

ACEP EFT Certification Program

Home Study Ethical Practice and Client Care Course

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MODULE 1

PROFESSIONAL CONDUCT

Many EFT practitioners have come to this field without any formal training in business, licensed therapy, or any other arena where maintaining your professionalism is required and monitored. Accordingly, we offer some basic guidelines that will be especially helpful in your practice.

In general, “professional” means that you are being paid for your service. In this program, anyone with an ACEP EFT Certification is considered a professional, and is required to know this material once they complete the Certified Practitioner credential.

PROFESSIONAL SPACE

EFT is a tool that can be used absolutely anywhere. As a result, many people have grown accustomed to conducting their sessions in some pretty unusual places. However, if you are in business as an EFT Practitioner, it is best to conduct your sessions in a professional setting.

The easiest way to accomplish that is to rent office space like most therapists or practitioners of other modalities. Office space is generally easy to find, offers convenient parking, restrooms, and may even provide a lobby or waiting area for your use. Further, if you can find space in a building or complex with therapists or other alternative healing offices, you could certainly network with the other offices for referrals.

On the other hand, creating an office at home is a very popular choice, but it can pose some challenges. Working from home requires more discipline and self-direction and it can be easy to slip into casual habits. EFT began with a very open, community atmosphere and practitioners have been known to compromise their professional demeanor in the excitement of a spontaneous healing opportunity. Just to be sure we know where that line is, we offer some basic guidelines that are probably already common sense to most people.

In order to present the most professional image at home, be sure your space is:

- Clean
- Properly furnished for keeping confidential client records
- Complete with a waiting area and convenient restroom

- Free of personal or family oriented clutter
(ie lunch, laundry, children's toys, pet food, litter boxes, etc.)
- Free of distractions from pets, children or personal phone calls

Choosing your clothes to support that environment is also a good idea, and although a suit isn't necessary, be sure you are wearing shoes, and an outfit that shows you are expecting paying clients. Also, it is best to close off the personal areas of your home while you are seeing clients.

Whether you choose to rent office space or work out of your home, please be aware that licensed therapists in the US are generally required to document all sessions in writing and keep client records confidential in a locked file. Licensing requirements have been created for the safety and security of the therapy environment, so it is a good idea to know what is legally expected from a licensed therapist.

Further, although EFT does not have any licensing requirements for opening or maintaining your practice, your county, state or country might. Wherever you decide to open your practice, please check with your local authorities for regulations that pertain to an EFT practice.

BOUNDARIES

In the context of the healing field, the word "boundaries" is used to describe the appropriate limits of behavior and interaction between a practitioner and their client. In theory, these limits keep the roles and relationships functional so that the practitioner can do their job and the client can gain the most benefit.

If you have chosen healing as your profession, then you will undoubtedly be exposed to clients with less than perfect boundaries. People who were raised in a dysfunctional family environment have learned how to manipulate relationships in order to meet their unresolved emotional needs. They will often try to replicate their issues with you, rather than heal them, and they don't usually know the difference between healthy and unhealthy boundaries.

For example, a client who felt neglected by his parents might try to get attention or other compensation from the rest of the world. He may be in the habit of showing up late and expect you to simply accommodate him because his parents never did. On the other hand, he may continue that behavior to provoke arguments and get negative attention, and you don't want to be wrapped up in that.

Although it seems caring and compassionate to indulge him and just let it go, you would actually be teaching him that he can use you as a substitute for his

parents. It removes you from the role of EFT Practitioner and makes you an accomplice to his issues, which is probably not a service you intended to provide.

On the other hand, maintaining good boundaries will keep your relationships healthy and mature, and will set a great example for clients who have some room to improve. Further, there is an assortment of tappable issues that accompany this kind of behavior, so instead of “keeping the status quo”, ask them questions about why they choose to be late or what keeps them from being on time.

We have provided some basic guidelines below:

TIME COMMITMENTS

Being on time and expecting others to be on time is a very important feature of your service. It is a basic and essential example of good, respectful boundaries that will benefit your well being and that of your clients.

Start on time: A common reaction when someone is late is to be accommodating, tell them it’s no problem, and offer the full scheduled session whenever they choose to arrive. However, as a professional EFT practitioner, you likely have other clients booked for the rest of the day. Do you make those clients start their sessions late as well? What if they have to get back to work and were counting on you to start their session on time? What if two or three of your clients are late in the same day? Keeping your agreements and maintaining your integrity is a crucial part of your professional relationships, and allowing one tardy client to compromise your integrity for the rest of the day is simply not necessary, nor is it good modeling for your client.

If your client is late, start the session as soon as possible, but be sure it ends at the regularly scheduled time. The price is the same, and the client will get the message that you will not allow their schedule to interfere with yours. This is standard practice in the healing field, and you can disclose it up front to be sure there are no surprises.

End on time: Again, to keep your agreements with your other clients, be sure you end your sessions on time. In an EFT session, you can often encounter an intense emotional event and not be able to stop in the middle just because the time is up. However, you do have other promises to keep, so learn to identify good stopping points, watch the time, and recognize which techniques you can use at the end of a session to wrap up, rather than heading into another intense issue.

You don’t have to resolve the entire issue in one session, and if you have prepared your client properly, they will be happy with the results and ready

to come back for more. Ending the session on time is ultimately your responsibility and should be completely under your control.

You can always use extra time at the end of a session to provide homework or prepare your client for recognizing the results of the session in their daily life.

Cancellations: Maintain a cancellation policy so that if someone cancels with short notice or misses the appointment altogether, you still charge for the session. If this seems too strict, and you don't mind the inconvenience, consider charging for half of the session instead. You could also make an exception the first time with a firm reminder that you won't be able to do the same next time. Whatever policy you choose, disclose it up front and *be consistent*. Just remember that you can't maintain a practice with open, unpaid slots in your schedule, and it is disrespectful for them to put you in that position. Further, there are probably unresolved issues behind that behavior that you may be overlooking.

MONEY AGREEMENTS

Charging for your sessions is just as important for maintaining your professionalism as it is for helping your clients move forward.

First, when a client spends their hard earned money on self improvement, they have decided that improving their life has value, and it would be a shame to take that away from them, especially in this field.

Second, the payment for services completes a very important balance in the exchange, representing an equal value of the offerings on each side.

Third, if they have already agreed to the fee, you are sending an unhealthy message by dismissing the contract and not collecting it.

Assuming your fee has been chosen to represent the value you offer in return, there is no healthy reason not to accept payment. However, if you feel resistance towards accepting money, consider the following possibilities:

Problem: My client really can't afford it.

Solution: Spend your time working with clients who can afford it, then allocate a percentage of your time to providing pro bono or reduced fee services. Don't let the pro bono percentage interfere with paying your own bills or enjoying your own life, and try to

provide that work at a church, shelter or other location so that clients are clear on the expectations.

Problem: I feel bad that they don't make as much as I do.

Solution: They have hired you for your skills and you are helping them change their life. If you abandon all you have gained in this world to help them feel comfortable where they are, they won't be inspired to make any changes. Be the example.

Problem: I don't deserve that much in exchange.

