

## Energy Psychology Studies & Review Articles with Abstracts

*This section contains abstracts of research studies and review articles in the field of energy psychology, published in English language peer-reviewed journals, in reverse chronological order.*

*Updated August 2020*

### 2020

Baghini, A., Mohammadtehrani, H., Behbodi, M. Kiamanesh, A.R. (2020). Comparison of effectiveness of Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, and Emotional Freedom Technique in reducing anxiety in patients with post-traumatic stress disorder. *Quarterly of Applied Psychology*, 13(4), 625-650.  
<https://www.sid.ir/en/Journal/ViewPaper.aspx?ID=709138>

**Aim:** The aim of this study was to determine and compare the three therapeutic effects of Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT) and Emotional Freedom Technique (EFT) in reducing anxiety in patients with Post-Traumatic Stress Disorder (PTSD).

**Method:** Method was quasi-experimental with three experimental groups, one control group and pre-test, post-test and a two month follow-up. The statistical population was 486 patients referred to Kerman Neurology and Psychiatry Hospital in 2018. 60 men were selected in purposeful sampling method and randomly assigned to four groups of 15. In group 1, six 45-minute sessions of Shapiro solo EMDR (2014) were performed. In group 2 six 60-minute sessions of group CBT of Dugas & Robichaud (2007) were performed. And in group 3 six 60-minute sessions solo EFT of Church (2014) were performed. All the Four groups completed the Spielberger, Gorsuch, Lushene, Vagg & Jacobs's Anxiety Inventory (1983) in three stages. Data were analyzed using mixed analysis of variance.

**Results:** Results in group 1 showed that at the level of 99% confidence, state anxiety ( $F = 42.36$ ) and trait ( $F = 12.66$ ), in group 2, state anxiety ( $F = 5.38$ ) and trait and in group 3, state anxiety ( $F = 15.23$ ) and trait ( $F = 18.50$ ) were reduced. This effect remained stable at follow-up stage. In addition, among the three methods, EMDR was more effective on state anxiety than the other two interventions ( $p = 0.015$ ).

**Conclusion:** Since all the three methods can improve behavioral strategies by influencing irrational thoughts and emotion release, they are effective ways to reduce anxiety in PTSD patients.

Church, D., Stapleton, P., Kip, K., & Gallo, F. (2020). Corrigendum to: Is Tapping on Acupuncture Points an Active Ingredient in Emotional Freedom Techniques: A Systematic Review and Meta-Analysis of Comparative Studies. *Journal of Nervous and Mental Disease*, 208(8), 632-35. doi: [10.1097/NMD.0000000000001222](https://doi.org/10.1097/NMD.0000000000001222)

We published a meta-analysis of component trials of emotional freedom techniques (EFT) in this journal. EFT is an evidence-based method, validated in over 100 clinical trials, that uses fingertip tapping on acupressure points in conjunction with techniques from exposure and cognitive therapy. The meta-analysis examined six studies in which an active control, such as diaphragmatic breathing or sham acupoints, was used in place of tapping on actual acupoints. The purpose of the meta-analysis was to determine whether tapping was an inert or an active ingredient in EFTs observed treatment effects. Subsequent to publication, errors in the statistical analysis were identified, primarily incorrect standard deviation values, and our methodological approach was questioned by others. We therefore had the meta-analysis rerun by an independent senior statistician who compared pre- to follow-up results to determine the sustained effects of treatment. The cumulative fixed effects Hedge's g-value was found to be 0.73 (95% confidence interval = 0.42-1.04,  $p < 0.0001$ ). The corresponding random effects Hedge's g-value is 0.74 (95% confidence interval = 0.34-1.13,  $p < 0.0001$ ). We also reviewed and clarified our methodology. In conclusion, despite computational errors in our original publication, the present revised analysis supports the original conclusion that the acupressure component of the EFT protocol is an active ingredient that contributes to the method's favorable health effects.

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

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

Gaesser, A. H. (2020). Emotional freedom techniques: Stress and anxiety management for students and staff in school settings. In C. Maykel & M. A. Bray (Eds.), *Applying psychology in the schools. Promoting mind-body health in schools: Interventions for mental health professionals* (pp. 283-297). Washington, DC, US: American Psychological Association. <http://dx.doi.org/10.1037/0000157-020>

Emotional Freedom Techniques (EFT), more commonly known as tapping, is an emerging, research-based intervention that has been found to be an effective stress and anxiety

management tool for students and school personnel. EFT uses cognitive behavior therapy techniques, such as awareness building, imaginal exposure, reframing of interpretation, and systematic desensitization, while teaching the individual to self-stimulate protocol-identified acupoints. The use of EFT with children and adolescents is relatively new, and therefore, research on its effectiveness is limited. Within the last decade, initial results have indicated that EFT assists students in reducing anxiety and the fear of failure and in improving self-esteem and compassion within a few sessions. This chapter examines relevant EFT research and the use of EFT with school-age children and adolescents. In addition, it discusses the importance of formal training in EFT for school practitioners and ethical considerations.

Inangil, D., Vural, P., Dogan, S. Korpe, G. (2020). Effectiveness of music therapy and Emotional Freedom Technique on test anxiety in Turkish nursing students: A randomised controlled trial. *European Journal of Integrative Medicine*, 33.  
<https://doi.org/10.1016/j.eujim.2019.101041>

**Introduction:** Test anxiety, one of the forms of situational anxiety, is a crucial biopsychological factor negatively affecting the wellbeing and academic performance of students throughout their education. The study aimed to determine the effects of music therapy and EFT (Emotional Freedom Technique) on situational anxiety and vital signs in nursing students before they took an OSCE (Objective Structured Clinical Exam).

**Methods:** This study was conducted with 90 volunteer students. A computer-based random number generator was used to randomly assign the students into three groups (Music, EFT, and control), each group consisted of 30 students. Data was collected using a Student Identification Form, the Situational Anxiety Scale, and the Vital Signs Form.

**Results:** Before the interventions, the mean anxiety scores of the students were similar. After the interventions, however, the mean anxiety scores of those in both experimental groups were significantly lower ( $p < .05$ ). The difference between the mean vital signs of the groups was not statistically significant, except the pulse rate in the EFT and peripheral capillary oxygen saturation (SpO<sub>2</sub>) in the music group.

**Conclusions:** According to the results of the study, both music therapy and EFT led to a decrease in the nursing.

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

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

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

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

people’.

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

Kwak, H. Y., Choi, E. J., Kim, J. W., Suh, H. W., & Chung, S. Y. (2020). Effect of the Emotional Freedom Techniques on anger symptoms in Hwabyung patients: A comparison with the progressive muscle relaxation technique in a pilot randomized controlled trial. *Explore*, 16(3), 170–177. <https://doi.org/10.1016/j.explore.2019.08.006>

**Context:** Hwabyung is a psychosomatic disease resulting from the suppression of anger over an extended period. The Emotional Freedom Techniques (EFT) are meridian-based psychotherapy known to cure many psychosomatic diseases, and progressive muscle relaxation (PMR) is a therapeutic method that relieves physical and psychological tension by repeated tensing and relaxation of the muscles.

**Object:** In this study, we compared the effects of EFT and PMR in patients with Hwabyung.

**Design:** 40 patients were enrolled and randomized to receive 4 weeks of group sessions with either EFT (n = 20) or PMR (n = 20). Evaluations were conducted pre- and post-treatment and at 4-week and 24-week follow-ups after session end.

**Main outcome measures:** The Hwabyung Scale, Visual Analogue Scale of Hwabyung Symptoms (VAS-HS), Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI), and State-Trait Anger Expression Inventory (STAXI) were administered as self-report tools. The analysis excluded 8 patients who never attended treatment and 1 patient meeting the exclusion criteria.

**Result:** EFT (n = 15) and PMR (n = 16) improved Hwabyung symptoms (-13.95% and -11.46%, respectively), state anxiety (-12.57% and -12.64%, respectively), and depression (-32.11% and -18.68%, respectively) (p < 0.05 for all). Trait anger improved in EFT group (-13.4%, p = 0.004). There were no significant differences between the groups (p > 0.05) except for trait anger at post-treatment (p = 0.022 for between group). No adverse events were reported during the study.

Mavranouzouli, I., Megnin-Viggars, O., Daly, C., Dias, S., Stockton, S., Meiser-Stedman, R., Trickey, D., & Pilling, S. (2020). Psychological and psychosocial treatments for children and young people with post-traumatic stress disorder: a network meta-analysis. *Journal of Child Psychology and Psychiatry*, 61(1), 18–29. <https://doi.org/10.1111/jcpp.13094>

Post-traumatic stress disorder (PTSD) is a potentially chronic and disabling disorder that affects a significant minority of youth exposed to trauma. Previous studies have concluded that trauma-focused cognitive behavioural therapy (TF-CBT) is an effective treatment for PTSD in youth, but the relative strengths of different psychological therapies are poorly understood.

**Methods:** We undertook a systematic review and network meta-analyses of psychological and psychosocial interventions for children and young people with PTSD. Outcomes included PTSD symptom change scores post-treatment and at 1-4-month follow-up, and remission post-treatment.

**Results:** We included 32 trials of 17 interventions and 2,260 participants. Overall, the evidence was of moderate-to-low quality. No inconsistency was detected between direct and indirect

evidence. Individual forms of TF-CBT showed consistently large effects in reducing PTSD symptoms post-treatment compared with waitlist. The order of interventions by descending magnitude of effect versus waitlist was as follows: cognitive therapy for PTSD (SMD -2.94, 95%CrI -3.94 to -1.95), combined somatic/cognitive therapies, child-parent psychotherapy, combined TF-CBT/parent training, meditation, narrative exposure, exposure/prolonged exposure, play therapy, Cohen TF-CBT/cognitive processing therapy (CPT), eye movement desensitisation and reprocessing (EMDR), parent training, group TF-CBT, supportive counselling and family therapy (SMD -0.37, 95%CrI -1.60 to 0.84). Results for parent training, supportive counselling and family therapy were inconclusive. Cohen TF-CBT/CPT, group TF-CBT and supportive counselling had the largest evidence base. Results regarding changes in PTSD symptoms at follow-up and remission post-treatment were uncertain due to limited evidence.

**Conclusions:** Trauma-focused cognitive behavioural therapy, in particular individual forms, appears to be most effective in the management of PTSD in youth. EMDR is effective but to a lesser extent. Supportive counselling does not appear to be effective. Results suggest a large positive effect for emotional freedom technique, child-parent psychotherapy, combined TF-CBT/parent training, and meditation, but further research is needed to confirm these findings as they were based on very limited evidence.

Mitchell, J. & Chatzidamianos, G. (2020). Emotional Freedom Techniques—how to make it mainstream; a thematic analysis of practitioners' views. *Energy Psychology Journal*, 12(1). doi 10.9769/EPJ.2020.12.1.JM

**Background:** Emotional Freedom Techniques (EFT) is proposed as an effective therapy for the treatment of common mental health problems. It has, however, been met with criticism and is not presently considered a mainstream treatment option for conditions such as anxiety or trauma. Conversely, both cognitive behavior therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) have achieved recognition in advancing into mainstream status, yet EFT is still perceived as an alternative treatment option despite evidence of effectiveness, in more than 100 clinical trials and 40 research reviews and meta-analyses.

**Aims:** By examining the views of trained practitioners, this project aimed to explore the barriers and the facilitators to EFT becoming a mainstream treatment option in UK's National Health Service (NHS) for common mental health problems.

**Method:** Semi-structured interviews were conducted (N=12) exploring views of EFT practitioners. Transcripts were then subjected to thematic analysis.

**Results:** Analysis of participants' views resulted in three themes: (1) research as an asset and a challenge, (2) public perceptions of EFT as a therapeutic modality, and (3) EFT training standards. These themes are perceived as interlinked in the process of EFT becoming mainstream. Findings from this study indicate the requirement of further research evidence that is more widely disseminated to enable increased awareness to the public and those within the medical profession of EFT as a potentially beneficial adjunct intervention. Importantly, training for EFT therapists needs to be improved and standardized.

**Implications:** Based on the results, a series of recommendations are discussed that aim to address the barriers identified.

Seidi P., Jaff D., Connolly S., Hoffart A. (2020). Applying cognitive behavioral therapy and

thought field therapy in Kurdistan region of Iraq: A retrospective case series study of mental-health interventions in a setting of political instability and armed conflicts. *Explore*, S1550-8307(20)30210-X. doi:10.1016/j.explore.2020.06.003

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

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

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

Spielmanns, G; Rosen, G.; Spence-Sing, T. (2020). Tapping away at a misleading meta-analysis. *Journal of Nervous and Mental Disease*, 208(8), 628-631. doi: 10.1097/NMD.0000000000001181

Church et al.'s meta-analysis of three studies claimed to support the specificity of acupoint tapping as a therapeutic technique in the treatment of mental health problems. However, our critical analysis found substantial methodological problems and inaccurate statistical analyses, which render their results invalid. Specifically, 1) two included studies did not include participants with documented mental health problems; 2) two included studies did not specifically isolate the effect of acupoint tapping; 3) clear rationales for selected measures were not provided; 4) comparison groups were not bona fide therapies; 5) researcher and therapist allegiances were not controlled; and 6) selection of included studies may have been biased. Further, our attempt to replicate their results failed; we found that acupoint tapping fared no better than comparison groups:  $k = 3$  studies,  $d = -0.38$  (95% confidence interval, 0.10 to  $-0.87$ ),  $p = 0.12$ . We conclude that the Church et al.'s meta-analysis actually found no specific mental health benefits for acupoint tapping.

Stapleton, P., Clark, A., Sabot, D., Carter, B, & Leech, K. (2020). Portion perfection and Emotional Freedom Techniques to assist bariatric patients post surgery: A randomised

control trial. *Heliyon*, 6(6). <https://doi.org/10.1016/j.heliyon.2020.e04058>

Although significant health improvements are indicated from weight-loss following bariatric surgery, many individuals are unable to lose weight or maintain their weight-loss. The current study aimed to assess whether post-surgery care comprising Emotional Freedom Techniques (EFT), an emerging energy psychology intervention, combined with a behaviour-based nutrition and portion control eating plan in an online self-guided delivery would aid weight-loss and maintenance in bariatric patients.

**Methods:** A 6-month randomised controlled parallel-group trial. Participants (N = 343; aged 21–69 years; BMI  $\geq 30$  kg/m<sup>2</sup>) had undergone bariatric surgery (12 + months prior) and were randomly assigned to one of three treatment groups: Portion Perfection for Bariatric Patients (PPBP; n = 109), PPBP combined with an eight-week online self-paced EFT treatment (n = 107), and a treatment as usual (TAU) control (n = 127). Participants completed measures of BMI, emotional eating, uncontrolled eating, food cravings, and self-esteem at 8-week post-treatment (n = 158) and 6-month follow-up (n = 109).

**Results:** Mixed-design analyses of variances were conducted to examine the effect of the interventions on outcome measures (pre-intervention, 8-week post-intervention, and 6-month follow-up). Emotional eating decreased significantly from pre-intervention to post-intervention for the PPBP and PPBP with EFT groups, and at 6-month follow-up for the TAU group only. There were no statistically significant between-group differences in other outcome variables. However, at 6-months the PPBP with EFT group experienced the greatest improvements in emotional eating (-16.33%), uncontrolled eating (-9.36%), and self-esteem (+4.43%), compared to PPBP only or TAU.

**Conclusion:** The effect of EFT combined with the eating plan on psychological variables was largely inconsistent with prior research and discussion of how this may be optimised in future trials is discussed.

Stapleton, P., Crighton, G., Sabot, D., & O'Neill, H. M. (2020). Reexamining the effect of emotional freedom techniques on stress biochemistry: A randomized controlled trial. *Psychological trauma*, 10.1037/tra0000563. <https://doi.org/10.1037/tra0000563>  
<https://www.ncbi.nlm.nih.gov/pubmed/32162958>

**Objective:** In a direct replication of Church, Yount, and Brooks (2012), this study examined changes in stress biochemistry and psychological distress symptoms in 53 participants randomly allocated to one of three 60-min group interventions: Emotional Freedom Techniques (EFT), psychoeducation (PE), and no treatment (NT). The Symptom Assessment-45 (SA-45) was used to assess psychological distress symptoms.

**Method:** Salivary cortisol assays were administered 30 min pre- and postintervention to test cortisol levels. The original study by Church et al. indicated the EFT group showed statistically significant improvements in anxiety (-58.34%,  $p < .05$ ), depression (-49.33%,  $p < .002$ ), overall severity of symptoms (-50.5%,  $p < .001$ ), and symptom breadth (-41.93%,  $p < .001$ ). The group also experienced a significant decrease in cortisol (-24.39%) compared to the PE group (-14.25%) and NT group (-14.44%).

**Results:** The present results indicated the EFT group experienced a significant decrease in cortisol greater than the original study (-43.24%,  $p < .05$ ), but these results were not mirrored by subjective reports of psychological distress. The EFT group reduction in cortisol was significantly different from that of the PE group (-19.67%), and as expected, the posttreatment cortisol level detected among the EFT group was lower than that of the NT

group (2.02%); however, there was not a statistically significant difference between the 2 groups. Additionally, there were no significant improvements in cortisol reduction among the NT and PE groups.

**Conclusions:** Findings support the original study indicating EFT to be an efficient and effective brief treatment for reducing biological markers of stress.

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

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

## 2019

Anderson, K., Rubik, B. & Absenger, W. (2019). Does combining Emotional Freedom Techniques and Hypnosis have an effect on sexual assault-specific posttraumatic stress disorder symptoms? *Energy Psychology Journal*, 11(2). doi: 10.9769/EPJ.2019.11.2.KA

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

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

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

**Interventions:** EFT and hypnosis combined.

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

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

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

Bach, D., Groesbeck, G., Stapleton, P., Sims, R., Blickheuser, K. & Church, D. (2019). Clinical EFT (Emotional Freedom Techniques) improves multiple physiological markers of health. *Journal of Evidence-Based Integrative Medicine* 24. <https://doi.org/10.1177/2515690X18823691>

Emotional Freedom Technique (EFT) is an evidence-based self-help therapeutic method and over 100 studies demonstrate its efficacy. However, information about the physiological effects of EFT is limited. The current study sought to elucidate EFTs mechanisms of action across the central nervous system (CNS) by measuring heart rate variability (HRV) and heart coherence (HC); the circulatory system using resting heart rate (RHR) and blood pressure (BP); the endocrine system using cortisol, and the immune system using salivary immunoglobulin A (SigA). The second aim was to measure psychological symptoms. Participants (N = 203) were enrolled in a 4-day training workshop held in different locations. At one workshop (n = 31), participants also received comprehensive physiological testing. Posttest, significant declines were found in anxiety (-40%), depression (-35%), posttraumatic stress disorder (-32%), pain (-57%), and cravings (-74%), all  $P < .000$ . Happiness increased (+31%,  $P = .000$ ) as did SigA (+113%,  $P = .017$ ). Significant improvements were found in RHR (-8%,  $P = .001$ ), cortisol (-37%,  $P < .000$ ), systolic BP (-6%,  $P = .001$ ), and diastolic BP (-8%,  $P < .000$ ). Positive trends were observed for HRV and HC and gains were maintained on follow-up, indicating EFT results in positive health effects as well as increased mental well-being.

Church, D., & Clond, M. (2019). Is online treatment as effective as in-person treatment? Psychological change in two relationship skills groups. *Journal of Nervous & Mental Disease* 207(5):315-319. doi: 10.1097/NMD.0000000000000975.

Psychotherapy has undergone a widespread change recently, with many interventions now available as wireless device apps or online courses. The current study compared the efficacy of an online program with a personal group treatment intervention. The in-person group (n = 37) attended a 6-day workshop called Tapping Deep Intimacy that focused on the development of interpersonal skills. The online group (n = 37) consumed to the same information in the form of a 12-week online course. The content of both courses was drawn from the curriculum for Whole Energy Lifestyle, which trains participants in 12 evidence-based interpersonal and stress-reduction skills designed to reduce emotional triggering and promote health. These include mindfulness, breathwork, meditation (EcoMeditation), heart coherence, Clinical Emotional Freedom Techniques, active listening, and qigong. In both groups, depression, anxiety, and relationship satisfaction were assessed pre, post, and at 1-year follow-up. Anxiety reduced in the in-person but not the online group. Significant improvements in depression ( $p < 0.001$ ) were found in both groups, although sharper symptom declines were found in the in-person group. A 29% improvement in relationship satisfaction was found in both groups ( $p < 0.003$ ), and both maintained their gains over time. Anxiety and depression symptoms were much higher in the in-person group pretest despite similar demographic characteristics, suggesting differences in the population that uses online courses. These preliminary findings suggest that while online programs may play a role in the development of stress-reduction and interpersonal skills, it cannot be assumed that they mirror the therapeutic efficacy of in-person treatment in every dimension.

Church, D. and David, I. (2019). Borrowing Benefits: Clinical EFT (Emotional Freedom Techniques) as an immediate stress reduction skill in the workplace. *Psychology*, 10, 941-952.

Clinical EFT (Emotional Freedom Techniques) is an evidence-based practice that has demonstrated efficacy for anxiety, depression, and PTSD. While a literature search identifies over 100 EFT papers, none thus far report on its use with business executives. The current study assessed psychological indicators in business owners (N = 39) over 50 years old and whose companies grossed US\$9 million or more annually. Participants attended a daylong seminar combining psychoeducation with EFT delivered in small group format using a manualized protocol known as Borrowing Benefits. All members of each group used EFT while witnessing sessions conducted by a certified Clinical EFT practitioner. After treatment, the severity of psychological symptoms such as anxiety and depression declined by 34% ( $p < 0.0008$ ). Pain was reduced by 41%, and cravings for problem food and drink items by 50% (both  $p < 0.0001$ ). The study focused on EFT's immediate stress-reduction effects and did not include a follow-up assessment. Consistent with the literature on Borrowing Benefits, EFT produced large reductions in stress symptoms when delivered in group format. As businesses seek methods of reducing stress in professional settings, Clinical EFT groups offer a fast and effective technique to improve both the physical and psychological dimensions of employee well-being.

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

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

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

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

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

Feinstein, D. (2019). Words to tap by: The use of language in Energy Psychology protocols. *Energy Psychology: Theory, Research, and Treatment*, 11(1), 41–56. doi:10.9769/EPJ.2019.11.1.DF

Most Energy Psychology protocols include a component in which the client is guided in the use of personally tailored wording related to a target problem or goal. These phrases are stated simultaneously with the stimulation of selected acupuncture points (acupoints) via tapping. Thought Field Therapy (TFT) and its popular derivative, Emotional Freedom Techniques (EFT), are the most well-known variations of the acupoint tapping approaches. These therapies have been validated for their efficacy and unusual speed in resolving psychological and physical conditions in more than 100 clinical trials and several meta-analyses. Clinicians and life coaches wanting to incorporate acupoint tapping into their practices can readily learn the basic protocols but are often unsure about how to formulate the most effective wording to accompany the client's self-tapping. This paper presents a qualitative analysis of videotaped statements that were judged to move the treatment forward in relationship to three process outcomes: (a) the statement resulted in the practitioner becoming better *attuned* to the client's intentions for and experience with the therapy, (b) it *explored* the issues relevant to the client's needs and goals in order to deepen both the client's and the practitioner's understanding of them, and/or (c) it *led* the client toward more effective ways of addressing pertinent issues. These three categories—attune, explore, lead—were derived from the 62 therapeutic functions of language that were identified as the videotaped wording was being coded. The list is only an initial formulation, based on one clinician's sessions as analyzed by that clinician. It is intended as a first step toward a more comprehensive investigation of the use of language in Energy Psychology sessions, its impact on client outcomes, and its implications for practitioner training.

