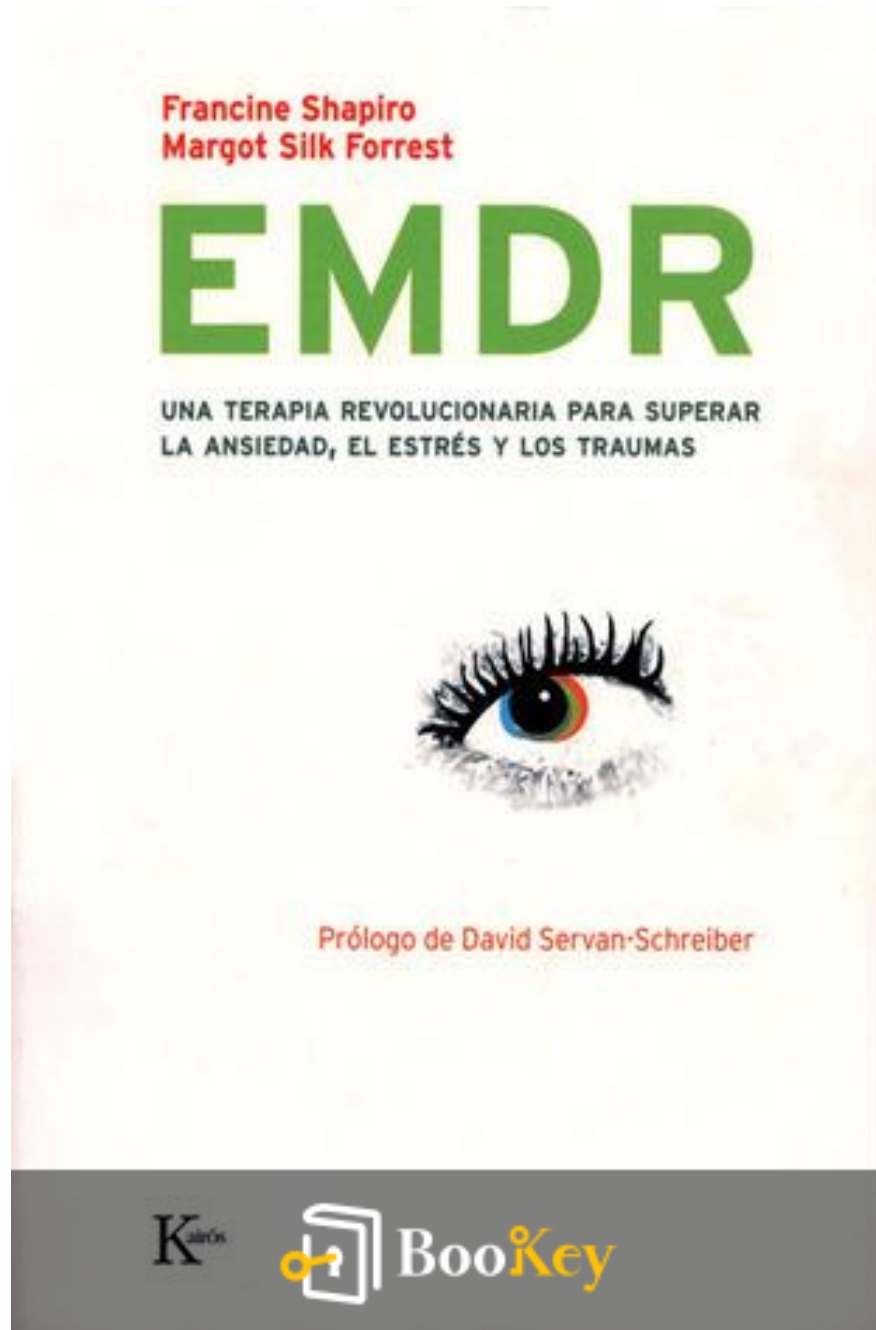


Emdr PDF (Limited Copy)

Francine Shapiro



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Emdr Summary

Healing Trauma Through Eye Movement Desensitization and
Reprocessing.

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About the book

In "EMDR: The Revolutionary New Treatment for Depression and PTSD," Francine Shapiro introduces readers to a groundbreaking therapeutic approach that harnesses the brain's natural ability to heal from traumatic experiences. Through the innovative Eye Movement Desensitization and Reprocessing (EMDR) technique, Shapiro reveals how individuals can confront and process distressing memories, leading to remarkable breakthroughs in mental health treatment for conditions like PTSD and depression. This compelling exploration not only demystifies the science behind EMDR but also provides a beacon of hope for those seeking healing and resolution from the burdens of their past. Join Shapiro on a transformative journey that promises to change the way we understand trauma and recovery.

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About the author

Francine Shapiro was a pioneering psychologist best known for developing Eye Movement Desensitization and Reprocessing (EMDR), a revolutionary psychotherapy technique that has transformed the treatment of trauma and post-traumatic stress disorder (PTSD). With a Ph.D. in psychology, she began her academic journey with an interest in the effects of negative memories on emotional well-being, leading to her groundbreaking discovery of how bilateral eye movements can aid in processing traumatic experiences. Recognized internationally, Shapiro authored numerous articles and books on EMDR, and her work has not only influenced psychotherapy practices worldwide but has also contributed significantly to our understanding of how trauma affects mental health. Her innovative approach has provided hope and healing to countless individuals, solidifying her legacy as a leader in the field of mental health.

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Chapter 1 Summary: Background

Chapter 1 Summary: Introduction to EMDR

Since its inception in 1987, Eye Movement Desensitization and Reprocessing (EMDR) has gained significant recognition within the clinical community as a viable therapeutic method, especially for treating trauma. Initially bound by its name, which emphasized eye movements, EMDR has evolved into a holistic therapeutic approach that integrates diverse psychological orientations and techniques.

Key Elements of EMDR

1. Holistic Integration: Although eye movements are a prominent feature, they are just one element of a broader system designed to aid in the reprocessing of memories. EMDR employs dual attention stimulation combined with various protocols informed by psychodynamic, behavioral, cognitive, and experiential therapies, emphasizing the need for a comprehensive understanding of a client's internal processes.

2. Therapeutic Goals: The primary aim of EMDR therapy is not merely to reduce anxiety but to facilitate a client's liberation from past traumas, enabling them to engage with the present more fully. The therapy involves



an eight-phase process that includes assessing the client's experiences and customizing protocols according to their individual needs.