Solution: Here's a universal rule: there is always an equal exchange of value. If you are not willing to accept money, then you have probably accepted some form of emotional payoff in return for your time. If that emotional payoff is valuable enough for you to forego supporting yourself, then you might consider addressing some of your emotional needs.

Problem: I'm afraid they won't find my service valuable enough for the fee.

Solution: First, reevaluate your rate and be sure it is in balance with the value you feel you are offering. If your logical conclusion is different from your emotional reaction, you know what to do. 😊
Second, learn how to communicate with your clients before, during, and after the session so you can both see the differences you are making.

Again, no matter what policy you choose, disclose it up front, preferably in writing, and *make the effort to be consistent*.

PERSONAL BOUNDARIES

Without proper training, it is very easy for someone in the helping professions to cross the line from practitioner to friend. In fact, many of the people you are helping do not know where to stop and it is your job to be sure the relationship stays healthy. They come to your office with many varieties of codependence and they collapse boundaries because it feels good to them. It gives them what they think they need, but it will actually perpetuate the need and drag you into the problem rather than healing it. Please be aware of that possibility and stay out of the problem.

Maybe you joined this field because on some level you like to save people or because helping people makes you feel valuable. However, there is a fine line between choosing work that is spiritually fulfilling and simply filling your own personal needs, so if you feel some resistance to holding firm boundaries, you might want to consider resolving some of those issues. Ultimately, jumping into an inappropriate relationship with your clients won't be helping anybody.

Examples of collapsed boundaries:

- Extended social conversation
- After hours or non-scheduled contact
- Sharing personal information that isn't relevant to your client's healing
- Having meals together
- Losing control of the conversation
- Trying to be sure your client likes you
- Getting caught up in supporting their needs

Why is it such a big deal to be "professional"? It feels nice to be friends with everyone you know, and it feels nice when people like you. If you spend time in your office with a client who is spilling their personal laundry all over your floor, it may feel natural to reciprocate with some relatable stories of your own, or offer some kind words to be sure they know you accept them. Yes, of course it does.

However, when someone sees you as a professional providing them with a service, you are an authority to them, you are a resource for them, they will feel a certain safety discussing private issues in your company, and they will want to make the most of their scheduled time with you. In this space, you will be able to guide the session, put your expertise to work, and focus on resolving the issues. The very purpose of this relationship is positive change.

As soon as they see you as a friend, the dynamics will change, because being a friend has very different goals. Friends share equally in acceptance, approval, disclosure, and conversation, and let's face it...we choose our friends because they support our imperfections. The purpose of a friendship is to be accepted exactly as you are.

Therefore, the expectations in a friendship tend to be in conflict with the goals of professional healing, and although some people have chosen dual relationships with specific clients, it is not a good idea in general. This also applies to becoming romantically involved with your clients, although the conflicting dynamics can get much more confusing.

Here's a rule of thumb: if you decide that one of your clients would fit better in your life as a friend or romantic partner, refer them to another practitioner for EFT before you start building the new relationship.

DISCLOSING YOUR POLICIES

As standard practice, many therapists disclose their basic policies and terms in writing on a collection of forms.

An Informed Consent form is basically a release that covers your qualifications, scope of practice and any risks involved in treatment. This is best prepared by a lawyer who knows the regulations in your location and can advise you on managing legal risk in your professional practice.

Terms and agreements in regard to time, money, and extra support could be covered in an office policies document that the client reads and signs before the first session. You may choose to include a verbal overview to be sure your client understand. By disclosing your policies in advance for your practice, you will be setting a useful foundation for being consistent with your boundaries.

Finally there will be an Intake Questionnaire of some kind that you can use to evaluate the functioning and emotional state of any potential client. This information will help you refer cases to other professionals when your skills are not appropriate for the case. We have examples of intake paperwork in the Appendix and will cover their uses later.

RAPPORT

What is rapport? In simple terms, it is the degree to which your client feels comfortable in your presence. The skill of gaining rapport has been widely used in sales training, so some people may have misconstrued it as a tool for manipulation. However, in the helping professions, losing rapport can be detrimental to your success with clients, so it is an important element to consider.

Initial rapport has something to do with whether or not you have met your client's expectations with your first impression. Keeping a professional appearance and office space is one easy way to provide a neutral backdrop and help your clients focus on your skills. If the initial rapport is good, then maintaining it is easier. If not, your session may be an uphill battle.

The way you introduce your clients to your work and explain the process to them will help them understand what to expect and how to evaluate the progress. This

initial conversation can be called a “Preframe” and we will be developing this skill throughout the certification program. Meanwhile, if you pay attention to your client’s body language and voice intonations while you are together, you can pick up clues about how comfortable they actually are in your presence.

Here are some signs that your client feels comfortable:

- They maintain comfortable eye contact with you
- Their body position is relaxed
- Their facial expressions are relaxed
- They smile comfortably
- They will nod their head or show other signs that they are listening
- They will ask genuine, curious questions

Here are some signs that your client may not feel comfortable:

- Crossing their arms in front of their chest
- Fidgeting
- Rigid body posture
- Lack of eye contact
- No questions or participation
- Staring into space
- Pointed, distrusting questions

People with good emotional health will generally be comfortable around you until you give them some reason not to be. On the other hand, clients with emotional challenges will be a bit more cautious or difficult to read, so you will have to evaluate the signs above in conjunction with their condition.

As you get into your session, you should already be paying attention to their body language for new aspects and changes in intensity, but now you can add rapport to your list.

There are a few obvious ways to lose rapport, so be aware of these in particular:

- Delivering a Setup that doesn’t “land” - be sure you let them know when you’re going to take a guess, and correct any language that the client resists.
- Blurting out inappropriate humor - just because you see humor in something doesn’t mean they will, so be conservative with humor.
- Blazing into a sensitive issue without their permission – just because they have revealed a few issues with you does not mean that you have their permission to address them all. Some issues require a higher level of trust, so make sure you ask if they are comfortable before you go deeper.

- Scolding, judging and leading your client are actually in conflict with your acceptance of their process.

You will find that some people are a natural fit for your practice and working to develop rapport will never be an issue. However, there will be some clients with whom you can't get good rapport to save your life, and it may be necessary to refer them elsewhere so they can find a better fit. We always encourage clients to interview a few practitioners before they make a decision so they can choose someone with whom they feel the most comfortable.

The most common mistake among new practitioners is to confuse rapport with friendship. They strive to extend their friendship in order to help their client like them, be more comfortable, or come back for more sessions, but this kind of behavior will compromise the professional space between you. There is more information about this in the Personal Boundaries section above, so again, be aware of the difference.

Finally, especially with clients who are emotionally challenged, it is important to keep your word on everything. The more predictable you can keep the process, the more they will trust you with their precious inner world.

DOING YOUR OWN WORK

There are many reasons for clearing your own emotional forests and collapsing major tabletops before embarking on a career in EFT, or in the healing field in general. Here are some of the most practical reasons:

- You will be an example of success with EFT
- You will understand the process from a client's perspective
- You will know what it takes, and how it feels, to actually collapse core Issues
- You will be able to relate to more of their feelings from your own experience
- You will have a lot more confidence in your work
- Your intuition will have a better reference from which to draw

In addition to all of the practical reasons, it's just plain ethical to be an example of the work before you ask someone to pay for your help. Your clients are expecting an experienced professional to apply EFT with greater skill than they do, so whether you apply EFT to yourself, hire an experienced Practitioner or trade sessions with a fellow student, put in your time and handle your own issues.

