Updated August 2011 – a number of studies have appeared since this review was originally compiled. These are listed in an appendix at the end of the paper – scroll down to page 35.

These include a number of applications to PTSD – a notable contribution being the Karatzias et al. 2011 comparison of EFT and EMDR for PTSD, conducted within the British NHS in Scotland – published in the peer reviewed Journal of Nervous and Mental Disease [June 2011 – Volume 199 – issue 6 – 372-37]

The updated information is compiled from the listings available at the website of the Association for Comprehensive Energy Psychology:
http://energypsych.org/displaycommon.cfm?an=5

A Systematic Review[1] of the Evidence Base for Energy Psychology Methods.

[from Psychoanalytic Energy Psychotherapy. By Phil Mollon. Published by Karnac, London. 2008]

In this review, studies of all varieties of meridian-tapping and somato-sensory stimulation that are used to disrupt dysfunctional cognitive-emotional patterns are outlined. However, there are a number of differing theories and hypotheses about the mechanisms underlying the observed therapeutic effects – and, indeed, different methods may operate through slightly different, albeit related, processes. These competing hypotheses are a matter of ongoing debate and research.

Summary

- **Thought Field Therapy (TFT) is based on Dr. Roger Callahan's observation that when particular sequences of acupressure points are tapped an associated anxiety or other psychological distress is eliminated; the roots of this discovery lay within the field of Applied Kinesiology. Emotional Freedom Techniques (EFT), a derivative of TFT, is a widely used method of rapid emotional desensitisation, with similarities to EMDR, which also contains a tapping procedure. Many EMDR practitioners incorporate EFT and related methods into their work. All the components of EFT are found in other widely used psychological methods. The modes of action of EFT and TFT, although related, may be somewhat different. In addition to TFT and EFT, there are**

many other approaches within the broad field of energy psychology.

- **Like other cognitive, behavioural, and psychodynamic methods, EFT involves close and detailed attention to the thoughts which give rise to dysfunctional emotions and behaviour. By contrast, TFT seeks more precisely the encoding of the psychological problem in the energy field of the body. These may be considered complementary emphases.**

- **TFT, EFT, and related methods, are easily learned by clients as simple self-help tools of affect regulation.**

- **For best results with complex mental health problems, TFT and EFT should be incorporated within a wider therapeutic framework using cognitive and behavioural principles.**

- **TFT and its derivatives have been used for 25 years – with much clinical knowledge accumulated during this time.**

- **Evidence for the efficacy and clinical effectiveness of TFT, EFT, and related methods includes the following:**

    - **Thousands of brief case studies**

    - **Systematic clinical observation studies**

    - **Randomised controlled studies**

    - **Brain scan data**

    - **Studies of effects on Heart Rate Variability**

    - **Field studies of treatment of PTSD in disaster areas**

    - **Audio-visual recordings showing behavioural change.**

    - **A large 14 year audit in South America, incorporating numerous randomised, controlled, double blind trials.**

    - **Uncontrolled pilot studies**

- **Randomised controlled trials have demonstrated the efficacy of TFT and EFT, maintained at follow-up months later.**

- **Various uncontrolled clinical studies report good results for TFT, EFT, and related methods with a variety of clinical problems.**

- **A large scale 14 year audit, incorporating double blind trials, in South America, provides strong support for the effectiveness of TFT/EFT type of methods, suggesting their superiority over other cognitive behavioural and medication treatments.**

- **It is concluded that there is a much greater research evidence-base for energy psychology methods than for most other interventions within mental health services.**

What are TFT and EFT?

Thought Field Therapy is derived from Applied Kinesiology, and is based on observations of the encoding of emotional distress in the energy fields of the body. Emotional Freedom Techniques, a derivative of TFT, is a constellation of procedures for rapid desensitisation/relief of emotional distress. These include exposure, desensitisation through tapping on the body, and cognitive restructuring/reframing. There are clear similarities with the procedures of Eye Movement Desensitisation and Reprocessing [EMDR][1], but without the hazards of the latter; tapping (which is also used at times in EMDR) is less eliciting of emotional material than eye movements (Omaha, 2004). Both EMDR and EFT appear to disrupt the repetitive 'looping' of cognition, image, and emotion that are present in psychopathological states – thereby allowing a rapid shift towards more positive states and new perspectives on life situations. Many EMDR therapists incorporate EFT into their practice since they combine very well (Hartung & Galvin, 2003; Mollon, 2005).

EFT is the most widely used of a family of therapeutic approaches sometimes called 'energy psychology' – but theoretical positions that do not rely on assumptions about an energy system have also been proposed to account for the observed effects of somato-sensory stimulation. In clinical practice, EFT and related methods are combined with, or embedded within, other psychological therapies. Like EMDR***, it is not a 'standalone' therapy***, but is to be used by psychological clinicians within their overall field of competence. EFT is a simplification of more complex procedures from which it is derived. This simplification makes it easily learned by clients.

The TFT procedure.

1. The client is asked to think about the problem, whilst he or she taps a sequence of meridian points. These sequences may be either the regularly occurring 'algorithms', or more individual meridian codings found through muscle testing.
2. Checks may be carried out, using muscle testing, to ascertain resistances within the energy system to releasing the perturbations generating the distress. If found these are corrected, using an energy tapping procedure.

[1] EMDR, once considered a strange procedure, is now the most highly researched treatment for trauma, is well established as an immensely useful method, and features in the NICE guidelines for treatment of PTSD.

3. The procedure is followed until the subjective distress drops to zero. This may also be confirmed by muscle testing.
4. If the distress does not rapidly drop, muscle testing may be used to identify energetic factors that may be interfering; these factors may include substances and foods that may function as 'individual energy toxins'.

EFT procedure

Succinctly put, the method involves the following:

1. a target image or memory is identified, which evokes anxiety or other distressing emotion;
2. this is dissected into its various components or aspects – which might be cognitive, affective, sensory, imaginal, or temporal;
3. the client is asked to think of these whilst a desensitisation procedure is followed, involving tapping on the body (the client tapping on his or her own body);
4. the tapping appears to disrupt the previous patterning of cognitive-emotional response, inducing a dissipation of distress;
5. the tapping is accompanied by a statement of self-acceptance in relation to the target problem (which reduces a common tendency to resist the desensitisation);
6. sometimes additional levels of resistance to desensitisation are identified; these take the form of meta-beliefs (Wells, 2000) or meta-motives that lead the person to believe that recovery from the emotional problem is dangerous in some way.
7. tapping may, at certain points in the process, be accompanied by eye movements, humming and counting (a constellation of multisensory activities which further disrupts the previous cognitive-emotional patterning) a procedure known as the '9 gamut'.
8. the tapping is continued until subjective distress is eliminated;
9. another aspect of the target problem may then be addressed.
10. the work is continued until all cognitive and emotional aspects of the target problem have been resolved.
11. Single traumas and anxieties may be targeted. In addition, by working systematically through a range of key instances of a network of thematically related memories, the emotional charge can be taken out of a significant areas of personality impairment (for example, a range of experiences underpinning low self-esteem).

The practitioner closely monitors the client's progress from moment to moment, by careful observation and by asking the client to provide ratings of the Subjective Units of Disturbance [SUDs]. This feedback is used to guide the process.

TFT and EFT do not retraumatise

These methods may be used by skilled psychological therapists who are able to track the client's progress through the layers of anxieties, dysfunctional cognitions, and traumatic memories. They may also be readily employed by the client as a simple stress-relief and affect-regulation tool. The methods do not require the client to relive emotional trauma – nor require him or her to talk

in detail about the experience. This is a considerable advantage in working with traumatised patients who may become overwhelmed by simply talking of the traumatic experience. Adverse reactions appear extremely rare.

TFT and EFT may be combined with other methods
TFT and EFT may readily be combined with other psychological methods, including other cognitive-behavioural strategies. In clinical practice the actual tapping procedure is likely to be embedded within much more activity of a conventional verbal cognitive or psychoanalytic (or other) nature. Through the ordinary discourse of psychotherapy, the practitioner will identify the affective, cognitive, and psychodynamic areas to target with TFT or EFT. For example, most of a psychotherapy session may consist of verbal enquiry and exploration, with TFT/EFT taking up the last few minutes after the crucial issues have been clarified and understood. On the other hand, it is possible to work more free-associatively with 'tapping and talking' since the process appears to allow a more free emergence of psychological material.

TFT and EFT help to reduce states of being emotionally overwhelmed
Those clinicians who combine TFT/EFT with EMDR tend to use eye movements if there is a need to elicit cognitive-emotional material – and to use tapping methods if the client is likely to become emotionally overwhelmed (Hartung & Galvin, 2003; Mollon, 2005; Omaha, 2004). The qualities of being soothing and non-eliciting of emotional intensity make TFT/EFT ideal as a self-help tool for affect regulation, as outlined in popular books such as Lynch and Lynch (2001).

Benefits of TFT and EFT
The benefits of TFT and EFT, as commonly reported by its practitioners, are that:

1. It is often highly effective.
2. It is often extremely rapid in its effects.
3. Patients report immediate benefit in terms of relief from emotional distress
4. It does not require the patient to relive trauma with depth and intensity.
5. In general, it does not cause distress to the client.
6. Clients often like to use the method on their own and report benefit in doing so.
7. It can be used both as a simple stress relief method and as part of complex psychological therapy.
8. It can be combined with other psychological therapies.

The different levels of evidence
A range of different kinds of evidence may be relevant in evaluating a therapeutic approach. At the most basic level, case studies and anecdotal reports are crucial. Systematic observation, involving gathering data from routine clinical practice is another form of evidence. This may sometimes be thought of as 'practice-based evidence' – often an important balance to the evidence provided by trials in more refined and restrictive research settings (Barkham & Mellor-Clark, 2000). Tests of efficacy, involving good research design, help to demonstrate that the therapy actually does something beyond

a placebo effect. Large scale randomised controlled trials may compare the effectiveness of different therapeutic modalities on clinical problems. Most treatments within mental health services are not based on the latter form of evidence.

Case studies and anecdotal reports

There is a great deal of evidence of this nature. Workshops, special interest groups, and conferences, within the UK and the USA, are one source of clinical reports and discussion of cases. The hundreds of brief case examples, with discussion, on the www.emofree.com website have already been mentioned. Writing within the auspices of the Association for Comprehensive Energy Psychology (ACEP), Dr. David Feinstein comments:

> "Estimates based on informal interviews by the author with a sampling of the … [association's] … members are that more than 5000 'strikingly effective' cases (more rapid and more favourable outcomes than the therapist would have predicted had standard treatments for the conditions been employed) are documented in the membership's clinical records". [Feinstein 2005]

In a later paper, he adds that in general energy psychology methods are "backed by more than thirty thousand documented cases". [Feinstein 2007]. As well as the clinical accounts in the present book, there are also a number of other texts with case examples and discussion (e.g. Connolly, 2004; Diepold, Britt & Bender, 2004; Gallo, 1999; 2002; Hartung & Galvin, 2003; Mollon, 2005; Quinn 2004). A detailed personal account is provided by Schaefer (2002).

Examples of cases from the www.emofree.com website

Many of the cases reported on Gary Craig's www.emofree.com website are interesting and persuasive. For example, Mair Llewellyn gives an account of a single session treatment of depression in a young man in his early twenties. Initially his voice was flat and his face expressionless. He was very unhappy because he had split up from his girlfriend and was also worried about his job. When asked about his family and childhood, his emotions began to emerge – and he agreed to tap whilst they continued talking. He talked of his feeling of powerlessness as a child and about his parents continually arguing. He mentioned a time when his mother had left and how frightened he felt. It seemed he had felt he was to blame, that he was unlovable. As he continued tapping, the sadness cleared and he began talking with new insight and clarity. She quotes him as follows:

"It wasn't my fault about Dad and Mum arguing, as I was only a little kid, too young to be responsible. No wonder I felt insecure throughout my relationships, and devastated when they failed. All my life I have been frightened and sad about life. Now for the very first time I feel as if the clouds have lifted and the sun is shining … That's a strange feeling given that the girl I love has left me and my job is coming to an end, but that is actually how I feel … I won't need to feel those sad feelings ever again"

This remarkable shift in mood and cognition, with real mutative insight, came about simply through talking and tapping in a single session. Gary Craig comments: "This cognitive shift is one of the most fascinating features of the

tapping procedures. Literal belief changes happen behind the scenes and clients see the whole scenario through a different set of glasses (beliefs). It often takes years (sometimes decades) of talk therapy or other conventional procedures to arrive at this enviable healing place. With EFT it is often simultaneous. This feature is so important that I often use it as evidence that EFT has been successful. In a way it is the ultimate evidence." http://www.emofree.com/Depression/textbook.htm

Carol Solomon presents a case of a corporate executive who became afraid to fly in the months following 9/11, saying that he had watched too much news coverage. He had a history of panic attacks prior to this. His worst fear was of experiencing another panic attack. Dr. Solomon identified a large number of aspects of her client's anxiety, each of which was addressed using a specific tapping statement. She incorporated 'choices' phrasing into some of these. Thus, for the general anticipatory anxiety, she invited him to tap using a number of statements such as: "Even though I get anxious just thinking about the plane flight … Even though I am afraid of having another panic attack …" ; then interweaving these also with positive choices statements such as: "Even though I am worried about the flight, I choose to know I can calm myself" and "Even though I am not certain how things will go, I choose to let it be fun and easy." For specific fears, she suggested phrasing such as: "Even though I am afraid I won't be able to breathe …" and "Even though I am terrified to get on the plane …", then with choices statements such as: "Even though I am afraid of suffocating, I choose to know there is plenty of air and I can breathe freely" and "Even though unexpected things can happen, I choose to stay relaxed and confident.". For physical symptoms, the phrases included: "Even though my chest and gut feel tight/my palms are sweaty/I feel like I can't breathe". There was considerable general improvement through working on these aspects, but some element of the problem remained. Therefore Dr. Solomon asked if there might have been events in childhood during which he might have had similar feelings. He spoke of times when his older brother would pin him down under the bed covers, and he would be in a state of complete panic, feeling that he could not breathe or move – and that he was what he called 'enveloped'. EFT then continued with phrases including: "Even though I felt panicked and had to get out … Even though I felt enveloped … Even though I couldn't breathe" etc. but then shifting to the possibility of letting go of the anger at his brother: "Even though I was terrified and afraid I would never get out, I am open to the possibility of forgiving my brother." Work on these issues covered several months, reducing his anxiety to zero. Four and a half years later, the client reported that he regularly flies, with no anxiety at all. http://www.emofree.com/Panic-anxiety/911-anxiety.htm

These two cases were selected at random, with little searching, from the archives on the www.emofree.com website. There is an inherent plausibility to the accounts because the underlying structure of the problem is unravelled in the course of the treatment. There are thousands of such examples, succinctly described. The sheer weight of numbers of clinical anecdotes is a powerful indication of the efficacy and value of the method.