Fitch, J. Kimmel, K., Fairchild, J. & DiGirolamo, J. (2019). Dismantling an energy psychology technique for communication apprehension. *Energy Psychology Journal*, 11(2). doi: 10.9769/EPJ.2019.11.2.JF

Reducing communication apprehension (CA) in university public speaking classes has been traditionally achieved by strategies such as skills training, rehearsal, preparation, and repeated performance. Yet, some highly anxious speakers require more intensive interventions. Recently, Energy Psychology (EP) protocols such as Emotional Freedom Techniques (EFT) and Primordial Energy Activation and Transcendence (PEAT) have significantly reduced CA after brief interventions. Other studies have investigated the therapeutic effects of the various components of selected EP protocols through dismantling studies. This study contributes to existing EP dismantling and CA studies by exploring the efficacy of two modified PEAT protocols. Participants (N = 51) were randomly placed into one of three groups: a modified PEAT acupressure group, a modified PEAT non-acupressure group, and a no-treatment control group. Mixed method analyses did not find a significant difference in CA scores ( $p < .05$ ) or reported subjective experiences between groups at posttest, and highly anxious speakers benefitted more from the public speaking course than less anxious ones. The authors suggest that dismantling the original PEAT technique may have limited its efficacy and further study on PEAT for CA is required.

Freger, M. (2019). Use of Over Energy Correction (OEC) for intervention therapists at a center-based treatment facility for Autism Spectrum Disorders (ASD). *International Journal of Healing and Caring*, 19(2).

Caregivers and therapists can often experience high stress levels or burnout when working in intensive environments with children who are diagnosed with Autism Spectrum Disorders (ASDs). It was hypothesized that a single breathing exercise practiced several times per day over an extended period of time, may assist in decreasing stress levels and burnout and assist in developing resiliency. Specifically, a breathing exercise designed to integrate left and right hemispheric activity was used. The breathing exercise appeared to be effective with respect to the subjects perceived ratings. Specifically subjects reported being able to gain a deeper understanding of their mind body awareness to anticipate using self-talk on the job to decrease distractibility and to increase focus. Subjects also reported greater resiliency across settings other than the workplace, decreased stress levels, and increased energy levels.

Harbottle, Lynn. (2019). Potential of emotional freedom techniques to improve mood and quality of life in older adults. *British Journal of Community Nursing*, 24(9).  
<https://doi.org/10.12968/bjcn.2019.24.9.432>

Emotional freedom techniques (EFTs) are an innovative combined somatic and cognitive therapy. Derived from key principles within traditional Chinese medicine, they incorporate elements of exposure, cognitive and other conventional psychotherapies. Increasing evidence suggests that EFTs are effective in treating various physical and psychological conditions and across several population groups. Studies indicate that the somatic component is essential to its ease of use, rapid effect and durability of results. EFTs can be used as self-help tools or applied therapeutically in groups or individually. There is a lack of research specifically examining its applicability to older adults, but a ground-breaking project with nurses in France suggests that EFTs may offer significant potential to moderate pain and stress levels and to improve mood, interaction and quality of life among this group, including those with multiple and complex comorbidities.

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

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

Islam, Z. & Tully, L. (2019). Energy healing therapies for symptom control of cancer patients. *International Journal of Healing and Caring*, 19(1).

Energy medicine techniques, including Healing Touch, Reiki, Quantum Touch, Donna Eden Method were added to the routine medical treatment regime of cancer patients at the MD Anderson Cancer and their effects were evaluated on the most common symptoms suffered by the patients, including anxiety, pain, fatigue, nausea and insomnia.

Improvements ranging from 3.4-5.8 points (on a scale of 1-10) were seen in symptoms, as rated by the patients and these were highly significant. The highest response was found in anxiety (CI 4.7-5.8), followed by pain (CI 3.4-4.5) and fatigue (CI 3.6-4.8). Our results demonstrate that energy medicine techniques provide significant symptomatic relief, as judged subjectively by the patients. Furthermore, our results indicate that energy medicine techniques can be non-pharmaceutical adjuncts in helping to control the symptoms of cancer patients, many of whom are already on multiple medications.

Jensen, A. M. (2018). ). Emerging from the mystical: Rethinking Muscle Response Testing as an ideomotor effect. *Energy Psychology Journal*, 10(2). doi: 10.9769/EPJ.2018.10.2.AJ

Muscle Response Testing (MRT) is an assessment tool estimated to be used by over one million people worldwide, mainly in the field of alternative health care. During a test, a practitioner applies a force on a patient's isometrically contracted muscle for the purpose of gaining information about the patient in order to guide care. The practitioner notes the patient's ability or inability to resist the force and interprets the outcome according to predetermined criteria. Though recent research supports the validity of MRT, little is known about its mechanism of action. Nevertheless, its causation is often attributed to an ideomotor effect, which can be defined as muscular activity, potentially nonconscious, and seemingly brought about by a third-party operator. Accordingly, the aim of this study is to investigate whether the ideomotor effect is a plausible explanation of action for MRT.

**Methods:** This is a retrospective, observational study of data extraction from a previously reported study of the diagnostic accuracy of MRT used to distinguish true from false statements. Additional analysis was carried out on the dataset of assessing for potential sources of bias—both practitioner bias and patient bias.

**Results:** When practitioners were blind, they achieved a mean MRT accuracy of 65.9% (95% CI 62.3–69.5), and when they were not blind, 63.2% (95% CI 58.3–68.1). No significant difference was found between these scores ( $p = 0.37$ ). When practitioners were intermittently misled, the mean MRT accuracy decreased to 56.6% (95% CI 49.4–63.8), which proved to be significantly different from when the practitioners were blind ( $p = 0.02$ ), yet not significantly different from then the practitioners were not blind ( $p = 0.11$ ). In addition, no evidence of patient bias was uncovered.

**Summary:** The results of this study demonstrate that when comparing blind and not blind conditions, the practitioner evokes no influence, so it is unlikely that the practitioner is responsible for an ideomotor effect. Likewise, the patient has been shown to produce no significant influence either, so it is also unlikely that the patient is responsible for an ideomotor effect. The limitations of this study are those of any retrospective, observational study in that data were not collected to answer the specific research question of this study. Future research should include a study specifically designed to answer this question, for example, intentionally attempting to induce bias in the practitioner. In summary, the ideomotor explanation of MRT should be regarded as obsolete until such a time as a more

plausible explanation of its mechanism of action is established.

Konig, N., Stever, S., Seebacher, J., von Prittwitz, Q., Bliem, H. & Rossi, S. (2019). How therapeutic tapping can alter neural correlates of emotional prosody processing in anxiety. *Brain Science*, 9, 206; doi:10.3390/brainsci9080206.

Anxiety disorders are the most common psychological disorders worldwide resulting in a great demand of adequate and cost-effective treatment. New short-term interventions can be used as an effective adjunct or alternative to pharmacological and psychotherapy. One of these approaches is therapeutic tapping. It combines somatic stimulation of acupressure points with elements from Cognitive Behavioral Therapy (CBT). Tapping reduces anxiety symptoms after only one session. Anxiety is associated with a deficient emotion regulation for threatening stimuli. These deficits are compensated e.g., by CBT. Whether Tapping can also elicit similar modulations and which dynamic neural correlates are affected was subject to this study. Anxiety patients were assessed listening to pseudowords with a different emotional prosody (happy, angry, fearful, and neutral) prior and after one Tapping session. The emotion-related component Late Positive Potential (LPP) was investigated via electroencephalography. Progressive Muscle Relaxation (PMR) served as control intervention. Results showed LPP reductions for negative stimuli after the interventions. Interestingly, PMR influenced fearful and Tapping altered angry prosody. While PMR generally reduced arousal for fearful prosody, Tapping specifically affected fear-eliciting, angry stimuli, and might thus be able to reduce anxiety symptoms. Findings highlight the efficacy of Tapping and its impact on neural correlates of emotion regulation.

Ledger, K.E. 2019. A feasibility study of Emotional Freedom Technique taught in the curriculum for secondary school students, to reduce stress and test anxiety and enhance coping skills. *The International Journal of Healing and Caring*, 19(3).

**Objective:** This 2008 Feasibility Study explored the impact of teaching Emotional Freedom Technique (EFT) as part of class curriculum for Secondary School students, as a self-care tool for reducing stress and test anxiety and for enhancing coping skills.

**Participants:** Canadian students at a Secondary School taking Planning 10 courses, with combined Grades 10, 11 & 12, (n = 138) participated in the study. All students received the EFT training as part of class curriculum, and completed all the questionnaires.

**Methods :** An initial controlled trial of EFT for 2 class groups (total n = 44) is compared to no treatment for 2 class groups (total n = 43).. Standardized quantitative measures were taken of stress (Perceived Stress Scale) coping strategies (Brief COPE) and test anxiety (Westside TA), prior to Intervention; one week after the first class; and following the completion of the EFT training sessions.

Following the Controlled Study and prior to Christmas exams, the "No Treatment" classes were given the same number of hours training in EFT as the Intervention Group. A fifth class which could not be used in the controlled study, was taught EFT during the initial time period. Because all students had to participate in the EFT training to get school credit, Quantitative measures were taken for all students at all time periods; including just after the EFT training of the control groups prior to Christmas break, and before Provincial Exams in January. An 18 item, anonymous, Quantitative questionnaire was administered at the conclusion of the EFT training for all Groups.

**Results:** Putting together a research proposal, designing the study; jumping through the hoops of permissions, and institution rules; carrying out the interventions; collecting the data and reporting the results are all monumental tasks. Things can go wrong at any juncture, and often do. However, the one issue I didn't think would occur was that the Quantitative Data would be virtually useless. I was also surprised by the wide range of response and results of the various Class Groups, as detailed below, given that they were all offered almost identical EFT training.

Due to unfortunate circumstances, none of the Quantitative Data could be considered clearly valid. There were two main reasons. 1. The Principal Investigators were not notified that many of the students would not be taking exams during the trial period and approximately 25% of the foreign students did not have to write exams at all. This meant that collecting data on Test Anxiety was irrelevant for many. 2. Contamination of the Quantitative questionnaires occurred with some students checking off multiple choice answers in "patterns" on the answer checkboxes, and it was not clear how many other students had done this, but perhaps not in as blatant a manner as to be detected. This data loss was exceedingly disappointing for all involved.

Fortunately, valuable findings were still gleaned from student responses to the 18 item Qualitative Questionnaire, submitted anonymously by all students at the end of EFT Study. Perhaps because these surveys encouraged both positive and negative feedback and could not be tracked to individuals, the students appeared to be more open and direct - (sometimes brutally). But they offered useful and constructive information on many levels. Most encouraging was that 67% of students recommended that EFT be taught in schools; 63% indicated they could benefit from learning EFT in smaller groups, and 33% indicated they would be interested in having 1:1 assistance from a Counsellor using EFT.

While some students were resistant to the EFT classes, the majority shared clear examples of how they had taken their EFT skills into coping with: homework, studying, assignments, and sports and arts performances. In addition, some were able to expand their use of EFT to family and social relationships, and other issues outside the school setting, which was clear evidence of enhanced coping skills.

**Conclusions:** The teaching of EFT in schools can benefit some students; particularly those who are motivated to learn it due to need or interest. It is recommended that more research, investigation and refinement of teaching EFT in schools, to a range of grades; to whole classes and to smaller groups of students seeking specific help for anxiety and stress be undertaken.

Leskowitz, E. (2019). Biofield Science: Implications for the study of human behavior. *Energy Psychology Journal*, 11(2). (Guest editorial, no abstract).

Leskowitz, E. (2019). Mesmer reconsidered: From animal magnetism to the biofield. *Explore*, 15(2), 95-97. (No abstract). <https://DOI.org/10.1016/j.explore.2018.12.010>

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

The present case series examined the effectiveness of an integrated Energy Psychology

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

Nicosia, G., Minewiser, L., & Freger, A. (2019). World Trade Center: A longitudinal case study for treating post traumatic stress disorder with Emotional Freedom Techniques and eye movement. *Work*, 63(2), 199-204. doi: 10.3233/WOR-192921.

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

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

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

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

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

Pennington, J., Sabot, D. & Church, D. (2019). EcoMeditation and Emotional Freedom Techniques (EFT) produce elevated brain-wave patterns and states of consciousness. *Energy Psychology Journal*, 11(1). doi: 10.9769/EPJ.2019.11.1.JP

**Background:** Stress-reduction techniques can be used in combination with each other. Two such methods are Emotional Freedom Techniques (EFT) and EcoMeditation. EFT is an evidence-based self-help method. Reviews and meta-analyses examining more than 100 studies demonstrate the efficacy of EFT for anxiety, depression, and posttraumatic stress disorder (PTSD). EcoMeditation is a secular meditation technique that combines neurofeedback, mindfulness, and heart coherence. Studies demonstrate that EFT and EcoMeditation can improve cortisol levels, heart rate, and other health markers.

**Objectives:** EFT is most commonly used to relieve stress and treat traumatic childhood memories, while EcoMeditation is used to produce calm emotional states. This study sought to elucidate whether the release of traumatic stress facilitated by EFT would enhance entry into meditative states, and secondly whether EcoMeditation prior to EFT might establish a baseline of wellbeing that assists in the resolution of trauma.

**Methods:** The Mind Mirror 6 (MM) electroencephalogram (EEG) was used to assess brain states in eight participants attending a weekend workshop. The MM measures changes in three advanced neurophysiological states of consciousness characterized by relative amplitude relationships between brain-wave frequencies: 1) the Awakened Mind pattern of lucid awareness, creativity, insight, intuition, and spiritual connection; 2) the Evolved Mind of nondual unity consciousness; and 3) the Gamma Synchrony pattern of whole-brain synchrony, mental integration, nonlocal awareness, and insight. Assessments included eyes-closed (EC) and eyes-open (EO) states, in order to determine whether changes in consciousness were sustained in waking life. Baselines were collected at the start and end of each day, and after EcoMeditation, which was performed for 20 minutes on day two.

**Results:** A statistically significant EO posttest change was found in the Awakened Mind pattern ( $p = 0.003$ ). Cohen's  $d = 0.79$  indicated a large treatment effect. Increased brainwave coherence—a measure of efficient brain function—was found in all participants in at least one frequency category, while six increased EO Gamma Synchrony. Coherence analytics showed increased brain-wave coherence primarily in alpha but also in theta and delta and occasionally in low and midrange gamma. During EcoMeditation, all participants generated high-amplitude 45–65 Hz gamma frequencies and Gamma Synchrony values, some at the top of the statistical range, with high synchrony at posttest.

**Conclusions:** EcoMeditation produced extraordinarily high levels of Gamma Synchrony. In two days, many participants acquired elevated brain states normally found only after years of meditation practice. EcoMeditation facilitated participants' ability to induce and sustain the alpha brain waves characteristic of high-level emotional, mental, and spiritual integration. A combination of the two methods produced statistical gains in the EO Awakened Mind, indicating that participants were able to carry elevated mental states into waking consciousness.

Rometsch-Ogioun El Sount, C., Windthorst, P., Denking, J. Ziser, K., Nikendei, C., Kindermann, D., Ringwald, J., Renner, V., Zipfel, S., Junne, F. (2019). Chronic pain in refugees with posttraumatic stress disorder (PTSD): A systematic review on patients' characteristics and specific interventions. *Journal of Psychosomatic Research*, 118; 83-97.  
<https://doi.org/10.1016/j.jpsychores.2018.07.014>

**Objective:** Chronic pain in patients with posttraumatic stress disorder (PTSD) is a frequent symptom and a complicating factor in the treatment of patients. The study's purpose is to systematically review the scientific literature on patients' characteristics and the effects of specific interventions implemented for the treatment of chronic pain in traumatized refugees.

**Method:** A systematic search of the current literature was conducted in PubMed and Web of Science, from 1996 to 2017. A structured screening process in accordance with the PRISMA-statement was used with eligibility criteria based on the modified PICOS-criteria including refugees with chronic pain and diagnosed PTSD to investigate sample size, gender, country of origin, residential status, pain locations, predictors and correlations and type and efficacy of specific interventions.

**Results:** The initial search resulted in a total of 2169 references, leading to 15 included studies.

Most frequently, patients reported headaches, backaches, and pain in the arms and legs. Pain symptoms were associated with higher age, female gender, general living difficulties and PTSD symptoms. Cognitive behavioral therapy (CBT) and, Narrative Exposure Therapy (NET) with biofeedback, manualized traumapsychotherapy, Traditional Chinese Medicine (TCM) and Emotional Freedom Techniques were evaluated as specific interventions, resulting in positive outcomes for both pain severity and PTSD symptoms.

**Conclusions:** To date, the existing literature shows scarce evidence evaluating specific interventions that address the needs of traumatized refugees with chronic pain. However, the current reported evidence allows for a preliminary evaluation of the characterizations of patient dimensions as well as promising results found in intervention studies.

Stapleton P, Buchan C, Mitchell I, McGrath Y, Gorton P, Carter B. (2019). An initial investigation of neural changes in overweight adults with food cravings after Emotional Freedom Techniques. *OBM Integrative and Complementary Medicine*, 4(1):14; doi:10.21926/obm.icm.1901010. <http://www.lidsen.com/journals/icm/icm-04-01-010>

**Background:** This pilot randomised clinical trial investigated the effect of Clinical Emotional Freedom Techniques (EFT) on brain activation in response to food craving stimuli using functional magnetic resonance imaging. EFT is a brief stress reduction technique which involves stating a cognitive statement with stimulation of acupressure points with a tapping technique.

**Method:** Fifteen overweight/obese adults were allocated to a four-week group EFT treatment or control condition and completed a measure of food craving. Random repeating images of high-calorie food designed to engage parts of the brain were presented during the pre and post fMRI scans.

**Results:** The Group x Time interaction for food cravings were significant for the EFT group when compared to the controls. Participant mean scores decreased by 18% for the EFT group and 5% for the control group. Brain activity was mapped using fMRI measures, and there was relative deactivation in the Superior Temporal Gyrus and lateral orbito-frontal cortex for the EFT treatment group only. The control group however, showed continued activation in these areas.

**Conclusion:** The findings indicated EFT may decrease limbic region brain activity and reduce food related symptoms in overweight/obese individuals. This study also illuminates the neurological mechanisms at work behind the many successful outcome studies of EFT for weight loss.

Stapleton, P., Lilley-Hale, E., Mackintosh, G., & Sparenburg, E. (2019). Online delivery of Emotional Freedom Techniques for food cravings and weight management: 2-Year follow-up. *Journal of Alternative and Complementary Medicine*, Feb 2020. 98-106. <http://doi.org/10.1089/acm.2019.0309>

**Background:** Growing obesity rates are a problem worldwide. Several studies of emotional freedom techniques (EFT), a brief psychophysiological technique, have indicated that it may be a promising addition to traditional weight loss interventions.

**Objective:** The current study evaluated food cravings, dietary restraint, subjective power of food, weight changes, and self-reported symptoms (e.g., somatic, anxious, and depressive) 2 years after an 8-week online self-directed EFT intervention with additional online support.

**Design:** Participants were initially randomly allocated to a treatment or waitlist group. The treatment group was instructed to self-pace through an online EFT treatment program made up of seven modules throughout the 8-week intervention period, and the waitlist was also completed at the end of this period.

**Results:** Analyses of the online EFT intervention program indicated significantly reduced scores for food cravings (-28.2%), power of food (-26.7%), depression (-12.3%), anxiety (-23.3%), and somatic symptoms (-10.6%) from pre to postintervention and from pre (baseline) until the 2-year follow-up and significantly improved scores for restraint (+13.4%). Further improvements were experienced for carbohydrates and fast food cravings between 6 months and 2 years. Body Mass Index and weight significantly decreased from pre- to 12 months follow-up although there were no differences at the 2-year point.

**Conclusions:** As an online intervention program, EFT was very effective in reducing food cravings, perceived power of food, psychologic symptomatology, and improving dietary restraint and maintaining those improvements over a 2-year period. The addition of EFT to traditional weight loss interventions is timely and supported by this research.

Stapleton, P. B., Roos, T., Mackintosh, G., Sparenburg, E., Sabot, D., & Carter, B. (2019). Online delivery of Emotional Freedom Techniques in the treatment of food cravings and weight management: A randomised controlled trial. *OBM Integrative and Complementary Medicine*, 4(4). <https://doi.org/10.21926/obm.icm.1904065>  
doi: 10.21926/obm.icm.1904065

**Background:** The combination of dietary restraint and physical exercise as a recommended treatment for weight loss has had limited long-term success. One factor proposed as limiting weight management techniques efficacy is the failure to target psychological processes linked with overeating. Consistent with prior research that has identified the efficacy of emotional freedom techniques (EFT) in reducing food cravings and aiding weight loss, this pilot randomised controlled trial (RCT) examined the impact of online delivery of EFT intervention on food cravings and weight management.

**Methods:** Participants were randomly assigned to an eight-week online EFT intervention group or waitlist control group. The sample comprised primarily of women (96%) aged between 41 and 60 years. Of the treatment group, 65% consumed their craved foods daily and had an average Body Mass Index in the obese range (33.3). Outcome measures assessed included food cravings, dietary restraint, subjective power of food, weight, somatic (body sensation), anxiety, and depressive symptoms.

**Results:** Post-intervention analyses revealed significant reductions on all measures for participants in the EFT condition (n = 314) with Cohen's effect size values suggesting moderate to high practical significance for the online intervention. However, there were no significant differences for participants in the waitlist control group (n = 137). In this crossover study design, post-test waitlist data was then collapsed into the EFT treatment group data for follow-up analyses, which indicated treatment gains on all measures at 6-month (n = 216) and 12-month (n = 145) follow-up.

**Conclusions:** Findings constitute preliminary support for the utility of online EFT as an accessible tool to assist the management of food cravings and body weight.

Tarsha, M.S., Park, S., & Tortora, S. (2019). Body-Centered Interventions for Psychopathological Conditions: A Review. *Frontiers in Psychology*, 10.

World-wide, billions of dollars are spent each year on body-centered interventions to alleviate both physical and psychological pathologies. Given the high demand and increasing popularity of body-centered interventions, there is need for a systematic organization of empirical evidence associated with body-centered therapies. This article reviews the psychological effects of body-centered interventions on emotional well-being, including both self and other-administered (receptive) therapies. Theory behind body-centered interventions rely upon the bidirectional communication pathway between the brain and body. We investigated the bidirectional communication pathway between the brain and body by evaluating evidence across multiple body-centered therapies. The research reviewed includes studies that investigate effects of massage therapy, reflexology, acupuncture, functional relaxation, emotional freedom technique, Rolfing, yoga, tai-chi, and dance/movement therapy on psychological conditions across the lifespan. Results demonstrated that overall, massage therapy, tai-chi, dance/movement therapy, functional relaxation, reflexology, acupuncture and **emotional freedom technique** seem to alleviate stress, depression, anxiety, bipolar disorder and facilitate pain reduction. Of these, the most robust evidence available was for massage therapy, indicating it is an effective intervention for numerous age groups and populations. Rolfing and reflexology had the least amount of support, with few studies available that had small sample sizes. Although these conclusions are limited by scarcity of high-quality empirical data and contradictory findings, available evidence indicates that body-centered interventions can be effective in reducing psychopathology and supports the proposed mechanism of the bidirectional pathway between the brain and body: the body holds the potential to influence the mind. Integrating body-centered therapies in both clinical settings and as self-care could lead to better outcomes. Lastly, we propose the first taxonomy of body-centered interventions and empirical evidence of their effectiveness for clinicians and researchers.

Vural, I. P., Aslan, E. (2019) Emotional Freedom Techniques and Breathing Awareness to reduce childbirth fear: A randomized controlled study. *Complementary Therapy in Clinical Practice*. (35), 224-231. doi: 10.1016/j.ctcp.2019.02.011. Epub 2019 Feb 15.

**Background:** Emotional freedom techniques (EFT) and breathing awareness (BA) are applicable during labour. The present study aimed to determine the effectiveness of EFT and BA in the reduction of childbirth fear.

**Materials and Methods:** This randomized controlled study included 120 pregnant women, of whom the EFT, BA and control groups. The women in the EFT and BA groups were offered their intervention in the latent, active and transition phases of labour.

**Results:** There was no significant difference in the sociodemographic and obstetric factors between the groups ( $p > 0.05$ ). The Subjective Units of Distress Scale in active and transition phases were significantly lower in the EFT group. The difference in the scores for the Wijma Delivery Expectancy/Experience Questionnaire (version B) between the groups was significant ( $p < 0.001$ ).

**Conclusion:** Both EFT and BA were observed to be beneficial in clinical practice; the EFT was found to be more effective and permanent.

