

Clinical Case Studies in Energy Psychology

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This section contains abstracts of clinical case studies and clinical reports in the field of energy psychology, published in peer-reviewed journals.

Fuller S., Stapleton P. (2021). Emotional Freedom Techniques for stroke rehabilitation: A single case study. *OBM Integrative and Complementary Medicine* 2021;6(4):13; doi:10.21926/obm.icm.2104038. <https://lidsen.com/journals/icm/icm-06-04-038>

A 37-year-old female with a history of complex trauma, anxiety and depression was treated with Emotional Freedom Techniques (EFT) supplemented with guided imagery within the first 24 hours of having a stroke that affected the right side. CT scans indicated a hemorrhage and brain clot. Surgery was delayed as another seizure was expected. Interventions occurred during COVID-19 restrictions. The patient then engaged in 90 minutes of EFT every day over the course of a week while in hospital. After seven days she was discharged, and there were significant reductions in depression, anxiety and pain, and mobility returned. Upon discharge the patient had evident improvement in balance and coordination and successfully completed a driving test within the weeks that followed. Subsequent CT scans reveal very little scarring or evidence of the stroke, blood pressure remained stable, and no medication was warranted. This case study presents the practitioner's perspective of the sessions provided.

Pace, E. (2021). Efficacy of Advanced Integrative Therapy in treating complex post traumatic stress disorder: A preliminary case report. *International Journal of Healing and Caring*, 21(2), 35-53. <https://tinyurl.com/mr3htyze>

This case report documents the need for further research into Advanced Integrative Therapy (AIT), a gentle somatic trauma treatment, as it may be effective in treating complex post-traumatic stress disorder. It also shows the framework that AIT uses to treat intergenerational, or ancestral trauma. A review of this case demonstrates that treating complex attachment rupture can be extremely challenging. Utilizing Advanced Integrative Therapy as a standardized, manualized approach to treating the earliest origins of traumatic events may be an effective treatment intervention for Complex Post-Traumatic Stress Disorder, early childhood attachment rupture, intergenerational trauma, and 'ancestral' trauma.

Popescu, A. (2021). Trauma-Based Energy Psychology Treatment Is Associated with Client Rehabilitation at an Addiction Clinic. *Energy Psychology Journal*, 13(1). doi 10.9769/EPJ.2021.13.1.AP

Energy Psychology (EP) comprises a set of innovative and powerful techniques that can be used to enhance treatment progress and outcomes for addiction and co-occurring disorders, particularly posttraumatic stress disorder (PTSD). This article identifies the limitations of the current addiction treatment paradigm and presents a variety of ways in which one dual diagnosis treatment program for women addresses these limitations with the EP approach. Research on EP and its mechanism of action is presented, along with specific examples of how the tools are used at the treatment facility, **case studies**, client and therapist feedback, treatment guidelines, and outcome data. Data for 123 clients in the program collected over a 3.5-year period include reductions in mental health symptomology during treatment as follows: depression scores from 79% at intake to 16% at last survey, $p < .001$; anxiety scores from 73% to 8%, $p < .001$; trauma symptoms from 76% to 30%, $p < .001$; suicidality from 53% to 11%, $p < .001$; binge eating from 33% to 11%, $p = .01$; and compensatory eating disorder behaviors from 41% to 11%, $p = .074$. The evidence presented indicates that EP can be a very empowering and effective adjunct to treatment for co-occurring disorders, particularly for emotional self-regulation, cognitive restructuring, and trauma processing. The data and clinical results from Avery Lane are consistent with those derived from meta-analyses, clinical trials, and experiences at other treatment centers. This body of literature demonstrates that EP is a powerful, evidence-based approach that sets the standard for effective addiction treatment.

Seidi, P. A., Jaff, D., Connolly, S. M., & Hoffart, A. (2021). Applying Cognitive Behavioral Therapy and Thought Field Therapy in Kurdistan region of Iraq: A retrospective case series study of mental-health interventions in a setting of political instability and armed conflicts. *Explore: The Journal of Science and Healing*, 17(1), 84-91. doi:10.1016/j.explore.2020.06.003 Epub 2020 Jun 25. PMID: 32622816.

Background: Mass violence, atrocities, and political upheavals have affected the prosperity and psychological health of the people of Iraq. Those living in the Garmian region of the Kurdistan Region of Iraq are among those most affected. While there is an urgent need for mental health interventions in this region, mental health resources are scarce, and only a small percentage of the population in need receive mental health care. Despite the high burden of mental illness, and the general demand by the community and local authorities for social and psychological services, effective validated cost-effective interventions tailored to address the cultural and social problems are scarce. This retrospective case series study, which is based on the lead author's experiences in the Garmian region, aims to describe the results of using two mental health interventions, Cognitive Behavioral Therapy and Thought Field Therapy.

Methods and findings: The files of 31 clients that met criteria of the study were selected using purposive sampling. The results showed that, of the 13 clients who received Cognitive Behavioral Therapy, one improved and others showed either no change in symptoms, deterioration of symptoms, or dropped out of treatment. All 11 clients who received only Thought Field Therapy showed improvement in their symptoms. Seven clients who received Cognitive Behavioral Therapy and showed no improvement received Thought Field Therapy, and showed improvement finally. While the results of preliminary experience with Thought Field Therapy in the Garmian community is encouraging, conducting randomized controlled trials with follow-ups and comparing Thought Field Therapy with other therapeutic approaches is needed to substantiate these findings.

Conclusion: We found that Thought Field Therapy had positive results in reducing anxiety disorders and trauma-related symptoms compared to Cognitive Behavioral Therapy.

Weaver, T. B. (2021). The use of Advanced Integrative Therapy with C-PTSD and intergenerational trauma transmission: A case study. *Energy Psychology: Theory, Research, and Treatment*, 13(2), 23–38. doi:10.9769/EPJ.2021.13.2.TBW

Complex posttraumatic stress disorder (C-PTSD) and adverse childhood experiences (ACEs) pose health problems in the United States, and intergenerational relational trauma plays a role in the continuation and transmission of these issues. Advanced Integrative Therapy (AIT), a novel treatment, was used to treat a case of C-PTSD. The client's chief concern was a flare-up of anxiety, relational distress, and fibromyalgia that occurred when they (chosen pronoun) accepted custody of their nephew. Over a span of nine 90-minute sessions, the clinician assessed progress using the PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013) to measure PTSD symptoms; the International Trauma Questionnaire (ITQ; Cloitre et al., 2018), which measures

C-PTSD symptoms according to the criteria of the World Health Organization (WHO) International Classification of Diseases, 11th revision (ICD-11); the Child-Parent Relationship Scale (CPRS; Pianta, 1992), which measures connection and conflict in the caregiver-child relationship; and the Subjective Units of Distress (SUD) scale (Wolpe, 1969), which rates the client's current level of distress or discomfort. The clinician also used the self-report questionnaire Helpful Aspects of Therapy (HAT; Llewelyn et al., 1988) and the Change Interview (CI) method (Elliott et al., 2001) to measure client experience and perspective. After treatment with AIT, the client no longer met criteria for C-PTSD and showed dramatic improvement in intergenerational relationship satisfaction. In addition, there was a rapid reduction of hard to eradicate C-PTSD symptoms as well as reduction in the quantity and intensity of fibromyalgia induced pain. Use of AIT with caregivers could interrupt the transmission of intergenerational trauma thereby reducing or preventing ACEs by increasing emotional regulation and resilience.

Friedman, P. H. 2020. Life balance, emotional stability, well-being and spiritual awakening Part 2: Shorter scales and an evidence based approach to change in psychotherapy. *International Journal of Healing and Caring*, 20(1), 1-29.