Systematic clinical demonstration methodology.

The 1994 ‘Active Ingredient Project’ – Florida State University.
[reported in Carbonell and Figley, 1999].

This study demonstrated the efficacy of Thought Field Therapy, from which EFT was derived.

Trauma researcher Dr Charles Figley and colleagues were concerned in the early 1990s at the apparent absence of effective and efficient psychological therapies for treating trauma – treatments that were much in need for the many veterans of the Vietnam war. For example, a 1992 meta-analysis of all published studies (Solomon et al.) found that no treatment approach reported even a partial success rate greater than 20% after 30 hours of treatment – and Seligman (1994) noted that only ‘marginal’ relief is possible for those diagnosed with PTSD:

> “[there are] … almost no cures. Of all the disorders we have reviewed, PTSD is the least alleviated by therapy of any sort. I believe that the development of new treatments to relieve PTSD is of the highest priority.” (Seligman 1994, p 144).

Moreover, patients would find that speaking of their trauma was difficult and would cause as much suffering as the original trauma, often without any relief from doing so. Against this bleak background, Figley and colleagues established a programme to examine and evaluate innovative methods of treating traumatic stress. They chose to use a ‘systematic clinical demonstration methodology’ (Carbonell & Figley 1996; Liberman & Phipps 1987) – essentially small scale measures of efficacy.

In order to select ‘innovative and promising methods of treating symptoms of post-traumatic stress’, a survey was sent to 10.000 members of an Internet consortium of therapists, asking them to nominate treatments that were extremely efficient and could be observed under laboratory conditions. In addition, the authors contacted hundreds of clinicians to solicit treatment nominations. An advisory board of traumatologists then examined nominated treatments to select some for further investigation. Four promising approaches were identified, each of which were in clinical use but at the time had a paucity of research examining their effectiveness. These were: Traumatic Incident Reduction (a kind of focused Rogerian counselling); Visual Kinesthetic Dissociation (an NLP strategy); EMDR; and Thought Field Therapy (the precursor of EFT). Carbonell and Figley (1999) add “Other approaches were noted, such as various exposure-based, behavioural and cognitive treatments.” The innovators of each of these four approaches were invited to send a treatment team to the research laboratory for 7-8 days and to treat clients under conditions of the research design. Two symposia were held for each of the treatment approaches, with discussion by clinicians and researchers, both of the method (its history, theory, procedure, indicators of success, requirements for training etc) and the outcomes of the therapy.

Each patient was identified as having a trauma history and symptoms of traumatic stress. They were all given the Brief Symptom Inventory, before and

6 months after treatment – a 53 item self-report inventory with ratings of distress on a 5 point scale, which is known to be sensitive to change. The Impact of Events Scale and the Subjective Units of Disturbance ratings were also used. Participants were also asked to keep a diary of ratings on a daily basis for the next 6 months.

The length of each session was determined by the therapist, but the research design limited the therapy to one week. The length of each session varied from 4 hours for the Traumatic Incident Recall, to 20 minutes for Thought Field Therapy. The average duration of treatment per client, in minutes was 254 for TIR, 113 for VK/D, 172 for EMDR, and 63 for TFT.

Results

All four treatments produced a drop in scores. For reasons of variation amongst the levels of severity of symptoms of the patients in the four groups, as well as the relatively small numbers of subjects, the study could not be taken as a comparative measure of effectiveness. However, the authors note in relation to the SUD scores: "Nonetheless, it appears that EMDR and TFT produced the largest drop in scores."

There are two further points suggestive of the value of TFT. First, the treatment time was shortest for TFT (average 63 minutes, compared to 172 minutes for EMDR). – although further randomised controlled studies are needed before this can be taken as reliable comparison. Second, the TFT team treated all 12 patient assigned to them. By contrast, the EMDR team agreed to treat only 6 of the 15 subjects assigned to them on the grounds that most were considered inappropriate for the treatment or would need more therapy before commencing EMDR.

Carbonell and Figley (1999) speculate about the common factors in all four of these successful therapies – and focus on the simultaneous exposure to the traumatic memory and the reduction in distress.

> "Essentially, in all of the approaches, the trauma is recalled in the presence of relaxation (or if not relaxation, the absence of stress) and thus is not 're-lived' as it is remembered because the negative affect associated with the trauma is not re-experienced with the memory of the event".

Commenting further on this project, in a foreword to Gallo (1999), Charles Figley writes:

> For the last four years we have investigated a large number of treatment approaches that purport to cure these trauma-based problems. Among the most exciting and different treatment approaches we studied was Thought Field Therapy. Exciting because the treatment was simple, fast, harmless, and easy to teach both clients and clinicians. It was different because little talking was involved. … The directions involved tapping … while performing other activities such as certain eye movements, humming and counting. I must say we found the procedure very peculiar.

> Our investigations showed that this method worked dramatically and permanently to eliminate psychologically based distress in a substantial number of people. We have shared our findings with colleagues … and continue to be confident that such therapy does succeed in counterconditioning, similar to cognitive-behavioural methods". [viii].

Two randomised controlled demonstrations of efficacy.

The study of EFT by Wells and colleagues (2003).
The first randomised and controlled study of EFT, is that by Wells et al. (2003). Participants with phobias of small animals - such as spiders, rodents, or cockroaches – were randomly assigned to two groups. One group received a 30 minute treatment with EFT [n 18]. The other received training in a procedure called diaphragmatic breathing [n 17], which has been shown to produce physiological changes consistent with deep-relaxation (Lehrer et al. 1999). Thus, the control group treatment did contain active ingredients likely to induce relaxation and therefore likely to facilitate desensitisation. Moreover, the deep-breathing condition was designed to parallel as closely as possible the EFT condition. Whilst the EFT group tapped on the meridian points, repeating the reminder phrase (e.g. "this fear of spiders") at each point, the deep-breathing group was asked to repeat this phrase between each breath. Each emotional aspect of the problem was addressed with 'rounds' of deep-breathing, paralleling the rounds of meridian tapping with EFT. Levels of fear were assessed by taking SUDs at different stages of a Behavioural Approach Task (BAT). The BAT involved 8 points at progressively distances nearer to the feared animal. A further measure was how far the participant could tolerate approaching the animal on the BAT. Follow-up measures were taken 6 months or more later. The results were that the EFT treatment produced significantly greater improvement than did the deep-breathing condition, as measured behaviourally and on self-report measures. The improvement was found to be largely sustained at follow-up.

The significance of this study is that it contained a control condition for comparison, and it was randomised – thus meeting the highest research standards. The choice of a control condition that mimicked the procedure of EFT in all details except for [a] the use of a self-acceptance statement, and [b] tapping on the meridian points, suggests that the effective factors did have something to do with the ingredients specific to EFT. Since deep-breathing does induce relaxation, the superiority of the EFT condition must be due to more than induction of an ordinary relaxation response.

11 additional participants were also assigned to an EFT group treatment. Similar improvements to the individual treatment condition were found.

Baker & Siegel 2005. A partial replication and extension of the Wells et al. study. 'Can a 45 minute session of EFT lead to a reduction of intense fear of rats, spiders and water bugs?'.

This study is contrasted with that of Wells et al 2003. In addition to the EFT condition, Baker and Siegel inserted a no-treatment control condition. For the

other comparison condition they used a supportive interview similar to Rogerian nondirective counselling. Thus there were three groups.

The results supported the Wells study. Participants improved significantly in their pre-post test ability to walk closer to a feared animal after EFT, whilst the other two conditions showed no improvement. The EFT group showed significant decreases on the SUDs measure of fear, and on the Fear Questionnaire, as well as on a new questionnaire designed for the study. Participants in the other two conditions [no treatment, and the supportive interview] showed no decrease in fear on these subjective measures.

Measures of heart rate showed a large but equal change for each condition – thus indicating that relaxation alone is not the active ingredient.

A check for the influence of suggestion was included. The participants were told which of the three conditions they would be assigned to and were asked to rate the degree to which they expected this described condition to help reduce their fear. The EFT and Supportive Interview participants did not differ significantly in their mean expectation scores – but despite these equal expectations, they did differ markedly in outcome, with EFT showing superior results. Participants in the no treatment group (sitting and reading for 45 minutes) did not think this condition would reduce their anxiety. Despite the expectation of improvement in the Supportive Interview condition, these participants did no better than the no treatment group[2].

A follow-up was conducted of participants 1.4 months after the original testing. On most measures the significant effects of one sessions of EFT held up and remained superior to that of the two comparison conditions.

Dr. Patricia Carrington reports on a series of studies planned or in progress, building upon these studies, by one of the co-authors, Dr. Harvey Baker, and colleagues (www.eftupdate.com/ResearchonEFT.html):
[1] a controlled study in a clinical setting, comparing EFT with two control groups; this will involve three groups, an EFT treatment group, a psychoeducational intervention group, and a no treatment group receiving only medication; [2] a comparison of EFT and a sham variant (no true acupoints being tapped) examining the effect on maths anxiety; [3] a study of the effect of EFT versus two control conditions on basket ball skill; [4] a study of the effect of EFT on alcohol addiction in a small village in India; [5] a comparison of EFT using the standard tapping points with a version using tapping on other body locations; a study of the effect of EFT on fears of public speaking, using a virtual reality programme to test this.

Other controlled studies

EFT compared with Progressive Muscle Relaxation [Sezgin & Ozcan 2004].

32 students in Turkey were treated for test anxiety in relation to the university entrance exam. Each half of the group was given a lecture on the modality to be used, either EFT or muscle relaxation, and were given instructions on how

to apply these. The groups were asked to carry out the modalities three times a week for two months, particularly when feeling anxious about the exam. Whilst both groups showed a decrease in anxiety, measured on the Test Anxiety Inventory, the decrease with EFT was significantly greater than that in the progressive muscle relaxation group ($p < .05$).

Group treatment with EFT. [Rowe, 2005]
102 individuals were treated with EFT, modified for a group, and showed highly significant improvement (p .0005) on a test of psychological stress. These improvements held up at 6 month follow-up. A within-subjects design used the subjects as their own controls. The Derogatis Symptom Checklist-90 (SCL-90-R SA 45 short form) was given one month prior to the workshop, immediately prior, immediately after, one month after, and six months after. Scores showed a decrease in the checklist's global measure of distress, as well as on all nine subscales and held up at six month follow-up ($p < .0005$).

Various forms of tapping [Waite & Holder, 2003]
This randomised controlled study used 119 university students to investigate the impact of brief EFT tapping for fears. Three treatment conditions were used: [1[tapping on the twelve standard EFT points, accompanied by the usual EFT statements and the 9 gamut sequence of eye movements, humming, and counting; [2] tapping on twelve points not used in standard EFT; [3] tapping with the fingers on twelve points on a doll rather than on the subject's own body. A no-treatment control group were given the task of making a toy out of paper. The tapping treatments were very short, involving just two rounds of the procedure. Each tapping condition produced statistically highly significant drops in SUD ratings of fear of 18 %, but there was no drop in SUDs for the control group. This substantial drop in fear after just a couple of minutes of a tapping procedure is striking – and supports those who argue that it is the sensory stimulation of tapping rather than any connection with purported acupressure points that disrupts the fear response.

TAT for weight loss.
A randomised and controlled study, at the Center for Health Research, Kaiser Permanente in Portland, provided support for the use of Tapas Acupressure Technique as a helpful approach for maintaining weight loss.
The aim of the study was to compare TAT with two other interventions for helping people maintain weight loss after they had successfully lost excess weight (at least 3.5 kg) on a behavioral program. TAT was compared with Qigong and Self-directed support (a simple cognitive-behavioral approach with advice and encouragement). All three approaches involved 10 hours of instruction over a 12 week period. The outcome measure was weight gain. 92 adults were involved in the study.

After three months, the group using TAT had not gained any weight, but the Self-Directed Support group gained an average of 0.35 kg. At 6 months the Self-Directed Support group had gained 1.5 kg., but the TAT group had gained only 0.25 kg. Qigong was found too difficult for the participants to practice, and this group gained the most weight of all. There were no adverse effects of TAT.

The authors conclude:
"TAT was a feasible intervention, warranting further study as a potential weight maintenance intervention."

The research is published as Mist et al. 2005 – and also available at:
http://journals.medicinescomplete.com/journals/fact/current/fact1005a13a60.htm

Doctoral dissertations demonstrating efficacy.