Vural, P., Korpe, G. & Inangil, D. (2019). Emotional Freedom Techniques (EFT) to Reduce

**Introduction:** Nursing education involves among other things tracking the learning process. Many students experience anxiety prior to exams, and they try to cope with it. The purpose of this study was to determine the effects of Emotional Freedom Techniques (EFT) on the reduction of exam anxiety in nursing students in the Women's Health and Diseases Nursing course in Turkey.

**Methods:** In this outcomes study, 80 s-year nursing students participated in three EFT sessions, each consisting of six two-minute parts. The study took an average of 46 min. Pre- and post-treatment measurements included: the socio-demographics of participants, the Beck Anxiety Inventory (BAI), the State-Trait Anxiety Inventory (STAI Tx-1, Tx-2), and the Subjective Units of Distress (SUD) scale. The SUD scale was used before and after sessions. Prior to and following the three sessions, the BAI and the STAI Tx 1 and 2 were administered.

**Results:** EFT significantly reduced exam anxiety. Almost half of the students were using some method of coping with anxiety and the most common methods were listening to music and breathing exercises. However, the initial anxiety level was quite high. State and trait anxiety levels, as well as exam anxiety, decreased, statistically significant, after the EFT sessions. At the end of three sessions of EFT, more than half success was determined in the subjective exam anxiety level.

**Conclusions:** This study showed that three EFT sessions administered in a group setting, reduced and helped them better cope with exam anxiety as well as other anxiety indicators in nursing students.

Xiong, T., Wozney, L., Olthuis, J., Rathore, S., & McGrath, P. (2019). A scoping review of the role and training of paraprofessionals delivering psychological interventions for adults with post-traumatic stress. *Journal of Depression and Anxiety*, 8(3).

**Background:** The delivery of interventions for traumatic stress disorders by paraprofessionals is of interest across mental health systems as decision-makers work to meet growing need for services and demand for evidence-based care. Given the need for any system change to reflect scientific evidence, our scoping review aimed to identify and summarize the research on paraprofessional-delivered trauma-focused psychological interventions for adults, with a particular focus on the role and training of paraprofessionals.

**Method:** We searched seven databases for peer-reviewed published studies that employed controlled trial designs to evaluate paraprofessional-led interventions for traumatic stress. Using Covidence software, we completed iterative eligibility screening and extracted study data. Descriptive statistics were used to identify trends and gaps in the literature and inform synthesis of findings.

Yount, G., Church, D., Rachlin, K., Blickheuser, K., Ippolito, C. (2019). Do noncoding RNAs mediate the efficacy of energy psychology? *Global Advances in Health and Medicine*, 8(1-8). doi: 10.1177/2164956119832500.

**Background:** There are over 100 published studies of a therapy called Emotional Freedom Techniques (EFT). This popular form of energy psychology combines elements of established methods like cognitive therapy with acupuncture. Our group reported the first

evidence of its mechanisms of action at the molecular level, showing that it can influence levels of the stress hormone cortisol.

**Objectives:** Given recent advances in molecular genomics that have identified noncoding ribonucleic acid (RNA) molecules as important regulators of gene expression, the aim of this study is to explore the possibility that microRNAs play a role in mediating the effects of EFT.

**Methods:** We measured microRNA levels in stored blood samples from our previous study in which veterans were randomized into an EFT group receiving EFT and treatment as usual throughout a 10-week intervention period, and a control group receiving only treatment as usual during the intervention period and then receiving EFT. A broad panel of 800 microRNAs was probed using a multiplexed, direct hybridization, and detection system.

**Results:** All of the microRNA targets were expressed at low levels and most were below thresholds established by negative control probes. Baseline variability was determined using samples collected from the control group at the start and end of the intervention period, and used to filter out targets that were too noisy under control conditions to be able to distinguish a response to treatment. Analysis of the remaining viable targets found a general trend of reduced expression following EFT, compared to expression levels in samples from the control group during the intervention period. The most notable decreases in expression levels were found for 2 microRNAs: let-7b and let-7c, although no significance was found after adjusting for multiple comparisons.

**Conclusions:** These preliminary data support the feasibility of measuring microRNA expression level changes that correlate with effective EFT therapy.

## 2018

Church, D. & House, D. (2018). Borrowing Benefits: Group treatment with clinical Emotional Freedom Techniques is associated with simultaneous reductions in posttraumatic stress disorder, anxiety and depression symptoms. *Journal of Evidence-Based Integrative Medicine*, 23: 1-4. doi: 10.1177/215658721875651  
<https://www.ncbi.nlm.nih.gov/pubmed/29468884>

Clinical Emotional Freedom Techniques (EFT) is an evidence-based treatment for depression and anxiety. The current study sought to elucidate the relationship between posttraumatic stress disorder (PTSD), depression, and anxiety in a nonclinical population. The sample (N = 81) comprised participants at five 2-day EFT workshops. All groups used an EFT protocol called Borrowing Benefits, in which the group facilitator works with a single client while other participants self-apply EFT. Participants were assessed on 9 specific conditions as well as on the breadth (Positive Symptom Total [PST]) and depth (General Symptom Index [GSI]) of psychological distress. Physical pain and addictive cravings were also assessed. Significant reductions were observed in all measures ( $P < .03$ ). Associations between PST, GSI, and PTSD were significant ( $P < .026$ ). Participants maintained all gains at 6-month follow-up ( $P < .02$ ) with the exception of the Hostility subscale, while Cohen's  $d \frac{1}{4} 0.54$  indicated a moderate treatment effect for PTSD. The relationship between psychological and physiological conditions identified in this study is consistent with that found in other studies. Group treatment is cost-effective and efficient, and the efficacy of EFT in groups indicates the utility of the Borrowing Benefits technique.

Church, D., Stapleton, P., Mollon, P., Feinstein, D., Boath, E., Mackay, D., Sims, R. (2018) Guidelines for the treatment of PTSD using clinical EFT (Emotional Freedom Techniques). *Healthcare* 2018, 6(4),146; <https://DOI.org/10.3390/healthcare6040146>

Clinical EFT (Emotional Freedom Techniques) is an evidence-based method that combines acupressure with elements drawn from cognitive and exposure therapies. The approach has been validated in more than 100 clinical trials. Its efficacy for post-traumatic stress disorder (PTSD) has been investigated in a variety of demographic groups including war veterans, victims of sexual violence, the spouses of PTSD sufferers, motor accident survivors, prisoners, hospital patients, adolescents, and survivors of natural and human-caused disasters. Meta-analyses of EFT for anxiety, depression, and PTSD indicate treatment effects that exceed those of both psychopharmacology and conventional psychotherapy. Studies of EFT in the treatment of PTSD show that (a) time frames for successful treatment generally range from four to 10 sessions; (b) group therapy sessions are effective; (c) comorbid conditions such as anxiety and depression improve simultaneously; (d) the risk of adverse events is low; (e) treatment produces physiological as well as psychological improvements; (f) patient gains persist over time; (g) the approach is cost-effective; (h) biomarkers such as stress hormones and genes are regulated; and (i) the method can be adapted to online and telemedicine applications. This paper recommends guidelines for the use of EFT in treating PTSD derived from the literature and a detailed practitioner survey. It has been reviewed by the major institutions providing training or supporting research in the method. The guidelines recommend a stepped-care model, with five treatment sessions for subclinical PTSD, 10 sessions for PTSD, and escalation to intensive psychotherapy or psychopharmacology or both for nonresponsive patients and those with developmental trauma. Group therapy, social support, apps, and online and telemedicine methods also contribute to a successful treatment plan.

Church, D., Stapleton, P., Sheppard, L., & Carter, B. (2018). Naturally thin you: Weight loss and psychological symptoms after a six-week online clinical EFT (Emotional Freedom Techniques) course. *Explore*, 14(2), 131-136. doi: 10.1016/j.explore.2017.10.009

**Background:** Traditional methods of delivering therapeutic interventions have increasingly been supplemented by online courses. The current study investigated the effects of Clinical EFT (Emotional Freedom Techniques) in 76 participants enrolled in a six-week online course called “Naturally Thin You.” Weight, restraint, the power of food in the external environment, happiness, and posttraumatic stress disorder (PTSD) symptoms were assessed before and after the course and at one-year follow-up.

**Method:** Participants received six live group teleclasses, access to online course materials and a private social media group, and a year of monthly support teleclasses. No particular diet was recommended; the course focused instead on controlling emotional eating, and using EFT to treat the emotional triggers associated with food. Clinical EFT's Borrowing Benefits protocol, in which the group facilitator works with a single participant while others simultaneously self-apply EFT, was used during the teleclasses.

**Results:** Repeated measures ANOVA compared scores pre- to 12-month follow-up, and significant improvements were found for body weight ( $P < .001$ ), depression symptoms ( $P = 0.010$ ), restraint ( $P = 0.025$ ), and the subjective power of food in the external

environment ( $P = 0.018$ ). Weight decreased an average of 1 lb/week during the course, and 2 lb/month between pretest and one-year follow-up. On follow-up, no change was observed in PTSD symptoms measured by a brief civilian trauma checklist, or anxiety, and increases in happiness were non-significant. The results indicate Clinical EFT's utility to address the influence of food in the external environment and assist weight loss, and to promote beneficial long-term change when delivered in an online format.

Church, D., Stapleton, P., Yang, A., Gallo, F. (2018). "Is tapping on acupuncture points an active ingredient in Emotional Freedom Techniques? A systematic review and meta-analysis of comparative studies." *Journal of Nervous and Mental Disease*, 206(10). <https://www.ncbi.nlm.nih.gov/pubmed/30273275>

Emotional Freedom Techniques (EFTs) combine elements of cognitive restructuring and exposure techniques with acupoint stimulation. Meta-analyses indicate large effect sizes for posttraumatic stress disorder, depression, and anxiety; however, treatment effects may be due to components EFT shares with other therapies. This analysis reviewed whether EFTs acupressure component was an active ingredient. Six studies of adults with diagnosed or self-identified psychological or physical symptoms were compared ( $n = 403$ ), and three ( $n = 102$ ) were identified. Pretest vs. posttest EFT treatment showed a large effect size, Cohen's  $d = 1.28$  (95% confidence interval [CI], 0.56 to 2.00) and Hedges'  $g = 1.25$  (95% CI, 0.54 to 1.96). Acupressure groups demonstrated moderately stronger outcomes than controls, with weighted posttreatment effect sizes of  $d = -0.47$  (95% CI,  $-0.94$  to 0.0) and  $g = -0.45$  (95% CI,  $-0.91$  to 0.0). Meta-analysis indicated that the acupressure component was an active ingredient and outcomes were not due solely to placebo, nonspecific effects of any therapy, or nonacupressure components.

Feinstein, D. (2018). Energy psychology: Efficacy, speed, mechanisms. *Explore: The Journal of Science and Healing*. <https://DOI.org/10.1016/j.explore.2018.11.003>

The most well known forms of energy psychology combine cognitive and exposure techniques with the stimulation of selected acupuncture points (acupoints) by tapping on them. Most clinicians who learn and utilize an acupoint tapping protocol integrate the approach within their existing clinical frameworks rather than using it as a stand-alone therapy. The method has been highly controversial, with its efficacy, purported speed, and explanatory models all questioned. Nonetheless, its utilization within clinical settings and as a self-help method has continued to expand since it was introduced more than three decades ago. This paper reviews the most salient criticisms of the method and presents research and empirically based theoretical constructs that address them. More than 100 peer-reviewed outcome studies—51 of which are randomized controlled trials—provide an evidential base for evaluating the claims and criticisms surrounding the approach. This review concludes that a growing body of evidence indicates that acupoint-based energy psychology protocols are rapid and effective in producing beneficial outcomes in the treatment of anxiety, depression, PTSD, and possibly other conditions. Mechanisms by which acupoint tapping might bring about these treatment outcomes are also proposed.

Gaesser, A. (2018). Befriending anxiety to reach potential: Strategies to empower our gifted youth. *Gifted Child Today*, 41(4); 186-195.  
<https://DOI.org/10.1177/1076217518786983>

Gifted students can encounter anxiety-provoking stressors throughout their day. Developing effective anxiety management skills allows them to better navigate these challenges. Concepts from neuroscience help us better understand responses to anxiety and can assist gifted youth and those working with them in recognizing how and when to best apply anxiety management strategies. This article reviews these concepts and integrating them into the classroom environment to assist with this learning process. In addition, it examines an evidenced-based anxiety management intervention that has been found to be efficacious for gifted youth, Emotional Freedom Techniques (EFT). Results of recent EFT research are reviewed and the steps to learning EFT are outlined.

Groesbeck, G., Bach, D., Stapleton, P., Banton, S., Blickheuser, K., & Church, D. (2018). The Interrelated Physiological and Psychological Effects of EcoMeditation: A Pilot Study. *Journal of Evidence-Based Complementary & Alternative Medicine*, 23.

This study investigated changes in psychological and physiological markers during a weekend meditation workshop (N = 34). Psychological symptoms of anxiety, depression, posttraumatic stress disorder (PTSD) and happiness were assessed. Physiological markers included cortisol, salivary immunoglobulin A (SigA), heart rate variability (HRV), blood pressure (BP), and resting heart rate (RHR). On posttest, significant reductions were found in cortisol (-29%, P < .0001), RHR (-5%, P = .0281), and pain (-43%, P = .0022). Happiness increased significantly (+11%, P = .0159) while the increase in SigA was nonsignificant (+27%, P = .6964). Anxiety, depression, and PTSD all declined (-26%, P = .0159; -32%, P = .0197; -18%, P = .1533), though changes in PTSD did not reach statistical significance. No changes were found in BP, HRV, and heart coherence. Participants were assessed for psychological symptoms at 3-month follow-up, but the results were nonsignificant due to inadequate sample size (n = 17). EcoMeditation shows promise as a stress-reduction method.

Jasubhai, S. & Mukundan, C. R. (2018). Cognitive Behavioural Therapy and Emotional Freedom Technique in reducing anxiety and depression in Indian adults. *Int J Emerg Ment Health*, 20(2): 403. doi: 10.4172/1522-4821.1000403

WHO places Major Depressive Disorder (MDD), or depression, as the fourth leading cause of mental disability world-wide. According to a survey done by WHO in February 2017, found 7.5% of Indians suffer from major or minor mental disorders requiring expert intervention. National Mental Health Survey of India in 2015-2016 reports that one in 20 Indians suffer from Depression especially women in the age-group of 40-49 years suffers more. Earlier research indicated that Cognitive Behavioural Therapy (CBT) represents a superior approach in treating mild to severe depression symptoms. Whereas Emotional Freedom Technique (EFT) has received increased attention. The present study is in line with a study conducted in Australia in 2016 by Hannah Chatwin et al. The objective of the current study is to evaluate the comparative effectiveness of CBT and EFT in the treatment of anxiety and depression in Indian adults. Random subjects (n

= 10) were selected from Ahmedabad, India who were screened positive for anxiety disorder and depression using Depression, Anxiety and Stress scale (DASS21) and Beck Depression Inventory (BDI2). These subjects were randomly assigned to an 8 week CBT or EFT treatment program with 1 session per week. All participants were screened after 3 sessions, 5 sessions, 8 sessions and after 1 month of follow up using DASS21 and BDI2. Findings of the study depict that both intervention approaches produce significant reductions in anxiety and depressive symptoms. The EFT treatment produced marked improvement in depression after 3 sessions. After 8 weeks of intervention, the CBT group reported significant improvement in depression while EFT intervention therapy showed significant results after 1 month of follow up. Examination of individual cases showed clinically significant improvement in anxiety and depression across both interventions. The results are consistent with the previous studies by Hannah Chatwin et al. (2016). Present findings suggest that EFT is of paramount importance as pivotal tool in managing anxiety and depression in Indian population.

Pfeiffer, A. (2018). Was Ist dran am klopfen? (What's up with tapping?) Eine Übersichtsarbeit. (In German). *Psychotherapeutenjournal* 3, 235-243.

The so-called tapping techniques such as Process and Embodiment Focused Psychology (PEP) or the Emotional Freedom Technique (EFT) have long been introduced into clinical practice in Germany as well. Especially diseases with a high level of physical arousal seem to respond well to the treatment with tapping techniques. Due to the esoteric-seeming theories underlying them, many classically trained psychotherapists continue to be critical of them. But what do the scientific studies of recent years say about the effectiveness of the knocking techniques? For which diseases is an application recommended? The present review aims to provide insight into this situation, to critically analyze the individual studies and compare their results with studies of other forms of psychotherapy. On this basis further scientific hypotheses will be discussed.

Stapleton P, Chatwin H. (2018). Emotional Freedom Techniques for Food Cravings in Overweight Adults: A Comparison of Treatment Length. *OBM Integrative and Complementary Medicine*, 3(3):013; doi:10.21926/obm.icm.1803013.

**Background:** Because patients vary in their response to treatment, including adherence, the effect of treatment length in the use of EFT on food cravings was examined by comparing retrospective data from two studies in order to ascertain if shorter programs are as effective. This may then impact treatment adherence and completion.

**Methods:** In study one, 96 overweight and obese adults were randomly allocated to a 4-week treatment for their food craving or waitlist condition. In study two, an 8-week EFT program for 47 adults, the same variables were measured as per study one. Participants were assessed for degree of food craving, perceived power of food, restraint capabilities and psychological symptoms at pre-, post-, 6- and 12-month follow-up.

**Results:** Outcomes indicated significant reductions in food cravings, subjective power of food, dietary restraint, Body Mass Index, and weight for both interventions. There were no significant differences between the intervention groups in terms of the effect size of outcomes for the variables measured, thus indicating that the 4-week EFT treatment could achieve the outcomes that the 8-week program did.

**Conclusions:** While the efficacy of EFT as an adjunct to standard dietary and exercise

programs has been established through several clinical trials, it has not been clear as to the optimal length of program required to achieve successful results. This comparison of a brief 4-week (8-hour) program versus an 8-week (16-hour program) indicated significant reductions in all measures for both intervention lengths. Length of treatment may be important when considering adherence and motivation.

Stapleton P., Sandstrom U., Hamne G. (2018) Evaluating a 3-Week Model for Reducing Symptoms of Stress in Traumatized Youth Using the Trauma Tapping Technique (TTT) for Self-help: A Pilot Trial. *OBM Integrative and Complementary Medicine*, 3(4). doi:10.21926/obm.icm.1804036.

**Background:** This pilot trial investigated whether a 3-week self-help model for stress reduction using the Trauma Tapping Technique (TTT) would impact traumatized youth in the Democratic Republic of the Congo on post-traumatic stress symptoms and general happiness. It also focused on the acceptability of the program to recipients and implementation in a community with complex trauma and conflict.

**Methods:** The study involved 77 youth who received a TTT 3-week model of intervention (self-applied). Post-traumatic stress symptoms and general happiness were assessed pre and post the intervention and at 6-month follow-up.

**Results:** TTT was associated with a significantly greater improvement in happiness (12.12% increase,  $p < 0.05$ ) and a significant reduction in trauma symptomology from pre- to immediately post-test (6% decrease,  $p < 0.05$ ). The 6-month results were nonsignificant ( $p = 0.056$ ) however from pre to follow-up, participants indicated an 11.4% reduction in their trauma symptoms. The qualitative investigation of staff and participants revealed the intervention had a positive effect on trauma stress symptoms and happiness outcomes findings.

**Conclusions:** The proposal that a 3-week model of teaching emotional literacy via a self-help technique such as TTT is a potential solution for complex communities is discussed, and suggestions for future large scale trials are offered.

Tedtman, S., Massie, B., Smith-Goodwin, E. (2018). Investigating the efficacy of Emotional Freedom Technique on perceived stress in athletic training students. *Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers Association*, 4(1). doi: 10.25035/jsmahs.04.01.19

Athletic training students are subject to increased perceived stress due to the demands of athletic training education programs. Emotional Freedom Technique (EFT) is a therapeutic treatment utilized for stress management. The proposed method of efficacy for EFT is a psychological component of positive-affirmation followed by a somatic element of acupressure along certain bodily meridians, present on the head and upper body. EFT has been shown to reduce midbrain hyperarousal by eliciting the midbrain's anxiety reflex and then replace it with a relaxation response to "reciprocally inhibit" anxiety.

**Objective:** The purpose of this study was to investigate the efficacy of Emotional Freedom Technique treatments as a psychosocial intervention for stress management in athletic training students of various class standings and genders. DESIGN and SETTING Survey research design in a collegiate setting. This study used the Perceived Stress Scale

(PSS) both pretest and posttest after EFT treatments to measure efficacy at a private, Division III, midwestern institution. In addition, an independent survey that was created by the researcher was used to acquire information relating to the student's perception of EFT. The independent variable of this study was the population of consenting athletic training students. The dependent variable of this study was the levels of stress that the students are experiencing both before and after EFT treatments, as measured by the PSS. To begin the psychological component of EFT treatment, patients create a "setup statement" consisting of an emotionally traumatic event and associate it with a statement of self-acceptance. E.g. "Even though I have this feeling of stress and anxiety I deeply and completely accept myself." The somatic component of EFT involves acupressure, or tapping specific points on the head and trunk in a specific order in 2 phases. In the first phase, participants will tap the outside part of their opposite hand, called the karate chop, while repeating their setup statement 3 times. Second, participants will tap 8 additional meridian points, 6 of which are on the head and an additional 2 on the trunk. After completion, the participant will take a deep breath and recall the original memory and rate their distress via PSS. EFT is continued in cycles until their stress is relieved or reduced.

**Participants:** The total sample size for the convenience sample was 33 students  $N=33$ . 24%( $n=8$ ) of the participants were seniors. 48%( $n=16$ ) were juniors, while the sophomores had 27%( $n=9$ ) of the participants. 48%( $n=16$ ) of the subjects were male while 51%( $n=17$ ) were female. The freshman athletic training students were not included in the study.

**Interventions:** The research was approved by the College Institutional Review Board through expedited review. Content validity was established through the Table of Specifications. Face validity was established through a panel of experts. Descriptive statistics (% and frequency counts) were used for all applicable items. For the independent survey, Chi square tests were used with gender as the grouping variable. A Kruskal Wallis test was ran using class standing as the grouping variable. Both had an alpha level set at .05 a priori. The data collected was analyzed using the Statistical Package for the Social Science (SPSS) version 24.0. PSS results were recorded in Microsoft Excel 2016.

**Main Outcome Measures:** Originally introduced in 1983 by Cohen et al, The Perceived Stress Scale asks 10 questions, all using a 5-point Likert scale. (Very often(4), fairly often(3), sometimes(2), almost never(1), and never(0)) The independent survey asked 16 questions. Questions 1-12 used a 5-point Likert scale, (Strongly agree(5), agree(4), neutral(3), disagree(2), and strongly disagree(1)) Question 13 uses a 3-point Likert scale. (Yes(3), N/A(2), and No(1)) Question 14 uses a 5-point Likert Scale. (6+ times(5), 5-6 times(4), 3-4 times(3) 1-2 times(2), and 0 times(1)) Question 15 uses a 2-point Likert scale. (Female(2) and male(1)) Lastly, question 16 uses a 3-point Likert scale. (Senior(3), junior(2), and sophomore(1))

**Results:** For week 1, the difference between the aggregate pretest and posttest PSS scores for all the participants 100%( $n=33$ ) was a decrease of 0.74 points after EFT treatment. For the second week, the difference between the aggregate 100%( $n=32$ ) PSS scores before and after EFT treatment was a decrease of 0.71 points. For week 3, the difference between the pretest and posttest PSS scores for all of the subjects 100%( $n=33$ ) was a decrease of 0.71 points. When grouped by class standing, the average PSS score of the senior class 24%( $n=8$ ) during week 1 was decreased by 0.37 points. The junior class 48%( $n=16$ ) recorded a decrease of 0.5 between the pretest and posttest PSS averages. The sophomore class 27%( $n=9$ ) recorded a decrease of 1.33

points on the PSS following EFT treatment. For week 2, the senior class 22%(n=7) recorded a decrease of 0.43 points on the PSS. The junior class 47%(n=15) experienced a decrease of 1.2 points on the PSS. The sophomore class 25%(n=8) recorded a difference of 0.5 points between the pretest and posttest PSS. For the third week of the study, the senior class 24%(n=8) recorded an increase of 0.12 points on the PSS after EFT treatment. The junior class 48%(n=16) recorded a decrease of 1.37 points on the PSS. The sophomore class 27%(n=9) concluded with a difference of 0.88 points between the pretest and posttest PSS. When grouped by gender, the average PSS score for the males 48%(n=16) during the first week was increased by 0.22 points. The female subjects 51%(n=17) of the study experienced a decrease of 1.84 points on the PSS. For week 2, the males 46%(n=15) recorded a difference of 0.49 points between the pretest and posttest PSS. The females 50%(n=16) recorded a decrease of 0.88 points on the PSS. For week 3, the male students 48%(n=16) experienced a decrease of 0.46 points on the PSS. The female students 51%(n=17) recorded a difference of 0.96 points between the pretest and posttest PSS. The independent survey returned nothing of statistical significance between the Chi square and Kruskal-Wallis tests. However, the independent survey reported that over 3 weeks, 64%(n=21) of the subject agreed that they felt less stressed after EFT treatment. The average agreement for an immediate difference in stress following EFT treatment was 51%(n=17). In addition, the average disagreement for the difference in stress not being immediate was 51%(n=17). Across 3 weeks, 100%(n=33) of the subjects agreed that EFT was easy to learn. The average agreement for feeling calmer after using EFT was 79%(n=26) over 3 weeks. 47%(n=16) of the subjects on average agreed to feeling happier after using EFT. The mean for agreement that academic demands are the most stressful component of athletic training was 83%(n=28). Average disagreement that clinical demands were the most stressful component was 55%(n=19). External factors accounted for 71%(n=24) average agreement as the greatest contributor to overall stress.