This article is a clinical research article based mainly on the author's psychotherapy practice. It updates and shortens the Friedman Life Balance Scale (FLBS) and Subscales, the Friedman Spiritual Awakening Scale (FSAS) and Subscales and the Friedman Mini- 5 Factor Scale or FM5FS (that includes an emotional stability subscale) first introduced in the Jan. 2018 issue of IJHC. The article demonstrates how to use the FLBS and subscales, the FSAS and subscales and the Friedman Mini- 5 Factor Scale to track change over time during psychotherapy, session by session. It also demonstrates the trajectories of change, session by session, in the first 3 clients who completed 15 therapy sessions with these scales and a number of other scales of well-being, affect, stress symptoms, depression, anxiety and obsessing. Finally, it demonstrates how to use client feedback and perceived helpfulness within an integrated evidence-based psychotherapy approach to tracking change.

Kalla M., Simmons M., Robinson A., Stapleton P. (2020). Making sense of chronic disease using Emotional Freedom Techniques (EFT): An existential view of illness. *Explore*; S1550-8307(20)30112-9. DOI:10.1016/j.explore.2020.03.006

Objective: This article explores chronic disease patients' personal symbolic meanings of their diseases, as emergent from their experience of Emotional Freedom Techniques (EFT) therapy. The present study is part of a larger study that explored chronic disease patients' and EFT practitioners' experiences of using EFT to support chronic disease healthcare.

Design: Eight chronic disease patients who had received EFT were interviewed for this study. Semi-structured interviews were conducted via face-to-face, or via telephone, or the online videoconferencing platform, Zoom. Interviews were transcribed verbatim and data was analysed using Interpretative Phenomenological Analysis methodology.

Results: Three themes emerged, namely illness as an embodiment of unresolved emotional issues, illness as body's call for time-out and attention, and illness as a boundary from other people.

Conclusion: EFT offers promise as a suitable therapeutic approach to help chronic disease patients make sense of their life stories and lived experiences, and consequently, symbolic meanings of diseases. The exploration of illness symbology and meaning-making may offer therapeutic value to patients, from both an existential and a health behaviors perspective.

Pandey, N. (2020). EFT As a Tool to Resolve Anxiety: A Case Study Approach. *International Journal of Psycho-Social Research (IJPSR)*, 9(1).

Background: The present work examines the extent to which Emotional Freedom Technique (EFT) is effective as a tool in resolving anxiety. In recent years various mental health professionals have been focusing on the use of alternative therapies like Thought Field Therapy (TFT), Hypnotherapy, Past Life Regression Therapy, and Reiki but there is a paucity of empirical research on the underlying factors for managing emotional challenges and turmoil.

Objective: One of the latest techniques, EFT, was established by Gary Craig. Case study method was used for the present case of one individual who had a very high level of anxiety.

Measures: To measure the level of anxiety Subjective Units of Discomfort (SUD) scale, as an introspective technique for experienced emotional and psychosomatic discomfort, was used as a pre and post measure.

Findings: Major findings were at two levels a) intensive effect of one traumatic event on the adult life (in this case anger leading to performance anxiety and fear of authority), and b) how EFT helps a person to understand and handle emotions in positive manner. The implication of the study is that the person who practices EFT regularly would be in a better position to understand and handle disturbing emotions. It is a cost effective, easy to learn, simple to use tapping technique that can be used anywhere.

Temp, A. G., Lee, B., & Bak, T. (2020). "I really don't wanna think about what's going to happen to me!": A case study of psychological health and safety at an isolated high Arctic research station. *Safety in Extreme Environments*, 1-14.

<https://doi.org/10.1007/s42797-019-00013-6>

Psychological problems over the course of isolated missions in extreme environments are common, even with modern screening techniques. Occasionally, these problems warrant evacuation of the afflicted individual but no in-depth insight into such a case has been given in modern times, until now. A 21-year-old man – Albert – developed severe psychological distress over the course of a winter expedition to the Polish Polar Station, Svalbard. We collected data on his mental health and his mood using the Symptom Checklist 90- Revised and the Profile of Mood States, and we assessed his cognitive functions with the Sustained Attention to Response Task and the Test of Everyday Attention. Phenomenological interviews gave him room to relate his

experience. The data collection occurred repeatedly during the mission, until his evacuation. Albert struggled to derive joy from his work at the station. He missed his loved ones at home, and he felt he was cognitively declining due to intellectual deprivation. His attempt at combining his life at home and his life at the station led to him feeling increasingly depressed. Crawfordian case analysis suggests that he felt more depressed than other team members at the station, and men of equal age and education in their home environment ($p < .001$). We attempted an intervention using emotional freedom techniques (EFT) to help improve his symptoms. It was moderately successful. Albert's evacuation was medically warranted. The intervention temporarily alleviated his depressive symptoms. More such case studies should be conducted wherever possible.

Weisfeld, C.C., Dunleavy, K. (2020). Strategies for managing chronic pain, chronic PTSD, and comorbidities: Reflections on a case study documented over ten years. *J Clin Psychol Med Settings* 28, 78–89. <https://doi.org/10.1007/s10880-020-09741-5>

Chronic pain and chronic PTSD are often comorbid sequelae in patients who have experienced life-threatening experiences such as combat, assaults, or motor vehicle accidents, presenting lifelong challenges for patients and for medical management in all settings. This article briefly reviews four models for exploring the interrelationships of chronic pain and chronic PTSD. The article presents a longitudinal case study, documented over 10 years, of a patient with chronic back pain, and delayed-onset chronic PTSD related to sexual trauma experienced as a young adult. Data from the case study are examined for evidence in support of the chronic pain/chronic PTSD models. There is evidence to support all four models, with considerable evidence supporting the Mutual Maintenance Model (Sharp & Harvey, in *Clinical Psychology Review* 21(6): 857–77, 2001). Data show significant recovery over time from both conditions with improvements in function, work, and relationships, in response to Psychodynamic Therapy (PDT), Cognitive Behavioral Therapy (CBT), and hypnotic interventions, physical therapy, and pilates-based exercise. Notably, both chronic conditions were addressed simultaneously, with providers working collaboratively and sharing information through the patient. Emphasis is on non-pharmaceutical rehabilitative trauma-informed and patient-centered approaches to care.

Xanthou, A. (2020). The Effectiveness of "EFT - Emotional Freedom Techniques" in people with phobias. *Dialogues in Clinical Neuroscience and Mental Health*, 3(1). <https://doi.org/10.26386/obrela.v3i1.173>.

This research is a qualitative study that investigates the experience, symptoms and difficulties faced by people with phobias and the effectiveness of EFT - Emotional Freedom Techniques as a treatment method. Seven people who received an EFT session for their phobia participated in this survey. For the participants' interviews, the researcher used a semi-structured interview guide and the Interpretation Phenomenological Analysis method to process the data. The results showed that EFT is a significant and effective treatment and self-assistance method, with a range of effects, possibly associated with a variety of factors. Specifically and practically, three people reported complete and immediate treatment, others mentioned improvement to varying degrees, while one did not comment. This research study aims to contribute to the bibliographic deficit on qualitative research concerning the EFT method. The findings could have significant expansions related to the individualized enhancement and application of EFT as a therapeutic method.

Anderson, K., Rubik, B. & Absenger, W. (2019). Does combining Emotional Freedom Techniques and Hypnosis have an effect on sexual assault-specific posttraumatic stress disorder symptoms? *Energy Psychology Journal*, 11(2).

Design: This study utilized an explanatory sequential mixed method design.

Setting: This study was conducted in a private psychotherapy office.

Subject: 30 individuals with self-identified sexual assault-specific PTSD were recruited and participated in this study.

Interventions: EFT and hypnosis combined.

Outcome measures: A paired samples t-test analysis between the PCL-5 (PTSD Checklist for DSM-5 [Diagnostic and Statistical Manual of Mental Disorders, 5th Edition]) baseline and post-intervention scores as well as an open-ended question was utilized.

Results: $t(29) = 12.198, p < .001$, indicating that overall the change in self-reported symptom ratings was statistically different between the two time points. The open-ended qualitative question pointed to a relationship between experience in session and PCL-5 score.

Conclusion: This study found an overall decrease of 34.3% on PTSD symptom severity based on PCL-5 assessment scores, after four sessions of the combined EFT and hypnosis treatment.