[NB. Doctoral dissertations, by their nature, are expected to be of a high academic standard and to be suitable for publication as peer reviewed literature].

Schoninger 2004.
48 individuals with public speaking anxiety were randomly assigned to a treatment group or a waiting list control group. They were then required to give a speech in front of a small audience, followed by the administration of measures of anxiety [the Clevenger and Halvorson Speaker Anxiety Scale, and the Speilberger Trait and State Anxiety Scale] as well as self-report [SUD ratings]. No significant differences between the groups were found prior to the treatment. The treatment group was given a single TFT session focussed on public speaking. Following this, they gave another speech in front of an audience. Scores on the three measures were significantly lower compared to pre-treatment scores (at the .001 level). By contrast, the anxiety scores for the control group after giving a second speech (following a two week delay) increased slightly. This waiting list group was then given a TFT session, producing improved scores similar to those of the original treatment group. Participants in the study showed decreased shyness, confusion, physiological activity, and post-speech anxiety, as well as increased poise and interest in giving a future speech. These gains were retained at 4 month follow-up.

Darby 2001 - needle phobias.
20 patients who had been unable to receive necessary medical treatment because of intense needle phobia showed significant immediate improvement after one hour of TFT and at one month follow-up. Measures used were the Wolpe and Lang Fear Survey Schedule and SUD ratings. Significance was at the .001 level

Wade 1990 - phobias and self-concept
This study investigated the effects of TFT on anxiety and self-concept with 28 subjects with a phobia. The TFT reduced the phobias substantially, as indicated by SUD ratings, and significant improvement was found on standardised measures of self-acceptance, self-esteem, and self-congruency (the Tennessee Self Concept Scale and the Self Concept Evaluation of Location Form). A waiting list control group of 25 patients did not show any improvement.

Salas 2001 – specific phobias

22 subjects were used as their own controls for a study of treatment of specific phobias, half receiving EFT first, followed by Diaphragmatic Breathing, the other half receiving Diaphragmatic Breathing followed by EFT. The Beck Anxiety Inventory, a modified Behavioural Avoidance Test, and SUD ratings were administered prior to treatment and after each treatment. EFT produced a significant decrease of anxiety on all three measures regardless of whether it was the first or second treatment. By contrast, the Diaphragmatic Breathing produced a significant drop in the SUD ratings but not the other two measures, and only when it was the first treatment.

Schulz 2007. Therapists' views on integrating energy psychology in work with survivors of childhood sexual abuse
12 psychologists in private practice were surveyed regarding their use of energy psychology with adult survivors of childhood sexual abuse. 5 of these used energy psychology as their primary modality, whilst the other 7 combined it with talk therapy, CBT, and/or EMDR. All 12 therapists considered energy psychology methods to be the most effective treatment for the anxiety, panic, and phobias suffered by survivors of abuse, and also reported improved relationships, mood and self-esteem in these patients as a result of using energy psychology methods. 10 of the interviewees attributed decreases in the dissociative symptoms of their clients to energy psychology, with better self-care and less self-harming behaviours also being reported. One therapist summarised the common experience as follows: "My life and work have been enriched beyond measure … I have been able to help people in ways I never imagined possible. The speed and depth of change can be astonishing." [Schulz 2007b].

Studies including brain scan data

Swingle, Pulos & Swingle 2004
Road Traffic Accidents Trauma

This studied the effect of EFT on 9 road traffic accident victims suffering from PTSD. EFT was taught to the subjects in two sessions and they were given tapping home-work. Three months after this intervention the accident victims showed significant positive changes, both in brain scan measures and in self-reported symptoms of stress. Measures used were the Beck Depression Inventory, the Beck Anxiety Inventory, ten anger items from the Spielberger State-Trait Anxiety Inventory, and a questionnaire to assess avoidance of driving or riding in vehicles. These were administered 10-24 days before treatment and again within 70 to 160 days following EFT treatment. In addition an eyes-closed qEEG assessment of 19 brain locations was carried out. The SUD ratings dropped significantly for all nine subjects (initial SUD averaged 8.3; following treatment they averaged 2.5 ($p < .001$) and a global reduction of symptoms was found at follow-ups, not all the gains held for 4 of the 9 subjects at follow-up. Brain wave data showed differences between the five whose improvement held and the four whose did not. The latter showed increased arousal of the right frontal lobe, considered to be an indicator of depressed mood ($p < .02$). On the other hand, the five who sustained improvements showed increased theta/beta ratio changes, following

treatment, in the occipital region (an indicator of central nervous system quiescence) and increased theta/sensory motor rhythm amplitude over the sensory motor cortex (a measure of somatic quiescence). A further interesting factor was that the four whose improvements were not sustained did not comply with the tapping home-work.

Swingle 2000 [conference presentation]
Reductions in the frequency of seizures

EFT was used as a treatment for children with epilepsy. They were given EFT by their parents whenever they thought a seizure might occur. Swingle found significant reductions in frequency of seizures among these young children, as well as extensive improvement in their EEG readings after two weeks of daily in-home EFT.

Lambrau, Pratt, & Chevalier 2003. Treatment of claustrophobia - with brain scan data

Four subjects suffering with claustrophobia were treated with TFT in a thirty minute session and pre- and post-treatment EEG readings were taken, along with physiological measures and SUD ratings. These were compared with those of four non-phobic control subjects who were given a thirty minute relaxation treatment. All subjects were asked to enter and remain in a small metal lined enclosure for as long as they could tolerate, up to 5 minutes. This was repeated after the TFT or relaxation treatment. The results were that although the claustrophobic subjects' theta activity EEG scores were higher than those of the control subjects ($p < .001$), along with physiological and subjective measures, after the TFT treatment these decreased to the same level as the non-phobic subjects. Reduced anxiety remained at 2 week follow-up.

Diepold & Goldstein 2000. TFT effect on qEEG measures maintained at 18 months

An individual's qEEG measures were taken before and after a TFT session, and again at 18 month follow-up. When the subject thought of the targeted personal trauma prior to the TFT statistically abnormal brain-wave patterns were observed, but not when thinking of a neutral event. Following the TFT, the brain waves were normal when thinking of the same trauma. This improvement held at 18 month follow-up.

Andrade and Feinstein – digitised EEG scans in Generalised Anxiety Disorder [www.innersource.net]

An individual with Generalised Anxiety Disorder (GAD) was studied with EEG scans prior to TFT treatment and again after 4, 8, and 12 sessions. Patients with GAD are known to have distinctive brain wave ratio signatures (Lubar 2004). With the TFT treatment the symptoms of GAD subsided and the EEG patterns normalised. These images are posted on the www.innersource.net website. When a group of scans of patients with GAD who received TFT were

compared with a group who were treated only with medication, the TFT group showed a normalisation whilst the medication group did not, even though both groups experienced a lessening of anxiety. These studies formed part of the large South American audit.

Systematic clinical observations with outcome data

Sakai et al. 2001
Tapping methods in medical and psychiatric services

Seven TFT trained therapists applied TFT to 714 patients at the Kaiser Behavioral Medicine Services (with referrals from primary care) and Behavioral Health Services (a specialist psychiatry/mental health service). The purpose was to establish, for this health maintenance organisation, the potential of TFT in relation to a variety of clinical conditions. A wide range of symptoms and disorders were treated – including, for example, acute stress, anxiety, OCD, phobia, depression, anger, food cravings, chronic pain, panic disorder, and PTSD. Statistically significant within-session reductions in self-reported stress were obtained with 31 problems/symptoms in 1594 applications with 714 patients. Pre and post-test SUD ratings were significant at .001 level of probability for these, except for alcohol cravings, major depressive disorder, and tremors, which were at the .01 level of probability. Six case studies were included in the report. Three of these case descriptions included data on changes in heart rate variability, often used as an objective measure of physiological change with TFT.

The methodology of this study is criticised by Lohr (2001), but some of his arguments seem a little odd, based apparently on his perception of TFT and its rationale as implausible. Lohr's complete dismissal of the study seems a little harsh, especially in view of the authors' own comment in the abstract: "These … are preliminary data that call for controlled studies to examine validity, reliability, and maintenance of effects over time." [p 1215].

Comparison of TFT data with a study of CBT – effects on heart rate variability in severely depressed patients

Dr. Callahan is enthusiastic about the use of Heart Rate Variability (HRV) as an objective, reliable, and placebo-free measure of the effectiveness of TFT. He became interested in this after being contacted by a cardiac specialist, who had been using TFT for stress relief amongst his patients, noticed a remarkable improvement in HRT, which is usually rather difficult to influence. Abnormally low HRV is a strong predictor of mortality (Nolan et al. 1998). The most stable measure of the variability is the SDNN (standard deviation of normal to normal intervals). Improvements in SDNN of about 20% can be brought about by interventions such as stopping smoking for a period of time, or exercising for six months or more. Most drugs have a negative effect on SDNN. However, Dr. Callahan has repeatedly found that often TFT can produce improvements in SDNN of much greater than 20% in a matter of a few minutes. For example, he describes the case of a physician who had suffered with depression for 20 years, not helped by any medications or

previous psychotherapies: prior to TFT he rated his depression at a SUD of 10 and his HRV SDNN score was a very low 32.3 ms.; immediately following a few minutes treatment with TFT his depression completely disappeared and his HRV increased to 144.4 ms. (Callahan & Callahan 2003, p 28).

Carney et al. (2000) studied the effects on HRV of cognitive behaviour therapy carried out with severely depressed patients who also had cardiac problems. After up to 16 CBT sessions, the patients reported some improvement in depression symptoms, but the SDNN score did not improve, but in fact declined somewhat. The mean scores were:
Pre-therapy SDNN: 103.4
Post-therapy SDNN: 98.9. (a decrease/worsening of 4.5%)
Carney and colleagues concluded: "It is possible that heart rate and HRV never return to normal once there has been an episode of major depression" (p 645-646).

Dr. Callahan (Callahan 2001c) selected 8 cases from the TFT organisation's files, of people who had suffered severe depression and for whom they had pre- and post-therapy SDNN scores. The pre-therapy average SDNN was much lower/worse than those in the Carney study. After just one treatment with TFT the SDNN scores rose markedly and the depression was also eliminated. The scores were:
Pre-therapy SDNN: 57.5
Post-therapy SDNN: 105.7 (an improvement of 84%).

Field Studies with PTSD in war and disaster areas

Johnson et al. 2001 [reported also in Feinstein 2006]
Tapping methods helped with war trauma

In the year 2000, five separate trips to Kosovo were made by clinicians from the Global Institute of Thought Field Therapy to treat those traumatised by war. 105 trauma patients were treated, with ages from 4-78 – almost all referred by their physicians. 249 separate traumas were treated, including gang rape, witnessing massacres, sadistic torture, and being involved as perpetrators of military misconduct. Due to Albanian taboos on displays of emotional suffering, the SUDs scale could not be used, nor the word 'trauma'. The translation of the phrase 'bad moments' was used – and the complete absence of distressing emotion and somatic disturbance was taken as the measure; thus the patient might say, thorough translation: "Yes, at this moment it is completely gone … if the way I feel at this moment becomes all moments I will be completely satisfied". For 103 of the 105 patients, and for 247 of 249 traumatic memories, the treatment was successful. The authors comment:

> "In addition to the self-report of complete relief, their spontaneous expressions provided confirming clues. People gave that look of astonishment, hugged, put their hands to their temples, and looked up to the heavens in gratitude… Also it was typical for them to feel great energy, then disappear long enough to return with a bag full of peaches or nuts."

Follow-up data ranged from 1 month to 9 months. All treatment successes endured without relapse.

This report was criticised by Rosner (2001), on the grounds that [a] only superficial information about the sample was provided, [b] diagnostic information was absent, [c] the self-report measure of distress was rather crude, [d] the description of TFT was rather short. However, the reviewer does note that "doing research in a postwar society is more than difficult" and that "it is only to be expected that methodological standards should be of lesser importance than in a review of laboratory research performed in safety in a rich country." [p 1241-1242]. By contrast, Hartung and Galvin (2003) comment: "Scientists can criticise this study's lack of randomisation of subjects, use of nonstandardised measures, failure to account for competing hypotheses, and the like. Practicing psychotherapists, on the other hand, … will more likely feel exhilarated when reading about this work. A report of 98% recovery from trauma, even if informal, is likely to encourage a clinician who is dedicated to alleviating the suffering of trauma victims." [p 60]

One of the main therapists in the Kosovo work was Carl Johnson, a clinical psychologist with a background as a PTSD specialist with the Veteran's Administration. He made four further visits to Kosovo following the publication of the original account, mainly in order to train local health care practitioners in Thought Field Therapy. He was able to obtain follow-up information, from two physicians, on 75% of the people he had treated during his first five visits. In almost every case, the improvements following the initial TFT treatments had been maintained; for each treated traumatic memory, the subjective distress had been eliminated. The physicians did ask Johnson to see two patients for further treatment of some additional memories that had not initially been addressed. In a letter of appreciation, the chief medical officer of Kosovo, Dr. Skkelzen Syla (a psychiatrist), wrote about these results:

> "Many well-funded relief organisations have treated the post traumatic stress here in Kosovo. Some of our people had limited improvement but Kosovo had no major change or real hope until … we referred our most difficult trauma patients to [Dr. Johnson and his team]]. The success of TFT was 100% for every patient, and they are still smiling until this day."