However, keep in mind that you are still human and the world, including your clients, will continue to trigger issues for you. Part of your job as a professional, then, is to continue addressing your own issues as they come up. Maintaining a

relationship with another EFT professional or two can provide a valuable environment for trading sessions and including input from an objective source.

There has been some speculation that tapping along with your clients may be an acceptable substitute for tapping on your own. It would be impossible to argue that it doesn't have some benefit. However, the ultimate test is whether or not it works, so be sure you test those results objectively for confirmation.

MODULE 2

CLIENT CARE

DO NO HARM

Rule #1 in the ethics code for licensed healing professionals is “do no harm.” Client care is related to how we approach the issues in a session and manage the risks involved so we do not cause the client any harm.

Some clients pose risks that simply cannot be avoided. Despite our best efforts to explore the client’s background and avoid going where we don’t belong, there are scenarios that can present themselves unexpectedly. If we want to continue exploring with EFT, we will have to develop skills for minimizing the risk, as well as an understanding of when to proceed and when to discontinue treatment in order to protect the client.

“Do no harm” is based largely on common sense. Once your client tells you or shows you that the risk of incurring harm in an EFT session is a possibility, then discontinuing treatment or making a significant adjustment in your approach are both appropriate considerations. In many cases, an adverse reaction to EFT would be a temporary problem and the client will usually have their own protective mechanisms in place to re-bury whatever traumas were unearthed.

On the other hand, once you know that your client is having an adverse reaction to EFT, continuing along the same course would not reflect responsible common sense. In most cases, you can notify the client that you will be adjusting your approach with EFT based on the now evident risks, but if their adverse reaction to EFT continues, you will have to discontinue treatment and refer them to someone with more appropriate qualifications. Obtaining their agreement in writing is usually a good idea in this case.

NEGATIVE SIDE EFFECTS AND ABREACTIONS

Using EFT can have negative side effects, but they are usually temporary and can be avoided. For the most part, the side effects we will address are actually opportunities in disguise rather than permanent downturns in progress. Some are more severe, so you do need to be prepared if your client has a negative experience during or after their session with you.

As you may have noticed, addressing smaller issues or events with EFT can clear the way for bigger, more fundamental issues or events to show up. It's like peeling layers from an onion and sometimes those inner layers can surprise us with their intensity.

DISCOMFORT BETWEEN SESSIONS

The most common side effects are actually quite mild, and can show up after an EFT session. They may come in the form of a headache, increased anxiety, a change in sleep patterns, or some other manageable symptom, but are usually a physical expression of an unresolved issue or event that is coming forward for attention.

Be sure your clients understand the possibility that something like this could happen between sessions.

- Instruct them to pay attention to any changes between sessions and let you know if they notice any additional discomfort.
- Be sure to explain that this is usually a new, possibly stronger issue that is asking for some attention, and you will explore it with them in the next session.
- They can try the Basic Recipe or the Constricted Breathing Technique on their own to see if they can find some relief on the new symptoms.
- If tapping on their own makes them feel worse, then they should wait until their next session with you.
- If you offer mini-sessions or other emergency services, it would be a good idea to include those and the appropriate charges on your Informed Consent form, and make your client aware of those options.

Keep in mind that with Gold Standard EFT, we resolve bigger issues by addressing the specific events contributing to them. We do not expect a client to “resolve” an issue between sessions with the Basic Recipe, and we do not expect to resolve it for them completely in the next session with global rounds on “this new issue.”

The best procedure is to explore what triggered the new symptoms, and find related events in the past to address until the Tabletop collapses and the new symptoms subside. In the meantime, we hope to manage any discomfort as well as we can with additional tapping.

SUDDEN INTENSITY DURING THE SESSION

Occasionally, while addressing a specific event, the client will tune into a sudden well of deep intensity. This is often accompanied by tears, but can also be present without. If you notice that the client has become distracted or changed their demeanor in some way, check it out.

A quick question like “did your intensity just spike?” will confirm it with the client, and your next step will be damage control as follows:

- If you have permission, start tapping the points for the client. If not, be sure they keep tapping for themselves.
- Stop using language that would trigger the part of the event you were addressing, and go back to something simple, like “this is uncomfortable” or “stay with me.”
- Be sure the client’s eyes are open and they continue to respond to your voice.
- After a few rounds through the points, check to see if the client is starting to relax.
- Once the intensity has come down to a manageable level find out what triggered that sudden spike and proceed accordingly. It may be appropriate to continue with the event, or it may be best to end the session at that point.
 - If the intensity spike was related entirely to the event, then it’s probably safe to continue.
 - If it was a bigger issue or a different event, make a note to address it in another session.
 - If the client can bring their focus back to the specific event, then it’s probably safe to proceed.
 - If not, then choose that moment to end the session.
 - Do not continue with global approaches that might retrigger the bigger issue.

ABREACTIONS

In rare cases, these side effects can be sudden and overwhelming, especially when the newly uncovered issue is traumatic or threatening in some way. In traditional therapy, the more severe reactions like this can be called abreactions and can show up in the form of dissociation,

violence, unresponsiveness, seizure-type symptoms, or other forms of significant distress. This is an indication that the client has been triggered by something so intense that they are no longer in control of their own emotional state.

Although EFT theory would still suggest that this is an opportunity to resolve a life-changing issue, we strongly recommend avoiding this situation at all cost. In general, the more traumatic or more complicated your client's history, the more likely they are to have a more severe reaction when EFT reveals a new issue. Keep in mind that those who have been diagnosed with a mental health condition will often have a more traumatic or complicated history.

Licensed therapists are trained to diagnose mental health disorders, they are trained to work with these difficult or unstable backgrounds, and they are trained to notice and handle abreactions when they happen. The most appropriate course of action can range from traditional therapy methods to calling an ambulance. In any case, an abreaction like this means that someone's emotional health is at risk, and unless you're licensed in mental health and trained to accept that responsibility, you should not be working with clients who might have this potential.

By conducting good intake with every client and referring cases that carry a risk of abreaction, you can minimize the possibility of these episodes taking place in your sessions. With experience, you will be able to recognize the types of personal histories that contain events with this potential. Just to be clear, repressed trauma, sexual abuse, witnessing murder, or being subject to a life threatening situation can all be candidates for this kind of reaction, but there are many others and it will all revolve around how the client perceives the event in their memory.

If you are qualified to use EFT with more traumatized clients, you can often get to those bigger issues more safely by employing the techniques we have developed for minimizing pain. At the Certified Practitioner level, the skills you have are best suited for highly functioning clients. If you are licensed in mental health, you can try these skills with mild to moderate diagnosed cases, but if they become difficult, please understand that additional EFT training will help you get better results, and approach these cases more safely.