Di Rienzo, F., Saruco, E., Church, D., Daligault, S., Delpuech, C., Gurret, J. M., ... Guillot, A. (2019, November 17). Neuropsychological correlates of an energy psychology intervention on flight phobia: A MEG single-case study. *PsyArXiv*, 17 Nov. 2019. <https://doi.org/10.31234/osf.io/s3hce>

Aim: Over 100 studies and meta-analyses of Emotional Freedom Techniques (EFT) demonstrate it to be an evidence-based treatment for anxiety, depression, and PTSD. EFT combines elements of common treatments such as exposure and cognitive therapy with the novel ingredient of acupressure. This study used magnetoencephalography (MEG) to measure brain activity in a subject with a severe fear of flying.

Materials and Methods: Before and after treatment and at 4 week follow-up, the participant was presented with both visual images and personal memories that evoked her phobia. These were compared with emotionally neutral controls. Psychometric measures included the Subjective Units of Distress (SUD) scale and Flight-Anxiety Situations questionnaire (FAS). Posttest SUD and FAS scores were reduced compared to the pretest, though gains were maintained on follow-up for SUD scores only.

Results: MEG data revealed an event-related beta desynchronization (15-30 Hz) during all experimental sessions and conditions. A linear regression analysis showed that heightened activation of a fronto-occipital cortical and cortico-cerebellar network predicted SUD scores. The results are consistent with those found in medication and psychotherapy studies of phobias and anxiety. EFT increased the ability to engage brain's frontal executive regions mediating limbic responses appraisal to stressful stimuli. EFT also downregulated the activity of limbic and cerebellar regions implicated in the fear response.

Conclusion: This study pioneers the methodology required to conduct randomized controlled trials with robust experimental designs, and identifies brain areas that are targets of interest for future research.

Hartung, J. & Morales, N. (2019). Psychological and medical applications of certain innovative therapies in correctional settings: Clinician, staff, and client observations from three institutions. *Energy Psychology Journal*, 11(1). doi 10.9769/EPJ.2019.11.1.JH

Three field studies are described in which Emotional Freedom Techniques (EFT), Eye Movement Desensitization and Reprocessing (EMDR), and similar innovative therapies were used to treat residents of different correctional settings. Clients in a juvenile residential facility, an adult community corrections center, and an adult county jail were treated for psychological and medical complaints. The authors summarize how the practices were adapted to specific settings, how challenges were approached, and what staff and clients said about the programs. Though the sites and applications differed, some common findings and recommendations for future research are noted.

Nicosia, G., Minewiser, L., & Freger, A. (2019). World Trade Center: A longitudinal case study for treating Post Traumatic Stress Disorder with Emotional Freedom Technique and Eye Movement. *Work*, 63(2), 199-204. DOI: 10.3233/WOR-192921.

Background: Emotional Freedom Techniques (EFT) and Eye Movement Desensitization and Reprocessing (EMDR) have been empirically validated as effective psychotherapeutic interventions for treating Post Traumatic Stress Disorder (PTSD). This single subject design case study is of a survivor of the Twin Towers collapse who was treated for prolonged PTSD complicated by dissociated memories.

Objective: EMDR and EFT's effectiveness in treating PTSD were evaluated.

Method: Multiple assessments using Trauma Symptom Inventory (TSI) and Personality combination with EMDR were conducted.

Results: Effects of a single session of EFT assessed immediately after treatment demonstrated an elimination of clinically significant scores on both the TSI and PAI. The participant concluded treatment with nearly complete symptom remediation and a return to work.

Conclusion: The combination of treatment methods appears to be highly effective and allowed this subject to return to work after many years of disability.

Masters, R., Baertsch, K. & Troxel, J. (2018). Changes in psychological symptoms after treatment with a novel therapy, the Phoenix Protocol: A case series. *Energy Psychology Journal*, 10(2).

The present case series examined the effectiveness of an integrated Energy Psychology intervention, the Phoenix Protocol, in five subjects being treated for moderate to severe anxiety. The study utilized single-subject design and convenience sampling. Participants completed the Brief Symptom Checklist-18 (BSI-18) to track symptoms throughout the study, and at 60- and 90-day follow-ups. All five participants completed the entire study, including 60- and 90-day follow-ups, and reported decreased anxiety and depression symptoms, with the greatest symptom reductions in anxiety. Four out of five subjects had trauma history. The mean T-scores for all participants prior to the intervention indicated clinical significance on the anxiety, depression, and Global Severity Index scales. Results over the course of the six-week intervention period showed that the participants' anxiety T-scores decreased an average of 20.2 points and were below the clinical cutoff for anxiety on the BSI-18. At the 60-day follow-up, the participants' anxiety T-scores decreased an average of another 1.4 points, and at the 90-day follow-up, the participants' anxiety T-scores decreased an average of another 1.4 points from the 60-day follow-up, reflecting an overall decrease of 23.2 points from the start of the study, remaining below the clinical cutoff for anxiety on the BSI-18. The reduction of anxiety symptoms is a preliminary indication that the Phoenix Protocol may be an effective intervention in treating anxiety. Reduced depression symptoms indicate the Phoenix Protocol should be studied further as an effective intervention for other conditions.

Coyle, S. (2017). A role for Emotional Freedom Technique in palliative patients? Three case reports. *Supportive and Palliative Care* 7(2). doi: 10.1136/bmjspcare-2017-hospice.198

Background Emotional Freedom Technique (EFT) is a simple and common self-help technique, which is also known as 'Tapping'. It combines elements of exposure therapy, cognitive behavioural therapy and somatic stimulation. It is widespread in the public domain; Meta-analyses show that EFT is effective for anxiety, depression and Post Traumatic Stress Disorder (PTSD). There are no studies examining the effect of EFT for palliative patients. Case Presentation: This case report presents three cases of emotional distress in palliative patients. Case Management: Each patient was treated using EFT. Case Outcome Following treatment using EFT, all of the patients' emotional distress was decreased and within a very short time. Conclusions EFT is a very simple, effective and safe technique. EFT has the potential to be a powerful tool to improve the care of palliative patients who have distressing emotions. Future research on EFT and its effect on distressing emotions in palliative populations and their families is warranted.

Drewry, D. (2017). Central nervous system apnea can be caused by traumatizing events, and it can be resolved. *International Journal of Healing and Caring*, 17(1).

Based on a retrospective review of **90 case studies** over nine years, this paper elucidates a discovery (2008) that supports the conclusion that Central Nervous System Sleep Apnea (CNSA) is frequently caused by Post-Traumatic Stress Disorder (PTSD) and can be cleared using Energy Psychology to address the causational traumatizing event(s). Because little is known about CNSA causation at present, sleep specialists often prescribe continuous positive airway pressure (CPAP) devices, jaw devices, or surgery for people with CNSA and offer the same incurable diagnosis as Obstructive Sleep Apnea (OSA). This perpetuates a misunderstanding: that OSA and CNSA are the same when they are not. This discovery opens up a new frontier in Psychoneurological sleep apnea research, diagnosis and treatment. Sixty-five percent of the author's 90 sleep apnea clients between 2008 and 2017 experienced partial or complete cessation of CNSA by addressing with Energy Psychology specific types of reported traumas that appear to be causally related to CNSA. The discovery redefines the diagnosis and treatment of CNSA in four ways: (1) it is completely different in causation from Obstructive Sleep Apnea; (2) a new causation category is PTSD and this has enormous potential to help people be rid of an 'incurable' diagnosis; (3) a conservative estimate is that thousands of people who have been prescribed CPAP machines (jaw devices or surgery) for apnea do not actually need them if their post-traumatic memories are properly addressed; (4) children and physically fit men and women who have CNSA are often overlooked because they do not fit the overweight-middle-aged-male stereotype for OSA. The author postulates a deeper underlying theory explaining the success achieved in this treatment lies in the freeze aspect of the fight/flight/freeze response and the activity of the neuropeptide Orexin which was discovered in 1998. Six case studies illustrate a variety of results, or lack of results, using Beyond Talk Therapy® which includes Emotional Freedom Techniques™ and Neuro-Linguistic Programming™. While it is true that this discovery is substantiated only by anecdotal results rather than before-and-after sleep lab studies, it is deemed a necessary step to obtaining funding for further research.