Johnson's records of his work in Kosovo show that a total of 189 patients were treated for a total 547 traumatic memories. Of these, 187 people and 545 traumatic memories were treated successfully with complete cessation of distress in relation to those particular memories. His reports of his use of TFT in other disaster areas are as follows: South Africa: 97 clients were all treated successfully for a total of 315 traumatic memories; Rwanda: 22 clients were all treated successfully for a total of 73 traumatic memories; Congo: of 29 clients, 28 were treated successfully for a total of 77 out of 78 traumatic memories. Johnson himself acknowledges that treating traumatic memories is only one aspect of healing PTSD (Feinstein 2006).

In an article in The Thought Field (Callahan 2001), Dr. Callahan responds to a common reaction of disbelief experienced by those unfamiliar with TFT on hearing of the impressive results reported by Johnson. One commentator had questioned whether the traumatised people could truly be smiling, as stated in the letter from Dr. Syla. Dr. Callahan had asked Dr. Johnson to explain more and to clarify the reported findings.

Dr. Johnson explained that Dr. Syla's letter had been to do with an additional group of patients, following those referred to in the journal article. He had been asked back to Kosovo following the earlier work, partly in order to train local doctors in the method. During two trips in 2001, he treated a total of 50 patients, with a total of 150 traumas. The results were recorded by Dr. Syla, and the success rate was 100%. Dr. Johnson further explained his approach as follows:

> "Many of these traumas involved the death of loved ones. I learned early, back in the Kosovar refugee camp in Oslo, that it is not possible to treat such a trauma in the same way as others. If you set a goal of reducing the suffering or the problem, etc. the person resists – because they fear losing the last aspect of their relationship, even though that is suffering. So now I present it in a different way. When the person tries to recall the good times with the lost one, it hurts too much … so they must push all of the memory away. This is a block which prevents the presence of the lost loved one – the sweet memories, the wisdom, the closeness in the heart that would be possible even now. I ask if the patient would want me to remove this block so that they might have the loved one back, to this extent. Always the answer is yes.
>
> When all perturbations have been removed and the problem is soothed, I check for the various reversals … and then, prior to the final testing, I have the patient say something like "Finally I have my father with me again." After treating other types of war trauma I finish by treating the war as a whole, and at the end the patient says "Finally I have freedom from that war!!" Invariably, after making these statements (the trauma has been soothed) the patient shows a wonderful smile and usually hugs me. They are smiling about the lost one without pushing the memory away. They are not responding to the trauma memory with a smile. But if I see a patient on the street and ask if the treatments are still holding strong, they will say "po [yes] … meir [it is good] … faleminderit [thank you]" and give me a very nice smile." [Callahan 2001 – quotation from online journal].

Radio phone-in programmes – treatment of the general public

Two studies (Callahan, 1987; 2001; Leonoff, 1996) have reported the results of radio phone-in programmes, where callers were treated over the phone for various problems, such as phobias, anxieties, addictions, guilt and marital problems. Callahan treated 68 callers over the phone, reporting a success rate of 97%, with an average improvement of 75.9% (indicated by immediate SUD ratings), and an average treatment time of 4.34 minutes; Leonoff also

treated 68 people, reporting 100% success rate, with an average improvement of 75.2%, and an average treatment time of 6.04 minutes. Whilst many questions can be raised regarding the reliability and accuracy of the data, these studies may still have some merit. As Hartung and Galvin (2003) comment, the clinicians deserve some credit for having the courage to expose their method so publicly: "After all, it might have turned out the other way: ninety per cent of the callers could have announced to thousands of listeners that they did not feel any better and that TFT is a hoax." [p 61].

Callahan himself notes:

> "Why radio shows? In treating sceptical strangers one may minimise positive expectations associated with one coming for help and paying for it. Also it avoids the secrecy element associated with psychotherapy claims in the past. Fraud has been known to occur in science and a public demonstration helps avoid some of these problems. .. Audio tapes of all treatments were made and are available for review." [1995 paper, revised 1998]

Audio and video recordings of energy psychology treatments

As Dr. Callahan notes in his discussion of radio show data, the recording and making public of treatments using TFT and other methods is, in many respects, ultimately a more persuasive demonstration of effectiveness that the presentation of dry reports or abstract numbers. There are now many such recordings available.

For example, the EFT website (www.emofree.com) offers over 200 EFT sessions on various DVDs produced as educational materials. These include work with 6 inpatients at the Veteran's Administration Hospital in Los Angeles, suffering from severe PTSD. One exert shows a patient with a severe height phobia, linked to memories of 50 parachute jumps in a war zone. In addition he suffers with flashbacks of traumatic memories and insomnia, despite psychotherapy over a period of 17 years. After five minutes of tapping, he reports a complete absence of fear when thinking of heights, even though initially he experienced extreme discomfort. The therapist invites him to walk out onto the fire escape on the third floor; he experiences no anxiety (but much astonishment). Three of his most intense traumatic memories of the war were then addressed. He is taught how to tap on his own to deal with further memories. Two days later he is interviewed again and he reports having slept through the night for the first time for many years. He is able to recall without anxiety the traumatic memories that had been treated.

David Feinstein has posted a video on the internet showing rapid treatment of a severe height phobia. Prior to treatment a woman is seen shaking with fear when on a 4th floor balcony, but following half an hour of energy psychology work she is able to lean over the railing without discomfort. A two and a half year follow-up, also videoed, indicates that her fear has not returned. This can be found at http://video.google.com/videoplay?docid=5507061960927141022&q=height+phobia+video&hl=en

[or go to www.video.google.com , then type 'height phobia' into the search field.]

Studies exploring whether it matters where the client taps.
An area of continuing debate and study

Carbonell 1997
Treatment of acrophobia..

One study by Carbonell and colleagues conducted a randomised double-blind study, comparing TFT with a placebo treatment in which the subjects who suffered from fear of heights tapped points not used in true TFT, although including some components of TFT such as the '9 gamut' tapping sequence with eye movements etc. The subjects in the true TFT condition showed significantly greater improvement than the placebo group (using both SUD ratings and scores on the Cohen Acrophobia Questionnaire).

Waite & Holder 2003
[also discussed above, as a randomised controlled study]

These researchers assigned participants to one of 4 treatment conditions: 1. normal EFT; 2. tapping on the arm, using the normal EFT verbalisations; 3. tapping on a doll, using the usual EFT verbalisations; 4. making a toy out of paper. Two minutes of each treatment were conducted. Pre and post-test SUDs were taken. The first three conditions showed a drop in fear of 18%. The 4th, control, condition showed no drop in fear. Waite and Holder concluded that the benefits of EFT do not depend on tapping the specific points used in EFT.

Baker and Carrington [2005] have discussed this paper. They point out that in all three tapping conditions the decrease in fear occurred very quickly: "We know of no scientific studies of procedures characteristic of more traditional therapies which show an 18% decrease in fear in so short a time".

This finding by Waite and Holder is also consistent with the hypothesis that it is the tapping on mechanoreceptors, which are present all over the body, that is important rather than the stimulation of energy meridians [e.g. Mollon 2005b; Ruden 2005].

Large scale outcome study with randomised controls

The South American Studies: A large scale audit and preliminary trial of EFT methods over 14 years - The study by Joaquin Andrade MD and colleagues from Uraguay.

"No reasonable clinician, regardless of school of practice, can disregard the clinical responses that tapping elicits in anxiety disorders (over 70% improvement in a large sample in 11 centers involving 36 therapists over 14 years." [Maarten Aalberse & Christine Sutherland. *The South American Studies. Summary and Discussion of the Clinical Data.* www.bmsa-int.com]

[The data from this study are discussed in Andrade & Feinstein 2004, Feinstein 2007, and in a website article by Aarlberse & Sutherland www.bmsa-int.com]

Dr. Joaquin Andrade introduced TFT-related methods to 11 allied clinics in Argentina and Uruguay after being trained in this approach in the U.S.A. Previously he had studied traditional acupuncture in China, which he had used in medical practice for 30 years. Interestingly, Andrade no longer accepts the 'energy' theory, but instead hypothesises the effects of tapping in terms of neurobiological effects of sensory-kinaesthetic stimulation, acupressure points being dense concentrations of mechanoreceptors – describing the approach as Brief Multi-Sensory Activation Therapy (www.bmsa-int.com).

The staff had no funding for research but decided to track the outcomes of the new treatments and compare them with the cognitive-behavioural and medication methods they were already using. Over a 14 year period, 36 therapists were involved in treating 29,000 patients. The patients were assessed by 'blind' interviewers, mainly by telephone, at close of treatment, and follow-ups at one month, three months, six months, and twelve months. The most prominent diagnosis was 'anxiety disorders' – which included panic disorder, post-traumatic stress disorder, specific phobias, social phobias, obsessive-compulsive disorders, and generalised anxiety disorder. Pre and post treatment scores on standardised measures such as the Beck Anxiety Scale, The Spielberger State-Trait Anxiety Index, and the Yale-Brown Obsessive Compulsive Scale, were also used to supplement the assessors' ratings. In many cases pre and post-treatment functional brain scan images were also used as an objective measure of change.

The interviewers had a record of the diagnosis and intake evaluation, but not of the treatment method. Both patients and raters were instructed not to discuss the therapy procedures that had been used. The raters were asked to assess whether the patient was now asymptomatic, showed partial remission, or had no clinical response to treatment. Psychological testing and brain mapping were carried out by other staff who were neither the patient's therapist nor rater.

Of the 36 clinicians, 23 were physicians (5 of whom were psychiatrists), 8 were clinical psychologists, 3 were mental health counsellors, and 2 were nurses. All had extensive experience in treating anxiety disorders, with varying levels of training and experience in Thought Field Therapy and derivative methods.

The ratings of the interviewers, supported by the psychometric data, indicated that the TFT/EFT type of methods were more effective than the existing treatments for a range of conditions. However, a number of more detailed sub studies were conducted employing a randomised design with the existing treatments, of 'CBT with medication' as a control, and using double blind assessment.

5000 patients with anxiety disorders
The largest of the sub studies followed 5000 patients with anxiety disorders over a five and a half year period. Half of these received TFT/EFT type of treatment without medication, whilst the other half received CBT with medication. Diagnoses included panic disorder, social phobias, specific phobias, OCD, generalised anxiety disorder, PTSD, acute stress disorder, somatoform disorders, eating disorders, ADHD, and addictive disorders.

Results of the sub-study of 5000 patients:

- Positive clinical responses (ranging from complete relief to partial relief to short relief with relapses) were found in 63% of those treated with CBT and medication and in 90% of those treated with TFT/EFT ($p < .0002$).
- Complete relief from symptoms was found in 51% of those treated with CBT and medication, and 76% of those treated with TFT/EFT ($p < .0002$).
- At one year follow-up, the patients in the tapping group were less prone to relapse than those in the CBT and medication group.

Comparison of numbers of sessions required
There was a difference in the number of sessions required to achieve positive outcomes. 96 patients with specific phobias were treated with CBT and medication, whilst 94 with the same diagnosis were treated using TFT/EFT combined with the NLP method of visual-kinaesthetic dissociation (watching an internal movie of the phobic situation). With approximately 95% of the patients, functional brain imaging was used in addition to the clinical ratings and pr and post-treatment test scores. The results were:

- Positive results were obtained with 69% of patients treated with CBT and medication within 9-20 sessions, with a mean of 15 sessions.
- Positive results were obtained with 78% of the patients treated with TFT/EFT and visual-kinaesthetic dissociation within 1-7 sessions, with a mean of 3 sessions.
- The brain mapping correlated with the raters' conclusions and with the psychological test data. Those patients showing the greatest improvement showed the largest reduction in beta frequencies. These beta frequency reductions not only persisted at 12 month follow-up, but in fact became more pronounced.

Comparison between medication alone and TFT/EFT.
30 patients with generalised anxiety disorder were prescribed diazepam, whilst 34 patients with the same diagnosis were given TFT/EFT.

- 70% of the medication group experienced positive results.
- 78.5% of the TFT/EFT group experienced positive results.
- About half the medication patients experienced side effects or a recurrence of anxiety on stopping the medication. This did not happen with the tapping group.

Comparison of strict versus varied sequence of tapping

The importance of sequence in tapping was investigated. 60 phobic patients were treated with a standard 5-point algorithm; another group of 60 patients were treated with the order of tapping varied.

- Positive responses were experienced by 76.6% of the standard algorithm group and by 71.6% of the varied order tapping group. This was not statistically significant.
- The treatment team formed the impression that for many disorders a wide variation in the tapping protocol can be employed, whilst for certain conditions more precise protocols are required for optimum clinical response.

Tapping compared with acupuncture needles

40 patients with panic disorder were given tapping treatments focused on pre-selected acupuncture points. 38 patients with the same diagnosis received acupuncture stimulation using needles on the same points.

- Positive responses were experienced by 78.5% of the tapping group but only 50% of the needle group.

Effectiveness for different clinical groups

Ratings of effectiveness for different clinical groups were given in four categories: 1. Much better results than with other methods; 2. Better results than with other methods; 3. Similar to the results with other methods; 4. Lesser results than expected with other methods; 5. No clinical improvement or contraindicated. The findings were as follows.

Much better results than other with methods

Panic disorder, with and without agoraphobia.
Agoraphobia without panic disorder.
Specific phobias.
Separation anxiety disorders.
PTSD and Acute Stress Disorders.
Mixed anxiety-depressive disorders.
Adjustment disorders.
ADHD.
Elimination disorders.
Impulse control disorders.
Problems relating to childhood abuse and neglect.
Other emotional problems: fear; grief; guilt; anger; shame; jealousy; rejection; painful memories; loneliness; frustration; love pain; procrastination.

Better results than with other methods.