If your client experiences overwhelming intensity or an abreaction in your session, you want to bring their focus back to the present moment. Here are some tips:

- Tap whatever points you can access, and keep rotating through them until the client starts to relax. You can tap the points in proper

order, or work up and down the points if that works better. You can also include finger points or other points which might be easier to access.

- Do not use a Setup or Reminder Phrase that triggers the issue specifically. Instead, say things like “stay with me”, “you’re still here in my office” or “this uncomfortable feeling”.
- DO NOT say things like “it’s ok” or “you’re safe” because they clearly do not feel safe.
- Ask the client to keep his or her eyes open, and ask questions about the color of the carpet, the sound of the phone, the day of the week, or anything that will bring their awareness back to the present.
- DO NOT allow the client to remain silent with their eyes closed while you tap. Remember, your goal is to bring them back to the present and take their focus away from the trauma in their mind.
- If a few rounds of tapping does not show some relief, then it may be time to call for help.

Obviously, it’s good idea to have the client’s written permission to tap their points for them in the case of overwhelming intensity. Licensed therapists would generally not be allowed to touch the client without this permission in advance, but no matter what your situation, include this in your intake paperwork.

No matter what kind of issue or event you address in your session, be sure your client understands that unexpected emotional reactions can surface between sessions, and give them clear instructions to follow if that happens.

Those instructions are similar to the ones provided above, except the client would be conducting the procedure on their own.

Again, to minimize the possibility of a severe abreaction happening in or after your sessions, conduct a thorough intake process where you learn about the client’s condition and past traumas in advance. We have provided some important intake questions in the PS1 Handout and again at the end of this course.

Also, evaluate your clients on the GAF scale to determine how well they are functioning. If you are not a licensed therapist, you want to work with

those at 70 or above. This was also provided in the PS1 Handout and can be found at the end of this course.

Remember, just because someone has not been diagnosed with a mental health condition does not mean they don't have one, it may just mean they haven't been to a therapist. There are plenty of compromised people walking the streets with significant issues that are "diagnosable", so do your best to recognize those in advance.

Be prepared with the names of some licensed professionals that can take the cases that are not appropriate for your practice, and "don't go where you don't belong". Check the ACEP list to find licensed professionals who have also been trained in Gold Standard EFT.

With the right tools, plenty of experience, and a client suited to your level of skill, abreactions are very rare and you may never have to deal with one. It is taking unreasonable risk or using global EFT approaches that are more likely to land you in that situation.

CONTAINMENT

The most important skill we have in protecting clients from overwhelming intensity is containment. When we narrow in on one specific event, one particular moment in time, and maintain the client's focus on that memory alone, we can significantly reduce the chance of any negative side effects.

The more highly functioning your client is, the easier it will be to contain their focus to one event at a time. When you're working with a collection of events involving one parent or the other, it can be a lot harder to separate one event from the pack. And when those events involve constant criticism, high intensity, or abuse of any kind, keeping one event contained can be harder still.

This is the primary reason why we discourage practitioners without a mental health license or other appropriate experience from working with diagnosed clients. Those suffering from conditions like Depression, Anxiety, PTSD, or Addiction will have a history that is both harder to navigate and harder to contain. Losing containment with a client like this is what leads to the majority of negative side effects that we discussed previously.

Assuming you are working with a highly functioning client, and addressing events from childhood that are closely related to each other, spend time qualifying your specific event using the criteria from the EmoFree Tutorial or the PS1 Workshop, as described below. If you and your client can communicate clearly about the boundaries of the event at hand, it will be easier for the client to maintain focus

on the event you have chosen, and easier to notice when new events are coming into focus.

- Confirm that you have a 2-3 minute segment of time from the past. If they interpret that as something they can *tell you about* in 2-3 minutes, the event is usually longer than you want.
- Confirm that the 2-3 minutes contains 3 crescendos or less. If not, you probably have more than 2-3 minutes of time to address. Explore that and narrow it further if you can.
- Be sure the client knows where the beginning, ending, and neutral spot are.
- Assign a brief title to the event. If you know in advance that this event is similar to a collection of others, be sure the title represents what is unique about this event. That may be the location, a time of day, a particular person, or a particular age, but find something that does not also reference a similar event. If that is not possible, just do the best you can.
- Prepare your client in advance for the possibility that other related events might come to mind. If that happens, instruct them to let you know so you can make a note for future sessions, but then return to the original event until it is clear.
- With practice, and as you continue to release intensity, it will get easier for the client to distinguish each event and maintain their own focus.

STUBBORN INTENSITY

Stubborn intensity is usually a sign that the client is focused on more than you anticipated. In general, if your targets are specific, intensity should respond after each round of tapping. Often, the client will switch aspects within the crescendo that you are addressing, so it is important to ask questions between rounds to see if the remaining intensity is representing something new or if you can use different language to target it more effectively.

If you go a few rounds with different approaches on the same crescendo and do not see any movement, chances are the client has consciously or unconsciously brought in intensity from other events, or has tuned into a more global Tabletop issue. In that case, ask if the intensity they are reporting feels like just a moment of that feeling, or possibly years of that feeling. If they say years, then you can explain that they may be focused on more than this event alone.

If the client is not able to make the distinction and report intensity on the event by itself, then you can leave that aspect where it is and move on to the rest of the story. Be sure to keep a note about that stubborn aspect and the intensity level before going forward. Complete the work on the event you started, and then look for other events that may relate to that stubborn aspect.

As you work through more of those related events, the intensity on that common aspect should be easier to resolve in each event. Once you get through about ten related events, go back and check on any of those intensities that you left unresolved, and bring them all down to zero.

Meanwhile, please recognize that persistently tapping on a stubborn intensity when you know it is coming from a bigger collection of events may be asking for trouble. The more “issue” you have in front of the client at a time, the more likely you are to open up more aspects, more events, and more issues by continuing to tap. Opening a lot up at once is the reason clients experience general distress between sessions and the occasional abreaction.

A specific approach is much safer when you navigate through more complicated histories. Being Specific means we address one aspect within one event at a time. A global approach is designed to target a lot more aspects at once, yet none of them directly, so it is more likely to cause additional distress, especially with compromised clients. When it's time to be concerned about containment, be as specific as possible and keep an eye out for stubborn intensity.

CURRENT EVENTS VS PAST EVENTS

With experience, you will find that trying to resolve an event in a client's recent history is more difficult than working with something from childhood. Of course, childhood events have their own challenges, as described above, but events in the recent past introduce a different level of difficulty.

Whatever happened in the client's life in the last few years is bound to come with an emotional response that represents a pattern in their life. As people go through life and develop beliefs about the world, those beliefs have a way of showing up in their relationships, work situations, and ability to have the life they want.

For example, when a client comes to you with a relationship issue, and there is a very specific argument that ensued last week which is causing the client's current distress, it might seem obvious that we address the argument. The distress is the Tabletop, and the argument is a Table Leg that led to it. In very simple terms that is true, but in reality, the fear, or anger, or helplessness, or

whatever they are feeling as a result is likely to be a product of a series of relationships, probably starting in childhood.