Hope, Terrie. (2017) The Effects of Access Bars on Anxiety and Depression: A Pilot Study.

Anxiety and depression are highly prevalent disorders that result in human suffering. The consequences to the individual include increased health care utilization, disability, and decreased income; depression, at its current prevalence, impacts global economic output as well. Access Bars, a noninvasive energy therapy technique, was evaluated for its effects on anxiety and depression using both subjective self-report and objective brain-scanning measures.

Methods: Participants, $N = 7$, aged 25–68, were assessed as having mild to severe anxiety and/or depression. The assessment methods were standardized self-report measures: Beck Anxiety Inventory (BAI), Beck Depression Inventory–II (BDI II), State Trait Anxiety Inventory (STAI), and the Maryland State and Trait Depression (MTSD) scale. Electroencephalogram (EEG) data were acquired for objective analysis of brain function via QEEG and sLORETA. Evaluations were performed prior to one 90-minute Access Bars session and immediately following the session. All participants tested positive for trait anxiety on pretest.

Results: Lower scores were reported in all self-report measures post session. BAI mean scores dropped from 23.3 to 3.6 (–84.7%), $p = 0.004$. BDI II mean scores were reduced from 22.3 to 3.9 (–82.7%), $p = 0.02$. STAI-S (State) means dropped from 38.9 to 25.9 (–33.5%), $p = 0.027$. MTSD-S (State) means were reduced from 23.6 to 4.7 (–80%), $p = 0.015$. Brain maps derived from QEEG results showed notable changes in frequency bands from 6 Hz (theta) to 21 Hz (beta). These frequency bands in pretest results showed extreme values of –3 to –1 standard deviations (SD) below the norm and changed toward normal in posttest results. QEEG FFT (Fast Fourier Transform) Z Score coherence paired t-tests demonstrated an improvement in QEEG coherence, $p < 0.05$.

Conclusion: Treatment with Access Bars was associated with a significant decrease in the severity of symptoms of anxiety and depression and an increase in EEG coherence. These results suggest that Access Bars may be useful as a treatment for anxiety and depression.

Minewiser, L. (2017). Six Sessions of Emotional Freedom Techniques Remediate One Veteran's Combat-Related Post-Traumatic Stress Disorder. *Medical Acupuncture*, 29(4): 249-253.

Background: Reports show high rates of post-traumatic stress disorder (PTSD) in Veterans who served in the Gulf Wars. Emotional Freedom Techniques (EFT) comprises an evidence-based practice that is highly effective at reducing symptom severity in Veterans with PTSD. The case report here is of one of the Veterans who participated in a replication study of the first Veteran Stress Research Study conducted by Church et al. Results of that study demonstrated that EFT was highly effective at treating the psychological symptoms of PTSD. Similar results have been found in the replication study conducted by Geronilla et al.

Case: RM is a young Marine Reservist who served in Iraq and returned with PTSD. He participated in the Veteran Stress Project replication study wherein he received 6 sessions of EFT. EFT is explained and a sample treatment session is described. A discussion of some of the changes that have occurred for RM is included.

Results: The patient's PTSD scores dropped from a high clinical score of 60 before treatment to 40 after 6 sessions and to a clinical score of 22 at 6 months follow-up. His insomnia, which had been at a clinical level, reduced as did his pain and measures of psychologic distress, as measured in the Symptom Assessment–45 instrument.

Conclusion: Six sessions of EFT reduced PTSD scores dramatically and improved RM's life. He continues to use EFT to manage stress in his life.

Saleh, B., Tiscione, M., & Freedom, J. (2017). The effect of Emotional Freedom Techniques on patients with dental anxiety: A pilot study. *Energy Psychology Journal*, 9(1). doi: 10.9769/EPJ.2017.9.1.BS

This pilot study explored the effectiveness of Emotional Freedom Techniques (EFT) as a treatment for dental anxiety. Participants (N = 8) were dental patients with anxiety. Four were assigned to the experimental EFT group and four to a non-treatment control condition (reading a golf magazine). The intervention consisted of a variant of EFT involving tapping acupressure points without verbalizing cognitive affirmations. Participants were assessed using the STAI-S(sf), six questions from the State subset of the anxiety scale of the Spielberger State-Trait Anxiety Inventory to create the short form of the questionnaire. Each participant visualized being present in a dental chair while the researcher recounted aloud a list of dental triggers specific to each participant. The participant then completed the STAI assessment, followed by either the acupressure tapping intervention or reading a magazine (for the control group). After this one brief (four-minute) intervention or reading period, participants again listened to the list of their specific dental triggers read aloud and were then retested while again listening to their list of triggers. The mean STAI-S(sf) scores obtained by the control group before ($x = 62$) and after ($x = 59$) differed by only 3 points (-6%). In contrast, the mean STAI-S(sf) score obtained by the EFT group before tapping acupressure points ($x = 72$) dropped 26 points ($x = 46$, -35%). An ANOVA revealed a statistically significant within subjects main effect of Time ($F = 6.76$, $p = .04$), and a Treatment Group \times Time interaction ($F = 4.42$, $p = .08$), which approached statistical significance. These data are consistent with previous EFT studies and a recent meta-analysis of EFT treatment for anxiety and phobias, and suggest that a very brief, one-session treatment of acupressure tapping can be effective in rapidly reducing dental anxiety.

Cartland, A. (2016). Emotional Freedom Techniques (EFT) remediates dental fear: A case series. *Energy Psychology Journal*, 8(2), 42-66.

The suitability of Emotional Freedom Techniques (EFT) as a treatment for dental fear was investigated, using a case series design. The sample comprised four women with high dental fear and one woman with anxiety in regards to gagging (but low dental fear), all aged between 52 and 70 ($M = 60.8$). Over eight weeks, repeated measures were collected during a three-week baseline phase, a four-week treatment phase, and at posttest. Follow-up was conducted at an average of 7.5 months. Weekly target measures tracked state anxiety, state dental anxiety, and the averseness of common dental stimuli. Trait dental fear, negative dental beliefs, and traumatic stress were evaluated at pretest and posttest. During the treatment phase, four sessions of EFT treatment (of one-hour duration) were administered to each participant. By study's end, participants' scores (collectively) on one to six (out of ten) commonly feared dental stimuli had moved into the normal range. Pretest and posttest analysis indicated that all four of the high dental fear participants achieved reliable and clinically significant change on measures of trait dental fear and/or state dental anxiety, and, for three of them, on negative dental beliefs. These changes mean a reduction in scores away from the clinical mean toward the normal mean, of a size equal to or greater than two standard deviations of the clinical mean, and which could not be due to measurement error (that is, it is more than 1.96 times as large as the standard error of the difference) but can be trusted to be reliable using the Reliable Change Index ($RCI > 1.96$, $p < .05$). Follow-up data for the three participants that responded to the request indicated that gains were held and in some cases increased. Results are consistent with randomized controlled trials, systematic reviews, and meta-analyses showing that EFT is an

evidence-based treatment for anxiety.

Kalla, M. (2016). Supporting chronic disease healthcare through remote Emotional Freedom Techniques (EFT) treatment and self-care: An evaluation using the WHO determinants of health. *Energy Psychology Journal*, 7(2). DOI:10.9769/EPJ.2016.8.1.MK

The United Nations World Health Organization (WHO) defines determinants that influence people's health, such as income, education, social support, physical environment, access to health services, personal behaviors, and gender. This study explores delivery of a therapeutic intervention called Emotional Freedom Techniques (EFT) and self-administration of EFT in chronic disease patients from the perspective of the WHO determinants of health. Sixteen participants, including eight EFT practitioners and eight chronic disease patients, described their experiences of EFT in semi-structured interviews. Data was analyzed using Interpretative Phenomenological Analysis (IPA) methodology. Four major themes were identified: practitioner and client experiences of online EFT therapy, experiences of telephone EFT therapy, experiences in online support groups, and the use of EFT for self-care. Participant accounts illustrated EFT's value in alleviating barriers to access to health services and facilitating self-care in chronic disease patients. Online and telephone delivery of EFT offered a useful alternative for residents of remote and rural areas without access to mental health services. EFT is effective in groups using online videoconferencing platforms to provide a social support network. Additionally, EFT is favored by the study's participants for selfcare, maintaining positive mood, and for general well-being.