3. Adaptive Learning: EMDR promotes transformative learning by aiding clients in recognizing and reconceptualizing memories associated with trauma. For instance, a survivor of sexual assault may move from feelings of shame and fear to empowerment and resilience. This process helps reframe negative beliefs and intrusive memories, leading to healthier emotional responses.

4. Progression of Symptoms: Symptoms of post-traumatic stress disorder (PTSD)—such as flashbacks or anxiety—are indicative of dysfunctionally stored memories. EMDR serves to effectively reprocess these memories, allowing clients to access them without distress, retaining the learnings from their experiences rather than being controlled by them.

Clinical Observations and Evolution

Over the years, significant clinical observations have demonstrated EMDR's effectiveness in treating PTSD and other disorders grounded in traumatic experiences. The recognition that both major traumatic events (like assaults) and more subtle childhood experiences (such as bullying or familial neglect) can leave lasting effects informed the development of EMDR as a treatment for a wide array of psychological challenges.



EMDR's success can also be linked to its emphasis on comprehensive history-taking and its tailored treatment approach, ensuring that each client's unique experiences are addressed in a structured and effective manner.

A Chance Discovery

The origins of EMDR arose from a serendipitous personal observation regarding the calming effects of eye movements on disturbing thoughts, leading to its development as a therapeutic method. Initial studies focused on implementing this approach with individuals suffering from persistent, distressing memories, including trauma victims.

The First Controlled Study and Its Implications

The initial controlled study of EMDR involved participants diagnosed with PTSD, demonstrating its potential to significantly reduce anxiety and reshape cognitive perceptions of traumatic events. Subsequent research has endorsed EMDR's efficacy over traditional exposure therapies, highlighting its unique approach to therapy that minimizes distress while fostering rapid healing.

As the understanding of EMDR matured, its name was updated from Eye Movement Desensitization (EMD) to include "Reprocessing," reflecting its

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broader scope of functioning and complexity. This transition underscored the shift towards an integrative, information-processing model that enhances therapeutic outcomes.

Conclusion

EMDR has emerged as a sophisticated method combining key elements from various psychological modalities, providing a structured approach to therapy that facilitates healing from trauma. The Adaptive Information Processing model at the heart of EMDR posits that through the appropriate therapeutic engagement, clients can reprocess maladaptive memories and achieve comprehensive wellness. As the practice continues to evolve, it opens up new avenues for treating a wide spectrum of psychological disorders effectively and efficiently, with ongoing research contributing to its validation and adaptation.

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Chapter 2 Summary: Adaptive Information Processing

Chapter 2 Summary: Adaptive Information Processing

In this chapter, the author elaborates on the *Adaptive Information Processing* (AIP) model—an essential framework for understanding how EMDR (Eye Movement Desensitization and Reprocessing) therapy facilitates emotional and cognitive healing from trauma. Drawing from initial empirical observations, the AIP model proposes that effective therapy triggers an inherent physiological system designed to process and integrate distressing memories, leading to psychological health.

Theoretical Framework

The EMDR approach has undergone evolution, moving from a focus on *Accelerated Information Processing* (AIP) to a broader understanding of emotional and cognitive processes. The author emphasizes that while the AIP model is a working hypothesis and may be refined with further research, it provides invaluable guidance for therapeutic practice by illustrating how memories are processed and why dysfunction results from trauma.

Information Processing Mechanism

The chapter outlines how traumatic experiences can disrupt the neurological

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balance required for adaptive information processing. When trauma occurs, memories may become 'frozen' in a distressing state due to imbalances in neurotransmitters and stress hormones. The AIP model posits that effective therapy, including EMDR, can restore this balance, enabling the traumatic memories to be reprocessed into adaptive resolutions. This occurs through mechanisms such as deconditioning, shifts in brain states, and dual attention stimuli that support the processing of trauma while simultaneously grounding the individual in the present.

Memory Networks

The concept of memory networks is introduced, likening them to channels that allow associated memories, thoughts, and sensations to interconnect. When applying EMDR, a therapist targets specific memories—referred to as "nodes"—to enable access to associated dysfunctionally stored information. The therapeutic goal is to "clean out" these channels, fostering processing that leads to greater emotional resolution.

Case Study Illustration

A transcript of a client session illustrates the AIP model in action. The client, a Vietnam veteran, grapples with anxiety and frustration stemming from an incompetent coworker, which triggers memories of past trauma. Through the EMDR process, the therapist guides the client to work through negative feelings associated with the coworker. As the session progresses, the client moves from intense distress to a more adaptive perspective, demonstrating



how EMDR can shift one's emotional response and self-concept related to distressing memories.

EMDR's Transformative Effect

The author emphasizes the effectiveness of EMDR in transforming negative emotions and beliefs associated with traumatic memories. Clinicians report that clients often experience a decrease in negative feelings and an increase in positive self-attributions as they process trauma. By using appropriate targets and focusing on reprocessing mechanisms, EMDR facilitates significant therapeutic shifts in a client's understanding of their experiences and themselves.

Broader Applications

Beyond PTSD, the AIP model suggests that EMDR can be applied to various psychological disorders arising from both significant traumas ("big T" traumas) and more subtle experiences ("small t" traumas) that still adversely affect the individual. It demonstrates that even ordinary life experiences can become sources of functional dysfunction if unresolved, reinforcing the AIP model's relevance to a wide array of psychological issues.

Conclusion

In conclusion, the chapter illustrates the robustness of the AIP model as a guiding framework for EMDR therapy, underscoring its clinical utility and



adaptability. By unlocking the memory network, EMDR promotes healing through self-acceptance, enhanced self-esteem, and the integration of traumatic experiences into a coherent narrative, allowing clients to progress towards a healthier psychosocial functioning. This chapter sets the groundwork for understanding how EMDR operates within the AIP model as an effective means to facilitate psychological well-being.

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Critical Thinking

Key Point: Trauma can disrupt our emotional and cognitive balance, but healing is possible.

Critical Interpretation: Imagine the weight of a trauma you've carried, feeling as if it is lodged deep within your memory, stripping away your peace and joy. The key insight from Chapter 2 encourages you to believe that healing is attainable through understanding the Adaptive Information Processing model. Just as a skilled therapist helps to restore balance in the brain's intricate memory networks, you too can take steps to process these painful experiences. In doing so, you unlock the potential for emotional resolution, leading not only to relief from distress but also to a newfound appreciation of your own resilience. Recognizing that even the most ordinary experiences can impact your life allows you to approach both significant traumas and the subtleties of everyday challenges with the hope and tools needed for meaningful change.