Once you start working through the argument, you will find that it is very hard to keep the client's focus on that event alone. They want to make their point and express their feelings about every conversation leading to the fight, everything the other person has done to upset them, and possibly everything the client has done to deserve such treatment. The one event you thought you were addressing seems to explode into an uncontrollable mess of events, aspects, and beliefs that is very hard to resolve completely.

Further, the aspects of the argument will be very global in nature. Instead of "he said that and I felt dismissed", you are more likely to get "he always says that to me", "this is why I don't feel empowered", or even "men just walk away." In the first case, "he said that and I felt dismissed" represents one feeling in one moment based on one thing that someone did or said. In the second case, all of those "aspects" are based on more than one event, and possibly years of events. For that reason they will be very global, very stubborn, and very hard to test effectively.

A better approach with current issues is to use them as the presenting issue and test progress on that intensity as you work through earlier events.

- Measure the client's level of intensity about the fight, or even the relationship as a whole.
- Find several angles for your initial testing, like the assortment of individual emotions the client is feeling (fear, anger, rejection), or any beliefs about the world that seem to be triggered (no one loves me, men always walk away, my feelings aren't important).
- You can use Say This phrases to make any of those measurements more objective.

From there, start asking questions to discover when the client has felt this way before, going back as early as possible. There should be several directions to follow based on the emotions and beliefs that are being triggered, so start addressing events from further in the past, and keep testing those elements of the relationship distress until it starts coming down.

Almost any event can behave like a current event. Any romantic relationship could remind your client of strained interaction with one of their parents, and the more current events could behave stubbornly and erratically just like it was last week. The same concept applies – if the aspects of the event you are addressing are global in nature or unusually stubborn, consider that the roots are even farther back and start looking for earlier events.

Once again, when intensity is stubborn or the aspects are global in nature, it is more prudent to find better events to address rather than persist with a global approach that might open up more issue than you intended.

RECOGNIZING TROUBLESOME TRAITS

Previously we have discussed maintaining healthy boundaries with your clients, mostly because they are not accustomed to these circumstances in their daily life. If your clients already have good emotional health, they may not know exactly what boundaries are appropriate, but they will generally be able to follow your lead.

Part of managing risk, avoiding adverse reactions, and doing no harm is knowing how to recognize a client who is more compromised than they have represented. Just to be clear, this does not always suggest dishonesty. Some clients will be less than honest on the intake form because they simply don't want to admit to themselves how deep the problems run. Those who have never been to a licensed therapist for their issues may be diagnosable in some way, but would honestly not know. Fortunately, the GAF scale and good intake questions will reveal some of those issues for you.

Professionals licensed in traditional therapy understand the diagnostic code and are trained to recognize significant emotional issues quickly. If you do not have the benefit of that training, you may have heard terms like Anxiety, Depression, PTSD, BiPolar, Multiple Personality, Addiction, Schizophrenia, Narcissism and Borderline, but you probably have no way of knowing which of these diagnoses could be approached safely and effectively with EFT. In this program you do not need to know because that expertise often requires at least ten years of training and experience to develop. However, you will need to know how to recognize traits and behaviors that represent challenges that are beyond of your scope.

As an EFT Practitioner without a license in therapy, you will need clients who can participate in an "honest" process, in which their issues and concerns are on the table and their interaction with you is free from the dynamics that come with significantly compromised emotional health.

One common dynamic is called transference, which means that the client is responding to you as though you are a parent or some other figure in their life. They see similar traits, or simply impose those traits on you, and then respond accordingly as though you are the mother (father) who was controlling or abusive or dismissive or whatever the case may be. Once the client sees you in this role, the process is no longer honest and straightforward, and they are likely to become angry with you, need excessive attention, or impose unreasonable expectations that have nothing to do with the professional healing relationship.

The other dynamics that can compromise your EFT work with a client may all be based on transference of some kind, or just that they see you as something other than a healing professional.

Emotional health goes hand in hand with maturity. Someone whose emotional growth was stunted at some point in their life will behave at that earlier level of maturity until the issues are resolved. When someone is stuck somewhere in childhood, those issues will require re-parenting or an assortment of other traditional therapy skills that we do not teach with this EFT Certification.

Accordingly, if you do not have that training already, you want to be aware of the kinds of behaviors, traits, and interactions that will compromise the effectiveness of your EFT sessions and potentially take you far outside your scope.

The bottom line will always be whether or not your client is participating in the process to heal their own issues. If you are working harder than the client, something is wrong with that relationship. Here are some indications that your client is not holding up their end of the process:

- They are not listening
- They make excuses (yes, but)
- They are unusually needy
- They are dishonest or manipulative
- They make sexual advances towards you
- They need excessive attention
- They demand excessive communication between sessions
- They try to control the session
- They are unusually complimentary
- They hold an unusually high opinion of themselves
- They express excessive drama
- They are insulting or condescending towards you
- They show a consistent lack of empathy for others
- They expect any kind of treatment that falls outside the professional healing relationship
- They are an addict who is still using or engaging in the problematic behavior

As always, use common sense with this list. If a client does something on this list once or twice, but is then able to follow your lead and correct their expectations, then there may not be a problem. You may need to have a more direct conversation with them to see if that helps before discontinuing the relationship, but if it becomes clear that they are not listening or not making the adjustments you are requesting, it's time to refer. They need more than EFT.

THERAPY VS CUSTOMER SERVICE

We have all been conditioned to believe that the customer is always right. It is a commonly accepted practice in the business world that if you want to keep your customers coming back, you must agree to their expectations.

Hopefully you are starting to see that the therapy world is different. By maintaining professional boundaries with those so compromised that they simply need what they need from anyone they encounter, you may end up in a constant position of NOT giving the client what he or she wants. In fact, submitting to the unreasonable demands of someone who sees you as their abusive father will not promote healing for the client, and will end up wasting a lot of your time.

If your clients are basically healthy, and they make requests that seem reasonable in order to continue with your service, then by all means, consider them. You may find new ways to package your sessions or market your skill that would never be presented to you another way.

On the other hand, if you start receiving emails between sessions from a client who is upset that your response to their previous email was not timely enough, or that you are not appreciating them enough, or that they feel like you aren't sharing enough of yourself with them, that's a different story. If the "customer" is showing signs of compromised emotional health, and you give them what they want, then you become an enabler – which, by the way, is the opposite of a healer.

OBLIGATION TO REPORT

Another requirement of licensed therapists is the obligation to report criminal behavior when it comes to your attention. As an EFT Practitioner who will be working mostly with specific events, you may be asked to address an event in which something criminal has taken place – maybe the abuse of a child, or violence that has put someone's life in danger. Otherwise, a client might reveal a specific intent or plan to harm someone in particular.

Each state will have different laws in regard to reporting - who is obligated, and when it is required - so as you do the legal research to set up your practice, it would be a good idea to investigate this as well. You can prepare yourself with phone numbers or resources that can provide appropriate guidance if you find yourself in this kind of situation.

MODULE 3

TRAUMA

Trauma and traumatic events actually exist on along a continuum. EFT practitioners need to understand something about this continuum so that you work within your scope of practice and minimize the chances of doing harm. The primary goal of this section is to help you determine the level of trauma a client has been exposed to, and choose the clients who are best matched to your level of experience and training.