Obsessive compulsive disorders.
Generalised anxiety disorders.
Anxiety disorders due to general medical conditions.
Social phobias.
Learning disorders; communication disorders; feeding and eating disorders of childhood.
Somatoform disorders.
Factitious disorders.

Sexual dysfunction.
Sleep disorders.
Relational problems.

Similar to the results expected with other methods.

Mild to moderate reactive depression.
Learning skills disorders.
Motor skills disorders.
Tourette's syndrome.
Substance abuse-related problems, including anxiety.
Eating disorders.
[It was found that for these conditions, it is best to combine a number of approaches.]

Lesser results than expected with other methods.

Major endogenous depression.
Personality disorders and dissociative disorders.
[tapping methods are considered a useful adjunct to other methods].

No improvement or contraindicated.

Psychotic disorders.
Bipolar disorders.
Delirium.
Dementia.
Chronic fatigue.
[although it is recognised that there are many anecdotal reports of people with these diagnoses being helped by tapping methods with a number of life problems.]

[NB. Although these categorisations are interesting, clinical expertise has moved on since this work was undertaken. Skilled clinicians have found ways of helpfully incorporating Thought Field Therapy, or other tapping methods, into work with a very wide range of clients.]

Brain scan images
Brain scan images from this study, showing results before and after energy tapping, can be found at
www.innersource.net/energy_psych/epi_neuro_foundations.htm

Status of the South American studies.
This examination of data from the 11 clinics was essentially an audit for the purpose of internal validation of procedures and protocols rather than a formal research study. Nevertheless, the large number of patients involved, the long period of time covered, the range of data obtained, the variety of clinical conditions treated, and the double blind, randomised, and controlled nature of the investigations, combined with the startling results, all combine to make a powerful case for the role of 'energy psychology' or somato-sensory tapping methods in routine mental health care.

Andrade and Feinstein comment:

> "These were pilot studies, viewed as possible precursors for future research, but were not themselves designed with publication in mind. Specifically, not all the variables that need to be controlled in robust research were tracked, not all criteria were defined with rigorous precision, the record-keeping was relatively informal, and source data were not always maintained. Nevertheless, the studies all used randomised samples, control groups, and double blind assessment. The finding were so striking that the research team decided to make them more widely available." [Andrade & Feinstein 2004 p 4]

Pilot studies, without control groups.

Reduction of dental anxiety with EFT
Graham Temple conducted a study of EFT with 30 patients suffering with high levels of dental anxiety, and who required invasive dental procedures. The EFT took place in the dental surgery and lasted no more than 6 minutes. SUD ratings were taken before and after EFT, which was immediately followed by the dental treatment. The mean SUD rating prior to EFT was 8 and after EFT was 3. All patients experienced reduction in anxiety. The reduction in anxiety is impressive since the second SUD rating was taken just before the dental treatment.
http://www.emofree.com/Research/graham-temple-dental-study.htm

Sports performance improvement with EFT
Sam Smith conducted a simple study of skills in kicking a ball, before and after EFT, at a fundraising event on a sports field. 37 volunteers showed an overall improvement of 80.7% in rugby penalty kicks following EFT. After the first kick, the volunteers were asked to state two factors that they believed may have impeded their success. These comments, which were then used as EFT statements, included such ideas as: 'I'm not strong enough'; 'too many people were watching'; 'I'm no good at this kind of thing'. Whilst some of the improvement could be due to a simple practice effect, it seems unlikely that the magnitude of the pre and post-EFT difference could be due entirely to this.
http://www.emofree.com/Research/rugby-kicking-contest.htm

Eyesight improvement with EFT
Carol Look conducted an 8 week pilot study of improvement in various eyesight problems, using EFT instructions given by post. 400 participants initially signed up for the study, having been recruited through newsletters and conferences. Only 120 of these completed the full 8 week course. Each week, the participants were sent instructions for EFT tapping in relation to various emotional issues that could have a bearing on visual problems. 75% of participants reported improvement in various eyesight problems. SPSS statistical software, with t tests and ANOVA was used.
http://www.emofree.com/pdf-files/eyesight-experiment.pdf

Before and after photographs of blood Rouleaux – illustrating the psychosomatic effect of EFT

Rebecca Marina reports on studies of her own blood cells, using a darkfield microscope, before and after using EFT – illustrating not only the effect of EFT but also the relationship between emotions and physiology. The work was carried out in collaboration with her physician.
http://www.emofree.com/Research/rouleaux.htm

Research in relation to the meridian system

Although there is debate in relation to the questions of the importance of tapping on traditionally recognised acupressure points (as opposed to random tapping on the body), and whether a theory of energy is required to account for the therapeutic effects of tapping, the evidence for the existence of meridians, and for the potency of acupuncture, is worth noting. Even if theories of energy are put aside, acupoints are noted to be close to nerve bundles or nerve endings, and thus appear to be regions of increased sensitivity (Stux, Berman, & Pomeranz 2003) that deliver enhanced signals to the brain when stimulated.

Evidence for the existence of the meridian system
French researcher, Pierre de Vernejoul, injected radioactive isotopes into the acupuncture points and tracked their movement using a gamma ray camera. The injected isotopes followed exactly the same pathway as the meridians as traditionally conceived. As a control, injections were also made into nearby non-meridian locations, and also into blood and lymphatic vessels; these did not diffuse in the same manner as the injections at meridian sites. These studies were carried out on 250 healthy subjects and 80 patients with renal pathology. Another interesting finding was that injections into the bilateral kidney meridian diffused faster on the health side and slower on the diseased side. [Darras, J-C., de Vernejoul, P., & Albarhde 1992].

Acupressure points show lowered electrical resistance than other areas (Becker, 1990; Bergsmann & Woolley-Hart, 1973; Cho, 1998; Cho & Chung, 1994; Liboff, 1997; Syldona & Rein, 1999). Changes in brain function are associated with stimulation of specific acupressure points (Cho, 1998; Darras, 1993; Hui, 2000; Omura, 1989, 1990).

Evidence for the effect of acupuncture/acupressure
The World Health Organisation lists over 50 conditions that may be helped by acupuncture. Many of these are mental health problems, including anxiety, depression, addictions, insomnia, and hypertension. The British Acupuncture Council reviewed seven controlled clinical trials of acupuncture for anxiety or depression, as well as four studies that did not include control groups – and concluded: “The findings from these studies suggest that acupuncture could play a significant role in the treatment of depression and anxiety” [British Acupuncture Council, 2002, p 11).

Most studies of the effects of acupuncture have addressed its analgesic properties. This effect is marked – and is also found in relation to animals, thus casting doubt on explanations in terms of placebo effects. Stimulation of sham acupoints does not produce the same analgesic effect. There is

evidence that acupuncture analgesia is related to endorphin release (Stux, Berman, & Pomeranz 2003).

Evidence for the effectiveness of Therapeutic Touch
Therapeutic Touch is a simple form of energy-based physical touch, derived from Applied Kinesiology, that has been used extensively in nursing contexts, including psychiatric nursing. It has been found effective in reducing physical pain and anxiety (Gagne, 1994; Heidt, 1981; Hughes, 1997; Peck, 1997).

Evaluation of the research basis for energy psychology methods
There has been a significant amount of research into both the efficacy (achieving an effect in a laboratory context) and the clinical effectiveness (being helpful with clinical populations) of TFT, EFT, and related methods. Considerable clinical knowledge has been accumulated since the first exploration of TFT in 1979 (Callahan, 1981). This clinical knowledge is shared amongst colleagues internationally in books, conferences, and websites. The effectiveness with a wide variety of clinical problems has been reported in a huge number of case studies and systematic clinical observations, as well as field studies in disaster areas. Heart Rate Variability is a most interesting new outcome measure that has been explored with TFT; preliminary results suggesting that whilst other psychological therapies, such as conventional CBT, do not improve HRV, TFT produces a marked improvement. Although the very large and long term South American study lacks some of the rigour of formal research (being designed for internal audit rather than publication), its findings from double blind studies are very strongly suggestive, not only of the value of TFT type of methods, but their superiority to cognitive and behavioural methods that lack some of the components of TFT or EFT.

This research evidence-base is considerably more than is the case for most interventions in psychiatry and psychotherapy. Although drugs are obviously subject to careful trials of efficacy and safety, many other activities within a mental health service, such as most group activities, art therapies, occupational therapies, supportive activities etc., have little or no research evidence-base. As Roth, Fonagy and Parry (1996) comment, "… there are over 400 different named therapies, which can be seen as variations on the basic themes within a smaller number of families of theories and techniques. The vast majority of these 'brand name' therapies are totally unevaluated." [p 40].

The efficacy of EFT has not only been demonstrated to exist, but to be considerable. A marked reduction in anxiety, under laboratory conditions, was found to result from a short session of EFT – *and to be sustained at 14 month follow-up*. This effect did not occur in the two control conditions and was not due to suggestion. Most psychological therapies have not had such efficacy demonstrated. For example, there are no studies demonstrating the efficacy of a psychoanalytic interpretation, or a cognitive therapy 'Socratic question', in terms of its immediate effect on the client's level of anxiety. By contrast, the use of the SUD scale enables the EFT clinician to monitor the client's level of distress from moment to moment, and to know more or less immediately whether the tapping intervention is working or not.

Some directions that would be valuable for future research in relation to energy psychology therapies would be: further exploration of HRV as an outcome measure, with comparisons between different therapies; further dismantling studies to determine which components of the TFT & EFT procedure are crucial to efficacy (e.g. whether particular tapping points are important, whether the verbal statements of self-acceptance are important, whether the presence of the therapist makes a difference compared to the condition of the client performing TFT/EFT alone, etc.); second, randomised controlled studies comparing TFT and EFT with other therapies for clinical populations.

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Appendix: Update August 2011

The following information is taken from the excellent research pages of the Association for Comprehensive Energy Psychology (ACEP), which actively promotes research and monitors the emerging data: .
http://energypsych.org/displaycommon.cfm?an=5

The ACEP research committee provides the following summary of the current state of energy psychology research:

The State of Energy Psychology Research

While many important research questions remain to be answered, a great deal of groundwork is already in place. EP modalities have been researched in more than 7 countries, by more than 50 investigators, whose results have been published in more than 15 different peer-reviewed journals, including top-tier journals such as *Journal of Clinical Psychology and* the APA journals *Psychotherapy: Theory, Research, Practice, Training* and *Review of General Psychology*. EP research includes investigators affiliated with many different institutions. In the US, these range from Harvard Medical School, to the University of California at Berkeley, to City University of New York, to Walter Reed Army Medical Center (USUHS), to Texas A&M University. Institutions in other countries whose faculty have contributed to EP research include Lund University (Sweden), Ankara University (Turkey), Santo Tomas University (Philippines), Lister Hospital (England), Cesar Vallejo University (Peru), and Griffith University (Australia). The wide variety of institutions, peer-reviewed journals, investigators, and settings that have, in independent research, found EP modalities to be efficacious, are one indication of the breadth of existing research results. The next frontier of EP research includes replication of the studies that have not yet been replicated, and investigations into the physiological changes that occur during EP modalities, using such tools as DNA microarrays (gene chips), MEGs (magnetoencephalograms), fMRIs, and neurotransmitter and hormone assays.

The following outlines some recent studies of energy psychology. For studies relating specifically to PTSD, scroll down to page 62.

The Immediate Effect of a Brief Energy Psychology Intervention (EFT) on Specific Phobias: A Randomized Controlled Trial

Maria Salas, PhD, Audrey J. Brooks, PhD, Jack E. Rowe, PhD.
Explore: The Journal of Science and Healing, in press: scheduled for 2011 publication.

Abstract

This study examined whether Emotional Freedom Techniques (EFT), a brief exposure therapy that combines cognitive and somatic elements, had an immediate effect on the reduction of anxiety and behavior associated with specific phobias. The present study utilized a cross-over design with participants (N=22) randomly assigned to either diaphragmatic breathing or EFT as the first treatment. Study measures included a behavioral approach test, Subjective Units of Distress Scale, and Beck Anxiety Inventory. EFT significantly reduced phobia-related anxiety and ability to approach the feared stimulus whether presented as an initial treatment or following diaphragmatic breathing. When presented as the initial treatment, the effects of EFT remained through the presentation of the comparison intervention. Further study of EFT for specific phobias is warranted.

Rapid Treatment of PTSD: Why Psychological Exposure with Acupoint Tapping May Be Effective

David Feinstein, PhD

Psychotherapy: Theory, Research, Practice, Training, (2010), 47(3), 385-402.

Combining brief psychological exposure with the manual stimulation of acupuncture points (acupoints) in the treatment of post-traumatic stress disorder (PTSD) and other emotional conditions is an intervention strategy that integrates established clinical principles with methods derived from healing traditions of Eastern cultures. Two randomized controlled trials and six outcome studies using standardized pre- and post-treatment measures with military veterans, disaster survivors, and other traumatized individuals corroborate anecdotal reports and systematic clinical observation in suggesting that (a) tapping on selected acupoints (b) during imaginal exposure (c) quickly and permanently reduces maladaptive fear responses to traumatic memories and related cues. The approach has been controversial. This is in part because the mechanisms by which stimulating acupoints can contribute to the treatment of serious or longstanding psychological disorders have not been established. Speculating on such mechanisms, the current paper suggests that

adding acupoint stimulation to psychological exposure is unusually effective in its speed and power because deactivating signals are sent directly to the amygdala, resulting in reciprocal inhibition and the rapid attenuation of maladaptive fear. This formulation and the preliminary evidence supporting it could, if confirmed, lead to more powerful exposure protocols for treating PTSD.