Chapter 3 Summary: Components of EMDR Treatment and Basic Treatment Effects

Chapter 3 Summary: Components of EMDR Treatment and Basic Treatment Effects

In this chapter, we delve into the vital components of Eye Movement Desensitization and Reprocessing (EMDR) treatment and their significance in effectively addressing traumatic memories. To understand EMDR, it's essential to grasp the concept of "targeting," which refers to identifying specific memories or thoughts that elicit distress. The chapter outlines the basic components of the EMDR procedure, which can be thought of as building blocks for successful therapy.

Key Components of EMDR Treatment

1. **Image:** Clients are encouraged to focus on a significant image related to the traumatic event. This image could represent the entire incident or an especially distressing aspect of it, which serves to establish a connection between consciousness and the trauma stored in the brain.
2. **Negative Cognition:** This component addresses the client's negative self-perceptions associated with the trauma, termed "negative cognitions."



They represent the dysfunctional beliefs about oneself that arise from the event, such as feelings of worthlessness or powerlessness. Identifying these cognitions is crucial as EMDR specifically targets distorted thoughts that hinder healing.

3. Positive Cognition: After identifying negative beliefs, clients articulate a positive cognition that counters the negative one. This positive belief helps shift the client's outlook and plays a significant role in the reprocessing phase.

4. Emotions and Physical Sensations: Clients must also identify emotions and physical sensations related to their trauma, rated using the Subjective Units of Disturbance (SUD) Scale. This scale helps clinicians gauge the level of distress during the session and track progress.

5. SUD and VOC Scales: The SUD Scale measures the intensity of emotional disturbance, while the Validity of Cognition (VOC) Scale assesses how true the client finds the positive cognition. Together, these scales provide a framework for evaluating treatment effectiveness.

The Eight Phases of EMDR Treatment

To structure the process, EMDR treatment is divided into eight distinct phases:



- **Phase One: Client History and Treatment Planning** Assessing client readiness for EMDR and prioritizing issues that require attention.
- **Phase Two: Preparation:** Establishing a therapeutic alliance, explaining EMDR, and introducing relaxation techniques to help clients manage potential emotional upheaval.
- **Phase Three: Assessment:** Identifying specific traumatic memories to target and determining the associated negative and positive cognitions.
- **Phase Four: Desensitization:** Engaging in sets of eye movements or alternative stimuli to diminish emotional distress linked to the trauma.
- **Phase Five: Installation:** Strengthening the identified positive cognition and ensuring it resonates with the client's sense of self.
- **Phase Six: Body Scan:** Checking for any residual physical sensations associated with the traumatic memory and addressing them through further reprocessing.
- **Phase Seven: Closure:** Bringing the client back to an emotionally stable state, reinforcing their ability to cope with any distress that might arise between sessions.



- **Phase Eight: Reevaluation:** Review of previously processed targets in subsequent sessions to ascertain the sustainability of treatment effects and address any remaining issues.

Activation of the Information-Processing System

At the heart of EMDR is the goal to activate the client's inherent information-processing system. This is achieved through various stimulation methods, most commonly utilizing directed eye movements. Other alternative stimuli, like tapping or auditory signals, can be employed based on client preference or comfort levels.

Choosing and Targeting Memories

Selecting appropriate memory targets involves clustering traumatic incidents and addressing the most significant representations. This approach allows for a broader generalization of positive treatment effects across similar memories.

Conclusion

EMDR is a nuanced therapeutic process that prioritizes the targeted processing of dysfunctional cognitive material stored in memory networks.

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By addressing negative beliefs, facilitating emotional shifts, and establishing a sense of positive self-worth, clients can progress towards emotional healing and resilience. The effectiveness of EMDR hinges on careful client preparation, meticulous targeting, and adaptation to individual responses throughout the treatment journey. Future chapters will provide specific instructions on executing these treatments, ensuring that clinicians maintain a client-centered approach to therapy.

Key Component	Description
Image	Focus on a significant image related to the trauma to connect consciousness with stored trauma.
Negative Cognition	Identify negative self-perceptions from the trauma, crucial for targeting distorted thoughts.
Positive Cognition	Articulate a positive belief that counters negative cognitions to aid in reprocessing.
Emotions and Physical Sensations	Identify emotions and sensations related to trauma, using the Subjective Units of Disturbance (SUD) Scale.
SUD and VOC Scales	SUD measures emotional disturbance intensity; VOC assesses the validity of positive cognition.

Critical Thinking

Key Point: The Importance of Targeting Specific Memories in EMDR

Critical Interpretation: Imagine harnessing the power of your own mind to confront and soothe your most distressing memories. By understanding and applying the concept of 'targeting' from EMDR treatment, you can begin to identify the specific thoughts or images that create discomfort in your life. This targeted approach isn't just about recognizing pain; it's about transforming it. When you pinpoint these distressing memories, you create an opportunity to replace negative self-beliefs with affirmations of your worth and strength. This process encourages you to reclaim control over your narrative, leaning into healing that acknowledges your struggles while empowering you to redefine your self-perception. In recognizing and processing these specific experiences, you embark on a path toward emotional resilience, unlocking the potential for profound personal growth.

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Chapter 4: Phase One

CLIENT HISTORY

Chapter 4 Summary: Phase One - Client History

In this chapter, we explore the initial phase of Eye Movement Desensitization and Reprocessing (EMDR) therapy, which revolves around client history-taking and treatment planning. This foundational step is critical as it helps clinicians gauge whether a client is suitable for EMDR and prepares a tailored treatment plan. Understanding the nature and intensity of trauma is essential, given that processing such experiences can disrupt a client's emotional equilibrium during and after therapy sessions. Clinicians must assess how clients react to distressing memories and their readiness to confront these feelings.

Client Readiness

Not everyone is an appropriate candidate for EMDR. Clinicians must conduct thorough assessments of clients' emotional stability, prior trauma, and coping mechanisms. The process of recalling target memories can bring forth dissociated emotions and sensations, leading to potential distress. This highlights the need for clinicians to be skilled in recognizing signs of distress and capable of guiding clients through intense emotional processes.

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Successful EMDR often continues to process memories outside of therapy sessions, likened to falling dominoes that trigger associated memories. For effective results, clients must be able to manage difficult emotions tied to their trauma without becoming overwhelmed.