Everything we do with EFT in this program is based working with specific events in the client's past that were difficult to some degree, and removing the emotional impact from those events with our process. Some of those events are normal in any childhood, like when a teacher scolded a student and embarrassed him in front of the entire class. Other events are far more difficult. For just about anyone, divorces are difficult, breakups are difficult, criticism is difficult, and death is difficult, and all of it can be considered traumatic to some extent.

UNDERSTANDING TRAUMA

“Big T” or “small t” Trauma

Small t trauma refers to any event that is stressful enough to overwhelm the person's internal resources. As a result, the event is not fully processed, and it leaves an energetic disruption in the system. Looking back as an adult these events are relatively small. However, in “small t” trauma it is not the size of the event that matters, but is the intensity of the event relative to the person's ability to process it. In fact, all of us have numerous “small t” traumas.

Big T traumas are the more obviously distressing events that are likely to create energetic, emotional and physical damage. They include rape, physical or sexual abuse, violence, war-time events either as a soldier or civilian, and natural disasters.

PTSD

In general terms, a PTSD diagnosis represents the symptoms a client would demonstrate after significant trauma had compromised their sense of safety in the world. The common understanding of this condition is that the client was involved in a highly traumatic event or series of events. We know that PTSD is very common among military veterans, especially

those who were engaged in combat. It is also common among people who were raped, and survivors of natural disasters or mass shootings.

These circumstances suggest that the obviously traumatic events are to blame for the symptoms. However, not everyone who was raped has PTSD, and not everyone who survived a natural disaster or a mass shooting has PTSD. Admittedly it is difficult to be in a war, killing other people and watching your comrades die, and not develop some severe mental health symptoms, yet not everyone who has been to war has PTSD.

BEHIND PTSD

Many people who have been diagnosed with PTSD also have a pre-conditioned response to traumatic events. In other words, their sense of security in the world has already been threatened, so the big, obvious traumas are much more difficult to process. For example, if someone was raised in a difficult household with alcoholic, abusive, or emotionally unavailable parents their likelihood of developing PTSD as the result of one big traumatic event is higher. On the other hand, people with a healthy childhood and strong foundation of safety in the world are not as likely to fall apart when one bad thing happens, however difficult it is. So, if a client shows up in your office with a PTSD diagnosis, you are often looking at some big recent trauma, and a longer term history of trauma in childhood as well.

COMPLEX TRAUMA

A PTSD diagnosis can also be given to someone based entirely on that longer term childhood trauma, as long as the symptoms are consistent. The events involved in that case would be smaller traumas, but a lot more of them. In other words they occur repeatedly and are cumulative. Again, PTSD means that someone's belief of safety in the world has been significantly challenged, and that can develop with a consistent message from parental figures, that a child has to fend for themselves or worry about their physical safety. Another example of complex trauma might be the result of a chronic illness that requires intensive and frequently painful medical intervention. War, captivity, human trafficking, and continuous verbal or physical abuse also fall in this category.

Complex trauma influences deeper layers of the personality and might be exhibited in characteristics like changes in self- image or feelings of self-worth, changes in relationships (trusting others, feeling intimacy), inability

to control emotions (anger or self-harm), and changes in awareness including blocking entire events from memory.

SYMPTOMS

The end result is that someone with PTSD or diagnosable levels of trauma will have symptoms that affect how they function in the world. If you are doing good intake, how well a potential client functions will be part of your decision in regard to taking their case. Symptoms of PTSD could be any of the following:

- Avoidance of thoughts or activities
- Persistently re-experiencing a traumatic event through dreams, conscious memories, or intrusive thoughts.
- Sleep difficulties
- Hypervigilance – always on guard
- Irritability or anger issues
- Significant distress in social or work function

CHALLENGES OF WORKING WITH SIGNIFICANT TRAUMA

In the ACEP EFT Certification Program, we teach professionals how to address difficult events in a client's past. However, not all difficult events are the same. The more traumatic the events, the more skill and training it will take to navigate through them safely and ethically.

As an example, EFT has been very effective with combat veterans, and the results of that work have been researched and widely publicized. It is hard not to have a soft spot for the vets as they come home from war or live on disability for decades with fears, nightmares, addictions, failed marriages and the like. Many of us with a tool like EFT want to help, and many of us would do it for free just to repay them for their service. However, war trauma can be a lot more severe than people realize.

When a combat vet is triggered by things that we may not even see, and for example, starts shooting bullets at the windows in their own house, they really need to be under the care of a licensed professional and may need to be referred to a psychiatrist as well for medication. At that point they are a danger to other people, including you, if you decide to dig through the trauma they are experiencing. Vets have aimed rifles at people in their own family, they often arm themselves with knives and guns "just in case", and they can change ego states abruptly, which means that they check out of the present and into a memory, and are likely to see you as the enemy.

Even if a vet is not displaying these extreme behaviors, it may only be a matter of time before you trigger such an episode as you dig through their traumas. We use combat vets as an example because it is so common for people to learn EFT on their own and then try to help the soldier down the street who just came home from Afghanistan, which might not be the safest or most ethical decision for either side.

With enough experience, you will also find that many young adults feel inspired to join the military as a result of their unresolved childhood issues. These issues are often the reason why some Vets come home with a diagnosis and others don't. Once you clear away the combat trauma, there is often an earlier collection of events to address as well.

NAVIGATING THROUGH A COMPLICATED HISTORY

When a client has a childhood full of difficult experiences, especially with parents, the events you need to address will tend to be very similar and blend together in the client's memory. The comments, the criticism, the threats, the abuse, or the neglect usually happen in a similar location with the same characters, on a regular basis, so there are potentially hundreds of events to clean up.

Containing a client's focus to just one of those events is an advanced challenge. The aspects being generated by the one event will represent related events as well, so the intensity for each will be stubborn or erratic because of the broader focus that simply can't be avoided. When you dig into a history like this, the risk is that you will trigger too much at once, so again, it takes advanced skill to manage the intensity for the safety of the client. Here is what you can expect when addressing a complicated, traumatic history:

- Events are all the same
- Can't remember specific events
- Intensity is really high
- Intensity is hard to resolve
- Intensity bounces around erratically
- Beliefs are hard to shift
- General disturbance between sessions is more likely
- Containment is difficult

SHIFTING BELIEFS

With a highly functioning client whose foundation is healthy, we can usually remove the emotional impact from a few events and see the beliefs shift spontaneously, without any further effort on our part. On the other hand, if the foundation is compromised, the beliefs will be based more on a survival instinct than simple discomfort and will be much more difficult to shift.

If the goal in this work is to help people see the world in a new way by removing the negative impact from the past, then the beliefs will have to shift for the changes to take hold. Those whose beliefs are based on complex trauma and some kind of survival instinct will usually need the skills of a licensed professional to help them gain new experiences and start rebuilding their beliefs about the world. It would be wonderful if we could simply install a few positive affirmations in our sessions to encourage new beliefs to come forward, but that is not likely to be enough with this level of trauma.