Modulating Gene Expression through Psychotherapy: The Contribution of Non-Invasive Somatic Interventions

David Feinstein & Dawson Church.

Review of General Psychology, 2010 December, an American Psychological Association journal

Mapping the relationship between gene expression and psychopathology is proving to be among the most promising new frontiers for advancing the understanding, treatment, and prevention of mental disorders. Each cell in the human body contains some 23,688 genes, yet only a tiny fraction of a cell's genes are active or "expressed" at any given moment. The interactions of biochemical, psychological, and environmental factors influencing gene expression are complex, yet relatively accessible technologies for assessing gene expression have allowed the identification of specific genes implicated in a range of psychiatric disorders, including depression, anxiety, and schizophrenia. Moreover, successful psychotherapeutic interventions have been shown to shift patterns of gene expression. Five areas of biological change in successful psychotherapy that are dependent upon precise shifts in gene expression are identified in this paper. Psychotherapy ameliorates (a) exaggerated limbic system responses to innocuous stimuli, (b) distortions in learning and memory, (c) imbalances between sympathetic and parasympathetic nervous system activity, (d) elevated levels of cortisol and other stress hormones, and (e) impaired immune functioning. The thesis of this paper is that psychotherapies which utilize non-invasive somatic interventions may yield greater precision and power in bringing about therapeutically beneficial shifts in gene expression that control these biological markers. The paper examines the manual stimulation of acupuncture points during psychological exposure as an example of

such a somatic intervention. For each of the five areas, a testable proposition is presented to encourage research that compares acupoint protocols with conventional therapies in catalyzing advantageous shifts in gene expression.

Keywords: Acupuncture, DNA, Epigenetics, Exposure, Gene Expression.

Your DNA is Not Your Destiny: Behavioral Epigenetics and the Role of Emotions in Health

Dawson Church, PhD
Anti Aging Medical Therapeutics, (2010, October), 13.

In a series of studies published in 2000 and later, researchers began to demonstrate the importance of epigenetic influences on gene expression. Genes might be silenced through methylation, or their expression facilitated by acetylization. A further step occurred when behaviors and psychological states were noted to regulate the activity of genes. A body of evidence has now been accumulated that assesses the specific genes affected by behavioral influences such as nurturing, by lifestyle interventions such as meditation, by emotions, and by alleviating psychological conditions such as depression, anxiety and PTSD (posttraumatic stress disorder). Comparisons of the relative lengths of telomeres in identical twins, who start life with identical genes, show that emotional stress can result in one twin having a cellular age that is as much as 10 years older by age 40. New studies in the field of energy psychology also indicate that these psychological and emotional stressors may be remediated much more rapidly than previously believed possible, and that behavioral and psychological influences regulate the genes responsible for inflammation, immune function, and cellular regeneration, among others. These advances provide fruitful new avenues for research into the epigenetic properties of simple behavioral and emotional skills such as meditation, the Relaxation Response, and EFT (Emotional Freedom Techniques), and point to

the potential of these methods as potent anti-aging and medical interventions.

Single Session EFT for Stress-Related Symptoms After Motor Vehicle Accidents

Larry Burke, MD
Energy Psychology: Theory, Research, & Treatment, (2010), 2(1), 65-72.

Motor vehicle accidents (MVA) are a common cause of posttraumatic stress disorder (PTSD). Energy psychology (EP) approaches such as EFT (Emotional Freedom Techniques) are a new form of exposure therapy used to treat PTSD from a variety of different causes. These techniques provide an attractive alternative to more well-established approaches such as cognitive behavioral therapy because of their potential for accelerated healing similar to what has been demonstrated with eye movement desensitization and reprocessing. There are only a few reports in the literature of the use of EP for the treatment of PTSD resulting from MVA. This clinical report presents 3 case histories documenting the use of single-session EFT for the treatment of acute psychological trauma immediately after a car accident, urticaria as a component of acute stress disorder 2 weeks after a car accident, and PTSD and whiplash syndrome 11 months after a car accident. These cases are discussed in the context of a review of the current literature on PTSD after MVA and are followed by recommendations for future research.

Keywords: motor vehicle accidents, PTSD, trauma, EFT (Emotional Freedom Techniques).

Application of Emotional Freedom Techniques

Dawson Church, PhD & Audrey Books, PhD
Integrative Medicine: A Clinician's Journal, (2010), Aug/Sep, 46-48.

This paper describes an intervention called Emotional Freedom Techniques (EFT). EFT is a brief exposure therapy combining cognitive and somatic elements and focuses on resolving emotional trauma that might underlie a presenting condition. Research indicates that EFT is an effective treatment for anxiety, depression, posttraumatic stress disorder, phobias, and other psychological disorders, as well as certain physical complaints. This article describes the techniques, how EFT is taught in a workshop setting, and provides case examples. The clinical benefits of EFT and future research directions are discussed.

Controversies in energy psychology.

Feinstein, D.
(2009). *Energy Psychology: Theory, Research, and Treatment.* 1:1.

In the nearly three decades since tapping on acupuncture points was introduced as a method psychotherapists could use in the treatment of anxiety disorders and other emotional concerns, more than 30 variations of the approach have emerged. Collectively referred to as energy psychology (EP), reports of unusual speed, range, and durability of clinical outcomes have been provocative. Enthusiasts believe EP to be a major breakthrough while skeptics believe the claims are improbable and certainly have not been substantiated with ad- equate data or explanatory models. Additional controversies exist among EP practitioners. This paper addresses the field's credibility problems among mental health professionals as well as controversies within EP regarding (a) its most viable explanatory models, (b) its most effective protocols, (c) how the approach interfaces with other forms of clinical practice, (d) the conditions it can treat effectively, (e) what should be done when the method does not seem to work, and (f) how the professional community should respond to the large number of practitioners who do not have mental health credentials.

The Neurochemistry of Counter-Conditioning: Acupressure Desensitization in Psychotherapy.

Lane, James R.
(2009). *Energy Psychology: Theory, Research and Treatment.* 1:1.

A growing body of literature indicates that imaginal exposure, paired with acupressure, reduces midbrain hyperarousal and counterconditions anxiety and traumatic memories. Recent research indicates that manual stimulation of acupuncture points produces opioids, serotonin, and gamma-aminobutyric acid (GABA), and regulates cortisol. These neurochemical changes reduce pain, slow the heart rate, decrease anxiety, shut off the fight/flight/freeze response, regulate the autonomic nervous system, and create a sense of calm. This relaxation response reciprocally inhibits anxiety and creates a rapid desensitization to traumatic stimuli. This paper explores the neurochemistry of the types of acupressure counterconditioning used in energy psychology and provides explanations for the mechanisms of actions of these therapies, based upon currently accepted paradigms of brain function, behavioral psychology, and biochemistry.

Energy Psychology Treatment for Posttraumatic Stress in Genocide Survivors in a Rwandan Orphanage: A Pilot Investigation.

Barbara Stone, Lori Leyden, & Bert Fellows.
(2009). *Energy Psychology: Theory, Research and Treatment, 1:1.*

A team of four energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with orphan genocide survivors with complex posttraumatic stress disorder (PTSD). The program consisted of holistic, multi-dimensional rapport-building exercises, followed by an intervention using Thought Field Therapy (TFT). Interventions were performed on three consecutive days. Data were collected using the Child Report of Posttraumatic Stress (CROPS) to measure pre- and post-intervention results, using a time-series, repeated measures design. N = 48 orphans at the Remera Mbogo Residential High School Orphanage with clinical PTSD scores completed a pretest. Of these, 34 (71%) completed a posttest assessment. They demonstrated an average reduction in symptoms of 18.8% ($p < .001$). Seven students

(21%) dropped below the clinical cutoff point for PTSD, with average score reductions of 53.7% ($p < .001$). Follow-ups are planned, to determine if participant gains hold over time. Directions for future research arising out of data gathered in this pilot study are discussed.

Energy Psychology in Rehabilitation: Origins, Clinical Applications, and Theory.

Gallo, Fred
(2009) *Energy Psychology: Theory, Research and Treatment.* 1(1).

Three forces have dominated psychology and psychological treatment at different times since the early 1900s. The first force was Freudian psychoanalysis and its offshoots that focus on unconscious psychodynamics and developmental fixations, with principal therapeutic techniques including free association, dream analysis, interpretation, and abreaction. Second came behaviorism, spearheaded by Pavlov, Watson, and Skinner, which emphasized environmental stimuli and conditioning—its techniques including respondent and operant conditioning, exposure, desensitization, schedules of reinforcement, modeling, and more. The third force involved humanistic and transpersonal approaches that attend to values and choice, including client-centered therapy, gestalt therapy, phenomenology, and cognitive therapy, some of the principal leaders being Rogers, Maslow, Perls, Rollo May, Binswanger, and Ellis. Recently the new paradigm of energy psychology has emerged, which may be considered psychology's fourth force. The earliest pioneers included Goodheart, Diamond, and Callahan. This theoretical and practice approach offers the field some unique findings, as it views psychological problems as body–mind interactions and bioenergy fields, providing treatments that directly and efficiently address these substrates. Some of energy psychology's techniques include stimulating acupoints and chakras, specific body postures, affirmations, imagery, manual muscle testing, and an emphasis on intention. This review covers energy psychology's historical development and experimental evidence base. Case illustrations and treatment protocols are discussed for the treatment of psychological trauma and physical pain, two of the most

important and ubiquitous aspects common to rehabilitation conditions. Additionally, the research on energy psychology is highlighted, and the distinction between global treatments and causal energy diagnostic-treatment approaches to treatment is addressed.

Integrating Energy Psychology into Treatment for Adult Survivors of Childhood Sexual Abuse

By Kirsten Schulz.
(2009). *Energy Psychology: Theory, Research and Treatment*. 1:1.

This study evaluated the experiences of 12 therapists who integrated energy psychology (EP) into their treatments for adult survivors of childhood sexual abuse. Participants completed an online survey and the qualitative data was analyzed using the Constant Comparative method. Seven categories containing 6 themes emerged as a result of this analysis. The categories included: () Learning about EP; (2) diagnosis and treatment of adult CSA using EP; (3) treatment effectiveness of EP; (4) relating to clients from an EP perspective; (5) resistance to EP; (6) the evolution of EP; and (7) therapists' experiences and attitudes about EP. These themes are compared and con- trasted with existing literature. Clinical impli- cations are discussed, as well as suggestions for future research. The results provide guidelines for therapists considering incorporating these techniques into their practices.

Elimination of Post Traumatic Stress Disorder (PTSD) and Other Psychiatric Symptoms in a Disabled Vietnam Veteran with Traumatic Brain Injuries (TBI) in Just Six Sessions Using Healing from the Body Level Up Methodology, an Energy Psychology Approach

Judith A. Swack, PhD
International Journal of Healing and Caring, September 2009, 9(3).

Abstract

Increasing numbers of returning veterans and veterans of previous conflicts are being diagnosed with depression, anxiety, post traumatic stress disorder (PTSD), and other psychological problems caused by military service. It is important to develop brief and effective treatment methods to facilitate reentry into civilian life. Energy psychology techniques have been found effective for rapidly treating trauma. This case study describes the results of treatment of a Vietnam Veteran for PTSD and other psychiatric symptoms with Healing from the Body Level Up (HBLU™) methodology, an approach from the field of Energy Psychology. The patient, a Navy Seal, sustained a bullet wound to the skull in Vietnam, and later sustained separate, severe injuries to the brain requiring four rounds of surgery 1990 - 1994. The Veteran's administration diagnosed him 100% disabled. His symptoms were assessed using the SA-45, a well-validated instrument for measuring anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychosis, and somatization; and the PCL-M, the military assessment for PTSD. Testing was done just prior to treatment and 2 months post-treatment. After three double sessions over a period of three months, he demonstrated complete recovery from PTSD and a return to normalcy in all nine areas of formal psychological test evaluation.

Key Words: Post Traumatic Stress Disorder, PTSD, Vietnam Veteran, Traumatic Brain Injury, TBI, Healing from the Body Level Up, HBLU, Energy Psychology

Pilot study of Emotional Freedom Technique (EFT), Wholistic Hybrid derived from EMDR and EFT (WHEE) and Cognitive Behavioral Therapy (CBT) for Treatment of Test Anxiety in University Students.

Benor, D. J., Ledger, K., Toussaint, L., Hett, G., & Zaccaro, D. *Explore*, November/December 2009, Vol. 5, No. 6.

Objective: This study explored test anxiety benefits of Wholistic Hybrid derived from EMDR (WHEE), Emotional Freedom Techniques (EFT), and Cognitive Behavioral Therapy.
Participants: Canadian university students with severe or moderate test anxiety participated.
Methods: A double-blind, controlled trial of WHEE (n = 5), EFT (n =5), and CBT (n = 5) was conducted. Standardized anxiety measures included: the Test Anxiety Inventory (TAI) and Hopkins Symptom Checklist (HSCL-21).
Results: Despite small sample size, significant reductions were found for WHEE on the TAI ($p < 0.014$-.042) and HSCL-21 ($p < 0.029$); on the TAI ($p < 0.001$-.027) for EFT; and on the HSCL-21 ($p < 0.038$) for CBT. There were no significant differences between the scores for the three treatments. In only two sessions WHEE and EFT achieved the same or better benefits as CBT did in five sessions. Participants reported high satisfaction with all treatments. EFT and WHEE students successfully transferred their self-treatment skills to other stressful areas of their lives.
Conclusions: WHEE and EFT show promise as effective treatments for test anxiety.

Theoretical and methodological problems in research on Emotional Freedom Techniques (EFT) and other meridian based therapies.