Conclusions: The results of this study showed a minor decrease in the amount of perceived stress experienced by athletic training students after intervention of EFT. Although these decreases were minor, the implications of the results are that EFT may be an effective technique for the management of stress in athletic training students.

Vural, P. & Aslan. (2018). Emotional Freedom Technique Scope and Practice Areas). *Life Skills Journal of Psychology* 2(3), 11-25.

Emotional Freedom Technique (EFT) is a kind of practice of energy psychotherapy consisting of cognitive and somatic components that are used to improve personal negative emotions and related emotional and physical disorders. Stress hormones are secreted in the brain when a person is stressed, the amygdala and other responsive cerebral segments are activated. If the stress can not be effectively coped with, the physical and psychological consequences that will become chronic in course of time. There are essential steps to follow in EFT; firstly person create a setup sentence for sending a message to the emotional body (subconscious) and then twelve meridians of energy end point (acupressure points) is tapped on. There are different protocols for application purposes. EFT can be performed in psychological and physical areas, which are very common in children and adults, and there is not reported of any adverse effects in randomized controlled trials. In this review, PubMed, Google's Academic and related literature sources were examined and it was determined that the EFT had research

results in a variety of subjects. Emotions can be recognized, accepted and transformed with the EFT application.

Vural, P., Inangil, D., Korpe, G., & Dogan, S. (2018). The comparison of three different techniques on the situational anxiety and vital signs of nursing students before the OSCE exam: A randomized controlled trial. *Journal of Advanced Practices in Nursing*, August 2018.

This study was conducted in order to determine and compare the effects on the situational anxiety and vital signs of the breathing exercise, music therapy, and emotional freedom technique (EFT), which were administered before the OSCE (Objective Structured Clinical Exam) to nursing students. A randomized controlled experimental, classroom-based trial was conducted. The study was conducted on nursing students of one of universities in Istanbul before the OSCE exam. 120 nursing students who met the inclusion criteria were divided into four equal groups-breathing therapy, music therapy and EFT. The techniques were implemented 20 minutes before the OSCE exam. Meanwhile, the control group (n=30) was given 20 minutes of free time. Data collection was carried out using the student identification form, the situational anxiety scale and vital signs form. Before and after administering the techniques, the situational anxiety inventory was administered to students, and vital signs were measured. The mean age of the students was 19. Before interventions, the mean anxiety scores of the students were similar ( $p>0.05$ ). After breath therapy, the mean anxiety score of the students was  $44.90\pm 7.97$ ,  $45.23\pm 7.56$  in the music therapy,  $43.20\pm 10.60$  in the EFT and  $52.23\pm 12.95$  in the control group and the difference was statistically significant ( $p<0.05$ ). The difference between the mean vital signs of the groups wasn't statistically significant ( $p>0.05$ ). The results of the study, breathing therapy, music therapy and EFT administration were found to decrease the average score of situational anxiety while not having any significant effect on vital signs before the OSCE exam.

## 2017

Boath, E., Good, R., Tsaroucha, A., Stewart, A., Pitch, S. & Boughey, A. (2017). Tapping your way to success: Using Emotional Freedom Techniques (EFT) to reduce anxiety and improve communication skills in social work students. *Journal of Social Work Education*, 36(6). <http://dx.DOI.org/10.1080/02615479.2017.1297394>

By the nature of their professional training and practice placements, social work students are prone to situations provoking the onset of anxiety. A programme of academic and placement support, termed the 'Skills Lab', provides help and support for students to develop their communication skills and prepare for their practice placements and transition into professional social work practice. Skills Lab evaluations indicated a high level of appreciation, linked with a strong sense of apprehension and anxiety, which some students report has negatively affected their performance. To address student anxiety, a pilot study using Emotional Freedom Techniques (EFT) was developed. EFT is an intervention, which may potentially be effective in reducing academic anxiety and enhancing public speaking. This mixed-methods pilot study measured participants'

( $n = 45$ ) subjective distress and anxiety before and after using EFT. Subjective distress/anxiety was invoked through a 15-min assignment lecture. Twelve of the 45 students also participated in one-one interviews to elaborate on their experiences of EFT. Quantitative findings indicated participants reported significantly less subjective distress and anxiety after using EFT. Qualitative findings indicated three themes whereby participants found EFT calming, relaxing and helpful; considered the transferability of EFT in other settings; and proposed some of the mechanisms of EFT's action.

Brown, R.C., Witt, A., Fegert, J.M., Keller, F., Rassenhofer, M. & Plener, P.L. (2017). Psychosocial interventions for children and adolescents after man-made and natural disasters: a meta-analysis and systematic review. *Psychological Medicine* 47, 1893–1905. doi:10.1017/S0033291717000496

Children and adolescents are a vulnerable group to develop post-traumatic stress symptoms after natural or man-made disasters. In the light of increasing numbers of refugees under the age of 18 years worldwide, there is a significant need for effective treatments. This meta-analytic review investigates specific psychosocial treatments for children and adolescents after man-made and natural disasters. In a systematic literature search using MEDLINE, EMBASE and PsycINFO, as well as hand-searching existing reviews and contacting professional associations, 36 studies were identified. Random and mixed-effects models were applied to test for average effect sizes and moderating variables. Overall, treatments showed high effect sizes in pre–post comparisons (Hedges'  $g = 1.34$ ) and medium effect sizes as compared with control conditions (Hedges'  $g = 0.43$ ). Treatments investigated by at least two studies were cognitive–behavioural therapy (CBT), eye movement desensitization and reprocessing (EMDR), narrative exposure therapy for children (KIDNET) and classroom-based interventions, which showed similar effect sizes. However, studies were very heterogenic with regard to their outcomes. Effects were moderated by type of profession (higher level of training leading to higher effect sizes). A number of effective psychosocial treatments for child and adolescent survivors of disasters exist. CBT, EMDR, KIDNET and classroom-based interventions can be equally recommended. Although disasters require immediate reactions and improvisation, future studies with larger sample sizes and rigorous methodology are needed. (Interventions reviewed include TFT).

Church, D. & Feinstein, D. (2017). The Manual Stimulation of Acupuncture Points in the Treatment of Post-Traumatic Stress Disorder: A Review of Clinical Emotional Freedom Techniques. *Medical Acupuncture*, 29(4): 249-253.

**Background:** The manual stimulation of acupuncture points has been combined with components of cognitive and exposure therapies into a clinical and self-help approach known as Emotional Freedom Techniques (EFT). More than 40 clinical trials and four meta-analytic reviews of EFT treatments have demonstrated large effect sizes with a range of conditions, including pain, PTSD (in both civilian and military veteran populations), phobias, anxiety, and depression.

**Objective:** This review describes the approach, with a focus on PTSD in veterans and service members, provides an overview of how EFT is most commonly applied, and outlines obstacles and cautions related to its implementation.\

**Methods:** Peer-reviewed clinical trials and meta-analyses of EFT in the treatment of PTSD are assessed to identify the characteristics of the approach that render it suitable for the treatment of PTSD.

**Results:** The literature demonstrates that remediation of PTSD and comorbid conditions is typically accomplished within brief time frames, ranging from one session for phobias to between four and ten sessions for PTSD. Clinical EFT has been shown to regulate stress hormones and limbic function and to improve various neurologic markers of general health. The epigenetic effects of EFT include upregulation of immunity genes and downregulation of inflammation genes. Six dismantling studies have indicated that the acupressure component of EFT is an active ingredient and not placebo.

**Conclusions:** Seven empirically supported strengths of the approach were identified that make it especially suitable for use with veterans and active military: (1) the depth and breadth of treatment effects; (2) the relatively brief timeframes required for successful treatment; (3) the low risk of adverse events; (4) the minimal training time required for the approach to be applied effectively; (5) the simultaneous reduction of physical and psychologic symptoms; (6) the utility and cost-effectiveness of clinical EFT in a large group format; and (7) the method's adaptability to online and telemedicine applications.

Church, D., Stern, S., Boath, E., Stewart, A. Feinstein, D. & Clond, M. (2017). Emotional Freedom Techniques to treat Posttraumatic Stress Disorder in Veterans: Review of the evidence, survey of practitioners and proposed clinical guidelines. *Permanente Journal*, 21; 16 – 100. doi: 10.7812/TPP/16-100.  
<https://www.ncbi.nlm.nih.gov/pubmed/28678690>

**Background:** High prevalence rates of posttraumatic stress disorder (PTSD) in active military and veterans present a treatment challenge. Many PTSD studies have demonstrated the efficacy and safety of Emotional Freedom Techniques (EFT).

**Objectives:** To develop clinical best practice guidelines for the use of EFT to treat PTSD, on the basis of the published literature, practitioner experience, and typical case histories.

**Methods:** We surveyed 448 EFT practitioners to gather information on their experiences with PTSD treatment. This included their demographic profiles, prior training, professional settings, use of assessments, and PTSD treatment practices. We used their responses, with the research evidence base, to formulate clinical guidelines applying the “stepped care” treatment model used by the United Kingdom’s National Institute for Health and Clinical Excellence.

**Results:** Most practitioners (63%) reported that even complex PTSD can be remediated in 10 or fewer EFT sessions. Some 65% of practitioners found that more than 60% of PTSD clients are fully rehabilitated, and 89% stated that less than 10% of clients make little or no progress. Practitioners combined EFT with a wide variety of other approaches, especially cognitive therapy. Practitioner responses, evidence from the literature, and the results of a meta-analysis were aggregated into a proposed clinical guideline.

**Conclusion:** We recommend a stepped care model, with 5 EFT therapy sessions for subclinical PTSD and 10 sessions for clinical PTSD, in addition to group therapy, online self-help resources, and social support. Clients who fail to respond should be referred for appropriate further care.

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

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

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

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

Hope, Terrie. (2017) The Effects of Access Bars on Anxiety and Depression: A Pilot Study. *Energy Psychology Journal*, 9(2). DOI 10.9769/EPJ.2017.9.2.TH

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

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

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

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

Irgens, A. et al. (2017). Thought Field Therapy Compared to Cognitive Behavioral Therapy and Wait-List for Agoraphobia: A Randomized, Controlled Study with a 12-Month Follow-up. *Front. Psychol.*, <https://DOI.org/10.3389/fpsyg.2017.01027>

**Background:** Thought field therapy (TFT) is used for many psychiatric conditions, but its efficacy has not been sufficiently documented. Hence, there is a need for studies comparing TFT to well-established treatments. This study compares the efficacy of TFT and cognitive behavioral therapy (CBT) for patients with agoraphobia.

**Methods:** Seventy-two patients were randomized to CBT ( $N = 24$ ), TFT ( $N = 24$ ) or a wait-list condition (WLC) ( $N = 24$ ) after a diagnostic procedure including the MINI PLUS that was performed before treatment or WLC. Following a 3 months waiting period, the WL patients were randomized to CBT ( $n = 12$ ) or TFT ( $n = 12$ ), and all patients were reassessed after treatment or waiting period and at 12 months follow-up. At first we compared the three groups CBT, TFT, and WL. After the post WL randomization, we

compared CBT ( $N = 12 + 24 = 36$ ) to TFT ( $N = 12 + 24 = 36$ ), applying the pre-treatment scores as baseline for all patients. The primary outcome measure was a symptom score from the Anxiety Disorders Interview Scale that was performed by an interviewer blinded to the treatment condition. For statistical comparisons, we used the independent sample's  $t$ -test, the Fisher's exact test and the ANOVA and ANCOVA tests.

**Results:** Both CBT and TFT showed better results than the WLC ( $p < 0.001$ ) at post-treatment. Post-treatment and at the 12-month follow-up, there were not significant differences between CBT and TFT ( $p = 0.33$  and  $p = 0.90$ , respectively).

**Conclusion:** This paper reports the first study comparing TFT to CBT for any disorder. The study indicated that TFT may be an efficient treatment for patients with agoraphobia.

Kalla, M., Simmons, M., Robinson, A., & Stapleton, P. (2017). Emotional Freedom Techniques (EFT) as a practice for supporting chronic disease healthcare: A practitioners' perspective. *Disability Rehabilitation*. 27, 1-9. doi:10.1080/09638288.2017.1306125.

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

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

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

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

Lee, S., Jeong, B., Chae, H., Lim, J. (2017). Emotional Freedom Techniques (EFT) for Students' Mental Health: A Systematic Review. *Journal of Oriental Neuropsychiatry*, 28(3), 165-182. <https://doi.org/10.7231/jon.2017.28.3.165>

**Objectives:** The purpose of this systematic review was to understand clinical usefulness of Emotional Freedom Techniques (EFT) on students' mental health.

**Methods:** Ten databases were included to extract clinical studies on effects of EFT intervention with students. Characteristics of selected studies were described, and biases were assessed with Risk of Bias (RoB) or Risk of Bias Assessment for Non-

Randomized Studies (RoBANS).

**Results:** A total of 14 clinical trials were extracted for analysis. There were 8 randomized-controlled trials (RCTs), 2 non-randomized-controlled trials (nRCTs), and 4 before-after studies. EFT have significant clinical usefulness in public speaking anxiety, test anxiety, stress, depression, learning related emotions, adolescent anxiety, and eating issues. The risk of selection bias in most studies was high or uncertain.

**Conclusions:** EFT is an effective clinical technique for managing students' mental health issues. However, the included studies have been conducted with relatively poor quality and small sample size. Clinical trials with high quality study design and well-designed EFT education programs are needed to generalize clinical usefulness.

Leskowitz, E. (2017). Integrative Medicine for Military Injuries: Special Issue of Medical Acupuncture. *Medical Acupuncture*, 29(4). doi: 10.1089/acu.2017.29058.1es

The very name of this journal --- *Medical Acupuncture* --- makes clear that it is devoted to medical applications of the traditional Chinese therapy of acupuncture. Thanks in part to the professional backgrounds of its editorial board members, the journal has also had a strong focus on the military applications of acupuncture. In no small part due to this focus, acupuncture has gained a high acceptance in the military, with the Battlefield Acupuncture protocol developed by the journal's editor-in-chief, Richard Niemtow, MD, PhD, MPH, having been adopted by US forces in Iraq and Afghanistan, and in the Trauma Resettlement residential program at Fort Hood featuring acupuncture as a key integrative modality.

Liu, J., Yang, L., Chen, J. (2017). Effect of emotional freedom technique on perceived stress, anxiety and depression in cancer patients: a preliminary experiment. *Modern Clinical Nursing*, 16(10):34-38. doi: 10.3969/j.issn.1671-8283.2017.10.008

**Objective** To evaluate the effect of emotional freedom technique (EFT) on the levels of perceived stress, anxiety and depression in cancer patients. **Methods** Fifteen cancer patients received the intervention of EFT once per day for one week. The effect was evaluated with the Chinese version of perceived stress scale (CPSS), self-rating anxiety scale (SAS) and self-rating depression scale (SDS) before and after the intervention. **Result** The total scores of SAS, CPSS and SDS after the intervention were significantly lower than those before the intervention ( $P < 0.01$ ). **Conclusion:** EFT can effectively reduce the levels of perceived stress, anxiety and depression in cancer patients.

Mangione, L., Swengros, D. & Anderson, J.G. (2017). Mental health wellness and biofield therapies: An integrative review. *Issues in Mental Health Nursing*, 38:11, 930-944, doi: 10.1080/01612840.2017.1364808

Biofield therapies such as Healing Touch and Reiki increase relaxation, decrease anxiety and stress, and improve mood. Understanding the efficacy of these therapies in terms of mental health wellness is important for nurses interested in complementary and integrative care. The goal of the present integrative review was to investigate the state of knowledge regarding biofield therapies and the impact on anxiety, mood, and mental

health wellness. Electronic databases were searched for articles available in English and published from 2014 to 2016. Biofield therapies show safety and promise in reducing anxiety, improving mood, and cultivating mental health and wellness.

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 any stress in his life.

Morina, N., Malek, M., Nickerson, A. Bryant, R.A. (2017) Psychological interventions for post-traumatic stress disorder and depression in young survivors of mass violence in low- and middle-income countries: Meta-analysis. *The British Journal of Psychiatry*, 210 (4): 247-254. <https://doi.org/10.1192/bjp.bp.115.180265>

**Background:** Most survivors of mass violence live in low- and middle-income countries (LMICs). We conducted a meta-analysis of randomized controlled psychotherapy trials for adult posttraumatic stress disorder (PTSD) and/or depression in LMICs.

**Methods:** We included 18 clinical trials (3,058 participants), in which 25 and 18 treatment arms measured symptoms of PTSD and depression, respectively.

**Results:** Active treatments for PTSD yielded a large aggregated pre–post effect size ( $g = 1.29$ ; 95% CI = [0.99; 1.59]) and a small to medium effect size at posttreatment when compared to control conditions ( $g = 0.39$ ; 95% CI = [0.24; 0.55]). Effect sizes were similar for pretreatment versus follow-up ( $g = 1.75$ ; 95% CI = [1.17; 2.32]) and in comparison to waitlist at follow-up ( $g = 0.93$ ; 95% CI = [0.56; 1.31]). Active treatments for depression produced large pre–post ( $g = 1.28$ ; 95% CI = [0.96; 1.61]) and controlled effect sizes (posttreatment, comparison to control conditions,  $g = 0.86$ ; 95% CI = [0.54; 1.18]).

**Conclusions:** Our findings suggest that psychological interventions can effectively reduce symptoms of PTSD and depression in LMICs. Future research needs to focus on cost-

effective interventions that are likely to be disseminated to the large numbers of war survivors in LMICs. (Interventions reviewed include TFT).

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

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

Sebastian, B., & Nelms, J. (2017). The effectiveness of Emotional Freedom Techniques in the treatment of posttraumatic stress disorder: A meta-analysis. *Explore: The Journal of Science and Healing*, 13(1), 16-25. <http://dx.DOI.org/10.1016/j.explore.2016.10.001>

**Background:** Over the past two decades, growing numbers of clinicians have been utilizing Emotional Freedom Techniques (EFT) in the treatment of post-traumatic stress disorder (PTSD), anxiety, and depression. Randomized controlled trials (RCTs) have shown promising outcomes for all three conditions.

**Objective:** To assess the efficacy of EFT in treating PTSD by conducting a meta-analysis of existing RCTs.

**Methods:** A systematic review of databases was undertaken to identify RCTs investigating EFT in the treatment of PTSD. The RCTs were evaluated for quality using evidence-based standards provided by the American Psychological Association Division 12 Task Force on Empirically Validated Therapies. Those meeting the criteria were assessed using a meta-analysis that synthesized the data to determine effect sizes. While

uncontrolled outcome studies were excluded, they were examined for clinical implications of treatment that can extend knowledge of this condition.

**Results:** Seven randomized controlled trials were found to meet the criteria, and were included in the meta-analysis. A large effect was found for EFT treatment of PTSD, with a weighted Cohen's  $d = 2.96$  (95% CI 1.96-3.97;  $p < 0.001$ ). No treatment effect difference was found in studies comparing EFT to other evidence-based therapies such as Eye Movement Desensitization and Reprocessing (EMDR; 1 study) and cognitive behavior therapy (CBT; 1 study).

**Conclusion:** The results show that EFT is efficacious and reliable as a treatment for PTSD in time frames ranging from four to ten sessions. EFT is safe and can be used as a self-help practice as well as a primary evidence-based treatment for PTSD.

Stapleton, P. & Chatwin, H. (2017). Determining highly desirable traits of an effective Emotional Freedom Techniques practitioner: A Delphi Study. *Energy Psychology Journal*, 9(2). doi:10.9769/EPJ.2017.9.2.PS

Due to the distinct lack of definition surrounding the desirable attributes of an effective Emotional Freedom Techniques (EFT) practitioner, this study utilized a modified Delphi technique to explore this. This method is designed to achieve a consensus amongst skilled panelists when an accepted body of literature is lacking. A three-round modified Delphi approach was used and participants were skilled in delivering EFT as a practitioner ( $N = 22$ ). The first round was an open-ended series of questions derived from the literature, and responses to these initial questions were analyzed using content analysis (nVivo), with common themes identified and grouped together. These themes were then utilized to develop more specific quantitative questions (Likert format) to be used in the subsequent rounds. Consensus was set at 75% agreement on an item and was reached for 11 out of the 15 traits of an effective EFT practitioner identified in round 1. Consensus was also reached for seven out of the eight traits of an ineffective EFT practitioner, but was not reached for many core elements in training. These included adequate training, knowledge of other energy techniques, and the use of structured interviews, among other issues. Consensus was also not reached for the use of screening processes prior to training. These results are discussed in terms of standardization in EFT training and supervision processes.

Stapleton, P.B., Mackay., E., Chatwin, H., Murphy, D., Porter, B., Thibault, S., Sheldon, T. & Pidgeon, A.M. (2017). Effectiveness of a School-Based Emotional Freedom Techniques Intervention for Promoting Student Wellbeing. *Adolescent Psychiatry*, 7(2), 112-26. doi: <https://DOI.org/10.2174/2210676607666171101165425>

**Background:** In academic settings, fear of failure and associated emotional difficulties are common and often result in maladaptive behaviours, which often lead to failure or lowered scholastic achievement. Higher levels of self-esteem and resilience have been shown to protect against fear of failure and emotional difficulties, and predict improved academic outcomes in students. However, few studies have investigated the efficacy of group intervention methods aimed at improving self-esteem and resilience. We aimed to measure the effects of using Emotional Freedom Techniques (EFT), an emerging therapeutic technique that incorporates elements of acupuncture, exposure therapy,

cognitive behaviour therapy, and somatic stimulation to target negative thoughts and feelings, as a universal intervention for high school and college students.

**Methods:** This study represented a non-randomised universal intervention, utilising both within and between-subject designs. The EFT intervention groups (N = 204) were drawn from two different school cohorts. The intervention aimed to improve four participant characteristics that have been shown to play a role in influencing academic success: global self-esteem, resilience (ability to adapt to change and cope with stress), total difficulties and fear of failure (cognitive, motivational, and relational appraisals of failure). These characteristics were utilised as outcome variables in the present study and measured by the Rosenberg Self-Esteem Scale, Conners-Davidson Resilience Scale, Strengths and Difficulties Questionnaire, and the Performance Failure Appraisal Index-Short Form.

**Results:** Results showed a significant improvement in fear of failure, whereby fears were significantly lower from pre-intervention to 12-month follow-up. Findings also indicated a significant main effect of time for emotional and behavioural difficulties, however post hoc tests indicated no statistically significant changes between the time points measured. No significant changes were observed in measures of self-esteem or resilience.