REPRESSED TRAUMA

When a trauma has been blocked from a client's memory it is usually because it's too painful to remember. These repressed events carry a higher level of risk for abreaction or other sudden changes in the client's state if we are to uncover them accidentally. For example, if you are working through the parts of a difficult divorce assuming this is the only trauma to address, and the memory of a terrifying sexual assault comes forward unexpectedly, you may be in over your head. This is a very good reason to look closely at a client's level of function and ask about diagnoses or medications that might tip you off to a more challenging background than they can remember.

OTHER DIAGNOSES

The kind of background that often leads to PTSD can also lead to other diagnoses like Depression, Anxiety, Substance Abuse and other more severe conditions. In fact, it isn't unusual for a client to be diagnosed with more than one condition. When considering the level of trauma you are likely to encounter when working with any client, be aware that any mental health diagnosis can be based on significant childhood trauma.

SIGNS OF DISSOCIATION

We all have coping mechanisms to manage the painful experiences in our lives, and often we choose to dissociate or detach from them in some way. Plenty of perfectly healthy adults have a drink to “wind down” or detach from a stressful day. We have cigarettes, shopping, social media, and plenty of other escapes to help us get through our routine challenges, but all of those solutions are a form of detachment.

When a client has memories so difficult that they have been buried under layers of detachment or justification or even feigned happiness, we may “disturb the grave” so to speak by using EFT and peeling layers away. Of course our ideal approach is to get to those difficult experiences and try to heal them with EFT, but if the trauma is significant enough, we may cause damage along the way if the client is not ready to face them.

The biggest risk is with repressed trauma where the client simply does not remember or acknowledge the event(s). Accordingly you will not see them on an intake sheet or hear about them in the course of your sessions. Then one day, you’re tapping along on something that happened in high school, and the repressed trauma comes charging forward. As the client’s system is still trained to keep a safe distance from it, he or she may just “check out” as an emergency safety mechanism rather than acknowledge the trauma and let you know it has come forward. Sometimes they will be completely aware of the event and break into tears all of a sudden or become unreasonably angry. In the worst cases, the client can actually change states, behave as though they are back in the time of the experience, and be reacting to you as though you are one of the characters in that story.

We can’t always know in advance if a client has trauma of this nature or the propensity to react to it severely, but we do want to recognize the signs and catch it as early as possible. If you do know in advance that your client has experienced significant trauma, you should be actively on the lookout for these signs until you have worked through the bulk of that trauma. Let these be red flags for you:

- Glassy eyes
- Spaced out
- Lack of expression
- Sudden changes in focus
- Unusual or erratic attention span
- Lack of response to your questions
- Unusual response to your questions
- Detachment from their body or surroundings

- Out of body experience
- Feeling empty
- Sense of floating away
- Watching themselves
- Feeling numb
- Dizziness

When you recognize signs of detachment, stop tapping and ask some questions about what your client may be focused on.

In many cases, a client may report feeling numb at a certain point in the story and that may be your cue that whatever is being triggered is too difficult to face. It may have been difficult at the time, so the numbness is what they felt in the past, or it might be numbness in the present, or the client may not be able to tell the difference. This is a mild scenario but can be an alert that you are coming up against something very painful.

If the client seems distracted or not completely there with you, see if they can tell you what day it is, or what color the carpet is in your office. If you can't get a reasonable response, it may be time to call for help.

It is generally not good practice to touch a dissociated client without proper training. However, we should obtain written permission to touch them in the case of adverse reactions. We may tap their points as we try to bring them back with conversation, or we may just touch their hand to see if they respond.

Keep in mind that more is not always better with EFT. If you choose to try tapping on a distressed client while trying to bring their focus back to the present, they may respond, and they may not. If your client is not responding within the first round or so of tapping, or if they are letting you know that more trauma is coming forward, then stop tapping and call for help. This client needs the help of a licensed professional and you may be doing harm by continuing to tap. You can refer to the section on Negative Side Effects on pages 12-17 for more information.

If you are an EFT Practitioner operating without a license in mental health it would be a good idea to have an office near licensed therapists or establish a relationship with one nearby in case you need help in an emergency.

ETHICS OF WORKING WITH TRAUMA

Your own personal safety is not the only consideration in stepping outside your scope of practice. Causing additional harm to the client is a bigger concern and may happen without your knowledge. The obvious acute abreaction in the office is always a possibility when working with a traumatized client, but a more subtle general distress between sessions is also a possibility.

EFT often works as though we're peeling layers from an onion, and by clearing events one at a time, you can start to reveal memories that have been repressed or simply shed light on a part of childhood that is very difficult to remember. We cannot control or manage the timing of how these traumas are exposed, and the client can respond with physical discomfort, nightmares, heightened anxiety, panic or any other sign of distress.

Ideally, we want to expose and work through as many traumatic events as we can, but we do that with the client's safety and comfort as the highest priority. If you are qualified to work with diagnosed mental health cases, then watching for signs of distress and asking your client to disclose them to you is the first step. Once the underlying issue is exposed it may take additional therapy tools to manage the distress while you get through the exposed events. If you are not qualified to work with diagnosed cases, then general distress that isn't resolving itself quickly would be a good reason to refer the client to a licensed professional.

We do offer training in this program that can help you work through difficult childhood trauma, but moving in that direction would only be appropriate once you have significant professional experience and have confirmed that it is legal for you to do so in your location.

The most ethical, responsible practice is to have a solid intake procedure that you complete with each client. In addition, watching for signs of dissociation, changes in functioning, or other kinds of distress along the way will help you see potential problems before they happen.

Even if significant trauma is not within your scope of practice, there are lots of healthy people out there who can benefit from EFT. No parent is perfect, no grade school experience is without social discomfort, and no relationship ends in complete happiness, so we all have dozens if not hundreds of events that can be addressed for a much greater level of peace and performance.

APPENDIX

Global Assessment of Functioning (GAF) Scale

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical or environmental limitations.

Code (Note: Use intermediate codes where appropriate, e.g., 45, 68, 72)

91 - 100: Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

81 - 90: Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

71 - 80: If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

61 - 70: Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

51 - 60: Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

41 - 50: Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

31 - 40: Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

21 - 30: Behavior is considerably influenced by delusions or hallucinations OR serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)

11 - 20: Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

1 - 10: Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

The rating of overall psychological functioning on a scale of 0-100 was operationalized by Luborsky in the Health-Sickness Rating Scale (Luborsky L: "Clinicians' Judgments of Mental Health." *Archives of General Psychiatry* 7:407-417, 1962). Spitzer and colleagues developed a revision of the Health-Sickness Rating Scale called the Global Assessment Scale (GAS) (Endicott J, Spitzer RL, Fleiss JL, Cohen J: "The Global Assessment Scale: A Procedure for Measuring Overall Severity of Psychiatric Disturbance." *Archives of General Psychiatry* 33:766-771, 1976). A modified version of the GAS was included in DSM-III-R as the Global Assessment of Functioning (GAF) Scale.

ACEP EFT Intake Sheet

The following questions will help to determine whether my skills and qualifications are well matched to your circumstances.

Have you seen a medical doctor or qualified mental health professional previously for the problem you are trying to address? If so, please explain.

Have you ever been diagnosed with a psychological or mental health condition? If so, please describe.