Client Safety Factors

Several critical factors must be evaluated to ensure client safety during EMDR treatment:

1. **Level of Rapport:** Clients should maintain comfort in expressing vulnerability and emotional disturbance. This requires an established trust in the therapeutic relationship, as unreported distress can lead to exacerbated issues post-session. This aspect is particularly crucial for individuals with severe trauma histories, such as survivors of prolonged abuse.
2. **Emotional Disturbance:** Clients must be capable of tolerating and processing high levels of emotional disturbance during and after sessions. Clinicians should identify and practice self-regulation techniques with clients to gauge their abilities to manage distress.
3. **Stability:** Assessing both personal and environmental stability is essential. Clinicians must ascertain whether clients are subject to major life stressors and ensure that current crises do not interfere with the reprocessing



of trauma.

4. Life Supports: Support systems are vital. Clients must have friends or family for emotional sustenance during the challenging periods that may arise between therapy sessions.

5. General Physical Health: Clients should possess adequate health to cope with the physical aspects of trauma reprocessing, as emotional distress can manifest physically.

6. Neurological and Medical Impairments: Clinicians should be cautious with clients who have neurological impairments, such as epilepsy or prior brain injuries, as these may complicate EMDR treatment. In such cases, medical consultations may be warranted.

7. Dissociative Disorders: Special caution is advised when treating individuals with dissociative disorders, as they may require advanced training in specific EMDR protocols.

Treatment Planning

The goal of the initial history-taking sessions is to form a comprehensive clinical picture and develop a tailored treatment plan. Clinicians must identify presenting symptoms, their duration, any initial causes, and relevant

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past occurrences. Specific areas of focus should include:

- **Identifying Symptoms:** What the client experiences in terms of emotional and behavioral dysfunction.
- **Understanding Duration:** How long the dysfunction has persisted and any changes over time.
- **Recognizing Initial Causes:** Noting incidents that triggered the dysfunction.
- **Evaluating Additional Past Occurrences:** Exploring further experiences that reinforced negative patterns.

The chapter also discusses the importance of identifying both negative and positive experiences in a client's history. Understanding successes and strengths can assist clients in processing trauma effectively. Following history-taking, clinicians can utilize the gathered information to establish a structured EMDR approach, sequentially targeting issues that stem from past traumas to present difficulties.

Summary and Conclusions

EMDR therapy necessitates sensitive and responsible application. Clinicians are urged to conduct comprehensive assessments to ensure client safety while navigating potentially delicate emotional landscapes. Successful EMDR therapy hinges on clear treatment plans that address specific

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trauma-related targets, alongside developing new adaptive strategies for future scenarios. Careful history-taking not only informs treatment but also prepares both the clinician and client for the challenges ahead, ultimately leading to a more effective and healing therapeutic experience.

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Chapter 5 Summary: Phases Two and Three

PREPARATION AND ASSESSMENT

Chapter 5 Summary: Phases Two and Three of EMDR Therapy

Introduction to Preparation and Assessment

In this chapter, the focus shifts to the crucial phases of Preparation and Assessment within Eye Movement Desensitization and Reprocessing (EMDR) therapy. Emphasizing a gradual yet steady approach, the chapter outlines that client preparation is vital for fostering a safe therapeutic environment and establishing clear expectations around the treatment process, while assessment serves to outline the specific traumatic memories and the client's responses.

Phase Two: Preparation

The Preparation phase aims to create a secure therapeutic framework, equipping clients to confront potentially disturbing emotions during EMDR processing. Before proceeding, clinicians must ensure they have a thorough client history, confirming suitability for EMDR and addressing any obstacles

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to treatment.

1. **Adopting a Clinical Stance:** EMDR is inherently interactive, requiring clinicians to remain flexible and attuned to their clients' needs. A respectful and accommodating attitude fosters a sense of safety, enabling clients to engage in their self-healing process effectively.
2. **Forming a Bond with the Client:** Establishing trust is paramount. Clients are encouraged to communicate openly about their feelings, reassured they are in control of their treatment. Without a strong therapeutic alliance, EMDR could lead to client withdrawal or treatment refusal.
3. **Explaining EMDR Theory:** Clinicians share a simplified explanation of the underlying theory, articulating how traumatic memories become 'locked' in the nervous system and how EMDR eye movements can help unlock and process these memories. This understanding alleviates shame and guilt clients may feel about their symptoms, portraying their experiences as locked memories rather than personal failures.
4. **Testing Eye Movements** Clinicians assess the client's comfort with eye movements, adjusting speed and direction as needed. This testing fosters a sense of control and comfort, ensuring the client can signal if they need to pause at any point during processing.



5. Creating a Safe Place: A guided 'safe place' exercise provides clients with a mental refuge that they can access whenever they feel overwhelmed. This exercise enhances their emotional stability during sessions and promotes a positive association with EMDR's eye movements.

Phase Three: Assessment

In the Assessment phase, clinicians gather baseline information on the client's target memory and establish a clearer understanding of their emotional responses to it. This phase involves several crucial steps:

- 1. Selecting the Picture:** Clients identify a single image representing the most distressing aspect of their traumatic experience, providing a focused entry point into the broader memory network.
- 2. Identifying Negative Cognitions:** Clients articulate self-limiting beliefs associated with the traumatic memory. The clinician encourages the client to voice irrational negative beliefs, clarifying that the focus should remain on self-assessment rather than factual circumstances.
- 3. Developing Positive Cognitions:** After identifying negative beliefs, clients articulate desired positive self-assessments that represent a shift from their initial thoughts. This step fosters empowerment and encourages a more



positive self-perception.

4. Rating the Validity of Cognition: Clinicians assess the believability of the positive cognition using a scale, ensuring clients' beliefs are grounded in reality and acceptable for EMDR processing.

5. Naming the Emotion and Subjective Units of Disturbance (SUD): Clients identify emotions associated with the recalled memory while providing a SUD rating to quantify their level of distress. This allows the clinician to gauge progress and tailor subsequent processing.

6. Identifying Body Sensations: Clients describe any physical sensations related to their emotional responses, which can serve as a focal point during processing sessions. This step encourages clients to reconnect with their bodies, enhancing their therapeutic experience.

Conclusion of Phases Two and Three

The preparation and assessment phases are foundational to EMDR therapy. They establish a sense of safety, encourage client expression, and provide a framework for processing traumatic memories effectively. Clinicians play a vital role as facilitators of the client's self-healing journey, aiming to enhance the client's self-esteem and self-efficacy throughout treatment. The

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subsequent chapters will detail the subsequent phases, culminating in the accelerated processing of targeted memories and effective closure.