Kalla, M., Simmons, M., Robinson, A., & Stapleton, P. (2016). Emotional Freedom Techniques (EFT) as a practice for supporting chronic disease healthcare: A Practitioners' Perspective. *Disability and Rehabilitation*, 40(14), 1654-1662. DOI: 10.1080/09638288.2017.1306125 <http://dx.Doi.org/10.1080/09638288.2017.1306125>

Purpose: The objective of the present study was to explore Emotional Freedom Techniques (EFT) practitioners' experiences of using EFT to support chronic disease patients. This was part of a larger study exploring chronic disease patients' and EFT practitioners' experiences of using EFT to support chronic disease healthcare.

Methods: A qualitative approach was deemed suitable for this study. Eight practitioners were interviewed using semi-structured interviews via telephone or Zoom (an online videoconferencing platform). Interviews were transcribed verbatim and data was analyzed using Interpretative Phenomenological Analysis methodology.

Results and conclusion: This article presents two super-ordinate themes which explore application of EFT for addressing emotional issues faced by chronic disease patients, and for management of physical symptoms, respectively. Chronic disease patients may benefit from a holistic biopsychosocial, patient-centered healthcare approach. EFT offers potential as a technique that may be used by health practitioners to support the psychosocial aspect of chronic disease healthcare.

Implications for Rehabilitation

Rehabilitation professionals should incorporate suitable psychological interventions (e.g., EFT) to improve coping and acceptance in physical chronic disease patients and alleviate their fears about the future. Rehabilitation professionals are also recommended to address in chronic disease patients, long-standing or unresolved emotional issues, including past traumas from early life, using EFT or another suitable intervention. Rehabilitation professionals should help

improve patients' emotional states using EFT to enhance physical symptom management.

Steel, J.M. (2016). Tapas Acupressure Technique (TAT) for reducing stress and increasing self-esteem: A self-study. *Energy Psychology Journal*, 8(1). DOI: 10.9769/EPJ.2016.8.1.JMS

The TAT Protocol for Stressful Events was used for 10 sessions over a period of 3 weeks to explore whether TAT would be an effective tool for managing stress and increasing feelings of self-worth. Information was collected in pre and post TAT overall feelings of self-worth, positive state and negative state scales. The Sorensen Self-Esteem Test was used as a baseline self-esteem measure and reissued at the end of the study. A list of 10 free association words was collected before engaging in any treatment, pre and post sessions and at the end of the treatment period. Quantitative analysis of the scales showed an increase in overall sense of self-worth and an increase in positive states post TAT session compared to the pre-sessions markers. Negative and positive states varied throughout the treatment period while self-worth increased, suggesting TAT enabled increased emotional self-regulation when dealing with stressful situations. The follow up Sorensen Self-Esteem test improved by 28%. A qualitative analysis of the free association words suggests an increase in feelings of balance and calm and a decrease of negative self-image.

Libretto, S., Hilton, L., Gordon, S., Zhang, W., & Wesch, J. (2015). Effects of Integrative PTSD Treatment in a Military Health Setting. *Energy Psychology: Theory, Research, and Treatment*, 7(2), 33-44. DOI:10.9769/EPJ.2015.11.1.SL

Research indicates that the current standard of care for combat-related stress disorders and related conditions is not maximally effective, nor does it fully address the biopsychological aspects, complexity, and overlap of precursors and comorbidities characteristic of posttraumatic stress disorder (PTSD). There is need for comprehensive interventions based upon both neuroscientific information and new integrative care models. The Warrior Combat Stress Reset Program (Reset), an innovative intensive outpatient behavioral health program at the Carl R. Darnall Army Medical Center at Fort Hood, Texas, provided integrative care for active-duty service members for the treatment of PTSD symptoms from 2008 to 2015. The Reset protocol combined trauma-focused behavioral health techniques with complementary and alternative medicine (CAM) modalities including acupuncture, massage, Reiki, reflexology, and yoga. A retrospective, observational, quasi-experimental design was employed to determine the change in health outcomes from pre- to post-treatment. Treatment outcomes were analyzed for 764 service members who attended the 3-week behavioral health program between 2008 and 2013. Results indicate significant reductions in PTSD symptoms (PTSD Checklist–Military version; $p < .001$), anxiety (Beck Anxiety Inventory; $p < .001$), depression (Beck Depression Inventory II; $p < .001$), and pain (Oswestry Pain Index; $p < .001$) from pre- to posttreatment. Outcome analysis by year indicates steady improvements in treatment gains for these major outcomes over time. Advancement is occurring in the search for effective, evidence-based treatments for PTSD. Reset demonstrated promise for reducing symptoms of PTSD, anxiety, and depression through its integrative approach combining traditional and trauma-focused psychological therapy with CAM treatments.

Wauthier-Freyman, Y. (2015). Simple Versus Complex Trauma: A Clinician's Guide to Indications, Treatment Plans, and Therapeutic Methods. *Energy Psychology Journal*, 6(2). DOI: 10.9769/EPJ.2014.11.2.YF

This clinical report is intended to guide practitioners in the identification and treatment of simple and complex trauma. It addresses the questions: How can the clinician distinguish between a simple trauma and a complex trauma? How can attachment disorders be managed, and what impact do they have on the processing of traumatic memories? What type of treatment plan is indicated once the nature of the trauma has been identified? When these questions are answered, treatment can proceed efficiently. A structured approach for assessing trauma is presented, beginning with the defining characteristics of simple and complex trauma. A three-stage treatment plan is presented for each of the two types of trauma. This structure enables the identification of interventions that are safe and appropriate for the client, operating within a therapeutic range that avoids the extremes of abreaction (overwhelming emotional release) and dissociation from emotional and physical sensation. Intervention includes elements drawn from energy psychology, heart coherence, Internal Family Systems, and Compassion Focused Therapy (CFT). This approach re-mediate successfully most psychological trauma.

White, I. C. (2015). It helps me to love my work: An interpretative phenomenological analysis of the senior therapist experience of using Energy Psychology in Psychotherapy for Trauma. Master's thesis. <http://hdl.handle.net/10788/2054>

Energy psychology is a novel and controversial family of mind/body approaches used in the treatment of a variety of psychological disorders including post-traumatic stress disorder, anxiety, and depression. The approaches are based on combining concepts from traditional Chinese medicine with simple cognitive interventions. Initial empirical investigation supports claims of efficacy.

The aim of this study is to expand and enrich existing research about the use of energy psychology in psychotherapy for trauma, through analysing the accounts of three experienced psychotherapists. Interpretative phenomenological analysis (IPA) was applied to the central research question: *How does Energy Psychology impact and inform the life and work of experienced psychotherapists who use Energy Psychology in the treatment of trauma?*

Four themes emerged: transformation; paradigm shift; state of presence; and spiritual realization. The participants attributed significant changes in their understanding of psychotherapeutic change, personal philosophy, and overall contentment in life to their experience of using energy psychology, leading to the central hypothesis of this study – energy psychology has the potential to catalyse a process of transformation that results in a lived experience of serenity and flourishing.

Two new understandings of underlying mechanisms that contribute to the efficacy of energy psychology are theorized: 1) energy psychology shares mechanisms in common with meditative practices that may contribute to positive impacts on autonomic dysregulation; 2) energy psychology provides a manual technique that supports the process known as focusing. Non-specific factors that are common to many forms of psychotherapy also contribute to efficacy. Energy psychology is a suitable treatment in evidence based practice for clients presenting with trauma who: 1) do not favour or may experience re-traumatization during exposure or reliving experiences; 2) are at risk of decompensation due to flooding of traumatic material in the early stages of treatment.