Baker, A. H., Carrington, P., & Putilin, D. (2009). *Psychology Journal*, *6*(2), 34-46.

Controlled research into Emotional Freedom Techniques (EFT) and other meridian-based therapies is at its beginnings. We examined several issues facing EFT researchers, including: the number and type of dependent measures; expectancy effects; the need for follow-up assessment; a newly proposed procedure for keeping participants blind; the duration of the intervention; the value of treating the hypothesized Energy Meridian System and EFT's operations as separate constructs; and the possibility that EFT's efficacy is mediated by processes long known to be associated with psychotherapy. Such issues are considered in the context of three

recent EFT studies: Waite and Holder (2003); Wells et al. (2003); and Baker and Siegel (2005). Some limitations of these studies are delineated and guidelines on EFT research are suggested.

The Treatment of Combat Trauma in Veterans using EFT (Emotional Freedom Techniques): A Pilot Protocol.

Church, Dawson. (2009). *Traumatology,* March 2009, 15:1.

With a large number of US military service personnel coming back from Iraq with post traumatic stress disorder (PTSD), and a variety of associated psychological problems, a need exists to find protocols and treatments that are effective for these conditions in brief treatment timeframes. In this study, a sample of 11 veterans and family members were assessed for PTSD and other conditions. Evaluations were made using standard psychological evaluations, the SA-45 (Symptom Assessment 45) and the PCL-M (Posttraumatic Stress Disorder Checklist – Military). The study used a time-series, within-subjects, repeated measures design. A baseline measurement was obtained thirty days prior to treatment, and immediately before treatment began. Subjects were then treated with a brief and novel exposure therapy, EFT (Emotional Freedom Techniques), for five days with 2 to 3 hours of treatment per day. Statistically significant improvements in the SA-45 and PCL-M scores were found at posttest. These gains were maintained at both the 30- and 90-day follow-ups on the general symptom index, positive symptom total and the anxiety, somatization, phobic anxiety, and interpersonal sensitivity subscales of the SA-45, and on PTSD. The remaining SA-45 scales improved posttest but were not consistently maintained at the 30- and 90-day follow-ups. In summary, after EFT treatment, the group no longer scored positive for PTSD, the severity and breadth of their psychological distress decreased significantly, and most of their gains held over time. This suggests that EFT can be an effective post-deployment intervention.

The Effect of Two Psychophysiological Techniques (Progressive Muscular Relaxation and Emotional Freedom Techniques) on Test Anxiety in High School Students: A Randomized Blind Controlled Study.

Sezgin, N., Ozcan, B., Church, D.,
International Journal of Healing and Caring, Jan 2009, 9:1.

This study investigated the effect on test anxiety of Emotional Freedom Techniques (EFT), a brief exposure therapy with somatic and cognitive components. A group of 312 high school students enrolled at a private academy was evaluated using the Test Anxiety Inventory (TAI), which contains subscales for worry and emotionality. Scores for 70 demonstrated high levels of test anxiety; these students were randomized into control and experimental groups. During the course of a single treatment session, the control group received instruction in Progressive Muscular Relaxation (PMR); the experimental group, EFT, followed by self-treatment at home. After two months, subjects were re-tested using the TAI. Repeated covariance analysis was performed to determine the effects of EFT and PMR on the mean TAI score, as well as the two subscales. Each group completed a sample examination at the beginning and end of the study, and their mean scores were computed. Thirty-two of the initial 70 subjects completed all the study's requirements, and all statistical analyses were done on this group. A statistically significant decrease occurred in the test anxiety scores of both the experimental and control groups. The EFT group had a significantly greater decrease than the PMR group ($p < .05$). The scores of the EFT group were lower on the emotionality and worry subscales ($p < .05$). Both groups scored higher on the test examinations after treatment; though the improvement was greater for the EFT group, the difference was not statistically significant.

Psychological symptom change in veterans after six sessions of EFT (Emotional Freedom Techniques):
An observational study.

Church, D., & Geronilla, L.

International Journal of Healing and Caring, January 2009, 9:1.

Protocols to treat veterans with brief courses of therapy are required, in light of the large numbers returning fromIraq and Afghanistan with depression, anxiety, PTSD and other conditions. This observational study examined the effects of six sessions of EFT on seven veterans, using a within-subjects, time-series, repeated measures design. Participants were assessed using a well validated instrument, the SA-45, which has general scales measuring the depth and severity of psychological symptoms. It also contains subscales for anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychotism, and somatization. Participants were assessed before and after treatment, and again after 90 days. Interventions were done by two different practitioners using a standardized form of EFT to address traumatic combat memories. Symptom severity decreased significantly by 40% ($p<.001$), while breadth of symptoms decreased by 29% ($p<.032$). Anxiety decreased 46% ($p<.003$), depression 49% ($p<.001$), and PTSD 50% ($p<.026$). Most gains were maintained at the 90-day follow-up.

Change Is Possible: EFT with Life-Sentence and Veteran Prisoners at San Quentin State Prison

Hari Lubin & Tiffany Schneider, PhD

Energy Psychology: Theory, Research, & Treatment, (2009), 1(1), 83-88.

Abstract

Counseling with prisoners presents unique challenges and opportunities. For the past seven years, a project called “Change Is Possible” has offered EFT (Emotional Freedom Techniques) counseling to life sentence and war veteran inmates through the education department of San Quentin State Prison in California. Prisoners receive a series of five sessions from an EFT practitioner, with a three session supplement one month later. Emotionally-

triggering events, and the degree of intensity associated with them, are self-identified before and after EFT. Underlying core beliefs and values are also identified. In this report, the EFT protocol and considerations specific to this population are discussed. Prisoner statements are included, to reveal self-reported changes in their impulse control, intensity of reaction to triggers, somatic symptomatology, sense of personal responsibility, and positive engagement in the prison community. Future research is outlined, including working within the requirements specific to a prison population in a manner that permits the collection of empirical data.

Keywords: prisoners, veterans, PTSD, memories, affect, trauma, EFT (Emotional Freedom Techniques)

Self-administered EFT (Emotional Freedom Techniques) in individuals with fibromyalgia: a randomized trial.

Brattberg, G.
Integrative Medicine: A Clinician's Journal, August/September. (2008).

The aim of this study was to examine if self-administered EFT (Emotional Freedom Techniques) leads to reduced pain perception, increased acceptance, coping ability and health-related quality of life in individuals with fibromyalgia. 86 women, diagnosed with fibromyalgia and on sick leave for at least 3 months, were randomly assigned to a treatment group or a waiting list group. An eight-week EFT treatment program was administered via the Internet Upon completion of the program, statistically significant improvements were observed in the intervention group (n=26) in comparison with the waiting list group (n=36) for variables such as pain, anxiety, depression, vitality, social function, mental health, performance problems involving work or other activities due to physical as well as emotional reasons, and stress symptoms. Pain catastrophizing measures, such as rumination, magnification and helplessness, were significantly reduced, and the activity level was significantly increased. The number needed to treat (NNT) regarding recovering from anxiety was 3. NNT for depression was 4.

Self-administered EFT seems to be a good complement to other treatments and rehabilitation programs. The sample size was small and the dropout rate was high. Therefore the surprisingly good results have to be interpreted with caution. However, it would be of interest to further study this simple and easily accessible self-administered treatment method, which can even be taught over the Internet.

Energy psychology: a review of the preliminary evidence.

Feinstein, D.

Psychotherapy: Theory, Research, Practice, Training. 45(2), 199-213. (2008a).

Energy psychology utilizes imaginal and narrative-generated exposure, paired with interventions that reduce hyperarousal through acupressure and related techniques. According to practitioners, this leads to treatment outcomes that are more rapid, powerful, and precise than the strategies used in other exposure-based treatments such as relaxation or diaphragmatic breathing. The method has been exceedingly controversial. It relies on unfamiliar procedures adapted from non- Western cultures, posits unverified mechanisms of action, and early claims of unusual speed and therapeutic power ran far ahead of initial empirical support. This paper reviews a hierarchy of evidence regarding the efficacy of energy psychology, from anecdotal reports to randomized clinical trials. Although the evidence is still preliminary, energy psychology has reached the minimum threshold for being designated as an evidence-based treatment, with one form having met the APA Division 12 criteria as a “probably efficacious treatment” for specific phobias; another for maintaining weight loss. The limited scientific evidence, combined with extensive clinical reports, suggests that energy psychology holds promise as a rapid and potent treatment for a range of psychological conditions.

Energy psychology in disaster relief.

Feinstein, D.

Traumatology 141:1, 124-137. (2008b)

Energy psychology utilizes cognitive operations such as imaginal exposure to traumatic memories or visualization of optimal performance scenarios—combined with physical interventions derived from acupuncture, yoga, and related systems—for inducing psychological change. While a controversial approach, this combination purportedly brings about, with unusual speed and precision, therapeutic shifts in affective, cognitive, and behavioral patterns that underlie a range of psychological concerns. Energy psychology has been applied in the wake of natural and human-made disasters in
the Congo, Guatemala, Indonesia, Kenya, Kosovo, Kuwait, Mexico, Moldavia, Nairobi,Rwanda, South Africa, Tanzania, Thailand, and the U.S. At least three international humanitarian relief organizations have adapted energy psychology as a treatment in their post-disaster missions. Four tiers of energy psychology interventions include 1) immediate relief/stabilization, 2) extinguishing conditioned responses, 3) overcoming complex psychological problems, and 4) promoting optimal functioning. The first tier is most pertinent in psychological first aid immediately following a disaster, with the subsequent tiers progressively being introduced over time with complex stress reactions and chronic disorders. This paper reviews the approach, considers its viability, and offers a framework for applying energy psychology in treating disaster survivors.

Thought field therapy and QEEG changes in the treatment of trauma: A case study.

Diepold, J. H., & Goldstein, D. (2008). *Traumatology, 15,* 85 – 93.

As identified by quantitative electroencephalography,statistically abnormal brain wave patterns were observed when a person thought about a trauma when compared with thinking about a neutral (baseline) event. Reassessment of brain wave patterns (to the traumatic memory) immediately after thought field therapy diagnosis and treatment revealed that the previous abnormal pattern was altered and was no longer statistically abnormal. An 18-month

follow-up indicated that the patient continued to be free of all emotional upset regarding the treated trauma. This case study supports the concept that trauma-based negative emotions do have a correlated and measurable abnormal energetic effect. In addition, this study objectively identified an immediate energetic change after thought field therapy in the direction of normalcy and health, which has persisted.

Encoding States: A Model for the Origin and Treatment of Complex Psychogenic Pain
Ruden, R. A. (2008). *Traumatology*, Vol. 14, No. 1, 119-126.

Pain that is "unanatomical" in distribution, for which there is no recent history of trauma, no evidence of a peripherallesion and that resists traditional treatment, should be considered to be of psychogenic origin. The term *complex psychogenic pain* can be used when autonomic changes such as temperature abnormalities and physical findings such as tenderness accompany the pain. It is proposed that complex psychogenic pain is co-encoded centrallyduring a traumatizing event where the person experiences rage or fear with concomitant pain but is constrained from responding to the circumstances. Complex psychogenic pain is encoded as dissociated from the event. However, subsequent subconscious stimuli that recreate similar emotional, somatosensory, or cognitive states can activate a re-perception of the traumatic pain and engage various vasomotor processes. It is speculated that complex psychogenic pain is generated from amygdala efferents and is encoded in such a manner that precludes simple forgetting. Therapyconsists of either delinkng the amygdala-based connection between the memory of the event and the emotional/somatosensory response or directly inhibiting amygdala outflow. Successful therapy extinguishes the pain.

Some applications to PTSD

A Controlled Comparison of the Effectiveness and Efficiency of Two Psychological Therapies for Posttraumatic Stress Disorder: Eye Movement Desensitization and Reprocessing vs. Emotional Freedom Techniques

Karatzias, Thanos PhD*; Power, Kevin PhD; Brown, Keith FRCPsych; McGoldrick, Theresa BA; Begum, Millia MRCPsych; Young, Jenny BA; Loughran, Paul MSc; Chouliara, Zoë PhD¶; Adams, Sally MSc

Journal of Nervous & Mental Disease:
June 2011 - Volume 199 - Issue 6 - pp 372-37

Abstract

The present study reports on the first ever controlled comparison between eye movement desensitization and reprocessing (EMDR) and emotional freedom techniques (EFT) for posttraumatic stress disorder. A total of 46 participants were randomized to either EMDR (n = 23) or EFT (n = 23). The participants were assessed at baseline and then reassessed after an 8-week waiting period. Two further blind assessments were conducted at posttreatment and 3-months follow-up. Overall, the results indicated that both interventions produced significant therapeutic gains at posttreatment and follow-up in an equal number of sessions. Similar treatment effect sizes were observed in both treatment groups. Regarding clinical significant changes, a slightly higher proportion of patients in the EMDR group produced substantial clinical changes compared with the EFT group. Given the speculative nature of the theoretical basis of EFT, a dismantling study on the active ingredients of EFT should be subject to future research.

Treatment of PTSD in Rwandan Child Genocide Survivors Using Thought Field Therapy

Caroline Sakai, PhD, Suzanne M. Connolly, LCSW, Paul Oas, PhD.
International Journal of Emergency Mental Health, Winter 2010, 12(1), 41-50.