**Conclusion:** This non-randomised universal intervention represents the first Australian study of the efficacy of a group treatment program within high schools, aimed at increasing student self-esteem and resilience, and decreasing fear of failure and emotional difficulties. The results suggested that EFT might be an effective group intervention for some students decreasing their fear of failure; however, further research is required.

Stapleton, P., Bannatyne, A., Chatwin, H., Urzi, K-C, Porter, B. & Sheldon, T. (2017). Secondary psychological outcomes in a controlled trial of Emotional Freedom Techniques and cognitive behaviour therapy in the treatment of food cravings. *Complementary Therapies in Clinical Practice*, 28, 136-45. <https://DOI.org/10.1016/j.ctcp.2017.06.004>

**Objective:** Examining the effectiveness of psychological interventions in treating secondary psychological outcomes of obesity has become prioritized in recent times. The objective of the present study was to compare an eight-week Cognitive-Behavioural Therapy (CBT) and Emotional Freedom Techniques (EFT) intervention program, in the treatment of food cravings and secondary psychological outcomes among overweight or obese adults (N = 83).

**Method:** A controlled non-inferiority trial was performed comparing group-delivered CBT to group-delivered EFT. Participants completed the Patient Health Questionnaire at pre- and post-intervention, and at six and 12-months follow-up.

**Results:** The CBT group did not report any significant changes in anxiety scores over time, but the decrease in depression symptoms pre-to post-intervention was significant and this was maintained at 6-and 12-months. Anxiety and depression scores significantly decreased from pre-to post-intervention for the EFT group, and was maintained at 6-and 12-month follow-up. Somatoform scores significantly decreased from pre-intervention to all follow-up points for the CBT group, while the EFT group did not report any significant changes in somatoform symptoms. Results also revealed that EFT is capable of producing reductions in anxiety and depression symptoms, and may be comparable to gold standard approaches such as CBT.

**Conclusion:** The current study supports the hypothesis that psychological intervention is beneficial for treating psychological comorbidities of obesity and points to the role mental health issues may play in this area.

## 2016

Benor, D. Rossiter-Thornton, J. and Toussaint, L. (2016). A Randomized, Controlled Trial of Wholistic Hybrid derived from Eye Movement Desensitization and Reprocessing and Emotional Freedom Technique (WHEE) for self-treatment of pain, depression, and anxiety in chronic pain patients. *J Evidence-Based Complementary & Alternative Medicine*. doi: 10.1177/2156587216659400

In this pilot study, a convenience sample of 24 chronic pain patients (17 with chronic fatigue syndrome/fibromyalgia) were randomized into WHEE treatment and wait-list control groups for 6 weeks. Assessments of depression, anxiety, and pain were completed before, during, and at 1 and 3 months after treatment. Wait-listed patients then received an identical course of WHEE and assessments. WHEE decreased anxiety ( $P < .5$ ) and depression ( $P < .05$ ) compared with the control group. The wait-list-turned-WHEE assessments demonstrated decreased pain severity ( $P < .05$ ) and depression ( $P < .04$ ) but not pain interference or anxiety. WHEE appears a promising method for pain, anxiety, and depression in patients with chronic pain, compared to standard medical care alone. Though a small pilot study, the present results suggest that further research appears warranted. An incidental finding was that a majority of patients with chronic pain had suffered psychological trauma in childhood and/or adulthood.

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

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

is, it is more than 1.96 times as large as the standard error of the difference) but can be trusted to be reliable using the Reliable Change Index ( $RCI > 1.96$ ,  $p < .05$ ). Follow-up data for the three participants that responded to the request indicated that gains were held and in some cases increased. Results are consistent with randomized controlled trials, systematic reviews, and meta-analyses showing that EFT is an evidence-based treatment for anxiety.

Chatwin, H., Stapleton, P., Porter, B., Devine, S., Sheldon, T. (2016). The effectiveness of Cognitive Behavioral Therapy and Emotional Freedom Techniques in reducing depression and anxiety among adults: A pilot study. *Integrative Medicine*, 15(2), 27-34.

This pilot study aimed to evaluate the effectiveness of Cognitive-Behavioural Therapy (CBT) and Emotional Freedom Techniques (EFT) in the treatment of depression and comorbid anxiety. Intervention subjects were local community members who screened positive for a primary diagnosis of Major Depressive Disorder (MDD) ( $N = 10$ ). Intervention subjects were randomly assigned to an 8-week CBT or EFT treatment program. A community sample was assessed for comparative purposes ( $N = 57$ ). Findings revealed both treatment approaches produced significant reductions in depressive symptoms, with the CBT group reporting a significant reduction at post-intervention that was not maintained over time, while the EFT group reported a delayed effect involving a significant reduction in symptoms at three- and six-month follow-up only. Examination of individual cases revealed clinically significant improvements in anxiety across both interventions. Overall, findings provide evidence to suggest that EFT may be an effective treatment strategy worthy of further investigation.

Church, D., & Nelms, J. (2016). Pain, range of motion, and psychological symptoms in a population with frozen shoulder: A randomized controlled dismantling study of Clinical EFT (Emotional Freedom Techniques). *Archives of Scientific Psychology*, 4(1), 38-48. doi:10.1037/arc0000028

Clinical EFT (emotional freedom techniques) combines acupoint stimulation with elements of cognitive and exposure therapy. Numerous studies have demonstrated the efficacy of EFT for depression, anxiety, phobias, PTSD, and other psychological conditions. The current study assesses whether acupoint stimulation is an active ingredient or whether treatment effects are due to nonspecific factors. Thirty-seven participants with “frozen shoulder” consisting of limited range of motion (ROM) and pain were randomized into a wait list, or 1 of 2 treatment groups. ROM, pain, and the breadth and depth of psychological conditions such as anxiety and depression were assessed before and after a 30-min treatment session, and 30 days later. One treatment group received clinical EFT, while the other received an identical cognitive/exposure protocol but with diaphragmatic breathing (DB) substituted for acupoint stimulation. No significant improvement in any psychological symptom was found in the wait list. Participants in both the EFT and DB groups demonstrated significant posttest improvement in psychological symptoms and pain. Follow-up showed that both groups maintained their gains for pain, with EFT superior to DB, but only the EFT group maintained gains for psychological symptoms ( $p < .001$ ). Large EFT treatment effects were found, with a Cohen’s  $d = .9$  for anxiety and pain, and  $d = 1.1$  for depression. Though EFT showed a

greater trend for improved ROM in most dimensions of movement, changes were nonsignificant for most measures in all groups. Reductions in psychological distress were associated with reduced pain as well as with improved ROM. The results are consistent with 5 earlier dismantling studies showing that acupoint stimulation is an active ingredient in EFT treatment. The study adds further support to other clinical trials indicating that clinical EFT is an efficacious evidence-based treatment for pain and psychological conditions. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

Church, D., Sparks, T., & Clond, M. (2016). EFT (Emotional Freedom Techniques) and resiliency in veterans at risk for PTSD: A randomized controlled trial. *Explore: The Journal of Science and Healing*, 12(5), 355-365.  
<http://dx.DOI.org/10.1016/j.explore.2016.06.012>

Prior research indicates elevated but subclinical posttraumatic stress disorder (PTSD) symptoms as a risk factor for a later diagnosis of PTSD. This study examined the progression of symptoms in 21 subclinical veterans. Participants were randomized into a treatment as usual (TAU) wait-list group and an experimental group, which received TAU plus six sessions of clinical emotional freedom techniques (EFT). Symptoms were assessed using the PCL-M (Posttraumatic Checklist-Military) on which a score of 35 or higher indicates increased risk for PTSD. The mean pretreatment score of participants was  $39 \pm 8.7$ , with no significant difference between groups. No change was found in the TAU group during the wait period. Afterward, the TAU group received an identical clinical EFT protocol. Posttreatment groups were combined for analysis. Scores declined to a mean of 25 (-64%,  $P < .0001$ ). Participants maintained their gains, with mean three-month and six-month follow-up PCL-M scores of 27 ( $P < .0001$ ). Similar reductions were noted in the depth and breadth of psychological conditions such as anxiety. A Cohen's  $d = 1.99$  indicates a large treatment effect. Reductions in traumatic brain injury symptoms ( $P = .045$ ) and insomnia ( $P = .004$ ) were also noted. Symptom improvements were similar to those assessed in studies of PTSD-positive veterans. EFT may thus be protective against an increase in symptoms and a later PTSD diagnosis. As a simple and quickly learned self-help method, EFT may be a clinically useful element of a resiliency program for veterans and active-duty warriors.

Church, D., Yount, G., Rachlin, K., Fox, L., & Nelms, J. (2016). Epigenetic effects of PTSD remediation in veterans using Clinical EFT (Emotional Freedom Techniques): A randomized controlled trial. *American Journal of Health Promotion*, 2016 Aug 12.  
doi: 10.1177/0890117116661154

**Purpose:** To assess the feasibility of measuring changes in gene expression associated with posttraumatic stress disorder (PTSD) treatment using emotional freedom techniques (EFT).

**Design:** Participants were randomized into an EFT group receiving EFT and treatment as usual throughout a 10-week intervention period and a group receiving only treatment as usual (TAU) during the intervention period and then receiving EFT.

**Setting:** A community clinic and a research institute in California.

**Subjects:** Sixteen veterans with clinical levels of PTSD symptoms.

**Intervention:** 10 hour-long sessions of EFT.

**Measures:** Messenger RNA levels for a focused panel of 93 genes related to PTSD. The

SA-45 questionnaire, Hospital Anxiety and Depression Scale, Insomnia Severity Scale, SF-12v2 for physical impairments, and Rivermead Post-Concussion Symptoms Questionnaire.

**Analysis:** Pre, post-treatment and follow-up mean scores on questionnaires were assessed using repeated measures one-way ANOVA. A Student's t test and post hoc analyses were performed on gene expression data.

**Results:** PTSD symptoms declined significantly in the EFT group (-53%,  $p < .00001$ ). Participants maintained their gains on follow-up. Significant differential expression of six genes was found ( $p < .05$ ) when comparing expression levels before and after the intervention period in participants receiving EFT.

**Conclusion:** Study results identify candidate gene expression correlates of successful PTSD treatment, providing guidelines for the design of further studies aimed at exploring the epigenetic effects of EFT.

Clond, M. (2016). Emotional Freedom Techniques for anxiety: A systematic review with meta-analysis. *J Nerv Ment Dis.* 204(5):388-95. doi: 10.1097/NMD.0000000000000483

Emotional Freedom Techniques (EFT) combines elements of exposure and cognitive therapies with acupressure for the treatment of psychological distress. Randomized controlled trials retrieved by literature search were assessed for quality using the criteria developed by the APA's Division 12 Task Force on Empirically Validated Treatments. As of December 2015, 14 studies ( $n=658$ ) met inclusion criteria. Results were analyzed using an inverse variance weighted meta-analysis. The pre-post effect size for the EFT treatment group was 1.23 (95% CI: 0.82-1.64,  $p < 0.001$ ), while the effect size for combined controls was 0.41 (0.17-0.67,  $p=0.001$ ). EFT treatment demonstrated a significant decrease in anxiety scores, even when accounting for the effect size of control treatment. However, there was too little data available comparing EFT to standard of care treatments such as cognitive behavioral therapy, and further research is needed to establish the relative efficacy of EFT to established protocols.

Feinstein, D. (2016). A survey of Energy Psychology practitioners: Who they are, what they do, who they help. *Energy Psychology Journal* 8(1). DOI 10.9769/EPJ.2016.8.1.DF

An online survey of the members of the Association for Comprehensive Energy Psychology (ACEP) was completed by 294 of the organization's 1,220 members (24%) in March 2016. The majority of respondents reported using acupoint tapping protocols as a core component in the successful treatment of generalized anxiety disorder, posttraumatic stress disorder (PTSD), phobias, and depression. All 106 of the respondents who had applied acupoint tapping for facilitating "peak performance" in contexts such as business, education, and sports reported the approach to have been "of great value" (68%) or "moderate value" (32%) for this objective, with none of the respondents having reported it to be of "little value." The survey also asked participants to estimate the number of sessions that are typically required to achieve each of seven "process outcomes" that are shared among various clinical approaches. For instance, the elimination of an unwanted physiological/emotional reaction to a specified trigger could typically be achieved in three or fewer acupoint tapping sessions according to 94% of the respondents, and within a single session according to 71% of the respondents. Two

thirds of the licensed mental health professionals who reported that they use acupoint tapping protocols said they integrate them into existing therapeutic frameworks rather than use acupoint tapping as an independent modality. This finding suggests that the approach is portable and is being applied within the context of established therapeutic systems with the intention of more rapidly facilitating targeted neurological, emotional, and cognitive changes. In brief, the practitioner reports generated in the survey corroborate clinical trials and meta-analyses that suggest acupoint tapping protocols are rapid and effective with a range of conditions.

Gaesser, A. and Karan, O. (2016). A randomized controlled comparison of Emotional Freedom Technique and Cognitive-Behavioral Therapy to reduce adolescent anxiety: A pilot study. *J Alt Comp Medicine*, 23(2), 102-08. doi:10.1089/acm.2015.0316.

**Objective:** The objective of this pilot study was to compare the efficacy of Emotional Freedom Techniques (EFT) with that of Cognitive-Behavioral Therapy (CBT) in reducing adolescent anxiety.

**Design:** Randomized controlled study.

**Settings:** This study took place in 10 schools (8 public/2 private; 4 high schools/6 middle schools) in 2 northeastern states in the United States.

**Participants:** Sixty-three high-ability students in grades 6-12, ages 10-18 years, who scored in the moderate to high ranges for anxiety on the Revised Children's Manifest Anxiety Scale-2 (RCMAS-2) were randomly assigned to CBT (n = 21), EFT (n = 21), or waitlist control (n = 21) intervention groups.

**Interventions:** CBT is the gold standard of anxiety treatment for adolescent anxiety. EFT is an evidence-based treatment for anxiety that incorporates acupoint stimulation. Students assigned to the CBT or EFT treatment groups received three individual sessions of the identified protocols from trained graduate counseling, psychology, or social work students enrolled at a large northeastern research university.

**Outcome measures:** The RCMAS-2 was used to assess pre-intervention and post-intervention anxiety levels in participants.

**Results:** EFT participants (n = 20; M = 52.16, SD = 9.23) showed significant reduction in anxiety levels compared with the waitlist control group (n = 21; M = 57.93, SD = 6.02) (p = 0.005, d = 0.74, 95% CI [-9.76, -1.77]) with a moderate to large effect size. CBT participants (n = 21; M = 54.82, SD = 5.81) showed reduction in anxiety but did not differ significantly from the EFT (p = 0.18, d = 0.34; 95% CI [-6.61, 1.30]) or control (p = 0.12, d = 0.53, 95% CI [-7.06, .84]).

**Conclusions:** EFT is an efficacious intervention to significantly reduce anxiety for high-ability adolescents.

Geronilla, L., Minewiser, L., Mollon, P., McWilliams, M., & Clond, M. (2016). EFT (Emotional Freedom Techniques) Remediate PTSD and Psychological Symptoms in Veterans: A Randomized Controlled Replication Trial. *Energy Psychology Journal*, 8(2). doi:10.9769/EPJ.2016.8.2.LG

Posttraumatic stress disorder (PTSD) is a common condition among veterans and is often regarded as treatment-resistant. Emotional Freedom Techniques (EFT) combines brief exposure therapy with acupressure and has demonstrated efficacy for PTSD in other

trials and meta-analyses. This study recruited 58 veterans who scored 50 or greater on the military PTSD checklist (PCL-M), indicating clinical symptom levels. Participants were randomized into a Treatment As Usual (TAU) wait-list group (n = 26) and an experimental group (n = 32), which received six one-hour EFT sessions in addition to TAU. The mean pretreatment PCL-M score of participants was  $66 \pm 7.4$ , with no significant difference between groups. The EFT group demonstrated a significant reduction in PCL-M score from  $65 \pm 8.1$  to  $34 \pm 10.3$  ( $p < 0.001$ ), while subjects in the TAU group showed no significant change. The TAU group was then treated with EFT and groups were combined for analysis using linear mixed effects modeling. In the combined EFT group, posttreatment PCL-M scores declined to a mean of 34 (-52%,  $p < 0.001$ ). Participant gains were maintained at three and six-month follow-up, with mean six-month PCL-M scores of 34 ( $p < 0.001$ ). Psychological conditions such as anxiety and depression also declined significantly, as did physiological markers of insomnia and pain. An effect size of Cohen's  $d = 3.44$  indicates a large treatment effect. These results replicate those obtained in an earlier investigation, and indicate that EFT is an evidence-based practice that is highly effective at reducing symptom severity in veterans with PTSD.

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

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

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

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

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

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

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

Kalla, M. & Stapleton, P. (2016). How Emotional Freedom Techniques (EFT) may be utilizing memory reconsolidation mechanisms for therapeutic change in neuro-psychiatric disorders such as PTSD and phobia: A proposed model. *Explore: The Journal of Science and Healing*, in press.

Maladaptive fear memories attributed to Pavlovian associations are considered to be at the crux of neuropsychiatric disorders such as post-traumatic stress disorder and phobia. The memory reconsolidation theory suggests that upon retrieval, memories become labile for a few hours, during which yielding a prediction error can lead to therapeutic change. This article proposes that Emotional Freedom Techniques (EFT), a therapeutic intervention combining psychotherapy with a somatic acupoint stimulation component may be utilizing memory reconsolidation mechanisms to facilitate therapeutic change. The EFT protocol combines three crucial elements of therapeutic change, namely, retrieval of fear memories, incorporation of new emotional experiences and learnings into the memory creating a prediction error, and finally reinforcement of the new learning.

Kim, H-K, Lee, Y-H, Koo, C-D, Sik, YP. (2016). Effects of Emotional Freedom Technique (EFT) as a forest healing program on menopausal symptoms and quality of life in middle-aged women. *Korean Forest Recreation Society*, 20(3); 83-95. doi: 10.34272/forest.2016.20.3.008

The Emotional Freedom Technique (EFT) is a treatment for physical symptoms such as negative emotions and pains by tapping the upper body's acupuncture points and accepting "I accept myself". The purpose of this study was to investigate the effects of

EFT in forests and cities and meditative walking in forests on the menopausal symptoms and quality of life of middle-aged women, and how the differences in the effects of treatment and the differences in persistence differ. will be. Twenty-four middle-aged women (average age  $55 \pm 2.01$  years) with no meditation or EFT experience participated in the experiment. The study subjects were divided into the case of EFT in the forest and the city and the case of meditative walking in the forest to investigate the effect of the treatment. As a result of the study, 1) In the preliminary and later comparison of menopausal symptoms, EFT alleviated or alleviated menopausal symptoms in both the forest and the city, and the forest meditation walk had the same result. When EFT treatment was performed in the forest, menopausal symptoms averaged 6.09 points lower than walking in the forest meditatively. 2) As a result of pre- and later comparison of quality of life, EFT improved the quality of life in both forests and cities, and the same result was seen in forest meditation walking. The EFT in the forest increased the average quality of life by 10.89 points more than the meditative walk in the forest, and 8.62 points higher than the urban EFT. 3) As a result of post-to-post comparison of menopausal symptoms and quality of life, EFT increased the effectiveness of treatment in forests and cities, but meditation walking in the forest decreased the effectiveness of treatment. In menopausal symptoms, EFT in the forest averaged 4.73 points less than meditative walking in the forest, EFT in the city was 5.23 points lower than meditative walking in the forest, and in quality of life, EFT in the forest walked meditatively in the forest. It was 9.17 points higher than that. What should be noted in this study is the difference in effect between EFT and meditative walking. This difference is thought to be due to the therapeutic effect of EFT as an oriental medicine treatment.

Kos, J.L. (2016). A Study of Energy Psychology and the efficacy of Emotional Freedom Techniques in trauma-focused therapy. Doctoral dissertation, California Southern University, ProQuest Dissertations Publishing, 2016. 10195462.

**Scope of Study:** The scope of this theoretical study is comprised of a thorough review of and interpretation of peer-reviewed, published studies and ultimately focuses on the results of randomized control trial results of the efficacy of Emotional Freedom Techniques, a therapeutic focus inside of the field of Energy Psychology. A thorough exploration of the history of Energy Psychology, which ultimately is the foundation of EFT is explored. The protocols and expectations of proper EFT utilization in clinical and non clinical settings is described to give a foundational understanding to the reader of what EFT is and what is being studied to allow conclusions to be drawn.

**Findings and Conclusions:** EFT as a critical therapeutic component of Energy Psychology, is a unique treatment option in that clients can utilize it in clinical settings under the direct intervention of a trained clinician as well as independently across multiple settings. Research has demonstrated that EFT is efficacious in the treatment of trauma-based symptomatology. Research that satisfies the strictest of traditional scientific rigor continues to be problematic as peer-reviewed validated research is somewhat sparse since EFT is relatively new to the field of trauma-focused research. However, enough data has been collected to clearly show that EFT is an effective, rapid, safe method of therapeutic intervention across multiple clinical and non-clinical settings.

Maharaj, M. E. (2016). Differential gene expression after Emotional Freedom Techniques

(EFT) treatment: A novel pilot protocol for salivary mRNA assessment. *Energy Psychology: Theory, Research, and Treatment*, 8(1), 17–32.  
doi:10.9769/EPJ.2016.8.1.MM

Biopsychology is a rapidly expanding field of study since the completion of the Human Genome Project in 2003. There is little data measuring the effect of psychotherapeutic interventions on gene expression, due to the technical, logistical, and financial requirements of analysis. Being able to measure easily the effects of therapeutic experiences can validate the benefits of intervention. In order to test the feasibility of gene expression testing in a private practice setting, this study compared messenger ribonucleic acid (mRNA) and gene expression before and after psychotherapy and a control condition. With four non-clinical adult participants, it piloted a novel methodology using saliva stored at room temperature. A preliminary test of the interleukin- 8 (IL8) gene in both blood and saliva was performed in order to determine equivalency in the two biofluids; convergent validity was found. Following saliva test validation, a broad, genome-wide analysis was performed to detect differential gene expression in samples collected before and after treatment with Emotional Freedom Techniques (EFT), an evidence-based practice combining acupuncture and cognitive exposure. The control treatment was non-therapeutic social interaction. To establish a baseline, participants received the control first, followed a week later by EFT. Analysis of samples was performed at three time points: immediately before treatment, immediately after, and 24 hours later. Differential expression between EFT and control was found in numerous genes implicated in overall health ( $p < 0.05$ ). Further, the differentially expressed genes in this study were shown to be linked to immunity, pro or anti-inflammatory, as well as neuronal processes in the brain. Ten of the 72 differentially expressed genes are identified as promising targets for downstream research. The data show promise for the future use of salivary samples to determine the effects of therapy; this pilot protocol also illustrated the challenges and limitations of novel technologies employed in biopsychology.

Metcalfe, O., Varker, T. , Forbes, D., Phelps, A., Dell, L., DiBattista, A., Ralph, N. and O'Donnell, M. (2016), Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review. *Journal of Traumatic Stress*, 29: 88-92. doi:10.1002/jts.22070

Although there is an abundance of novel interventions for the treatment of posttraumatic stress disorder (PTSD), often their efficacy remains unknown. This systematic review assessed the evidence for 15 new or novel interventions for the treatment of PTSD. Studies that investigated changes to PTSD symptoms following the delivery of any 1 of the 15 interventions of interest were identified through systematic literature searches. There were 19 studies that met the inclusion criteria for this study. Eligible studies were assessed against methodological quality criteria and data were extracted. The majority of the 19 studies were of poor quality, hampered by methodological limitations, such as small sample sizes and lack of control group. There were 4 interventions, however, stemming from a mind–body philosophy (acupuncture, emotional freedom technique, mantra-based meditation, and yoga) that had moderate quality evidence from mostly small- to moderate-sized randomized controlled trials. The active components, however, of these promising emerging interventions and how they related to or were distinct from

established treatments remain unclear. The majority of emerging interventions for the treatment of PTSD currently have an insufficient level of evidence supporting their efficacy, despite their increasing popularity. Further well-designed controlled trials of emerging interventions for PTSD are required.