Lee, S-W., Lee, Y-J., Yoo, S-W., Lee, R-D., Park, S-J. (2014). Case series of panic disorder patients treated with Oriental Medical treatments and EFT. *Journal of Oriental Neuropsychiatry*, 25(1), 13-28. doi:10.7231/jon.2014.25.1.013.

Objectives: To evaluate the effects of EFT on panic disorder patients.

Methods: Three patients with panic disorders were treated with oriental medical treatments which involved acupuncture, herbal medications, moxibustion and emotional freedom techniques. Participants were diagnosed with panic disorder using the criteria of the Diagnostic and Statistical Manual (DSM-IV), and assessed with the Panic Disorder Severity Scale (PDSS), Visual Analogue Scale (VAS), Beck Depression Inventory (BDI), and the Beck Anxiety Inventory (BAI) upon admission and discharge.

Results: After treatment, both physical and psychological symptoms decreased.

Conclusions: This study suggested that EFT is an effective method for treating patients with panic disorders.

Sheldon, T., (2014). Psychological intervention including emotional freedom techniques for an adult with motor vehicle accident related posttraumatic stress disorder: A case study. *Curr. Res. Psychol.*, 5: 40-63. <http://thescipub.com/abstract/10.3844/crsp.2014.40.63>

Posttraumatic Stress Disorder (PTSD) is a significant public health concern and can have long-term emotional, social and financial consequences for individuals and society. Lifetime prevalence in the general population is estimated at 8% and rates of exposure to Post-Traumatic Events (PTE) indicate approximately 50 to 65% have been exposed to at least one PTE in their lives. This indicates that approximately 15 to 25% of people exposed may also have a diagnosis of PTSD at some time in their life. It is therefore paramount that sufferers receive effective treatment. A case of successful treatment using Emotional Freedom Technique (EFT) combined with more conventional psychological treatment for a woman, DS, suffering from acute PTSD with travel anxiety post a motor vehicle accident is presented. The client's progress was evaluated at baseline and post treatment. After six sessions, over an eight week period, improvements were noted on all identified goals and on all assessment tools such that at post treatment DS no longer met the criteria for PTSD. The case highlights the utility of single case designs to evaluate the clinical decisions made in selection of treatment of PTSD. Theoretical implications of this study are discussed and an evaluation of using EFT in this case is provided.

Aung, S., Fay, H., Hobbs, R. (2013). Traditional Chinese medicine as a basis for treating psychiatric disorders: A review of theory with illustrative cases. *Medical Acupuncture*, 25(6): 398-406.

Background: Integrative medicine is becoming increasingly accepted in the global scheme of health care. Traditional Chinese Medicine (TCM) is often included among integrative medicine modalities.

Objective: This article provides a background for integration of acupuncture and other TCM-derived approaches to managing psychiatric conditions.

Methods: Classical theories of TCM that pertain to psychiatric conditions are reviewed, focusing on concepts of energetic imbalance, the implications of mind-body-spirit connections, and treatment strategies that involve TCM modalities. An example of correlation between TCM patterns of disharmony and the Western diagnosis of generalized anxiety disorder (GAD) is given, along with an illustrative case in which counseling, medications, and acupuncture were combined in treatment. TCM principles are incorporated in certain energy psychology modalities, such as Emotional Freedom Technique (EFT). A case is presented demonstrating the integration of energy psychology with acupuncture, Qigong and hypnosis as an avenue for releasing pathogenic emotions. In classical TCM theory, assessing and treating spiritual disharmonies is fundamental for dealing with emotional disorders. Practical application in a clinical case is described.

Conclusions: TCM offers a cogent theoretical basis for assessing and clinically managing patients presenting with mental health issues. TCM principles integrate well with other systems, including Western medicine.

Kim, S-J., Ryu, C-G., Cho, A-R., Seo, J-H., Kim, J-N., Sung, W-Y., & Park, J-H. (2012). A case report of a somatization disorder patient with histrionic personality disorder. *Journal of Oriental Neuropsychiatry*, 23(2), 85-98. doi:10.7231/JON.2012.23.2.085

Objectives: The histrionic personality disorder (HPD) is characterized by a pattern of excessive emotion and attention-seeking, including seductive behavior. HPD is closely related to somatization disorder, which is characterized by various physical symptoms that have no pathological manifestation. This report is on the case of 55 year old woman with HPD, and suffering from various physical symptoms that coincide with the DSM-IV diagnostic criteria for somatization disorder.

Methods: The patient was treated with oriental medical treatments (acupuncture, moxibustion, cupping therapy, and herbal medications), clinical hypnotherapy, and emotional freedom techniques. The effects of treatment were measured by VAS.

Results: Chest pain was improved by hypnotherapy and oriental medical treatments. The patient's pantalgia and abdominal discomfort were controlled effectively by emotional freedom techniques.

Conclusions: This result suggests that EFT might be effective for the defensive and dependent somatization disorder patient with HPD.

Mason, E. (2012). Energy psychology and psychotherapy: A study of the use of energy psychology in psychotherapy practice. *Counselling and Psychotherapy Research*, September, 12(3), 224-232. <http://dx.doi.org/10.1080/14733145.2012.657208>

The aim of the study was to increase understanding of how energy psychology informs and affects counselling/ psychotherapy practice. By undertaking phenomenological interviews with experienced clinicians, the aim was to enrich and expand on the scientific approaches to energy psychology research. Method: This research is based on in-depth semi-structured interviews using interpretative phenomenological analysis (IPA). Five experienced psychotherapists who are also practitioners of energy psychology were interviewed. Findings: Four main themes emerged from the analysis: energy psychology as a potent intervention that facilitates shifts in

emotions, cognitions, behaviours and physiology; the safety of energy psychology techniques; the role of the therapeutic relationship when using energy psychology techniques; and the challenges of integrating energy psychology into the work context, highlighting the need for more complex, systemic models to understand how people experience distress and how change is facilitated. Conclusion: Overall, participants in this study found energy psychology to be a valuable supplement to counselling and psychotherapy. The implications for current practice are discussed.

McCallion, F. (2012). Emotional freedom techniques for dyslexia: A case study. *Energy Psychology Journal*, 4(2). doi: 10.9769.EPJ.2012.4.2.FM

Dyslexia is a developmental condition, often inherited, that interferes with the acquisition and processing of written language. Sequencing issues, disorientation, and emotional issues can all be successfully treated separately. This case study details the use of Emotional Freedom Techniques (EFT) to address these issues separately with a single client over 3 connected sessions: addressing 2 specific events concerning teachers, prebirth issues, and the birth process, respectively. By the end of the 3 sessions, the client was able to read easily and fluently, sequence, and understand sequences. The disorientation associated with her dyslexia had reduced to the point where it was no longer an issue. Whether this formula can be applied to all people with dyslexia, however, is not clear and requires further study.

Rotheram, M., Maynard, I., Thomas, O. Bawden, M. & Francis, L. (2012). Preliminary evidence for the treatment of Type 1 'Yips': The efficacy of the Emotional Freedom Techniques. *The Sports Psychologist*, 26, 551-570.

This study explored whether a meridian-based intervention termed the Emotional Freedom Techniques (EFT) could reduce Type I 'yips' symptoms. EFT was applied to a single figure handicap golfer in an attempt to overcome the performance decrements the player had suffered. The participant underwent four 2-hr sessions of EFT. The EFT involved the stimulation of various acupuncture points on the body. The appropriate acupuncture points were tapped while the participant was tuned into the perceived psychological causes (significant life event) associated with his 'yips' experience. Dependent variables included: visual inspection of the 'yips', putting success rate and motion analysis data. Improvements in 'yips' symptoms occurred across all dependent measures. Social validation data also illustrated that these improvements transferred to the competitive situation on the golf course. It is possible that significant life events may be a causal factor in the 'yips' experience and that EFT may be an effective treatment for the 'yips' condition.

Burk, L. (2010). Single session EFT (Emotional Freedom Techniques) for stress-related symptoms after motor vehicle accidents. *Energy Psychology: Theory, Research, & Treatment*, 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.