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Chapter 6 Summary: Phases Four to Seven

DESENSITIZATION, INSTALLATION, BODY SCAN, AND CLOSURE

Chapter 6 Summary: Phases Four to Seven of EMDR – Desensitization, Installation, Body Scan, and Closure

This chapter delves into the fourth through seventh phases of Eye Movement Desensitization and Reprocessing (EMDR), focusing on essential techniques for effective therapeutic processing. These phases—Desensitization, Installation, Body Scan, and Closure—are integral to helping clients overcome trauma by facilitating the reprocessing of targeted memories and ensuring they leave the session feeling stabilized.

1. Overview of EMDR Phases

After thorough assessment and preparation, the Desensitization phase aims to reduce emotional disturbance associated with traumatic memories. The Installation phase strengthens positive beliefs about oneself that the trauma might have undermined. The Body Scan phase identifies any lingering physical sensations linked to traumas, aiming to eliminate residual tension. Finally, the Closure phase ensures the client can safely return to their everyday life.

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2. Preparation for Accelerated Processing

Before beginning the processing, clinicians review how EMDR functions, emphasizing that the client's brain naturally facilitates healing. Clients are instructed to remain open to whatever emerges during the session, ensuring they do not disregard significant memories or feelings, even if they seem unrelated.

3. Phase Four: Desensitization

Desensitization involves "cleaning out" the dysfunctional channels connected to the target event. During this process, clients may experience shifts in emotion, thought, and sensory perception as they work through the trauma. Clinicians facilitate this by using sets of eye movements and observing the client's responses, adjusting directions and length based on therapeutic feedback.

Key elements include:

- **Addressing Establishing Connections:** Clients are encouraged to express new thoughts or sensations continuously. The clinician tracks

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progress and focuses on new associations that arise after each set of eye movements.

- **Targeting Dysfunctional Material:** Different sensory associations (e.g., visual images, auditory cues, and bodily sensations) are surfaced and targeted, aiming for a reduced SUD (Subjective Units of Disturbance) score.

4. Phase Five: Installation

After achieving a low SUD for the targeted memory, the Installation phase focuses on linking positive self-affirmations to the reprocessed event. The client evaluates and possibly revises their initial positive cognition (PC) based on their newly reframed perspective on the trauma.

- **Voc (Validity of Cognition):** Clients are asked to rate the credibility of their positive cognition on a scale of 1 to 7. This assessment gauges how well the client feels the statement reflects their revised self-perception.

If clients report their positive cognition to be low (even after sets), clinicians explore potential blocking beliefs that may inhibit the acceptance of these positive statements.

5. Phase Six: Body Scan

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The Body Scan phase involves the client mentally reviewing their body to identify any lingering physical tension or distracting sensations. This assessment helps reveal unresolved trauma-related emotions. Clinicians methodically target any physical sensations that arise, facilitating further processing.

6. Phase Seven: Closure

The Closure phase is critical for ensuring clients leave the session in a stable state. If only limited time remains, clinicians should avoid introducing new material, focusing instead on grounding exercises, such as guided visualizations. A debriefing is conducted to help clients understand their experiences and expectations, advising them to keep a log of any disturbances or insights that arise between sessions.

- **Safety Assessment:** Clinicians ensure that clients feel safe to return home, taking appropriate measures for those who may need additional support.

7. Integrating for Future Sessions

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Clients are encouraged to track any new insights or disturbances in a journal. This practice not only assists in identifying future targets for treatment but also reinforces the client's understanding that experiencing some disturbance is part of the healing process.

The chapter emphasizes that EMDR is a comprehensive therapy, often requiring multiple sessions to achieve final therapeutic goals. Clinicians should maintain a vigilant and compassionate approach throughout the treatment, adjusting techniques to fit individual client needs while promoting a sense of empowerment and healing.

In conclusion, the discussions in this chapter underscore the importance of structure, safety, and responsiveness in the EMDR process as it guides clients through the complexities of trauma recovery. The proper application of these phases helps to effectively navigate and resolve traumatic experiences.

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Chapter 7 Summary: Working with Abreaction and Blocks

Chapter 7: Working with Abreaction and Blocks

In this chapter, the focus is on advanced strategies for managing EMDR (Eye Movement Desensitization and Reprocessing) sessions with clients who exhibit significant emotional disturbances or where processing halts unexpectedly. Understanding these processes is critical for clinicians, especially as they prepare to transition into the reevaluation phase of EMDR treatment discussed in subsequent chapters.

Understanding Abreaction

Abreaction refers to the intense emotional and cognitive reactions clients may experience during the unlocking of traumatic memories. Clinicians must recognize these reactions as a natural part of the client's healing process, not merely disturbances to be avoided. Effective EMDR practice encourages a client's dual focus: maintaining awareness of their current safety while experiencing the emotions associated with their past traumas. This approach allows clients to reprocess memories without becoming overwhelmed.

The chapter outlines essential guidelines for therapists during an abreaction:

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- **Facilitation of Distress:** Clinicians should help clients understand that their distress is a sign of processing rather than a failure.
- **Encouragement of Dual Awareness** Ensuring clients remember they are safe now and can control their processing is crucial.
- **Emotional Support:** Maintaining a compassionate yet detached stance enables therapists to guide clients through their emotional landscapes effectively.

Strategies for Managing Abreaction

Strategies presented in the chapter include:

1. **Goal Orientation:** Clients should focus on emotional sensations while therapists subtly shift the dynamics of eye movements.
2. **Nonverbal Cues:** Clinicians must interpret clients' nonverbal signals to establish when processing moves to a new therapeutic plateau.
3. **Supporting Action:** Physical manifestations, such as suppressed movements associated with the trauma, can be encouraged to re-engage processing.
4. **Utilization of Metaphors:** Assisting clients to conceptualize their experiences through metaphors—like watching a movie or taking a train ride—can help them process their feelings while retaining a sense of safety.

Dealing with Blocked Processing

The chapter transitionally discusses the various types of blocks that inhibit processing. If a client exhibits prolonged distress without significant shifts,



therapists can implement strategies to ‘jump-start’ emotional processing.