Nelms, J. & Castel, D. (2016). A systematic review and meta-analysis of randomized and non-randomized trials of Emotional Freedom Techniques (EFT) for the treatment of depression. *Explore: The Journal of Science and Healing*, 12(6), 416-26.  
<http://dx.DOI.org/10.1016/j.explore.2016.08.001>

**Background:** Among a group of therapies collectively known as Energy Psychology (EP), Emotional Freedom Techniques (EFT) is the most widely practiced. EFT combines elements of cognitive and exposure therapies with the stimulation of acupuncture points (acupoints). Lacking is a recent quantitative meta-analysis that enhances understanding of the variability and clinical significance of depression reduction outcomes after EFT.

**Methods:** All studies (2005 – 2015), both outcome and RCT, evaluating the EFT for sufferers of depression were identified by electronic search. Our primary outcome was depression measured by a variety of psychometric questionnaire and scales. Meta-analysis was undertaken synthesizing the data from all trials, distinguishing within and between effect sizes.

**Results:** 21 studies qualified for inclusion into the meta-analysis (Outcome studies n = 446; RCT n = 653 (306 EFT, 347 Control). As hypothesized, EFT training showed a moderate effect size in the treatment of depression. Cohen's d across all studies was 0.37. Effect sizes at posttest, less than 90 days, 90 days, and greater than 90 days were 0.63, 0.17, and 0.43 respectively. EFT was more efficacious than DB and SI in the posttest measurements ( $p = 0.06$  vs DB;  $p < 0.0001$  vs SI), and SHE at the 9th week assessment ( $p = 0.036$ ).

**Conclusion:** The results show that EFT is effective in reducing depression in a variety of populations and settings. This meta-analysis extends the existing literature through facilitation of a better understanding of the variability and clinical significance of depression improvement subsequent to EFT treatment.

Patterson, S. (2016). The effect of emotional freedom technique on stress and anxiety in nursing students: A pilot study. *Nurse Education Today*, 40, 104-110.  
<http://dx.doi.org/10.1016/j.nedt.2016.02.003>

**Background:** Stress and anxiety have been identified as significant issues experienced by student nurses during their education. Some studies have suggested that the stress experienced by nursing students is greater than that experienced by medical students, other non-nursing healthcare students, degreed nurses, and the female population in general. A recently introduced energy type therapy, emotional freedom technique (EFT), has shown some success in reducing symptoms of anxiety, stress, and fear in a variety of settings.

**Objective:** The purpose of this study was to determine the efficacy of EFT in decreasing anxiety and stress as a potential intervention to assist students in stress management. Design: The study used a mixed method design of both qualitative and quantitative measures. Quantitatively, in a one group pretest–posttest design, participants received group instruction in the technique and were encouraged to repeat it daily. Self-reported

anxiety was measured at baseline, and then weekly for four weeks using the Perceived Stress Scale (PSS) and the State–Trait Anxiety Inventory (STAI). The qualitative survey was completed by participants at the end of the study in order to capture a more subjective experience.

**Setting:** The pilot study was conducted in a two-year college in the southeastern region of the United States. Participants: All enrolled nursing students in an associate degree nursing program were invited to participate. Participation was voluntary, resulting in an original convenience sample of thirty-nine nursing students (N = 39). Methods: Data collection instruments included a demographic questionnaire, pretest State–Trait Anxiety Inventory (STAI) and Perceived Stress Scale (PSS). A qualitative questionnaire was also administered at the end of the four weeks. STAI and PSS were administered weekly. Data analysis using RMANOVA was performed at the second, third and the fourth week.

**Results:** Decreases in anxiety as measured on both the STAI and PSS were statistically significant ( $p = .05$ ). For PSS, STAI state and trait data, the reduction in self-reported stress was statistically significant with a mean difference baseline to week 4. Qualitative data suggested that nursing students experienced a decrease in feelings of stress and anxiety including a decrease in somatic symptoms.

**Conclusions:** Overall, findings suggested that EFT can be an effective tool for stress management and anxiety relief in nursing students.

Rancour, P. (2016). The Emotional Freedom Technique: Finally, a unifying theory for the practice of holistic nursing, or too good to be true? *J Holist Nurs.* 2016 May 11. pii: 0898010116648456.  
<https://www.ncbi.nlm.nih.gov/pubmed/27170647>

The Emotional Freedom Technique (EFT) is defined and described as a clinical procedure for the relief of psychological and physical distress that patients often bring to the attention of nurses. Frequently referred to as "tapping," this technique combines the cognitive reprocessing benefits of exposure and acceptance therapy with the energetic disturbance releases associated with acupuncture and other energy therapies. More than 60 research articles in peer-reviewed journals report a staggering 98% efficacy rate with the use of this procedure from psychological distress (posttraumatic stress disorder, phobias, anxiety, depression, etc.) to physical conditions (asthma, fibromyalgia, pain, seizure disorders, etc.) to performance issues (athletic, academic). Perhaps because of this, this technique has encountered a fair degree of skepticism within the health care community. Easily taught as a self-help aid that patients can administer to themselves, EFT becomes an efficacious tool in the hands of nurses who are seeking whole person approaches for the healing of a wide variety of psychological and physical conditions. A conceptual framework, mechanisms of action, evidence of safety, literature review, and case studies are also included

Robson, R., Robson, P., Ludwig, R., Mitabu, C. & Phillips, C. (2016). Effectiveness of Thought Field Therapy Provided by Newly Instructed Community Workers to a Traumatized Population in Uganda: A Randomized Trial. *Current Research in Psychology*, 7(1), 1-11.  
doi: 10.3844/crsp.2016.1.11.

Thought Field Therapy (TFT) is a promising treatment for posttraumatic stress in a resource poor environment. This study further explores the benefits of this treatment in a rural population in Uganda, which had suffered from the psychological consequences of previous violent conflict. Thirty-six local community workers received a two-day training in TFT trauma intervention and treated 256 volunteers with symptoms suggestive of Posttraumatic Stress Disorder (PTSD) who had been randomly allocated to a treatment or waitlist (control) group. Assessment was by the Posttraumatic Checklist for Civilians (PCL-C). One week after treatment, the treated group scores had improved significantly from 58 to 26.1. The waitlist group scores did improve without treatment, from 61.2 to 47, although significantly less than the treatment group, but improved markedly to 26.4 following treatment. There was some evidence of persisting benefit 19 months later. This study supports the value of TFT as a rapid, efficient and effective therapy, empowering traumatized communities to treat themselves, although repeated treatment may still be needed.

Stapleton, P., Bannatyne, A., Porter, B., Urzi, K.C., & Sheldon, T. (2016). Food for thought: A randomised controlled trial of emotional freedom techniques and cognitive behavioural therapy in the treatment of food cravings. *Applied Psychology: Health and Well-Being*, 8(2), 232–257. doi:10.1111/aphw.12070

Addressing the internal determinants of dysfunctional eating behaviours (e.g., food cravings) in the prevention and treatment of obesity has been increasingly recognised. This study compared Emotional Freedom Techniques (EFT) to Cognitive Behavioural Therapy (CBT) for food cravings in adults who were overweight or obese (N = 83) in an 8-week intervention. Outcome data was collected at baseline, post-intervention, and at six and 12-months follow-up. Overall, EFT and CBT demonstrated comparable efficacy in reducing food cravings, one's responsiveness to food in the environment (power of food), and dietary restraint, with Cohen's effect size values suggesting moderate to high practical significance for both interventions. Results also revealed both EFT and CBT are capable of producing treatment effects that are clinically meaningful, with reductions in food cravings, the power of food, and dietary restraint normalising to the scores of a non-clinical community sample. While reductions in BMI were not observed, the current study supports the suggestion psychological interventions are beneficial for food cravings and both CBT and EFT could serve as vital adjunct tools in a multidisciplinary approach to managing obesity.

Stapleton., P., Chatwin., H., Sheppard, L., & McSwan, J. (2016). The Lived Experience of Chronic Pain and the Impact of Brief Emotional Freedom Techniques (EFT) Group Therapy on Coping. *Energy Psychology: Theory, Research, and Treatment*, 8(2), 18-28.

Chronic pain is associated with a range of physical, psychological, and social risk factors, and successful treatment aims to reduce pain and improve function and quality of life for patients. In order to explore the impact, challenges, and current experience of chronic pain sufferers, an anonymous online open-ended qualitative survey was developed and analyzed for manifest and latent content. This then informed a brief four-hour therapy session using Emotional Freedom Techniques (EFT), a brief cognitive intervention with a somatic component. The qualitative study highlighted issues sufferers had with

employment, interpersonal relationships, and emotions. An overwhelming 82% discussed the stigma they experienced from health professionals not believing the extent of their pain, and only 4% indicated they received any pain relief from psychological treatment. Paired samples t-tests revealed a significant decrease in the severity ( $-12.04\%$ ,  $p = 0.044$ ) and impact ( $-17.62\%$ ,  $p = 0.008$ ) of participants' pain from pretest to posttest, and a significant improvement in their overall psychological distress from pretest to posttest ( $-36.67\%$ ,  $p < 0.001$ ). There was also a significant improvement in participants' depression ( $-29.86\%$ ,  $p = 0.007$ ), anxiety ( $-41.69\%$ ,  $p < 0.001$ ), and stress ( $-38.48\%$ ,  $p = 0.001$ ) from pretest to posttest. A significant association was found between pain and psychological distress. Finally, a significant overall main effect of time was found at six-months' follow-up, although pairwise comparisons did not indicate any significant results across all time points. Findings are consistent with other research indicating the effectiveness of brief and group-delivered EFT and are discussed in terms of psychological treatment for chronic pain. Future research is proposed.

Stapleton, P., Chatwin, H., William, M., Hutton, A. Pain, A., Porter, B. & Sheldon, T. (2016). Emotional freedom techniques in the treatment of unhealthy eating behaviors and related psychological constructs in adolescents: A randomized controlled pilot trial. *Explore*, 12:113-122

In Australia and throughout much of the world rates of obesity continue to climb as does the prevalence of eating disorders, particularly in adolescents. Psychological consequences of childhood obesity include low self-esteem, depression, body dissatisfaction, and social maladjustment. This feasibility study sought to examine the impact of a six-week EFT group treatment program upon eating behaviours, self-esteem, compassion, and psychological symptoms. Forty-four students were randomly allocated to either the EFT group or the waitlist control group. Results revealed a delayed effect for both groups at post-intervention, with improved eating habits, self-esteem and compassion at follow-up. Findings provide preliminary support for EFT as an effective treatment strategy for increasing healthy eating behaviours and improving associated weight-related psychopathology.

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

While there is a great deal of research into various Energy Psychology (EP) methods, the subjective experience of the client has not yet been investigated. In this self-study, the Tapas Acupressure Technique (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. The Sorensen Self-Esteem Test was used as a baseline self-esteem pre and post test to measure self-worth and positive and negative emotional states. A list of 10 free association words was collected before and after each treatment session and at the end of the treatment period. Quantitative analysis showed an increase in overall sense of self-worth and an increase in positive states. Negative and positive states varied throughout the treatment period while self-worth increased, suggesting that TAT enabled increased emotional self-regulation when dealing with stressful situations. Scores on the Sorensen Self-Esteem Test improved by 28% on follow-up. A qualitative analysis of the free association words suggests an increase in feelings of balance and calm and a decrease in negative self-image.

## 2015

Al-Hadethe, et al. (2015). Randomised controlled study comparing two psychological therapies for posttraumatic stress disorder (PTSD): Emotional Freedom Techniques (EFT) vs. Narrative Exposure Therapy (NET). *J Trauma Stress Disor Treatment*, 4(4). <http://dx.DOI.org/10.4172/2324-8947.1000145>

**Background:** Post-Traumatic Stress Disorder (PTSD) is a common psychological reaction after traumatic events. The aim of this study was to evaluate the efficacy of Emotional Freedom Techniques (EFT) and Narrative Exposure Therapy (NET) as treatments for PTSD with traumatised people.

**Methods:** A randomized controlled trial design was used. Sixty Iraqi students were selected who met the DSM-IV PTSD criteria. Participants were male students who were aged between 16-19 years. Participants were randomly divided into three groups, with 20 participants in each group. Those in the EFT and NET groups received 4 therapy sessions, while the control group received no treatment. One person from the NET group withdrew. All participants were assessed on PTSD symptoms, anxiety and depression, social support.

**Results:** The results showed that the participants who received EFT reported a significant difference in all PTSD cluster at pre-test and post-test from T1 to T2 ( $p > 0.05$ ). However, although the NET group reported a significant difference between pre-test and posttest in avoidance and re-experience, no significant difference was found in hyper arousal ( $p < 0.05$ ). However, no significant differences were found in the experiential group with social support, coping strategies, and religious coping ( $p < 0.05$ ). These changes of PTSD, PTSD clusters, anxiety and depression remained stable for 3, 6 and 12 month follow-ups in EFT group, while these changes were unstable during the follow-ups. Measures of coping strategies showed that seeking support and active coping improved since the interventions. In conclusion, both EFT and NET showed their effectiveness among traumatised Iraqi people.

Babamahmoodi, et al. (2015). Emotional freedom technique (EFT) effects on psychoimmunological factors of chemically pulmonary injured veterans. *Iran Journal of Allergy, Asthma, and Immunological Disorders* 14(1), 37-47.

Emotional Freedom Technique (EFT) as a new therapeutic technique in energy psychology has positive effects on psychological and physiological symptoms, and quality of life. In this research we studied the effect of this treatment on immunological factors. This study tested whether 8-week group sessions of EFT (compared to a wait-list control group) with emphasis on patient's respiratory, psychological and immunological

problems in chemically pulmonary injured veterans (N=28) can affect on immunological and psychological factors.

Mixed effect linear models indicated that EFT improved mental health ( $F=79.24$ ,  $p=0$ ) and health-related quality of life ( $F=13.89$ ,  $p=0.001$ ), decreased somatic symptoms ( $F=5.81$ ,  $p=0.02$ ), anxiety/insomnia ( $F=24.03$ ,  $p<0.001$ ), social dysfunction ( $F=21.59$ ,  $p<0.001$ ), frequency and severity of respiratory symptoms ( $F=20.38$ ,  $p<0.001$ ), and increased lymphocyte proliferation with nonspecific mitogens Concanavalin A (Con A) ( $F=14.32$ ,  $p=0.001$ ) and Phytohemagglutinin (PHA) ( $F=12.35$ ,  $p=0.002$ ), and peripheral blood IL-17 ( $F=9.11$ ,  $p=0.006$ ).

This study provides an initial indication that EFT may be a new therapeutic approach for improving psychological and immunological factors.

Baker, B. & Hoffman, C. (2015). Emotional Freedom Techniques (EFT) to reduce the side effects associated with tamoxifen and aromatase inhibitor use in women with breast cancer: A service evaluation. *European Journal of Integrative Medicine* 7(2), 136-42. doi:10.1016/j.eujim.2014.10.004

Adverse effects associated with tamoxifen and aromatase inhibitor use are the most common reason reported by women with breast cancer for discontinuing hormonal therapies.

Poor compliance is associated with an increased risk of mortality and early recurrence.

The primary aim of this study was to evaluate Emotional Freedom Techniques (EFT) for improving mood state, and secondarily, menopausal symptoms, fatigue, and pain experienced by women with breast cancer receiving hormonal therapies.

**Methods:** Participants ( $n = 41$ ) received a three-week course of EFT, consisting of one session of three hours per week, followed by use of the self-tool over the next nine weeks as required. Self-report questionnaires were used to assess mood, pain, fatigue, endocrine (menopausal) symptoms and hot flushes and night sweats, together with a hot flush diary, at baseline and at 6 and 12 weeks. Participants also completed 7-day home practice sheets for the first six weeks, a feedback form at six weeks and were invited to attend a follow-up focus group at eight weeks.

**Results:** Statistically significant improvements in Total Mood Disturbance ( $p = 0.005$ ;  $p = 0.008$ ), and anxiety ( $p = 0.003$ ;  $p = 0.028$ ), depression ( $p = 0.006$ ;  $p = 0.020$ ) and fatigue ( $p = 0.008$ ;  $p = 0.033$ ) occurred at both 6 and 12 weeks, respectively, compared to baseline. In addition, mean fatigue interference and global scores, numbers of hot flushes and the hot flush problem rating score decreased at 6 and/or 12 weeks.

**Conclusions:** These preliminary findings suggest that EFT may be an effective self-help tool for women with breast cancer experiencing side effects from hormonal therapies.

Chalmers, J. S. (2015). An exploration of the experiences of Emotional Freedom Techniques (EFT) practitioners. Unpublished master's dissertation. University of Northampton, UK.  
<http://tinyurl.com/zfmyf4a>

Emotional Freedom Techniques (EFT) is a relatively new based on stimulating acupoints on the body while talking about a distressing situation. This qualitative study used semi-structured interviews to look at the experiences of EFT practitioners. Thematic analysis

was used to produce an insight of what it is like to be an EFT practitioner. The main findings are that EFT is a spiritual practice; the mind–body connection is very important in healing work; a practitioner’s way of being is important; EFT usually works. The area of experiences of EFT practitioners has not been studied in this way before; this study should provide a useful addition to the literature on EFT.

Gilomen, S. A. & Lee, C. W. (2015). The efficacy of acupoint stimulation in the treatment of psychological distress: A meta-analysis. *J. Behavior Therapy & Experimental Psychiatry*, 48 (2015) 140-148.

**Background and objectives:** Emotional Freedom Techniques (EFT) is a type of therapy involving the stimulation of acupuncture points while using a spoken affirmation to target a psychological issue. While some studies cite data indicating EFT is highly efficacious, findings in other studies are unconvincing. The aim of this meta-analysis was to examine the effect of EFT, particular acupoint stimulation, in the treatment of psychological distress.

**Method:** A systematic review of the literature identified 18 randomised control trials published in peer reviewed journals involving a total of 921 participants.

**Results:** A moderate effect size (Hedge's  $g$   $\frac{1}{4}$  -0.66: 95% CI: -0.99 to -0.33) and significantly high heterogeneity ( $I^2$   $\frac{1}{4}$  80.78) across studies was found using a random effects model indicating that EFT, even after removing outliers (decreases in  $I^2$   $\frac{1}{4}$  72.32 and Hedge's  $g$   $\frac{1}{4}$  -0.51:95% CI:-0.78 to -0.23), appears to produce an effect. The analysis involved 12 studies comparing EFT with waitlist controls, 5 with adjuncts and only 1 comparison with an alternate treatment. Meta-regression and subgroup analyses were conducted to examine the effect of moderators on effect size of symptom change following EFT.

**Conclusions:** Due to methodological shortcomings, it was not possible to determine if the effect is due to acupoint stimulation or simply due to treatment elements common with other therapies.

Lee, J.W., Chung, S.Y. & Kim, J.W. (2015). A comparison of Emotional Freedom Techniques (EFT-I) and Sleep Hygiene Education (SHE) in a geriatric population: A randomized controlled trial. *Energy Psychology Journal*, 7(1). DOI 10.9769/EPJ.2015.05.1.JL

**Objective:**To evaluate two treatments for insomnia, Emotional Freedom Techniques–Insomnia (EFT-I) and Sleep Hygiene Education (SHE), in a geriatric population when delivered as group therapy.

**Methods:**Participants (N = 20) were elderly women (mean age = 80 ± 4.75) with insomnia. They were randomized into two groups. One received SHE, and the other a form of EFT adapted for use with insomnia (EFT-I). The setting was a senior welfare center, and the interventions were delivered in a group format. Participants received eight 1-hour sessions twice a week for 4 weeks. They were assessed for insomnia severity, depression, anxiety, and life satisfaction before and after treatment. Follow-ups occurred at 5 and 9 weeks posttest.

**Results:**EFT was superior to SHE for insomnia. The results were similar to those found in earlier studies evaluating EFT for insomnia. Neither the SHE nor the EFT group demonstrated significant improvement in anxiety or life satisfaction.

**Conclusions:**EFT is an effective evidence-based treatment for geriatric insomnia and depression. EFT is cost-effective, and efficacious when delivered in a group format.

Lee, K-S. (2012). The effect of EFT (Emotional Freedom Techniques) on students' video game addiction. Korea National University of Education, unpublished Master's thesis. (Abstract not available).

Libretto, S., Hilton, L. Gordon, S. and Zhang, W. (2015). Effectives of integrative PTSD treatment in a military health setting. *Energy Psychology Journal*, 7(2). DOI 10.9769/EPJ.2015.11.1.SL

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

Nemiro, A., Papworth, S., & Palmer-Hoffman, J. (2015). Efficacy of two evidence-based therapies, Emotional Freedom Techniques (EFT) and Cognitive Behavioral Therapy (CBT) for the treatment of gender violence in the Congo: A randomized controlled trial. *Energy Psychology: Theory, Research, & Treatment*, 7(2).

Psychological trauma in the aftermath of sexual violence is a persistent problem in both developing and developed nations, and appropriate treatment techniques are needed to address the special needs of this population. The objective of this study was to assess whether two evidence-based therapeutic methods for PTSD, Cognitive Behavioral Therapy (CBT) and Emotional Freedom Techniques (EFT), are efficacious for sexual gender-based violence (SGBV). Participants were 50 internally displaced female refugees who had been victims of SGBV in the Democratic Republic of Congo (DRC). They were assessed using the Harvard Trauma Questionnaire (HTQ) and the Hopkins

Symptom Checklist–25 (HSCL-25), which measures general mental health. Participants received two 2-1/2 hour treatment sessions per week for 4 consecutive weeks (eight sessions total). Assessments occurred before and after treatment, and 6 months later. Participants demonstrated significant posttest improvement in both groups on both measures. Follow-up assessments showed that participants maintained their gains over time whether treated with EFT or CBT. The results are consistent with earlier trials, and indicate that both EFT and CBT are efficacious when delivered in group format, as well as being effective treatments for SGBV in the setting of a developing nation.

Pfrommer, et al., (2015). Heart Assisted Therapy-Self-Regulation (HAT-SR) for Caregivers of Persons with Dementia. *Gerontol Geriatr Res.*, S4:005  
<http://dx.DOI.org/10.4172/2167-7182.S4-005>

Challenges with dementia caregiving, including caregiver stress/role strain continues to be a concern in long-term care settings. This is because residents with dementia have impairments in memory, concentration, reasoning, and judgment, creating difficulties for the provider in anticipating the needs of the individual. The challenges and role strain increase for the individual and caregiver as the resident's cognitive condition diminishes [1]. Examples of caregiver challenges include caring for patients with behavioral issues such as agitation, aggression, delusions, hallucinations, and wandering. Increased emotional empathy translates into increased patient responsiveness to the expressions, words, and behaviors of the caregivers [2]. This phenomenon is commonly referred to as emotional contagion and can be defined as "a process in which a person or group influences the emotions or behavior of another person" [3]. Emotional contagion may lead to worsening both behaviors and caregiver strain for healthcare professionals who work with persons with dementia. According to authors [4], this contagion effect may also translate into an increased risk for caregiver burnout, decreased empathy, and negative attitudes toward the patients and families they serve.

The ability to empathize with patients is a key component of dementia care because caregivers' emotional states can directly influence their patients. The symptoms of caregiver role strain include anxiety, depression, heightened irritability, hopelessness, anger, exhaustion, hypertension, gastrointestinal complaints, insomnia, and headaches [5]. Relieving stress and improving the resilience of caregivers should translate into improvements in quality of care and clinical outcomes and an increased sense of well-being for both patients and caregivers [6]. Self-regulation techniques such as meditation, breathing exercises, and focused intention are gaining interest among healthcare professionals [7]. Specifically, self-nurturing techniques such as mindfulness and meditation practices have been shown to prevent and treat caregiver role strain or burnout. This self-nurturing strengthens compassion, resilience, awareness, focus, and caring behaviors [6].

Decreasing stress and enhancing mindfulness and self-compassion are especially important for healthcare providers who work with patients with dementia. A study that investigated the links between nurse burnout and nurse-rated quality of patient care in 53,846 nurses in six countries revealed that U.S. nurses had the second highest reported levels of emotional exhaustion and depersonalization [8]. Given these results, the researchers suggested that interventions that increase self-compassion and mindfulness have the potential to reduce stress and burnout in healthcare workers and improve patient

outcomes [8]. Mindfulness-based stress reduction (MBSR) techniques show promise as an approach to decreasing both caregiver strain and behavioral symptoms.