Stone, B., Leyden, L., Fellows, B. (2010). Energy Psychology Treatment for Orphan Heads of Households in Rwanda: An Observational Study. *Energy Psychology: Theory, Research, & Treatment*, 2(2), p 31-38.

A team of four energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with two groups of orphan genocide survivors with complex posttraumatic stress disorder (PTSD) symptoms. Results from interventions with the first group were reported earlier (Stone, Leyden, & Fellows, 2009). This paper reports results from the second group composed of Orphan Head of Households. A multi-modal intervention using three energy psychology methods (TAT, TFT, and EFT) was used, with techniques employed based on participant needs. Interventions were performed on two consecutive workshop days followed by two days of field visits with students. 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 = 28 orphans with clinical PTSD scores completed a pretest. Of these, 10 (34%) completed posttest assessments after one week, three months, and six months, and all analysis was done on this group. They demonstrated an average reduction in symptoms of 37.3% ($p < .005$). Four of the ten students (40%) dropped below the clinical cutoff point for PTSD at the six month follow-up. These results are consistent with other published reports of the efficacy of energy psychology in remediating PTSD symptoms.

Craig, G., Bach, D., Groesbeck, G., & Benor, D. (2009). Emotional Freedom Techniques (EFT) for traumatic brain injury. *International Journal of Healing and Caring*, 9(2), 1-12.

This article describes the resolution in one session of several residual symptoms following severe Traumatic Brain Injury (TBI) six years earlier in a 51 year-old woman. The intervention was Emotional Freedom Techniques (EFT). Mind Mirror electroencephalogram (EEG) monitoring during EFT sessions revealed increasing patterns of relaxation and centeredness as the treatment progressed. Implications for further research and for assessment and treatment of wartime TBI, PTSD and depression are discussed.

Dinter, I. (2009). Working With Military Service Members and Veterans: A Field Report of Obstacles and Opportunities. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 89-92.

The first few moments of an encounter with a veteran may be crucial in establishing a therapeutic alliance. A posture of respect and acknowledgment of their service provides a good start. Political observations should be avoided. Many service members identify with the archetypal warrior, laying down their lives to protect others and have a sense of betrayal that their purpose has been interrupted. They are often reluctant to talk about their experiences, or engage with a

mental health practitioner, because of similar past experiences that did not bring relief. EFT is useful in this context because it can be used without the veteran describing the emotionally triggering event. Veterans may experience these as real, present-time events, not as memories distant in time. Service members may also be afraid that their mental health symptoms may make them appear weak to their comrades and superiors, potentially damaging their careers. Symptoms like flashbacks and nightmares often occur when healthcare providers are unavailable, and a portable self-help method like EFT is useful at such times. EFT also provides a coping technique to families of service providers and improves resilience. Successful implementation in a military culture requires sensitivity to these issues.

Lee, J-W., Cha, H-J., Seo, Y-M., Seo, D-W., & Park, S-J. (2009). A case report of Schizophreniform Disorder treated by Oriental Medical Treatment and Emotional Freedom Techniques. *Journal of Oriental Neuropsychiatry*. 20(2), 207-216.

Objective: Schizophreniform Disorder can be regarded as pre-stage of Schizophrenia, which is known as one of the most common mental health disorders. Many studies have shown that treatment of Schizophrenia with antipsychotic drugs has many side effects such as EPS (extrapyramidal symptoms), and recently it has been found that even non-antipsychotics have side effects such as weight gain. This clinical case report investigated the therapeutic effects of Oriental Medicine in Schizophreniform Disorder, and in reducing the side effects of Western medicine.

Methods: We treated the patient diagnosed with Schizophreniform Disorder, whose chief complaint was auditory hallucination, with herbal medicine and acupuncture. Improvement in her clinical symptoms were recorded daily. We also used Emotional Freedom Techniques to control her anxiety.

Results: Auditory hallucination and extrapyramidal symptoms such as tremor disappeared. The patient's anxiety was controlled by Emotional Freedom Techniques effectively.

Conclusions: From the above results, we conclude that Oriental Medical treatment may be effective in treating clinical symptoms of Schizophreniform Disorder, as well as in reducing the side effects of Western medicine.

Lubin, H., Schneider, T. (2009). Change Is Possible: EFT (Emotional Freedom Techniques) with Life-Sentence and Veteran Prisoners at San Quentin State Prison. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 83-88.

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.

Mitchell, M. (2009). Emotional Freedom Techniques. *The Practising Midwife*, 12(7), 12-14.

A significant number of the population use complementary therapies to support health and wellbeing, as well as during times of ill health (Ernst and White 2000). Women are by far the greatest consumers of complementary and alternative medicine (CAM), and there is some suggestion that its use is increased in pregnancy and childbirth (Ranzini et al 2001), although there are no large-scale studies to support this. It is essential, therefore, that midwives should be informed about complementary therapies that women may access, and appreciate women's desire to choose approaches that are perceived as supportive and beneficial.

One route that pregnant women may choose to investigate is emotional freedom techniques (EFT). Although currently a little-known therapy, as someone who has recently undertaken training I believe that it is likely to grow in popularity. Here, I aim to provide an overview of the beliefs and techniques of EFT and discuss its potential use in pregnancy and childbirth.

Schulz, K. (2009). Integrating Energy Psychology into Treatment for Adult Survivors of Childhood Sexual Abuse. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 15-22.

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 16 themes emerged as a result of this analysis. The categories included: (1) 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 contrasted with existing literature. Clinical implications are discussed, as well as suggestions for future research. The results provide guidelines for therapists considering incorporating these techniques into their practices.

Stone, B., Leyden, L., Fellows, B. (2009). Energy Psychology Treatment for Posttraumatic Stress in Genocide Survivors in a Rwandan Orphanage: A Pilot Investigation. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 73-82.

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 Post-traumatic 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 (7%) completed a post- test assessment. They demonstrated an average reduction in symptoms of 8.8% ($p < .00$). Seven students (2%) dropped below the clinical cutoff point for PTSD, with average score reductions of 53.7% ($p < .00$). 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.

Swack, J. (2009). 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. *International Journal of Healing and Caring*, 9(3).

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 (HBLUTM) 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.

Chun, Y-H., & Kim, B-K. (2008) A case study of Tourette's Syndrome with adjunct neurofeedback treatment. *Journal of Oriental Neuropsychiatry*, 19(3), 277-288.

The subject was a 13 year old boy diagnosed 5 years previously with Tourette's syndrome, in addition to a vocal tic and a motor tic. The course of treatment included Korean herbal medicine, 8-constitution acupuncture, Chimsband electromagnetic conductive strips, neurofeedback, and EFT therapy. Pre-post measures were obtained using the Yale Global Tic Severity Scale (YGTSS). After a course of treatment lasting 9 months, his YGTSS score went from 119 to 38, indicating clinical improvement of his tic symptoms. We believe that Korean herbal medicine and neurofeedback were particularly effective, especially SMR beta training. While EFT assisted the patient's recovery, its application was time-consuming. Improvement was also found using the Cans 3000. We believe that Tourette's requires extensive courses of treatment, and do not predict success from brief protocols.

Diepold, J. H., Jr., & Goldstein, D. (2008). Thought field therapy and QEEG changes in the treatment of trauma: A case study. *Traumatology*, 15, 85-93. doi:10.1177/1534765608325304

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.

Dinter, I. (2008). Veterans: Finding their way home with EFT. An observational study. *International Journal of Healing and Caring*, 8(3).