Techniques include:

- **Changing Eye Movements:** Small adjustments to the type and nature of visual stimuli can re-engage the processing mechanism.
- **Focusing on Body Sensations:** Attention should be redirected towards bodily feelings linked to the traumatic event, leading to a holistic healing experience.
- **Addressing Blocking Beliefs:** Clients may have underlying negative cognitions preventing them from processing; identifying and addressing these can enhance therapeutic outcomes.

Ancillary Factors

Alongside the main target memories, clinicians are encouraged to explore ancillary factors contributing to the client's emotional blocks, such as:

- **Feeder Memories:** These are earlier life experiences that can exacerbate current issues. Addressing these can often allow for more substantial progress with current targets.
- **Fears of Change:** Clients may have anxieties regarding the implications of successful processing; addressing these fears is essential to facilitate further therapeutic work.

Conclusion

Chapter 7 emphasizes that while EMDR shows promise in processing trauma effectively, clinicians need to be equipped with both foundational



EMDR skills and advanced strategies to handle challenging situations. By doing so, they can provide safer, more nurturing therapeutic environments, allowing clients to navigate the complexities of their emotions and achieve profound healing successes.

As therapists engage with both abreaction and processing blocks, they must prioritize ongoing supervision and practice to assure mastery of the EMDR techniques presented within these frameworks. This chapter sets the stage for further learning about proactive interventions in EMDR, which are explored in Chapter 10.

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Chapter 8: Phase Eight: Reevaluation and Use of the EMDR Standard Three-Pronged Protocol

Chapter 8 Summary: Reevaluation and Use of the EMDR Standard
Three-Pronged Protocol

Introduction to Reevaluation in EMDR Therapy

The reevaluation phase is a crucial component of Eye Movement Desensitization and Reprocessing (EMDR) therapy, focused on assessing the effectiveness of previous sessions and determining if further processing is required. This phase is initiated at the beginning of each session after the first, emphasizing the complex interplay between the individual's internal struggles and their interpersonal dynamics. Clinicians must take into account how treatment effects impact not only the client but also their surrounding social environment.

Targeting and Reevaluation Process

The reevaluation phase considers four essential factors:

1. Is the targeted material resolved?
2. Are there any newly activated issues to address?

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3. Have all necessary targets been processed for the client to gain peace with the past, empowerment in the present, and agency for the future?
4. Is there sufficient integration within the client's social context?

These factors guide the clinician in determining the subsequent targets for EMDR treatment, which follows a three-stage protocol—addressing the past, present, and future.

Standard EMDR Protocol Stages

1. **Working on the Past:** This involves processing painful or traumatic memories identified during history-taking. Each session focuses on the most disturbing memories and assesses them individually to promote resolution. Clinicians may cluster similar memories for more effective processing, ensuring comprehensive treatment of all underlying dysfunction.
2. **Working on the Present:** After addressing past traumas, current stimuli that trigger distress or dysfunctional responses are identified. Clients are asked to monitor their reactions to these present-day situations. New issues may arise that require additional processing, particularly if the client's reactions do not diminish after previous treatments.
3. **Working on the Future:** The final stage emphasizes preparing clients for future situations by addressing anticipatory fears and establishing a



positive template for behaviors. This includes imagining future encounters and integrating new, adaptive responses based on the reprocessed material.

Using Logs to Monitor Progress

Clients are encouraged to maintain a log after each session, documenting their experiences and reactions. This provides insight into how well the client is integrating the processed material and allows clinicians to adjust treatment as needed. Logs help reveal if any new issues are emerging, ensuring ongoing assessment of the client's mental health.

Conclusion of Therapy and Follow-Up

Therapy may be concluded when clients report no new problems and demonstrate improved coping strategies. However, clinicians should remind clients that they are always available for future support, as new issues may arise over time.

In summary, the reevaluation phase of EMDR is essential for assessing progress, guiding future treatment, and ensuring that clients are empowered and equipped to face life's challenges. The structured three-pronged protocol serves as a framework for this comprehensive therapeutic approach, allowing for the integration of past experiences with present realities and future aspirations. Clinicians must remain attentive to the complexities of



the client's life and continue to foster their ability to navigate social systems effectively.

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Chapter 9 Summary: Protocols and Procedures for Special Situations

Chapter 9 Summary: Protocols and Procedures for Special Situations

The chapter on "Protocols and Procedures for Special Situations" explores the application of Eye Movement Desensitization and Reprocessing (EMDR) therapy in various clinical contexts, guided by specific protocols tailored to individual client needs. Building on the foundational understanding from previous chapters regarding the standard EMDR methodology and the three-stage protocol, this chapter presents an array of additional protocols to enhance treatment for specific clinical issues.

Overview of EMDR Procedure

EMDR relies on a structured 11-step standard procedure that includes phases of preparation, assessment, and treatment:

1. **Image Identification:** Access the most traumatic image associated with a distressing event.
2. **Negative Cognition:** Identify limiting beliefs that arise from the trauma.
3. **Positive Cognition:** Replace negative beliefs with affirmative and empowering statements.

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4. **Validity of Cognition (VOC):** Rate the belief's validity on a scale.
5. **Emotion and SUD Levels:** Identify related emotions and rate disturbance severity.
6. **Body Sensation Location:** Locate physical sensations associated with the trauma.
7. **Desensitization:** Clear disturbances until the distress is reduced to a manageable level.
8. **Installation:** Strengthen the positive cognition.
9. **Body Scan:** Check for residual discomfort after processing.
10. **Closure:** Conclude sessions in a way that instills confidence and promotes self-efficacy.
11. **Debriefing:** Provide guidance and support for ongoing processing between sessions.

Specific Protocols for Various Situations

1. **Single Traumatic Event Protocol:** This targets one specific trauma memory, guiding clients through associated imagery, emotions, and triggers. It is crucial for clients with PTSD to utilize the full three-stage protocol to comprehensively address their symptoms.



2. Current Anxiety and Behavior Protocol: This protocol helps clients pinpoint anxious feelings and behaviors, trace them back to initial emotional experiences, and develop positive responses for future scenarios.

3. Recent Traumatic Events Protocol: For individuals processing trauma that occurred within the last three months, clinicians should focus on the entire event narrative rather than isolated aspects, allowing for cohesive reprocessing.

4. Phobia Protocol: Phobias are categorized as simple (fear of objects) or process (fear of situations). The protocol emphasizes addressing fears and their triggers, while incorporating self-control techniques to manage anticipatory anxiety.