Challenges in implementing MBSR in the LTC-based dementia caregiving include time constraints, high dropout rates, and training necessary to perform the MBSR technique. For example, traditional MBSR interventions require the attendee to complete one week of training and practice meditation for a minimum of 45 minutes per day. Fortney, Luchterhand, Zakletskaia, Zgierska, and Rakel [9] viewed the amount of time as a limitation, citing studies that had high dropout rates due to this time commitment. In response, the researchers developed an abbreviated protocol and requested attendees to complete 18 hours of training and practice MBSR 10-20 minutes per day for eight weeks. The sample included primary care clinicians working in the departments of family medicine, internal medicine, and pediatrics (N=30). Scores on burnout were compared during and after the study period and at nine months post intervention. At nine months, attendees had significantly better scores on all Maslach Burnout Inventory burnout subscales (Maslach et al., as cited in Fortney et al.), including emotional exhaustion ( $p=0.009$ ), depersonalization ( $p=0.005$ ), and personal accomplishment ( $p<0.001$ ). Likewise, the depression ( $p=0.001$ ), stress ( $p=0.002$ ), and anxiety ( $p=0.006$ ) subscales were significantly lower.

In a six-week pilot study of HAT-SR conducted at a Continuing Care Retirement Community, Diepold et al. (2014) randomized geriatric subjects ( $n=19$ ) to an intervention or control group and administered pre- and post-intervention surveys. The Cognitive and Affective Mindfulness Scale-Revised [8,9] was used to measure four aspects of trait mindfulness: attention, awareness, acceptance, and present focus. Separate paired t tests were conducted to compare CAMS-R scores pre- and post-intervention for the placebo and intervention groups. Results revealed a statistically significant increase from pre- ( $M=36.75 \pm 6.90$ ) to post intervention ( $M=38.76 \pm 6.59$ ) in CAMS scores for the intervention group,  $t(N=7)=-2.43$ ,  $p<0.05$ , but not for the placebo group,  $t(N=6)=0.47$ ,  $p=0.65$ .

After conducting a pilot study, the authors gained additional knowledge on the benefits of HAT-SR and were inspired to move forward with teaching caregivers of patients with dementia about stress reduction and the HAT-SR mindfulness enhancing technique. Therefore, the primary aim of this project was to teach HAT-SR to long-term care staff in a continuing care retirement community (CCRC) and evaluate the effectiveness of HAT-SR as an intervention to improve care for patients with dementia. The authors' secondary aim was to assess baseline knowledge related to mindfulness and caregiver challenges and to evaluate the effectiveness of the HAT-SR teaching session at increasing the participant's awareness of these two aspects of dementia care.

Reynolds, A. (2015). Is acupoint stimulation an active ingredient in Emotional Freedom Techniques? A controlled trial of teacher burnout. *Energy Psychology Journal*, 7(1). doi:10.9769/EPJ.2015.05.1.AR

EFT (Emotional Freedom Techniques) has been the subject of much research over the past decade, with many studies of conditions such as PTSD, anxiety, and depression showing significant treatment effects. In addition to elements drawn from established cognitive and exposure therapies, EFT uses the manual stimulation of acupuncture points (acupressure) through fingertip tapping. This study investigated the utility of EFT to address professional burnout in a population of school teachers. Participants were K-

12 full time, public school teachers. They were assessed using the Maslach Burnout Inventory, which has three scales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. EFT was compared to a control condition that used sham tapping on a location on the forearm that does not include any acupuncture points. To reduce the possibility of cross-contamination between the two conditions, the study did not randomize participants within a single population. Instead, to minimize contact between experimental and control participants, the two samples were drawn from different school districts with similar demographic profiles in the same county. One hundred teachers were randomly selected from each district, of which 126 completed all assessments. Data analysis revealed that on all three indicators of burnout measured, EFT was significantly superior to the sham tapping control ( $p > .05$ ). The results are consistent with earlier dismantling studies and indicate that acupoint tapping is an active ingredient in the therapeutic results obtained from EFT and not a placebo. EFT is inexpensive, easy to administer, and could be added to teacher mentor and retention programs to improve resiliency. A positive impact on teachers whose level of burnout is either negatively affecting the educational environment or has caused them to consider leaving the profession will help nurture and retain valuable assets for student learning.

Rogers, R. & Sears, S. (2015). Emotional Freedom Techniques (EFT) for stress in students: A randomized controlled dismantling study. *Energy Psychology Journal*, 7(2). DOI 10.9769/EPJ.2015.11.1.RR

Previous studies have demonstrated that Clinical EFT (Emotional Freedom Techniques) is an evidence-based method that relieves stress and a variety of psychological conditions. EFT combines techniques drawn from conventional methods such as cognitive therapy with the novel ingredient of acupressure. The goal of the current study was to determine whether or not EFT could quickly reduce stress symptoms in college students, and to compare the efficacy of acupoint stimulation to the stimulation of sham points. Participants were 56 university students randomly assigned to either the EFT ( $n = 26$ ) or sham group ( $n = 30$ ). They were assessed for nine common stress symptoms before and after a single 15–20 minute group treatment session. Sessions occurred on campus in groups of five to 10 students. Participants in both groups repeated statements from a script containing eight sets of stressful cognitions centered on feeling overwhelmed and hopeless, and ending with positive affirmations. Those in the EFT group stimulated the points described in manualized form of the method, while those in the second group stimulated sham acupressure points. There were no significant differences in stress symptoms between the two groups at pretest. Posttest, symptoms were reduced in the EFT group by 39.3% and in the sham acupressure group by 8.1% ( $p < .001$ ), demonstrating that the stimulation of actual points is superior to sham points even when all other components of treatment remain identical. The results of this study are consistent with previous dismantling studies demonstrating that acupressure is an active ingredient in the EFT protocol and not a placebo or inert component of treatment. Clinical EFT is an effective immediate treatment for common stress symptoms.

Sabathy, M. (2015). Proposition for the implementation of coping strategies (SE and EFT) into secondary classrooms based up on the analysis of emotional reactivity and its

effects on adolescent resiliency. Unpublished Master's Thesis.  
<https://doi.org/10.13140/RG.2.1.1959.5288>

**Background:** Complaints associated with classroom-management disruptions appear to have gradually increased in recent years. It could be assumed that quantitatively enlarged cognitive curricula, a possible consequence of the technological advancement and development, combined with the constant exposure to social media and other high-tech gadgets has led to a sensory overload or overstimulation resulting in critically susceptible stress-related benchmarks in children and adolescents.

**Purpose:** Predisposition for high emotional reactivity in children and youth is presumed to correlate with early traumatic experiences. It is the objective of this paper, to discuss the hypothesis that the implementation of active coping strategies in the form of a module-based manual represents a promising classroom 'tool' for the prevention and intervention of a wide range of psychosomatic disorders contingent on emotional reactivity.

**Result:** The activities incorporated into the manual are designed for secondary classrooms and are modifications and adaptations derived from Somatic Experiencing and Emotional Freedom Technique. Both methods employ innate (somatic) restorative capabilities in order to effectively target and substantially mitigate and/or eradicate symptoms associated with traumatic experiences and emotional learning. All of the proposed activities are non-invasive, easily applicable, and simply acquirable, and thus have potential to serve as valuable alternatives to costly therapies and extra-curricular programs within the educational health prevention and intervention agenda.

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

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

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

Energy psychology is a novel and controversial family of mind/body approaches used in the treatment of a variety of psychological disorders including post-traumatic stress disorder, anxiety, and depression. The approaches are based on combining concepts from traditional Chinese medicine with simple cognitive interventions. Initial empirical investigation supports claims of efficacy. The aim of this study is to expand and enrich existing research about the use of energy psychology in psychotherapy for trauma, through analysing the accounts of three experienced psychotherapists. Interpretative phenomenological analysis (IPA) was applied to the central research question: How does Energy Psychology impact and inform the life and work of experienced psychotherapists who use Energy Psychology in the treatment of trauma? Four themes emerged: transformation; paradigm shift; state of presence; and spiritual realization. The participants attributed significant changes in their understanding of psychotherapeutic change, personal philosophy, and overall contentment in life to their experience of using energy psychology, leading to the central hypothesis of this study – energy psychology has the potential to catalyse a process of transformation that results in a lived experience of serenity and flourishing. Two new understandings of underlying mechanisms that contribute to the efficacy of energy psychology are theorized: 1) energy psychology shares mechanisms in common with meditative practices that may contribute to positive impacts on autonomic dysregulation; 2) energy psychology provides a manual technique that supports the process known as focusing. Non-specific factors that are common to many forms of psychotherapy also contribute to efficacy. Energy psychology is a suitable treatment in evidence based practice for clients presenting with trauma who: 1) do not favour or may experience re-traumatization during exposure or reliving experiences; 2) are at risk of decompensation due to flooding of traumatic material in the early stages of treatment.

## 2014

Aremu, A. O., & Taiwo, A. K. (2014). Reducing mathematics anxiety among students with pseudo-dyscalculia in Ibadan through numerical cognition and emotional freedom techniques: Moderating effect of mathematics efficacy. *African Journal for the Psychological Studies of Social Issues*, 17(1), 113–129.

Anxiety in mathematics is a critical challenge facing secondary school students in Nigeria. Previous studies with focus on the improvement of this challenge are scarce. Specifically, there is a paucity of studies using numerical cognition and Emotional Freedom Techniques (EFT) in solving the above challenges. This study therefore investigated the effects of numerical cognition and EFT on mathematics anxiety among non-science students with pseudo-dyscalculia in Oyo State. Pretest, posttest, control group quasi-experimental design was adopted for the study. One hundred and two students were sampled through simple random sampling. Mathematics Anxiety Scale (alpha = 0.89), Mathematics Efficacy (alpha = 0.86), and Pseudo-Dyscalculia Scale (alpha = 0.93) were administered to obtain data for the study. Therapeutic packages used for the intervention were numerical cognition and EFT. Seven hypotheses were

tested at 0.01 level of significance. Data were analyzed using analysis of covariance (ANCOVA). The study revealed main effect of treatment on mathematics anxiety;  $F(2, 109) = 173.020, p < 0.01$ . Meridian-based intervention (EFT) was more effective (mean = 33.78) than numerical cognition (mean = 45.35) in the reduction of mathematics anxiety. There was a significant main effect  $F(1, 109) = 21.00, p < 0.01$ , interactive effect  $F(2, 109) = 6.116, p < 0.01$ . of mathematics efficacy and treatment of mathematics anxiety of the participants. The two packages were effective in reducing mathematics anxiety among the participants. Based on the findings, educational psychologists, counseling psychologists, and other educational related bodies could adopt the packages for educational diagnosis to improve academic performance of students with academic phobia.

Benor, D. (2014). Energy psychology practices and theories of new combinations of psychotherapy. *Curr. Res. Psychol.*, 5: 1-18.  
<http://thescipub.com/abstract/10.3844/crpsp.2014.1.18>

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.

Boath, E., Stewart, A. & Rolling, C. (2014). The impact of EFT and Matrix Reimprinting on the civilian survivors of war in Bosnia: A pilot study. *Curr. Res. Psychol.*, 5: 65-73.  
<http://thescipub.com/abstract/10.3844/crpsp.2014.64.72>

A pilot study was carried out to establish the feasibility and effectiveness of Matrix Reimprinting (MR) in treating post traumatic stress symptoms in civilian survivors of the war in Bosnia. Two Healing Hands Network Centres in Bosnia in Sarajevo and Hadzici. Clients accessing the Healing Hands Network in Bosnia were invited to participate in the pilot study of MR. At the start and end of their treatment, clients were asked to complete a modified version of the PTSD Checklist-Civilian Checklist (PCL-C; Blanchard *et al.*, 1996) at baseline, immediately after the two week MR intervention and then at 4 weeks follow-up. Eighteen clients were included MR pilot study. There was a significant reduction in the mean scores from baseline to immediately post intervention ( $p = 0.009$ ) and again at the 4 week follow-up ( $p = 0.005$ ). The size of the immediate effect was sustained at follow-up ( $p = 0.65$ ). The qualitative analysis (via. an evaluation form at four weeks follow-up) identified the following four themes: Theme 1: Physical and psychological changes Theme 2: The strength to move on and to self-care Theme 3: Rapport with the MR Practitioners Theme 4: Recommending it for others. Despite the limited sample size, significant improvements were shown. The qualitative and quantitative results support the potential of MR as an effective treatment for post traumatic stress symptoms. Further controlled studies are required.

Church, D. (2014). Reductions in Pain, Depression, and Anxiety Symptoms After PTSD Remediation in Veterans. *Explore: The Journal of Science & Healing*, 10(3), 162-69.

A randomized controlled trial of veterans with clinical levels of PTSD symptoms found significant improvements after Emotional Freedom Techniques (EFT). Although pain, depression, and anxiety were not the primary targets of treatment, significant improvements in these conditions were noted. Subjects ( $N = 59$ ) received six sessions of EFT coaching supplementary to primary care. They were assessed using the SA-45, which measures nine mental health symptom domains and also has two general scales measuring the breadth and depth of psychological distress. Anxiety and depression both reduced significantly, as did the breadth and depth of psychological symptoms. Pain decreased significantly during the intervention period ( $-41\%$ ,  $p < .0001$ ). Subjects were followed up at three and six months, revealing significant relationships between PTSD, depression, and anxiety at several assessment points. At follow-up, pain remained significantly lower than at pretest. The results of this study are consistent with other reports showing that, as PTSD symptoms are reduced, general mental health improves, and pain levels drop. The ability of EFT to produce reliable and long-term gains after relatively brief interventions indicates its utility in reducing the estimated trillion-dollar cost of treating veteran mental health disorders in the coming years.

Church, D., & Brooks, A. J. (2014). CAM and energy psychology techniques remediate PTSD symptoms in veterans and spouses. *Explore: The Journal of Science and Healing*, 10(1), 24-33.

A randomized controlled trial of veterans with clinical levels of PTSD symptoms found significant improvements after EFT (Emotional Freedom Techniques). While pain, depression, and anxiety were not the targets of treatment, significant improvements in these conditions were found. Subjects ( $N = 59$ ) received six sessions of EFT coaching supplementary to primary care. They were assessed using the SA-45, which measures 9 mental health symptom domains, and also has 2 general scales measuring the breadth and depth of psychological distress. Anxiety and depression both reduced significantly, as did the breadth and depth of psychological symptoms. Pain decreased significantly during the intervention period ( $-41\%$ ,  $p < .0001$ ). Subjects were followed at 3 and 6 months, revealing significant relationships between PTSD, depression, and anxiety at several assessment points. At follow-up, pain remained significantly lower than pretest. The results of this study are consistent with other reports showing that, as PTSD symptoms are reduced, general mental health improves, and that EFT produces long-term gains for veterans after relatively brief interventions.

Church, D., Feinstein, D., Palmer-Hoffman, J., Stein, P. and Tranguch, A. (2014). Empirically Supported Psychological Treatments: The Challenge of Evaluating Clinical Innovations. *Journal of Nervous & Mental Disease*, 202(10), 699-709. doi: 10.1097/NMD.0000000000000188

Clear and transparent standards are required to establish whether a therapeutic method is “evidence based.” Even when research demonstrates a method to be efficacious, it may not become available to patients who could benefit from it, a phenomenon known as the “translational gap.” Only 30% of therapies cross the gap, and the lag between empirical

validation and clinical implementation averages 17 years. To address these problems, Division 12 of the American Psychological Association published a set of standards for “empirically supported treatments” in the mid-1990s that allows the assessment of clinical modalities. This article reviews these criteria, identifies their strengths, and discusses their impact on the translational gap, using the development of a clinical innovation called Emotional Freedom Techniques (EFT) as a case study. Twelve specific recommendations for updates of the Division 12 criteria are made based on lessons garnered from the adoption of EFT within the clinical community. These recommendations would shorten the cycle from the research setting to clinical practice, increase transparency, incorporate recent scientific advances, and enhance the capacity for succinct comparisons among treatments.

Church, D., & Palmer-Hoffman, J. (2014). TBI symptoms improve after PTSD remediation with Emotional Freedom Techniques. *Traumatology, 20*(3), 172-181.

A group of 59 veterans with clinical levels of posttraumatic stress disorder (PTSD) symptoms received Emotional Freedom Techniques (EFT) coaching in a randomized controlled trial. A significant percentage dropped below the clinical threshold after 6 sessions of EFT (86%,  $p < .0001$ ) and remained subclinical at 3-month and 6-month follow-ups. Traumatic brain injury (TBI) and somatoform symptoms isolated from the data set for detailed analysis are presented in the current paper. Compared with pretest, significant reductions in TBI symptoms were found after 3 sessions, with a further reduction after 6 months ( $-41\%$ ,  $p < .0021$ ). Participant gains were maintained on 3-month and 6-month follow-up ( $p < .0006$ ). These results point to the poorly defined distinction between TBI and PTSD symptoms, the potential for partial TBI rehabilitation as a sequel to successful PTSD treatment, and the possibility of long-term maintenance of clinical gains.

Dunnewold, A.L. (2014). Thought field therapy efficacy following large scale traumatic events. *Curr. Res. Psychol., 5*: 34-39.  
<http://thescipub.com/abstract/10.3844/crsp.2014.34.39>

Thought Field Therapy Efficacy Following Large Scale Traumatic Events: Description of Four Studies. Thought Field Therapy (TFT) has been shown to reduce symptoms of Posttraumatic Stress (PTS) with trauma survivors in four studies in Africa. In a 2006 preliminary study, orphaned Rwandan adolescents, who reported ongoing trauma symptoms since the 1994 genocide, were treated with TFT. A 2008 Randomized Controlled Trial (RCT) examined the efficacy of TFT treatments facilitated by Rwandan Community leaders in reducing PTS symptoms in adult survivors of the 1994 genocide. Results of the 2008 study were replicated in a second RCT in Rwanda in 2009. A fourth RCT in Uganda (in preparation for submission) demonstrated significant differences in a third community leader-administered TFT treatment. The studies described here suggest that one-time, community leader-facilitated TFT interventions may be beneficial with protracted PTS in genocide survivors.

Gaesser, A. H. (2014). Interventions to Reduce Anxiety for Gifted Children and Adolescents. *Doctoral Dissertations, Paper 377*.

Anxiety can cause many concerns for those affected, and previous research on anxiety and gifted students has been inconclusive. This study examined the anxiety levels of gifted students, as well as the effectiveness of two interventions: Cognitive-Behavioral Therapy (CBT) and Emotional Freedom Technique (EFT). Using the Revised Children's Manifest Anxiety Scale-2 (RCMAS-2) to measure students' anxiety levels, Phase I of this study examined anxiety in gifted youth ( $n = 153$ ) participating in private and public gifted education programs, grades 6 -12, in two Northeastern states. ANOVAs were used to assess differences in the anxiety levels, and results indicated that gender ( $F [1, 149] = 13.52, p < .001, \eta^2 = .08$ ) and school setting ( $F [2, 149] = 21.41, p < .001, \eta^2 = .23$ ) were significant factors in the anxiety levels of the gifted students in this study. In Phase II, a randomized controlled research design was used to investigate the effectiveness of CBT and EFT interventions for gifted adolescents. Utilizing permuted randomized assignment, participants ( $n = 63$ ) identified with moderate to high levels of anxiety on the pre treatment RCMAS-2 were assigned to one of three treatment groups: a) CBT, the current gold standard of anxiety treatment, b) EFT, an innovative modality presently showing increased efficacy in anxiety treatment, and c) a wait-listed control group. Students assigned to CBT or EFT treatment groups received three individual sessions of the identified therapy from upper-level counseling, psychology, or social work students enrolled in graduate programs at a large Northeastern research university. Treatment outcomes were measured by administration of the RCMAS-2 post treatment and analyzed using ANCOVA with pre treatment RCMAS-2 scores serving as the covariate. Using a Bonferroni correction of  $p = .016$ , EFT participants ( $n = 20, M = 52.163, SE = 1.42$ ) showed significant reduction in anxiety levels when compared to the control group ( $n = 21, M = 57.93, SE = 1.39, p = .005$ ). CBT participants ( $n = 21, M = 54.82, SE = 1.38$ ) did not differ significantly from either the EFT or control groups ( $p = .12$  and  $p = .18$ , respectively).

Hajloo, M., Ahadi, H., Rezabakhsh, H., Mojembari, A.K. (2014). Investigation on Emotional-Freedom Technique Effectiveness in Diabetic Patients' Blood Sugar Control. *Mediterranean Journal of Social Sciences*, 5(27), 1280. doi:10.5901/mjss.2014.v5n27p1280.

Chronic diseases are a major cause of death and illness in the world and diabetes is in sixth rank. As Harati (2009) noted the prevalence of 2nd type diabetes in Iran has accelerated so that more than 1 percent of Iranians over age 20 are affected by it each year. The present study is done in order to improve glycemic control in diabetic patients, reducing the need for costly medical services and enhance their mental health and remove the burdens of the patients and the community. The research method selected 30 diabetic patients of Imam Hossein in Tehran with testing (pretest - posttest of control group) and sampling method in 2012 and randomly classified them into two groups : group1 (treated with EFT- method by Gary Craig , 1995) and the control group. Testing of blood glucose, HbA1C was used as a tool for gathering information for one - way analysis of covariance univariate. The results ( $F_{ob}:7.24 > F_{cr}:4.22$ ) showed that EFT method was effective in controlling blood glucose levels in diabetic patients.

Kalla, M. (2014). The effectiveness of Emotional Freedom Techniques (EFT) for

improving the physical, mental, and emotional health of people with chronic diseases and/or mental health conditions: a systemic review protocol. *JBI Database of Systemic Reviews and Implementation Reports*, 12(2).  
<http://joannabriggslibrary.org/index.php/jbisrir/article/view/1153/1861>

The purpose of this systematic review is to: Identify, summarize and synthesize evidence on the uses and perceived benefits of a meridian-based energy psychology intervention, Emotional Freedom Techniques (EFT) for enhancing physical, mental and emotional health of people with chronic diseases and/or mental health conditions.

Specifically, this systematic review will examine the available Level 1 scientific literature in order to examine the effectiveness of Emotional Freedom Techniques, as a tool to assist with improving people's health. These will include: 1) Specific changes occurring in the physical body, as a result of administering EFT to a subject; for example, changes in cortisol levels, reduced clumping in blood cells, or a reduction in somatization; 2) Emotional and mental health benefits reported immediately and at a later follow-up time by subjects.

Studies involving chronic disease/mental health patients of all age groups and backgrounds will be considered. This review will consider studies that involve people suffering from a mental or physical health condition, such as fibromyalgia, obesity, anxiety, depression and post-traumatic stress disorder.

Studies which clearly state that subjects are receiving other treatments apart from just EFT, i.e. EFT is used as a supportive care method, will be excluded. This will enable better insight into EFT's effectiveness as a treatment method for health conditions.

The intervention of interest is Emotional Freedom Techniques (tapping). Studies involving Thought Field Therapy, which is considered the predecessor of EFT, will be excluded from this review. Similarly, studies on traditional acupuncture and other forms of acupoint stimulation will also be excluded from this review.

EFT is a technique that can be self-administered by patients. However, for the purpose of this review, only studies which involve a minimum of four hours of intervention/training by a practitioner will be considered. Self-administered EFT has been excluded to reduce variability in the review. Four hours of minimum intervention time has been chosen because literature on other comparable interventions, such as Brief Interventions suggest four short counselling sessions by a trained interventionist.

Lake, J. (2014). A review of select CAM modalities for the prevention and treatment of PTSD. *Psychiatric Times*. July 25, 1-4.

The personal, social, and economic burden of human suffering related to PTSD are major issues facing society. Conventional pharmacotherapy and psychotherapy reduce the severity of some PTSD symptoms; however, their effectiveness is limited, and many patients discontinue these pharmacological and psychotherapeutic treatments before achieving full remission. The limited effectiveness of conventional approaches and unmet treatment needs of patients provide compelling arguments for effective conventional and complementary and alternative medicine (CAM) interventions aimed at preventing PTSD and treating chronic PTSD. <http://www.psychiatristimes.com/integrative-psychiatry/review-select-cam-modalities-prevention-and-treatment-ptsd#sthash.dZtcl8Eb.dpuf>

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:** The purpose of this study was 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.