Helping Veterans heal from the trauma of war has been a journey into a spiritual place that I might not have been able to reach otherwise. I am filled with gratitude for every soldier who has allowed me to get an insight into his or her world. These are my most amazing mentors who are giving me their loving trust and support to continue this journey. As a life coach, specializing in Emotional Freedom Techniques (EFT), I have been blessed and honored to help many Veterans heal from their trauma of war. I have worked with US Marines who, even after 40 years, still can't find forgiveness for what happened in Vietnam. I have helped Veterans from most recent wars who have relived their nightmares of horror, overwhelm and danger every night. EFT4Vets, the training program for practitioners I have developed, understands PTSD symptoms as symptoms of the soul. It offers an integrated program for practitioners that will enable the EFT coach to assist the Veterans on the physical, mental, emotional, relational and soul levels. This program honors the transformational effect that using EFT for helping Veterans to release PTSD symptoms can have on the practitioner as well as the Veteran. Building rapport and trust between the practitioner and the client before the work together begins is an integral part of the training, and so is the thorough teaching of specific applications and techniques of EFT for Veterans through presentation, demonstration and practice.

McCarty, W. A., (2008). Clinical story of a 6-year-old boy's eating phobia: An integrated approach utilizing prenatal and perinatal psychology with energy psychology's Emotional Freedom Technique (EFT) in a surrogate nonlocal application. *Journal of Prenatal & Perinatal Psychology & Health*, 21(2), 117-139.

This article presents a clinical story of a one-session therapeutic intervention for a young boy's lifelong eating phobia as an example of an integrated therapeutic approach utilizing prenatal and perinatal psychology (PPN) understanding of early experiences as potential origins for life patterns and an energy psychology healing modality intervention—emotional freedom technique (EFT). Key principles of the Integrated Model and corresponding elements of an integrated therapeutic approach are presented. The session took place without the child present. Nonlocal intuitive perception, mind-to-mind communication, and a nonlocal application of EFT are discussed as integral aspects of the therapeutic approach.

Scott, J. (2008). Emotional freedom technique: Energy psychology integration in the workplace setting. *Counselling at Work*. Winter, 9, 9-12.

This article discusses the application of one of the energy psychology (EP) methods, emotional freedom technique (EFT), in the workplace setting. As the trauma support group manager for trains, working in the London Underground counselling and trauma service, I have integrated EFT into my counselling practice with traumatised members of Transport for London (TfL); trauma volunteer training; support of colleagues in the workplace and in my own self-support and self-supervision processes. My interest in EFT developed through my wish to understand and learn an approach that appeared to offer a simple and effective way of reducing the impact of pain, distress and trauma on individuals. I found the technique to be simple and easy to learn and teach, easy to apply and for those individuals who like EFT, it can be experienced as life

changing. I will be drawing on examples of EFT application in a variety of situations in this article.

Seo, J-H., Kang, H-Sun., Kim, Ja-Y., Sung, W-Y., Na, Y-J., & Kim, J-W. (2007). A case report of a patient with weakness of heart and gall bladder type somatization disorder induced by stress. *Journal of Oriental Neuropsychiatry*, 18(3), 249-260.

Clinicians note an increase in minor stress associated with somatization disorder. This clinical report describes a patient with somatization disorder induced by stress who was treated with a typical oriental medical protocol (herbal medicine and acupuncture) to reinforce the heart and gall bladder, in combination with EFT for psychological conditions. Symptom levels on the State Trait Anxiety Inventory and the Beck Depression Inventory were assessed before and after treatment. The results show that typical oriental medical treatments for reinforcing the weakness of heart and gall bladder meridians, in combination with EFT, are efficient in the treatment of somatization disorder.

Flint, G. A., Lammers, W., & Mitnick, D. G. (2006). Emotional Freedom Techniques: A safe treatment intervention for many trauma based issues. *Journal of Aggression, Maltreatment & Trauma*, 12(1-2), 125-150.

Callahan (1985) developed a procedure of tapping on acupressure points for treating mental problems. Craig and Fowlie (1995) modified Callahan's procedure to a simplified version called Emotional Freedom Techniques (EFT). EFT is easy to teach and is effective with symptoms of PTSD. This article presents EFT as an adjunct to the Critical Incident Stress Reduction debriefing procedures. The use of EFT in debriefings results in shorter and more thorough sessions. It often reduces the emotional pain of the debriefing. This paper provides complete instructions and safeguards for using EFT when debriefing in disaster situations and with other applications. Included are references for further reading and training.

Callahan, J. (2004). Using Thought Field Therapy® (TFT) to support and complement a medical treatment for cancer: A case history. *The International Journal of Healing and Caring*, 4(3).

“Tessa” was diagnosed with a stage four mixed small and large cell follicular non-Hodgkin’s lymphoma at age 51. She was treated at Dr. Burzynski’s clinic in Houston, Texas. Her treatment was supported by Thought Field Therapy® (TFT) procedures such as eliminating the trauma and anxiety associated with having cancer as well as treatments for Psychological Reversals (PR), which is assumed to promote greater bioenergy healing flow. Unpleasant side effects of necessary medications were also greatly reduced or eliminated with a treatment recently developed by Dr. Callahan, who founded and developed TFT. The combined treatments were successful and she has been cancer free for a year and a half.

Bray, R.L. (2003). Working through traumatic stress without the overwhelming responses. *Journal of Aggression, Maltreatment and Trauma*, 12, 103-124.

As a technique used in Traumatic Stress Response work, Thought Field Therapy (TFT) ends the overwhelming emotional and physical symptoms in a matter of moments, eliminates the overwhelming distress experienced and, in most cases, effects permanent change in that stimulus. TFT has applications across the entire range of traumatic stress responses from mild discomfort sensed somewhere in the background of consciousness to the completely demanding deluge of sensory overload resulting from horrifying life experiences. It works well within grief and bereavement models, brief intervention models of all types, and establishes symptom management necessary for long-term psychotherapy. The theory of TFT and several case examples are presented.

Green, M. M. (2002). Six trauma imprints treated with combination Intervention: critical incident stress debriefing and Thought Field Therapy (TFT) or Emotional Freedom Techniques (EFT). *Traumatology*, 8(1), 18-22.

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.

Pignotti, M. & Steinberg, M. (2001). Heart rate variability as an outcome measure for Thought Field Therapy in clinical practice. *J Clin Psychol*, 57(10):1193-206.

The need for empirical, objective, clear, and practical outcome measures for therapy has long been recognized by clinicians and researchers. Pragmatic tools for objective determination of the efficacy of therapy have been scarce in clinical practice settings. Heart rate variability (HRV) is increasing in popularity for use in clinical settings as a measure of treatment success. Since HRV is stable and placebo-free, it has the potential to meet this need. Thirty-nine cases are presented from the clinical practices of the authors and three other clinicians where HRV was used as an outcome measure for Thought Field Therapy (TFT). The cases included TFT treatments which addressed a wide variety of problems including phobias, anxiety, trauma, depression, fatigue, attention deficit hyperactivity disorder, learning difficulties, compulsions, obsessions, eating disorders, anger, and physical pain. A lowering of subjective units of distress was in most cases related to an improvement in HRV.

Sakai, C., Paperny, D., Mathews, M., Tanida, G., Boyd, G., Simons, A., Yamamoto, C., Mau, C., & Nutter, L. (2001). Thought Field Therapy Clinical Applications: Utilization in an HMO in Behavioral Medicine and Behavioral Health Services. *Journal of Clinical Psychology*, 57(10), 1229-35.

Thought Field Therapy (TFT) is a self-administered treatment developed by psychologist Roger Callahan. TFT uses energy meridian treatment points and bilateral optical-cortical stimulation while focusing on the targeted symptoms or problem being addressed. The clinical applications of TFT summarized included anxiety, adjustment disorder with anxiety and depression, anxiety due to medical condition, anger, acute stress, bereavement, chronic

pain, cravings, depression, fatigue, nausea, neurodermatitis, obsessive traits, panic disorder without agoraphobia, parent–child stress, phobia, posttraumatic stress disorder, relationship stress, trichotillomania, tremor, and work stress. This uncontrolled study reports on changes in self-reported Subjective Units of Distress (SUD; Wolpe, 1969) in 1,594 applications of TFT, treating 714 patients. Paired t-tests of pre- and posttreatment SUD were statistically significant in 31 categories reviewed. These within-session decreases of SUD are preliminary data that call for controlled studies to examine validity, reliability, and maintenance of effects over time. Illustrative case and heart rate variability data are presented.

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