



## Clinical Case Studies in Energy Psychology

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

**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 psychologic 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.

**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.

**Brodie, E. (2015). Treating Trauma Using Shamanic and Non-local Methods: Theory, Mechanisms, and Relevance to Current Clinical Practice. *Energy Psychology: Theory, Research, and Treatment*, 7(2), 45-56. doi:10.9769/EPJ.2015.11.1.EB**

Many leading doctors and psychologists now speculate that unresolved trauma is responsible for many of the chronic diseases of Western populations. The body learns and then defaults to a maladaptive reaction to stress and becomes unable to maintain normal homeostasis. Trauma also leads to dissociation as a survival mechanism and a splitting of the psyche. Shamanic healers have had their own way of dealing with trauma, which they call "soul loss," for hundreds of years. One of their techniques is the process of soul retrieval, in which they journey into the "underworld" to access the "lost soul part." Accessing and using altered states of consciousness is now gaining credibility through the quantum physics of non-locality and its many scientific spin-offs, including work with near-death experiences and holonomic brain models. This article reviews the current thinking on trauma and non-locality; describes how soul retrieval can be used to help effect a rapid change in the long-standing limiting beliefs held by distressed clients, assisting them to regain a sense of purpose and direction in their lives as their psyche becomes more complete; and relates ancient shamanic concepts such as soul loss to modern psychological concepts such as dissociation.

**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.

**Benor, D. J., (2014). Energy psychology—practices and theories of new combinations of psychotherapy. *Current Research in Psychology, 5, 1-18.***

Energy Psychology (EP) includes a spectrum of practices in which people tap on their bodies while focusing their minds on problems they want to change. EP therapies often are very rapidly effective. This article examines varieties of explanations for how EP works, including: Cognitive changes, psychological conditioning, expectation effects, distraction techniques, tapping on acupuncture points, shifts in other biological energies, wholistic healing, alternating stimulation of right and left sides of the body (presumably producing alternating stimulation of left and right brain hemispheres) and nerve conduction speeds.

**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://thescrib.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.

**Song, S-Y., Lee, J-H., Suh, J-W., Kwon, C-Y., & Kim, J-W. (2014). Qualitative analysis of the influence of an Emotion Freedom Techniques (EFT) group treatment program for Hwa-Byung (suppressed anger) patients. *Journal of Oriental Neuropsychiatry*, 25(1), 29-38. DOI: 10.7231/jon.2014.25.1.029.**

**Objectives:** The objective of this study was to examine the effects of Emotion Freedom Techniques (EFT) group treatment program for Hwa-byung (suppressed anger) patients.

**Methods:** Thirteen Hwa-byung patients participated in a four week program of EFT group treatment. One-hour sessions were administered weekly. Between sessions, participants self-administered EFT in order to control their symptoms. Four weeks after the program

ended, we interviewed the participants using a semi-structured interview. Data collected was summarized using qualitative analysis.

**Results:** The EFT group treatment program produced positive effects in physical, cognitive and emotional symptoms. Most of the participants experienced relief from Hwa-byung symptoms like chest tightness, hot flashes, and insomnia. Their ability to cope with stress improved and their re-experiencing of past memories decreased. Their distorted self-images were improved. A decrease in negative emotions and an increase in positive emotions was noted. Participants were able control their symptoms between sessions with EFT. In addition, the group therapy format helped participants to develop social support.

**Conclusions:** An EFT group treatment program can relieve the physical, cognitive and emotional symptoms of Hwa-byung. This program can be applied in psychotherapeutic treatment of Hwa-byung.

**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.

**Feinstein, D., Moore, D. & Teplitz, D. (2012). Addressing emotional blocks to healing in an energy medicine practice: Ethical and clinical guidelines. *Energy Psychology Journal 4(1).* doi: 10.9769/EPJ.2012.4.1.DF.DM.DT**

As the impact of emotional factors on physical health is being increasingly recognized, energy medicine practitioners (e.g., acupuncture, acupressure, applied kinesiology, Barbara Brennan energy healing, Eden Energy Medicine, Healing Touch, medical qi gong, Reiki, Shiatsu, Therapeutic Touch, Touch for Health, etc.) are addressing this dimension of healing in a variety of ways. One that appears particularly promising involves the stimulation of acupuncture points and other energy centers, a strategy derived from the discipline of energy psychology. Having tools that directly impact the emotional aspects of physical health and healing enhances a practitioner's effectiveness and provides an integrated approach to energy healing. This development has, however, raised important practical, ethical, and legal concerns regarding the scope of practice for energy medicine practitioners who are not trained or licensed to provide mental health services. This article addresses these issues, offering ethical and clinical guidelines for responsibly integrating tools from energy psychology into an energy medicine practice. The discussion focuses on when introducing these protocols may be appropriate, considerations for formulating such interventions, and guidelines on when a referral to a licensed mental health professional is required. Steps to ensure that these choices are made within an appropriate ethical framework are also delineated. The article concludes with a case history illustrating the effective integration of energy medicine and energy psychology protocols for a client with a serious illness, including a description of the techniques used and the clinical and ethical choices implemented by the practitioner.

**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.

**Church, D., & Brooks, A. J. (2010). Application of Emotional Freedom Techniques. *Integrative Medicine: A Clinician's Journal*, 9(4), 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.



**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% ( $p < .001$ ). Seven students (2%) 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.

**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.

**Nicosia, G. (2008). World Trade Center Tower 2 survivor: EP Treatment of long-term PTSD: A case study. Paper presented at the Tenth International ACEP (Association for Comprehensive Energy Psychology) conference, Albuquerque.**

In this case study a survivor of the Twin Towers collapse of 9/11/01 is treated for prolonged complex PTSD after several years of self-imposed seclusion. Effects of a single session of EFT assessed immediately after treatment demonstrated an elimination of clinically significant scores on the Traumatic Symptom Inventory compared to two pre-treatment assessments. Similar reductions in 4 of 7 subscales of the Personality Assessment Inventory were also evidenced. Twelve treatment sessions over 8 weeks concluded treatment with nearly complete symptom remediation and return to work. A 60 day follow-up PAI testing showed only one clinically elevated scale.

**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.

**Lynch, E. (2007). Emotional acupuncture. *Nursing Standard—Royal College of Nursing, 21(50), 24-29.***

Emotional freedom technique is gaining popularity in the UK for the treatment of psychological problems. Its supporters say it is particularly useful for people who have had traumatic experiences.

**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 acupuncture 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.

More EP clinical case studies may be found at:

[www.remarkablerecoveries.com](http://www.remarkablerecoveries.com) and  
[www.eftuniverse.com](http://www.eftuniverse.com)