist expressing empathy so that the therapeutic alliance is maintained

c. the understanding and validation expressed by the therapist toward the client’s every indication of how having the symptom fully makes sense and is emotionally necessary

d. the validation expressed by the therapist toward the client’s fundamental need for finding a coherent narrative that stabilizes the sense of self through emotional regulation

32. In that case example of terror, the contradictory knowledge that disconfirmed and nullified her terror-generating schema came first from reexamining how her boyfriend responded apologetically after she became upset with him for losing track of the personal experiences she had been sharing with him.

True

False

33. In case example 6, which addressed stage fright that was preventing the client from rehearsing effectively for her upcoming one-woman show, discovery through experiential dreamwork revealed a traumatic incident in a car at age 8, and then the technique of empowered reenactment in that scene was successful at detraumatizing that memory and ending her intense stage fright by

a. disconfirming and unlearning the no-exit helplessness that she learned to expect in the original experience

b. setting up emotional regulation in a way that she could rapidly self-administer during rehearsals

c. reframing the meaning of the rehearsal situation

d. creating an affectively felt experience of forgiveness toward her parents for endangering her in the car

34. In case example 7, which addressed what the client described as “torturous” eruptions of intensely distressing sensations and feelings, those symptoms as well as other symptoms of post-traumatic hypervigilance disappeared as a result of first, guiding in very small steps the client’s desuppression of traumatic memory, revealing paternal incest that felt “horrible” to revisit, and then

a. permissively inviting imaginal enactment of her murderous rage toward her father

b. inducing a deeply felt experience of compassion and forgiveness toward her father

c. asking her to consider whether the distress she is feeling from allowing the memory into awareness is as extreme and debilitating as she expected it was going to be

d. using the “miracle question” to guide her into feeling and describing how she will be viewing her father when she has arrived at being fully resolved about his abuse of her

35. In the workshop’s final segment, the instructor explained that the effectiveness of the various techniques demonstrated throughout the case examples is not inherent in the techniques in themselves, but is due rather to the therapist’s stance from which the techniques are applied.

True

False