Abstract

Thought Field Therapy (TFT), which utilizes the self-tapping of specific acupuncture points while recalling a traumatic event or cue, was applied with 50 orphaned teens who had been suffering with symptoms of PTSD since the Rwandan genocide 12 years earlier. Following a single TFT session, scores on a PTSD checklist completed by caretakers and on a self-rated PTSD checklist had significantly decreased ($p < .0001$ on both measures). The number of participants exceeding the PTSD cutoffs decreased from 100% to 6% on the caregiver ratings and from 72% to 18% on the self-ratings. The findings were corroborated by informal interviews with the adolescents and the caregivers which indicated dramatic reductions of PTSD symptoms such as flashbacks, nightmares, bedwetting, depression, isolation, difficulty concentrating, jumpiness, and aggression. Following the study, the use of TFT on a self-applied and group utilized basis became part of the culture at the orphanage, and on one-year follow-up, the initial improvements had been maintained as shown on both checklists.

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To read full article, click HERE.

Psychological Trauma in Veterans using EFT (Emotional Freedom Techniques):

A Randomized Controlled Trial

Dawson Church, PhD, Crystal Hawk, MEd, Audrey Books, PhD, Oliver Toukolehto, Maria Wren, LCSW, Ingrid Dinter] Phyllis

Stein, PhD. These data were presented at the Society of Behavioral Medicine, Seattle, Washington, April 7-10, 2010. In peer review.

Abstract

This study examined the effect of Emotional Freedom Techniques (EFT), a brief exposure therapy combining cognitive and somatic elements, on post-traumatic stress disorder (PTSD) and psychological distress symptoms in military veterans receiving mental health services. Veterans meeting the clinical criteria for PTSD were randomized to EFT (n = 30) or wait-list (n = 29; WL). The EFT intervention consisted of six hour-long EFT coaching sessions concurrent with standard care. PTSD was assessed using the PTSD Checklist-Military (PCL-M). Psychological distress was measured using the Symptom Assessment 45 (SA-45), which has 2 global scales and 9 subscales for conditions such as anxiety and depression. The WL and EFT groups were compared pre- and posttest (at 1 month for the WL group, after 6 sessions for EFT group). EFT participants had significantly less psychological distress on the global and on all but one of subscales on the SA-45 ($p<0.0002$) and the PTSD total score ($p<0.0001$) at posttest. 90% of the EFT group no longer met PTSD clinical criteria vs. 4% in the WL. Following the wait-period, WL participants received the EFT intervention. In a within-subjects longitudinal analysis, 60% no longer met PTSD clinical criteria after 3 sessions. This increased to 86% after 6 sessions, and remained at 86% on 3-month follow-up. Statistically significant decreases in psychological distress and PTSD total scores were present after 6 sessions ($p<0.0001$), and remained stable at follow-up. The results are consistent with other published reports showing EFTs efficacy at treating PTSD and co-morbid symptoms, and its long-term effects.

Keywords: veterans, PTSD, exposure therapy, trauma, EFT (Emotional Freedom Techniques).

The Treatment of Combat Trauma in Veterans Using EFT: A Pilot Protocol

Dawson Church, PhD
Traumatology, (2010), 15(1), 45-55.

Abstract

With a large number of US military service personnel coming back from Iraq and Afghanistan with posttraumatic stress disorder (PTSD) and co- morbid psychological conditions, a need exists to find protocols and treatments that are effective in brief treatment timeframes. In this study, a sample of 11 veterans and family members were assessed for PTSD and other conditions. Evaluations were made using the SA-45 (Symptom Assessment 45) and the PCL-M (Posttraumatic Stress Disorder Checklist - Military) using a time-series, within-subjects, repeated measures design. A baseline measurement was obtained thirty days prior to treatment, and immediately before treatment. Subjects were then treated with a brief and novel exposure therapy, EFT (Emotional Freedom Techniques), for five days. Statistically significant improvements in the SA-45 and PCL-M scores were found at posttest. These gains were maintained at both the 30- and 90-day follow-ups on the general symptom index, positive symptom total and the anxiety, somatization, phobic anxiety, and interpersonal sensitivity subscales of the SA-45, and on PTSD. The remaining SA-45 scales improved posttest but were not consistently maintained at the 30- and 90-day follow-ups. One-year follow-up data was obtained for 7 of the participants and the same improvements were observed. In summary, after EFT treatment, the group no longer scored positive for PTSD, the severity and breadth of their psychological distress decreased significantly, and most of their gains held over time. This suggests that EFT can be an effective post-deployment intervention.

Rapid Treatment of PTSD:
Why Psychological Exposure with Acupoint Tapping May Be Effective

David Feinstein, PhD

Psychotherapy: Theory, Research, Practice, Training, (2010), 47(3), 385-402.

Abstract

Combining brief psychological exposure with the manual stimulation of acupuncture points (acupoints) in the treatment of post-traumatic stress disorder (PTSD) and other emotional conditions is an intervention strategy that integrates established clinical principles with methods derived from healing traditions of Eastern cultures. Two randomized controlled trials and six outcome studies using standardized pre- and post-treatment measures with military veterans, disaster survivors, and other traumatized individuals corroborate anecdotal reports and systematic clinical observation in suggesting that (a) tapping on selected acupoints (b) during imaginal exposure (c) quickly and permanently reduces maladaptive fear responses to traumatic memories and related cues. The approach has been controversial. This is in part because the mechanisms by which stimulating acupoints can contribute to the treatment of serious or longstanding psychological disorders have not been established. Speculating on such mechanisms, the current paper suggests that adding acupoint stimulation to psychological exposure is unusually effective in its speed and power because deactivating signals are sent directly to the amygdala, resulting in reciprocal inhibition and the rapid attenuation of maladaptive fear. This formulation and the preliminary evidence supporting it could, if confirmed, lead to more powerful exposure protocols for treating PTSD.

Elimination of Post Traumatic Stress Disorder (PTSD) and Other Psychiatric Symptoms in a Disabled Vietnam Veteran with Traumatic Brain Injuries (TBI) in Just Six Sessions Using

Healing from the Body Level Up Methodology, an Energy Psychology Approach

Judith A. Swack, PhD

International Journal of Healing and Caring, September 2009, 9(3).

Abstract

Increasing numbers of returning veterans and veterans of previous conflicts are being diagnosed with depression, anxiety, post traumatic stress disorder (PTSD), and other psychological problems caused by military service. It is important to develop brief and effective treatment methods to facilitate reentry into civilian life. Energy psychology techniques have been found effective for rapidly treating trauma. This case study describes the results of treatment of a Vietnam Veteran for PTSD and other psychiatric symptoms with Healing from the Body Level Up (HBLU™) methodology, an approach from the field of Energy Psychology. The patient, a Navy Seal, sustained a bullet wound to the skull in Vietnam, and later sustained separate, severe injuries to the brain requiring four rounds of surgery 1990 - 1994. The Veteran's administration diagnosed him 100% disabled. His symptoms were assessed using the SA-45, a well-validated instrument for measuring anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychosis, and somatization; and the PCL-M, the military assessment for PTSD. Testing was done just prior to treatment and 2 months post-treatment. After three double sessions over a period of three months, he demonstrated complete recovery from PTSD and a return to normalcy in all nine areas of formal psychological test evaluation.

Key Words: Post Traumatic Stress Disorder, PTSD, Vietnam Veteran, Traumatic Brain Injury, TBI, Healing from the Body Level Up, HBLU, Energy Psychology

Single session reduction of the intensity of traumatic memories in abused adolescents: A randomized controlled trial

Church, D., Piña, O., Reategui, C., & Brooks, A. J.
Paper presented at the Eleventh Annual Toronto Energy Psychology Conference, October 15 - 19, 2009. Submitted for publication at*Psychological Trauma.*

Abstract

The population for this study was drawn from an institution to which juveniles are sent by court order if they are found by a judge to be physically or psychologically abused at home. Sixteen males, aged 12 – 17, were randomized into two groups. They were assessed using subjective distress (SUD), and the Impact of Events scale (IES), which measures two components of PTSD: intrusive memories and avoidance symptoms. The experimental group was treated with a single session of EFT (Emotional Freedom Techniques), a brief and novel exposure therapy that has been found efficacious in reducing PTSD and co-occurring psychological symptoms in adults, but has not been subject to empirical assessment in juveniles. The wait list control group received no treatment. Thirty days later subjects were reassessed. No improvement occurred in the wait list (IES total mean pre=32 SD ±4.82, post=31 SD ±3.84). Posttest scores for all experimental group subjects improved to the point where all were non-clinical on the total score (IES total mean pre=36 SD ±4.74, post=3 SD ±2.60, $p<0.001$), as well as the intrusive and avoidant symptom subscales, and SUD. These results are consistent with those found in adults, and indicates the utility of single-session EFT as a fast and effective intervention for reducing psychological trauma in juveniles.

Psychological Symptom Change in Veterans After Six Sessions of Emotional Freedom Techniques (EFT); An Observational Study

Dawson Church, PhD, Linda Geronilla, PhD, & Ingrid Dinter
International Journal of Healing and Caring, January 2009, 9(1).

Abstract

Protocols to treat veterans with brief courses of therapy are required, in light of the large numbers returning from Iraq and Afghanistan with depression, anxiety, PTSD and other psychological problems. This observational study examined the effects of six sessions of EFT on seven veterans, using a within-subjects, time-series, repeated measures design. Participants were assessed using a well-validated instrument, the SA-45, which has general scales measuring the depth and severity of psychological symptoms. It also contains subscales for anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychosis, and somatization. Participants were assessed before and after treatment, and again after 90 days. Interventions were done by two different practitioners using a standardized form of EFT to address traumatic combat memories. Symptom severity decreased significantly by 40% (p<.001), anxiety decreased 46% (p<.001), depression 49% (p<.001), and PTSD 50% (p<.016). These gains were maintained at the 90-day follow-up.

Neurophysiological Indicators of EFT Treatment Of Post-Traumatic Stress

Swingle, P., Pulos, L., & Swingle, M. K.
Journal of Subtle Energies & Energy Medicine, (2005), 15, 75-86.

Description of Study:

This research study, conducted by Dr. Paul Swingle and his colleagues (Swingle, Pulos & Swingle, 2005), studied the effects of EFT on auto accident victims suffering from post traumatic stress disorder - an extremely disabling conditioning that involves unreasonable fears and often panic attacks, physiological symptoms of stress, nightmares, flashbacks, and other disabling symptoms. These researchers found that three months after they had learned EFT (in two sessions) those auto accident victims who reported continued significant symptom relief also showed significant positive changes in their brain waves. It was assumed that the clients showing the continued positive benefits were those who continued with home practice of self-administered EFT.

Clients previously involved in a motor vehicle accident who reported traumatic stress associated with the accident received two sessions of Emotional Freedom Techniques (EFT) treatments. All clients reported improvement immediately following treatment. Brainwave assessments before and after EFT treatment indicated that clients who sustained the benefit of the EFT treatments had increased 13-15 Hz amplitude over the sensory motor cortex, decreased right frontal cortex arousal and an increased 3-7 Hz / 16-25 Hz ratio in the occiput. The benefits of psychoneurological research to reveal the processes of subtle energy healing are discussed.

Keywords: Emotional freedom techniques (EFT), traumatic stress, EEG.

Six Trauma Imprints Treated with Combination Intervention: Critical Incident Stress Debriefing and Thought Field Therapy (TFT) or Emotional Freedom Techniques (EFT)

Green, M. M.
Traumatology, (2002), 8(1), 18.

Abstract

Green Cross Project volunteers in New York City describe a unique intervention which combines elements of Critical Incident Stress Debriefing (CISD) with Thought Field Therapy and Emotional Freedom Techniques. Six trauma imprints were identified and treated in a number of the clients. The combination treatments seemed to have a beneficial effect in alleviating the acute aspects of multiple traumas. Here are the stories of two Spanish speaking couples who were treated in unison by bilingual therapists two to three weeks after the attack on the World Trade Center.

A Systematic Clinical Demonstration of Promising PTSD Treatment Approaches.

Carbonell, Joyce L., and Figley, Charles, Florida State University. *Traumatology*, 5:1, 1999.

Traumatic Incident Reduction, Visual-Kinesthetic Disassociation, Eye Movement Desensitization and Reprocessing, and Thought Field Therapy were investigated through a systematic clinical demonstration (SCD) methodology. This methodology guides the examination, but does not test the effectiveness of clinical approaches. Each approach was demonstrated by nationally recognized practitioners following a similar protocol, though their methods of treatment varied. A total of 39 research participants were treated and results showed that all four approaches had some immediate impact on clients and appear to also have some lasting impact. The paper also discusses the theoretical, clinical, and methodological implications of the study.?The purpose of the present study was to explore and examine four brief treatments purported to be efficient, effective treatments for PTSD. Unfortunately, because of problems with client screening and data collection, the study fell short of reaching it goals. Moreover, the nature of the study precludes comparison of the approaches, and such a comparison was never planned. The variety of presenting problems and the varying levels of severity of those problems within each treatment group precluded us from drawing conclusions about the utility of any treatment for any particular type of trauma. Nevertheless, all four of these treatments

deserve further study in more controlled conditions and some of these approaches have already been the object of such research.

[1] A systematic review aims to "find all relevant studies, published and unpublished, assess each study, synthesise the findings from individual studies in an unbiased way, and present a balanced and impartial summary of the evidence." [Davies, H.T. O. & Crombie, I.K. 2005]

[2] It is often proposed that the effect of seemingly unusual methods might be due to suggestion or a placebo effect. In addition to the control for this included in the Baker and Siegel study, Callahan makes the following apt point:

> "It is generally believed that treatments require confidence or optimism in order to work (Seligman, 1994 p253). However, no belief or confidence is needed in the TFT treatment; in fact, it typically works in the face of extreme militant scepticism. The procedure itself does not inspire confidence. Even when it works some people don't believe it! (see Apex problem)." [1995]