5. Excessive Grief Protocol: This protocol helps clients process trauma related to the loss of loved ones. Focus is placed on negative memories, intrusive images, and unresolved feelings of guilt or responsibility that obstruct grieving.

6. Illness and Somatic Disorders Protocol: This aspect highlights the psychological trauma associated with physical illnesses and emphasizes the importance of integrating emotional support within medical treatment.

Self-Directed Use of EMDR Techniques

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Clients may also be taught self-directed eye movement techniques for personal stress reduction. However, this is recommended only for minor disturbances after primary therapy, as unsuccessful attempts can result in emotional retraumatization. The importance of adequate closure procedures after sessions is emphasized to ensure clients leave in a stable state.

Conclusion

Overall, this chapter affirms that flexibility in applying EMDR protocols is crucial for effectively addressing diverse clinical phenomena. By understanding and modifying protocols as needed, clinicians can better facilitate healing for their clients, enhancing their capacity to process trauma and improve overall mental health. The procedures outlined in this chapter serve as guidelines to ensure that treatment is comprehensive, client-centered, and responsive to individual circumstances. The acknowledgment of ongoing processing and maintaining client safety are paramount throughout the therapeutic journey.

Section	Details
Chapter Title	Protocols and Procedures for Special Situations
Overview	Explores various clinical applications of EMDR therapy with tailored protocols.

Section	Details
Standard EMDR Procedure Steps	<p>Image Identification</p> <p>Negative Cognition</p> <p>Positive Cognition</p> <p>Validity of Cognition (VOC)</p> <p>Emotion and SUD Levels</p> <p>Body Sensation Location</p> <p>Desensitization</p> <p>Installation</p> <p>Body Scan</p> <p>Closure</p> <p>Debriefing</p>
Specific Protocols	<p>Single Traumatic Event Protocol</p> <p>Current Anxiety and Behavior Protocol</p> <p>Recent Traumatic Events Protocol</p> <p>Phobia Protocol</p> <p>Excessive Grief Protocol</p> <p>Illness and Somatic Disorders Protocol</p>
Self-Directed Techniques	Clients can learn eye movement techniques for minor stress, post-therapy.
Conclusion	Flexibility in protocols is vital; modified protocols enhance trauma processing and client safety.

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Chapter 10 Summary: The Cognitive Interweave

Chapter 10 Summary: The Cognitive Interweave in EMDR

In this chapter, the focus is on the "cognitive interweave," a proactive strategy within the Eye Movement Desensitization and Reprocessing (EMDR) framework, designed to assist clinicians in working effectively with challenging clients, particularly those with complex psychological issues.

Introduction to Cognitive Interweaves

The cognitive interweave evolves from the Adaptive Information Processing (AIP) model, which posits that dysfunctional experiences are encapsulated in neuro networks tied to the emotional and cognitive states at the time of trauma. Clinicians may find that traditional EMDR techniques often leave certain clients “looping” through negative thoughts or unable to progress due to blocks in processing. The cognitive interweave serves as a solution by introducing clinician-initiated cues or information to guide clients towards resolution without completely overpowering their own processing abilities.

When to Use Cognitive Interweaves

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The cognitive interweave is implemented under several specific circumstances:

1. **Looping:** Persistent negative emotion and thoughts despite repeated processing.
2. **Insufficient Information:** Clients lack the necessary life experience or knowledge to move forward.
3. **Lack of Generalization:** Clients achieve progress with one trauma but struggle to apply that healing to other areas.
4. **Time Constraints:** In sessions where time is limited, and deeper issues arise unexpectedly.

Adapting Interventions to Client Needs

Effective use of cognitive interweaves requires a nuanced understanding of clients' emotional landscapes. Clinicians should employ a careful approach, addressing three core client issues—responsibility, safety, and choice—progressively guiding clients through these emotional plateaus. For instance, helping clients externalize guilt by recognizing the perpetrator's responsibility fosters a sense of safety and paves the way for future autonomy.

The Therapeutic Process

Clinicians should seek to stimulate adaptively stored information through

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targeted questioning and short EMDR sets. The goal is to align the dysfunctional content with appropriate, adaptive perspectives while ensuring clients maintain a sense of agency throughout. Methods like visualization, metaphor, and the Socratic approach can effectively encourage realization and acceptance of healthier narratives.

Verbalization and Expression

Clients are encouraged to vocalize their emotions actively, particularly their anger and grief, as this expression is vital in breaking through blocks and facilitating processing. Clinicians can utilize prompts to help clients articulate feelings they may otherwise struggle to express, which is particularly transformative for clients who have difficulty asserting themselves.

Conclusion and Cautions

While the cognitive interweave can be a powerful tool for overcoming blocks and facilitating healing, it should be used judiciously. Clinicians need to feel confident in traditional EMDR methodologies before incorporating these proactive strategies. Ultimately, the focus should remain on empowering clients and allowing them to discover insights autonomously, as such self-generated realizations lead to deeper, more resilient healing.

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In summary, the cognitive interweave serves to bridge gaps in processing for challenging clients, drawing on established therapeutic frameworks while allowing for flexibility and exploration in treatment. The chapter sets the stage for applying these concepts to specific populations in the following section.

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Chapter 11 Summary: Selected Populations

Chapter 11 Summary: Selected Populations

This chapter delves into the complexities of applying Eye Movement Desensitization and Reprocessing (EMDR) to various clinical populations, including children, couples, sexual abuse survivors, combat veterans, and clients with dissociative disorders. The emphasis is placed on understanding each population's unique needs and challenges, as well as the importance of adapting treatment methods accordingly.

Noncompliance Issues

The chapter begins with a discussion on noncompliance, highlighting that resistance to treatment can occur in any clinical setting. Clinicians are encouraged to take a client-centered approach, recognizing that noncompliance often reflects the clinician's limitations rather than just client resistance. A patient's goals should align with therapeutic objectives, and noncompliance may sometimes stem from underlying fears or concerns related to their past experiences. It emphasizes prioritizing targets in EMDR and ensuring that both clinician and client are engaged in the therapeutic process.

Working with Children

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Addressing trauma in children with EMDR demands a specific approach. Clinicians should create a safe environment, often working with children without their parents present to allow for focused treatment. It is essential to help children articulate their feelings concretely, using visual aids and interactive techniques. Techniques like the “butterfly hug” and playful engagement keep children involved and make the therapeutic process more effective. The clinician is tasked with adapting protocols for short attention spans and using creative methods to facilitate emotional expression.