Are you currently on medication for a mental health or psychological condition? If so, please describe.

Are you aware of any significant emotional trauma in your past, like physical, verbal or emotional abuse, losing your parents as a child, foster homes, sexual trauma, witnessing death, or anything of similar magnitude? If so, please explain.

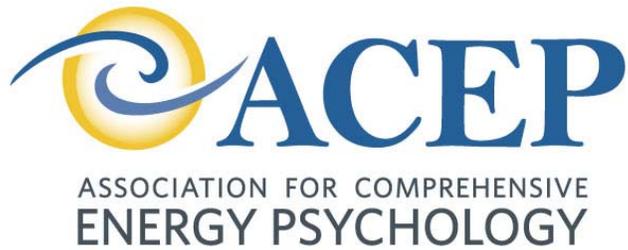
Have you ever attempted or considered attempting suicide or homicide?

Have you had consistent success with employment, family and other relationships, or have any of those been a challenge for you? Please explain.

Have you ever been convicted of a crime or spent any time in jail or prison? If so, please explain.

Have you ever seen or heard things that other people don't see or hear? If so, please explain.

Do you or any of your family members drink or use drugs? If so, do you feel it has created any problems for you?



Home Study Ethical Practice and Client Care Course

TEST ANSWER SHEET

Please print this page. It is your answer sheet for the test.
Questions begin on the next page.
Answer each question from the material in this course and...

- FAX to us at (619) OR
- SCAN and email to admin@energypsych.org

We will notify you of your score by email. If you do not pass you will be notified of those questions you answered incorrectly and given one additional try to submit correct answers.

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

TEST QUESTIONS

1. Which of the following would represent inappropriate boundaries with a client?
 - A. Asking about trauma in childhood
 - B. Scheduling a session on a Saturday
 - C. Meeting your client for lunch
 - D. Charging a fee for a last minute cancellation

2. Which of the following might compromise the professional quality of your home office?
 - A. Wearing yoga pants in your EFT sessions
 - B. Allowing your cat to sit in your lap
 - C. Accepting calls from your husband during a session
 - D. All of the above

3. Which of the following is an indication that you have good rapport with your client?
 - A. She plays quietly with her fingernails as you speak
 - B. She asks questions about the EFT process
 - C. She keeps her eyes focused on the floor
 - D. She sits with her arms crossed

4. A client shows up 15 minutes late for her session. Which is the best way to proceed?
 - A. Start the session promptly, and extend it 15 minutes into the next hour so that you can charge the full rate.
 - B. Provide a quick lecture on the consequences of inconveniencing others, then conduct a full session.
 - C. Accept a cancellation for this session, and schedule another time that is better for her schedule.
 - D. Start the session promptly, end at the regular time, and charge your full fee.

5. Charging a fee for your services...:
 - A. ...reinforces the natural exchange of value.

- B. ...represents the value that the client places on healing.
 - C. ...is a way to maintain the terms of your agreement.
 - D. All of the above
6. What is the most important guideline in the ethics code for therapy?
- A. Do no harm
 - B. Hold boundaries
 - C. Heal those who cannot pay
 - D. Show compassion
7. If a client reports that he is getting less sleep after three sessions, what is the most likely conclusion?
- A. There may be a diagnosable mental health condition to consider.
 - B. An emotional issue has been exposed by the tapping process and is causing some disturbance in the client's emotional state.
 - C. The client is having an abreaction and you should call a doctor.
 - D. The EFT process is showing resolution on the presenting issue and the client no longer needs a full night's sleep.
8. Your client calls between sessions to report that he is feeling "worthless" all of a sudden. Which is the best way to proceed?
- A. Wait until your next session, then find out when he first remembers feeling worthless and address specific events from that time in his life.
 - B. Instruct him to try the Constricted Breathing Technique on his own for some relief.
 - C. Offer an emergency session per the terms in your Informed Consent paperwork and see if tapping on the immediate symptoms will help.
 - D. Any of the above.
9. If a client experiences sudden intensity during a session which of the following is the safest approach?
- A. Maintain focus on the intense aspect until the activation subsides.
 - B. Let the client continue to tap the points on their own with their eyes closed.
 - C. Keep tapping but focus on something in the room.
 - D. Ask the client to start elaborating about what is causing this reaction.

10. When the client is no longer in control of their own emotional state, we call this:
- A. An abreaction
 - B. A diagnosed mental health condition
 - C. Collapsed boundaries
 - D. A repressed memory
11. Which of these behaviors might tip us off to a significant mental health condition?
- A. Being excessively dramatic
 - B. Showing a lack of empathy for others
 - C. Dishonesty or manipulation
 - D. Needing unusual amounts of attention
 - E. All of the above
12. You're in a session working with a client on an event from childhood. His eyes are glassy, his responses to your questions are unusual and he says he's dizzy. What is your conclusion?
- A. He has dissociated. See if you can bring his focus back to the present.
 - B. Tapping has made him tired. End the session and send him home.
 - C. He is not willing to see his own issues. Discontinue sessions.
 - D. Dizzy is the next aspect of the event. "Even though I feel dizzy..."
13. When operating as an EFT Practitioner without a license in mental health, we are most qualified for:
- A. Clients who are already on medication
 - B. Clients who score 70 or below on the GAF scale
 - C. Clients who score 70 or above on the GAF scale
 - D. Clients who suffer from highly traumatic events in the past
14. Containment means:
- A. Keeping the client's focus on the event at hand
 - B. Making sure your client honors the terms of your agreement
 - C. Using a straightjacket when necessary
 - D. Not allowing the client to leave the session early

15. What risk do we take by not having containment?
- A. We risk some form of abreaction
 - B. We allow other events to become a distraction in the session
 - C. We may trigger more of the “issue” than we can resolve in one session
 - D. All of the above
16. What is the biggest challenge with addressing an event that happened within the last few years?
- A. The client does not have the opportunity to face their past.
 - B. We bring up global beliefs and patterns rather than specific, measurable aspects.
 - C. Recent events are not traumatic enough for solid results.
 - D. It’s harder to see the connections between a recent event and its roots in the past.
17. When the intensity rating simply will not go down, what do we assume?
- A. The client is somehow focused on more than the event or aspect that you are measuring.
 - B. The client is having an abreaction.
 - C. This client may have a diagnosable mental health issue and will need a referral.
 - D. EFT isn’t the right intervention for this client.
18. What do we call a memory is so uncomfortable that a client is not even aware that it happened?
- A. Complex Trauma
 - B. Dissociated
 - C. Repressed
 - D. Abreaction
19. For those diagnosed with PTSD, which of the following is usually true?
- A. They survived a horrible event.
 - B. They had a difficult childhood.
 - C. They do not feel that the world is safe.
 - D. All of the above

20. Ethically, and often legally, it is not a good idea to work with a client that has more trauma than you are trained to handle. How do we avoid that?
- A. Performing a solid intake procedure in which you ask questions about previous trauma.
 - B. Evaluate the client's level of functioning on the GAF scale.
 - C. Watch for signs of significant distress in or between sessions and refer when appropriate.
 - D. Look for behaviors that indicate a significant mental health condition.
 - E. All of the above