ACEP
ASSOCIATION FOR COMPREHENSIVE ENERGY PSYCHOLOGY

Requirements and Recommendations for Energy Psychology Research Studies

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While the field of energy psychology (EP) has existed for over 20 years, it is still developing. In every field there are explorations, course-corrections, and refinements based on feedback and new information. The past few years have seen an increasing need for improved methodological rigor in the social sciences in general, and in psychology in particular. Concurrently there has been a movement toward the use of "evidence-based" practices, informed by both research and clinical practice.

One of our goals is to bring EP methods into the mainstream of professional clinical practice. In order to receive optimal attention, we need to encourage the development and publication of methodologically rigorous studies. These studies need to be published in mainstream journals and listed in PubMed, so that they will be seen, read, and reviewed by other professionals.

Quality research is a meticulous, painstaking process. These guidelines are based on the latest recommendations from APA, the JADAD scale and the CONSORT guidelines. All projects receiving ACEP funding and/or support will need to meet the guidelines listed as **requirements** below; and address the guidelines listed as **recommendations.** We request and recommend that all EP researchers review and familiarize themselves with these guidelines, and apply them to their studies, projects and dissertations.

REQUIREMENTS

1. Every research study backed by the ACEP Research Committee must have approval from an Institutional Review Board (IRB) or its equivalent from the country in which the head researcher resides. If the research will be conducted in another country, there must also be an approval by that country's Ethics Review Board.

2. The team leader of the study must be a licensed medical or mental health professional. The lead author may be a PhD or Master's level researcher. In some circumstances the same person may fill both roles.

3. A consultation with a qualified statistician, professor of statistics, or a graduate teaching assistant in statistics must precede data collection. The required level of statistical significance must be established in advance, and a power analysis must be conducted in order to determine minimum required sample size when appropriate.

4. The study should be registered with the U.S. National Institute of Health (www.Clinical Trials.Gov) or another clinical trials registry (e.g. Australia and New Zealand Clinical Trial Registry) before beginning data collection.

5. If the research design is an RCT, a **CONSORT checklist** must be started at the outset, (see://www.consort-statement.org/consort-2010). All waitlist groups used as controls should be "active" (i.e., they should receive the same amount in time and quality of attention as the experimental group during data collection) and receive the experimental intervention at the end of the waiting period. EP techniques (i.e., the experimental technique) should be compared to well-established, well-researched interventions, or wait list controls.

6. Participants will be randomly assigned to either treatment or control conditions. Randomization should be accomplished by either a blind researcher or a computer generated randomizing system.

7. The intervention being tested for efficacy must be clearly defined and unconfounded, and therefore limited to one treatment protocol, such as EFT, TTT, TFT, TAT or another single EP technique.

8. Clinicians administering both the experimental and control interventions will meet approved training criteria which represent the standard of practice for each intervention.

9. Intervention protocols must be standardized and presented in specific treatment manuals developed and approved for the intervention under study. Conformity to the standardized treatment protocol should be assessed through videotapes of the sessions or the examination of practitioners' notes. Any deviations from standardized protocols will be noted and corrected.

10. The research study should be designed to enable the researchers to draw specific conclusions about the efficacy of the primary therapeutic intervention for a specific outcome. The dependent measures must be well operationalized (e.g., using the clinician-diagnosed DSM 5 disorder, standardized assessments, self-reports of symptoms,

etc.). Assessment tools employed must be validated and standardized for measuring the dependent variable under study.

11. The research design should include (at least) one follow-up assessment, and at least one-month post intervention. If possible, subsequent posttest measures should be obtained.

12. The paper submitted for publication must be written in APA style, following APA guidelines.

RECOMMENDATIONS

1. A thorough literature search should precede the development of the research design, and the literature review should be conducted prior to data collection.

2. The choice of treatment " dosage" (i.e., length and frequency of sessions) for each intervention should be informed by the research literature for that intervention.

3. It is expected that studies will be submitted to mainstream journals with a high impact factor and that are listed in PubMed. In cases of rejection by mainstream journals, preference should be given to journals that contribute to the PubMed database.

4. Use of rigorous controls: When possible, not only are participants included who receive no treatment at all, but placebos containing potentially therapeutic ingredients credible to both participant and therapist are used in order to control for such influences as rapport, expectation of gain, and sympathetic attention (dubbed non-specifics and potential confounders).

5. Insofar as possible, raters, diagnosticians and statisticians are blind to which group each participant has been randomly assigned to.

6. Strategies designed to minimize participant attrition while encouraging their participation (e.g., using incentives to complete the study) should be considered and employed from the start of the study.

7. The statistical analysis should be independently conducted by statisticians who are not members of the research team (e.g. representatives of the institution sponsoring the IRB, representatives of another university or Institution, or independent statisticians).