Couples Therapy

In the context of couples, EMDR is most effective when integrated into a framework that recognizes the relationship dynamics at play. It is vital for clinicians to determine when to work with partners individually to resolve personal traumas while also addressing shared relationship issues. The chapter discusses the importance of managing expectations regarding infidelity and trauma from past relationships, emphasizing communication and support for partners during therapy.

Sexual Abuse Survivors

Sexual abuse survivors pose unique challenges for EMDR practitioners. The chapter emphasizes precautions, such as ensuring clients feel safe and establishing realistic therapeutic goals before proceeding. Clinicians must navigate the complexities of trauma memories, which may surface during treatment, and assist clients in integrating their experiences without rushing



to conclusions. It's stressed that familiarity with the population, proper assessment, and a supportive environment are critical to successful outcomes.

Combat Veterans

Combat veterans often struggle with PTSD, and the underlying guilt associated with wartime actions can complicate their recovery. Clinicians must address secondary gains, such as fears about losing financial support linked to their symptoms. EMDR can help veterans understand their pain and provide a path towards healing, but it necessitates a careful consideration of their emotional history, readiness to process trauma, and present triggers that may exacerbate feelings of guilt or anger.

Clients with Dissociative Disorders

Dissociative disorders present some of the greatest challenges when employing EMDR. Clinicians must possess specialized training to work effectively with these clients, being mindful of the potential risks associated with reprocessing traumatic memories and the need for thorough screening and preparation. Safe guidelines and the integration of cognitive interweave strategies are necessary for successful treatment.

Overall Analysis

The chapter concludes with a reminder of EMDR's limitations—it's not a panacea and should be approached with flexibility and creativity tailored to

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each client's needs. Ongoing evaluation is essential to gauge therapy effectiveness, ensuring clinicians remain open to feedback and adjust methods as necessary. EMDR treatment should only be utilized when it aligns with the client's current therapeutic pathway, reaffirming the need for a secure, supportive environment throughout the therapeutic process.

In summary, this chapter provides a comprehensive overview of EMDR's application across diverse populations, focusing on the importance of tailored approaches, building therapeutic alliances, and integrating client histories and experiences into treatment planning.

Section	Summary
Overview	This chapter discusses the application of EMDR to various populations, emphasizing the need for tailored treatment approaches.
Noncompliance Issues	Noncompliance can indicate clinician limitations, and patient goals should align with therapeutic objectives. Understanding fears related to past experiences is crucial.
Working with Children	Children need a safe environment, often without parents. Techniques like play and visual aids help engage children and allow for expression of feelings.
Couples Therapy	EMDR should address both individual traumas and shared relationship issues, focusing on communication and support during treatment.
Sexual Abuse Survivors	Precautions are necessary to ensure safety and realistic goals. Clinicians should help clients navigate complex trauma memories safely.
Combat	PTSD and guilt complicate recovery. Treatment must consider

Section	Summary
Veterans	emotional history and triggers, and address secondary gains like fear of losing support.
Clients with Dissociative Disorders	Specialized training is essential due to the risks associated with reprocessing trauma. Safe guidelines and cognitive strategies are vital for effective treatment.
Overall Analysis	EMDR has limitations and requires flexibility. Ongoing evaluation and adaptability to clients' needs are crucial for effective therapy.

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Chapter 12: Theory, Research, and Clinical Implications

Summary of Chapter 12: Theory, Research, and Clinical Implications

In this chapter, the author explores the theoretical foundations and empirical support for Eye Movement Desensitization and Reprocessing (EMDR) therapy, particularly its application in treating Post-Traumatic Stress Disorder (PTSD). The chapter is structured into three main sections: theoretical explanations, research evaluations, and clinical implications.

Theoretical Explanations

The chapter begins with a reflection on the nature of human perception and memory. The author postulates that comprehensive understanding of brain mechanisms related to EMDR is still developing, leaving much speculation about its inner workings. However, theories arising from clinical observations and information-processing models have shaped EMDR's development and practices.

EMDR's efficacy has been linked to the Adaptive Information Processing (AIP) model, which posits that adverse memories are dysfunctionally stored and can be reprocessed through therapeutic interventions. The therapeutic



process involves three key steps: **Access** (engaging the dysfunctional memory), **Stimulate** (activating the information-processing system through various techniques, like eye movements), and **Move** (transforming the maladaptive memory into an adaptive one).

Significantly, EMDR includes elements drawn from diverse therapeutic traditions—such as psychodynamic, cognitive-behavioral, and experiential approaches—making it a uniquely integrative therapy. The effects of EMDR have been attributed to several procedural components, including interrupted exposure, client engagement techniques (like perceived mastery), mindfulness practices, and the therapeutic use of eye movements to facilitate memory processing.

Clinical and Empirical Research

The chapter discusses critical evaluations of EMDR research, emphasizing the necessity of adhering to stringent research criteria to validate therapeutic methods. Despite some limitations in earlier studies, a growing body of evidence supports EMDR's effectiveness for PTSD. Key identified criteria for rigorous research include:

1. Clear definitions of target symptoms and reliable measures.
2. Use of independent evaluators to collect outcome data.
3. Treatment adherence monitored through fidelity checks.



The author reveals a concerning gap in controlled studies of PTSD treatments and suggests that many treatments lack proper clinical research validation. Comparatively, EMDR has been studied in more detail than several established therapies, showing high success rates in clinical settings.

Recommendations for Future Research

To solidify the empirical foundation of EMDR, the author makes several recommendations for future research:

1. Standardization of treatment protocols for cognitive-behavioral therapies to allow for meaningful comparisons with EMDR.
2. Continued assessment of treatment fidelity and adherence to established protocols.
3. Evaluation of specific components of EMDR (like eye movements and dual-stimulation techniques) to discern their individual contributions to treatment effectiveness.

The chapter also touches upon the broader responsibility of mental health professionals to ensure rigorous application and interpretation of therapeutic practices. The author emphasizes that effective treatment relies not only on the method but also on the clinician's skill in its application.



Conclusion

In concluding, the author advocates for the continued evolution of EMDR as a viable clinical method, encouraged by ongoing research and practice improvements. The potential for EMDR to significantly alleviate suffering in patients is immense, but its success ultimately depends on the clinicians' commitment to mastering the therapy and adhering to ethical practice standards. This chapter serves as a call to action within the clinical community to strive for excellence in both research and practice in the treatment of trauma.

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