Leskowitz, E. (2014). Phantom limb pain: An energy/trauma model. *Explore*, 10(6): 389-97. doi: 10.1016/j.explore.2014.08.003. Epub 2014 Aug 20.

Phantom limb pain (PLP) is a form of chronic neuropathic pain that responds poorly to treatment interventions derived from the neuroanatomic understanding of pain and analgesia. Several new psychological and behavioral treatments that have proven more effective have been explained by invoking neural plasticity as their mechanism of action. Other novel treatments that are based on an "energy medicine" model also appear to be quite effective, especially when addressing the psychological trauma of the amputation itself, a factor that is generally overlooked in the standard surgical approach to limb amputation. A speculative trauma/energy model for the etiology of PLP is proposed. This model is developed in some detail, and its utility in explaining several anomalous aspects of PLP, as well as the clinical efficacy of energy therapies, is outlined. This model is proposed as a step in the development of simple and effective energy/trauma treatment protocols for this widespread and largely treatment-resistant disorder.

MacKinnon, L. (2014). Deactivating the buttons: Integrating radical exposure tapping within a family therapy framework. *Australian and New Zealand Journal of Family Therapy*, 35, 244–260. <https://doi.org/10.1002/anzf.1070>

The purpose of this paper is to describe and illustrate with case examples a brief intervention termed Radical Exposure Tapping (RET). RET can be integrated with family therapy to address stuck points where the therapy is hindered by a family member's affective block, an intense and unchangeable emotional reactivity to a specific trigger. RET draws from the methodology of Eye Movement Desensitization and Reprocessing (EMDR) and combines it with the tapping sequence of the Emotional Freedom Technique (EFT) to produce an intervention that is more flexible than EMDR, provides greater rigor than using the EFT technique alone and can be effective in a single session within the context of family therapy. The paper puts this work into context by first overviewing definitions of trauma and Post Traumatic Stress Disorder, arguing that family members' emotional reactivity may be a symptom of PTSD even when they would not qualify for the diagnosis because they had not experienced a life threatening event.

Mohler, M. (2014). Utilization of Emotional Freedom Techniques (EFT ) to reduce test anxiety in high stakes testing. *Dissertation Abstracts International Section A: Humanities and Social Sciences Dissertation Abstracts International*, 74(11-A(E)).

There are many reasons a person may fail a high stakes test such as the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). Sleep deprivation, illness, life stressors, knowledge deficit, and test anxiety are some of the common explanations. A student with test anxiety may feel threatened by this evaluation process. This reaction causes the students to become self-absorbed with altered cognitive abilities such as reduced ability: to concentrate, to remember, and/or to retrieve information, thus lowering the students' performance. This research study explored the correlation among factors such as stress, test anxiety, and student expectations that may be predictive of success or failure in passing the NCLEX-RN® exam. This study also compared the methods of Emotional Freedom Techniques (EFT) to Guided Imagery regarding the reduction of test anxiety and success in passing the NCLEX-RN® exam. Emotional Freedom Techniques, a form of energy psychology, works by having an individual concentrate on a specific psychological issue while simultaneously tapping on specific meridian points. Guided Imagery, a well-respected form of meditation, utilizes directed and focused thought and imaginations. The participants of this quantitative study were nursing students enrolled in a NCLEX Review course at a university in the Midwest. Randomized groups received two treatment sessions. The students completed the Test Anxiety Inventory (TAI), Westside Test Anxiety Scale, Stress Vulnerability Questionnaire, Subjective Units of Disturbance Scale (SUDS), and had their blood pressure taken before and after treatments. The students also completed the SA-45 Symptom Assessment (SA-45(TM)), a Personal Profile Data Sheet, and three Student Perception Surveys. The results of the study showed scoring below an 80% on the HESI Exit Exam and obtaining a lower score on a retake of the HESI Exit Exam was associated with the pass rate of the NCLEX-RN® exam. There was a statistical significant difference in the SUDS rating recorded pre-treatment versus post-treatment which indicated the treatment lowered distress levels in both groups. The systolic and diastolic blood pressure showed a statistical significant decrease in Group 1 (Guided Imagery) after the second treatment. The diastolic blood pressure showed a statistical significant decrease after the second treatment in Group 2 (EFT). There was a statistical significant difference in the Westside Test Anxiety incapacity (memory) subscale before treatments and after treatments in Group 2 (EFT). On Student Perception Survey 3, at the end of the study, Group 2 (EFT) reported a decrease in test anxiety while Group 1 (Guided Imagery) conveyed a slight increase. Both groups reported they thought the treatment were effective. Emotional Freedom Techniques did reduce test anxiety in high stakes testing.

Mollon, P. (2014). Attachment and Energy Psychology: Explorations at the interface of bodily, mental, relational, and transpersonal aspects of human behavior and experience. In *Talking Bodies* (Ed. K. White), London: Karnac.

In recent years, the field of energy psychology has opened up hitherto unimaginable realms of psychotherapeutic healing of astonishing depth and speed. The claims of unusual success, by enthusiastic pioneers and 'early adopters' have been fully vindicated as research has accumulated. So what is energy psychology (or EP, as it is

often abbreviated)? It is a family of therapeutic methods that involve [1] tapping or holding acupressure meridians, or chakra energy centers, whilst [2] the client thinks of a target troublesome thought or memory. In DOIing this, the emotional distress is dissipated (provided the internal objections to resolving the distress have been addressed). Practitioners and clients find that these approaches are rapid, nondistressing, and can address deeper issues than talk based therapy (when used with knowledge and skill).

Ortner, N., Palmer-Hoffman, J. & Clond, M.A. (2014). Effects of Emotional Freedom Techniques (EFT) on the reduction of chronic pain in adults: A pilot study. *Energy Psychology Journal* 6(2). DOI 10.9769/EPJ.2014.11.2.NO.JH.MC

This pilot study examined the effects of Emotional Freedom Techniques (EFT) on pain reduction in adults with chronic pain. A brief exposure therapy that combines cognitive and somatic elements, EFT has previously been found to be effective in the treatment of a number of psychological conditions, including depression, anxiety, phobia, and posttraumatic stress disorder. Research into EFT's effect on the treatment of physical pain and somatic complaints is less well established. In the present study, 50 adults with chronic pain participated in a 3-day workshop to learn how to use EFT. Pain was measured on the Pain Catastrophizing Scale (PCS) and the Multidimensional Pain Inventory (MPI) immediately before and after treatment and at 1-month and 6-month followups. Significant reductions were found on each of the PCS item scores (rumination, magnification, and helplessness) and on the PCS total score ( $-43\%$ ,  $p < .001$ ). On the MPI, significant improvements were observed in pain severity, interference, life control, affective distress, and dysfunctional composite. At 6-month followup, reductions were maintained on the PCS ( $-42\%$ ,  $p < .001$ ) but only on the life control item for the MPI. Findings suggest that EFT helps immediately reduce pain severity while also improving participants' ability to live with their pain. Although reductions in pain severity were observed at 1-month follow-up but not maintained in the long-term, participants continued to report an improved sense of control and ability to cope with their chronic pain. The results of this pilot study are consistent with the literature and suggest directions for further research.

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.

Stapleton, P., Devine, S., Chatwin, H., Porter, B. and Sheldon, T. 2014. A feasibility study: emotional freedom techniques for depression in Australian adults. *Curr. Res. Psychol.*, 5: 19-33. <http://thescipub.com/abstract/10.3844/crsp.2014.19.33>

The purpose of this study was to investigate the feasibility of using Clinical Emotional Freedom Techniques (EFT) to treat Major Depressive Disorder in an adult population by way of a therapeutic group setting. Adults were assigned to EFT group treatment for a period of eight weeks. Diagnostic assessment was completed immediately pre and post treatment using the Mini International Neuropsychiatric Interview. In addition to this, self-report assessments measuring symptomatic evidence of depression were completed by the participants before the treatment, after the treatment and at three month follow-up. Comparisons with a community group were made at pre and post intervention and three month follow-up. The results indicated a change in diagnosis in each of the participants, with data indicating an overall improvement for the treatment group for depressive symptoms. Study implications and limitations are discussed.

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

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

## 2013

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.

Boath, E., Stewart, A., & Carryer, A. (2013). Is Emotional Freedom Techniques Generalizable? Comparing Effects in Sport Science Students Vs. Complementary Therapy Students. *Energy Psychology Journal*, 5(2).  
doi:10.9769.EPJ.2013.5.5.EB.AC.as.su

**Objectives:** Previous research has shown Emotional Freedom Techniques (EFT) to be effective in reducing presentation anxiety in student populations. Generalizability is a critical issue in research, and this study compared whether EFT is as effective in a cohort of younger, predominantly male students undertaking a sports science degree as in a cohort of all female, predominantly older complementary therapy students undertaking a foundation degree in complementary therapy.

**Method:** Two convenience samples of students were used. A cohort of students undertaking a foundation degree in complementary therapy (also known as CAM or Complementary and Alternative Medicine) and a cohort of students undertaking a sports science degree were informed of the research and invited to give their informed consent. Those who agreed were given a 15-min assignment workshop outlining the requirements for their

assessed presentation by their module leads (authors Carryer and Boath).

**Results:** Table 1 shows the sociodemographic details of each student cohort. There was a significant difference in gender and age between the two cohorts of students. Men were predominant in the sports science degree group, whereas the complementary therapy group were all women. Complementary therapy students were also significantly older.

**Discussion:** This study demonstrates that EFT is effective in reducing presentation anxiety in cohorts of students regardless of age or gender. The findings are remarkably similar to previous research (Boath et al., 2012a, 2012b, 2013).

**Conclusions:** The results demonstrate a statistically significant reduction in anxiety level for both cohorts of students, as well as a clinically significant reduction in anxiety for the sports science students.

Boath, E., Stewart, A., & Carryer, A. (2013). Tapping for success: A pilot study to explore if Emotional Freedom Techniques (EFT) can reduce anxiety and enhance academic performance in university students. *Innovative Practice in Higher Education*, 1(3).

Emotional Freedom Techniques (EFT), also known as tapping, is an emerging psychological intervention that has been used to treat a variety of conditions, including exam stress and public speaking anxiety. Participants were a convenience sample of 52 3rd year Foundation Degree level students undertaking a Research Methods Module. The module included an assessed presentation, which was known to generate anxiety among students. The students were given a 15 minute assignment workshop. They then received a 15 minute lecture introducing EFT and were guided through one round of EFT focusing on their anxiety of public speaking. The students were assessed using the Subjective Units of Distress (SUDs) and the Hospital Anxiety and Depression Scale (HADS) pre and post EFT. The students were instructed that they could continue to use EFT at any time to reduce their anxiety regarding their assessed presentation. Immediately following their presentation, the students were invited to take part in a brief face-to-face interview to identify those who used EFT to explore their use of and feelings about EFT and to identify those who had chosen not to use EFT and explore their reasons for not choosing to use it. Forty-six of the total sample of 52 students (88%) participated in the research. There was a significant reduction in SUDS ( $p < 0.001$ ), HAD ( $p = 0.003$ ) and HAD Anxiety Subscale ( $p < 0.001$ ). There was no difference in the HAD Depression Subscale ( $p = 0.67$ ). The qualitative data were analysed using a framework approach which revealed the following three themes: helpfulness of EFT in reducing anxiety and staying calm and focused; Using other complementary therapy skills; and their reasons for not using EFT.

Bougea, A. M., Spandideas, N., Alexopoulos, E. C., Thomaidis, T., Chrousos, G. P., & Darviri, C. (2013). Effect of the Emotional Freedom Technique on Perceived Stress, Quality of Life, and Cortisol Salivary Levels in Tension-Type Headache Sufferers: A Randomized Controlled Trial. *Explore: The Journal of Science and Healing*, 9(2), 91-99. doi:10.1016/j.explore.2012.12.005.

**Objective:** To evaluate the short-term effects of the emotional freedom technique (EFT) on tension-type headache (TTH) sufferers.

**Design:** We used a parallel-group design, with participants randomly assigned to the EFT intervention (n = 19) or a control arm (standard care n = 16).

**Setting:** The study was conducted at the outpatient Headache Clinic at the Korgialenio Benakio Hospital of Athens.

**Participants:** Thirty-five patients meeting criteria for frequent TTH according to International Headache Society guidelines were enrolled.

**Intervention:** Participants were instructed to use the EFT method twice a day for two months.

**Outcome Measures:** Study measures included the Perceived Stress Scale, the Multidimensional Health Locus of Control Scale, and the Short-Form questionnaire-36. Salivary cortisol levels and the frequency and intensity of headache episodes were also assessed.

**Results:** Within the treatment arm, perceived stress, scores for all Short-Form questionnaire-36 subscales, and the frequency and intensity of the headache episodes were all significantly reduced. No differences in cortisol levels were found in any group before and after the intervention.

**Conclusions:** EFT was reported to benefit patients with TTH. This randomized controlled trial shows promising results for not only the frequency and severity of headaches but also other lifestyle parameters.

Church, D. (2013). Clinical EFT as an evidence-based practice for the treatment of psychological and physiological conditions. *Psychology, 4*(8).  
<http://www.scirp.org/journal/PaperInformation.aspx?PaperID=35751>

Emotional Freedom Techniques (EFT) has moved in the past two decades from a fringe therapy to widespread professional acceptance. This paper defines Clinical EFT, the method validated in many research studies, and shows it to be an “evidence-based” practice. It describes standards by which therapies may be evaluated such as those of the American Psychological Association (APA) Division 12 Task Force, and reviews the studies showing that Clinical EFT meets these criteria. Several research domains are discussed, summarizing studies of: (a) psychological conditions such as anxiety, depression, phobias and posttraumatic stress disorder (PTSD); (b) physiological problems such as pain and autoimmune conditions; (c) professional and sports performance, and (d) the physiological mechanisms of action of Clinical EFT. The paper lists the conclusions that may be drawn from this body of evidence, which includes 23 randomized controlled trials and 17 within-subjects studies. The three essential ingredients of Clinical EFT are described: exposure, cognitive shift, and acupressure. The latter is shown to be an essential ingredient in EFTs efficacy, and not merely a placebo. New evidence from emerging fields such as epigenetics, neural plasticity, psychoneuroimmunology and evolutionary biology confirms the central link between emotion and physiology, and points to somatic stimulation as the element common to emerging psychotherapeutic methods. The paper outlines the next steps in EFT research, such as smartphone-based data gathering, large scale group therapy, and the use of biomarkers. It concludes that Clinical EFT is a stable and mature method with an extensive evidence base. These characteristics have led to growing acceptance in primary care settings as a safe, rapid, reliable, and effective treatment for both psychological and medical diagnoses.

Church, D., & Brooks, A. J. (2013). The effect of EFT (Emotional Freedom Techniques) on psychological symptoms in addiction treatment: A pilot study. *Journal of Scientific Research and Reports*, 2(2).

**Objective:** Studies have found a frequent co-occurrence of psychological symptoms such as anxiety and depression with addiction. This pilot study examined the effect of EFT (Emotional Freedom Techniques), a widely practiced form of energy psychology, on 39 adults self-identified with addiction issues attending an EFT weekend workshop targeting addiction.

**Measures:** Subjects completed the SA-45, a well-validated questionnaire measuring psychological distress. It has two global scales assessing intensity and breadth of psychological symptoms and 9 symptom subscales including anxiety and depression. The SA-45 was administered before and after the workshop. Twenty-eight participants completed a 90-day follow-up.

**Results:** A statistically significant decrease was observed in the two global scales and all but one of the SA-45 subscales after the workshop, indicating a reduction in psychological distress (positive symptom total -38%,  $P < .000$ ). Improvements on intensity and breadth of psychological symptoms, and anxiety and obsessive-compulsive subscales were maintained at the 90-day follow-up ( $P < .001$ ).

**Conclusion:** These findings are consistent with those noted in studies of other populations, and suggest that EFT may be an effective adjunct to addiction treatment by reducing the severity of general psychological distress. Limitations of this study include a small sample size, lack of a control or comparison group, and attrition between primary and follow-up data points.

Church, D., Hawk, C, Brooks, A., Toukolehto, O., Wren, M., Dinter, I., Stein, P. (2013). Psychological trauma symptom improvement in veterans using EFT (Emotional Freedom Techniques): A randomized controlled trial. *Journal of Nervous & Mental Disease*, 201(2),153–160.

This study examined the effect of Emotional Freedom Techniques (EFT), a brief exposure therapy combining cognitive and somatic elements, on posttraumatic stress disorder (PTSD) and psychological distress symptoms in veterans receiving mental health services. Veterans meeting the clinical criteria for PTSD were randomized to EFT ( $n = 30$ ) or standard of care wait list (SOC/ WL;  $n = 29$ ). The EFT intervention consisted of 6-hour long EFT coaching sessions concurrent with standard care. The SOC/WL and EFT groups were compared before and after the intervention (at 1 month for the SOC/WL group and after six sessions for the EFT group). The EFT subjects had significantly reduced psychological distress ( $p \leq 0.0012$ ) and PTSD symptom levels ( $p \leq 0.0001$ ) after the test. In addition, 90% of the EFT group no longer met PTSD clinical criteria, compared with 4% in the SOC/WL group. After the wait period, the SOC/WL subjects received EFT. In a within-subjects longitudinal analysis, 60% no longer met the PTSD clinical criteria after three sessions. This increased to 86% after six sessions for the 49 subjects who ultimately received EFT and remained at 86% at 3 months and at 80% at 6 months. The results are consistent with that of other published reports showing EFT's efficacy in treating PTSD and comorbid symptoms and its long-term effects.

Connolly, S.M., Roe-Sepowitz, D., Sakai, C., & Edwards, J. (2013). Utilizing Community Resources to Treat PTSD: A Randomized Controlled Study Using Thought Field Therapy. *African Journal of Traumatic Studies*, 3(1), 24-32.

The use of Thought Field Therapy (TFT), a brief therapy technique, is examined in a randomized controlled study, to determine if there is a significant difference in the reduction of trauma symptoms between the treated group and the untreated group. Study participants in the waitlist group received treatment after having completing the posttest. Prior to the study, TFT techniques were taught to Rwandan community leaders, who then provided one-time individual trauma-focused TFT interventions to one hundred and sixty-four adult survivors of the 1994 Rwandan genocide in their native language, Kinyarwanda. Pre- and post-intervention assessments of trauma symptoms used were the Trauma Symptom Inventory (TSI) and the Modified Posttraumatic Stress Disorder Symptom Scale (MPSS) translated into Kinyarwanda. Significant differences were found in trauma symptoms and level of PTSD symptom severity and frequency between the treatment and the waitlist control groups. Participants in the waitlist group experienced significant reductions in trauma symptoms following their subsequent treatments, which took place after the first posttest. These positive outcomes suggest that a one-time, community leader facilitated trauma-focused TFT intervention may be beneficial with protracted PTSD in genocide survivors.

Elder, C., Debar, L., Funk, K. Vollmer, W. et al. (2013). Adherence to, and satisfaction with, the self-acupressure intervention in the LIFE weight-loss maintenance study. *Med Acupunct*. 25(1):43-47.

The LIFE study was a randomized controlled trial assessing the impact of a self-acupressure intervention, Tapas Acupressure Technique® (TAT®), on weight-loss maintenance. The primary analysis showed no significant difference between TAT and social support (SS) for weight-loss maintenance, while exploratory *post hoc* tests suggested that, among participants with highest initial weight-loss, those in the TAT condition regained less weight than those in the SS condition. The aim of the current study was to assess adherence to, and satisfaction with, the experimental self-acupressure intervention in the LIFE weight loss maintenance trial.

This was a secondary analysis of adherence and satisfaction patterns in a large randomized controlled trial. This study involved 142 obese participants who had lost >10 pounds in a conventional weight-loss program and who were randomized to the experimental acupressure intervention. The experimental intervention ( $n=142$ ) arm consisted of instruction and application of a self-acupressure intervention, the Tapas Acupressure Technique® (TAT®). The outcome sought was self-reported satisfaction and frequency of TAT practice.

**Results:** Sixty-six percent of TAT participants attended at least 6 of 8 intervention sessions. More than 80% of participants reported practicing TAT at home, on average, at least 2 days per week. Sixty two percent reported practicing <10 minutes per session, while 27% reported practicing 10-20 minutes per session. Higher satisfaction scores were significantly correlated with less weight regain ( $p=0.001$ ). Frequency of TAT practice was not significantly associated with changes in weight, stress, insomnia, depression, or quality of life.

**Conclusions:** These data suggest moderate acceptance of, and adherence to, the TAT intervention. Further research is required to identify and achieve optimal home-practice levels of self-acupressure techniques.

Feinstein, D. (2013). EP Treatments Over a Distance: The Curious Phenomenon of “Surrogate Tapping.” *Energy Psychology Journal*, 5(1). doi: 10.9769.EPJ.2013.5.1.DF

A psychotherapeutic approach that combines cognitive techniques with the stimulation of acupuncture points by tapping on them has been gaining increased attention among clinicians as well as among laypersons using it on a self-help basis. It is called energy psychology. Thirty-six peer-reviewed studies published or in press as of April 2012—including 18 randomized controlled trials—have found the method to be surprisingly rapid and effective for a range of disorders. More surprising are reports of “surrogate tapping.” In surrogate tapping, the practitioner taps on him or herself and applies other elements of energy psychology protocols as if he or she were the person whose problem is being addressed, all the while holding the intention of helping that person. Essentially long distance healing within an energy psychology framework, successful reports of surrogate tapping have been appearing with some frequency within the energy psychology practitioner community. A search of the literature and pertinent websites, combined with a call for cases involving surrogate tapping, produced the 100 anecdotal accounts described here where an apparent effect was observed. Studies of other long-distance phenomena, such as telepathy and distant healing, are reviewed to put these reports into context. The paradigm challenges raised by reports of positive outcomes following surrogate treatments are considered, and conclusions that can and cannot be legitimately reached based on the current data are explored.

Fox, L. (2013). Is Acupoint Tapping an Active Ingredient or an Inert Placebo in Emotional Freedom Techniques (EFT)? A Randomized Controlled Dismantling Study. *Energy Psychology: Theory, Research, and Treatment*, 5(2), 15-26.

EFT or Emotional Freedom Techniques is the most widely used energy psychology method. It combines psychological exposure with the stimulation of acupuncture points (acupoints). This study used 2 conditions—EFT and a control group—to assess emotional self-report and mindfulness. The sample consisted of 20 undergraduates; 8 study-related emotions and mindfulness were measured immediately before and 7 days after each 40-min intervention with the Achievement Emotions Questionnaire and Philadelphia Mindfulness Scale. Mixed analysis of variance with paired-sample t tests showed that EFT participants experienced significantly greater increases in enjoyment ( $p < .005$ ) and hope ( $p < .05$ ) and significantly greater decreases in anger ( $p < .05$ ) and shame ( $p < .05$ ) than did the control group. When data from all emotion-dependent variables were grouped together, analysis showed that EFT participants experienced a significantly greater increase in “positive emotions” ( $p < .01$ ) and significantly greater decrease in “negative emotions” ( $p < .01$ ) than did the control group. No significant change was found for mindfulness. Tapping on acupoints, combined with the vocalization of self-affirming statements, appears to be an active ingredient in EFT rather than an inert placebo. The results were consistent with other published reports demonstrating EFT’s efficacy for addressing psychological conditions in students.

Gaffney, D. (2013). Established and emerging PTSD treatments. *Mental Health Clinician*, 2(7), 213-219. <https://DOI.org/10.9740/mhc.n131766>  
<http://mhc.cpn.org/DOI/full/10.9740/mhc.n131766>

Identifying and describing the numerous types of interventions to treat post-traumatic stress disorder (PTSD) can be a daunting task especially with the numerous therapeutic models and techniques with published case study support. This article will explore the physiology and neurobiology of PTSD. Additionally, it will discuss some of the most common categories of interventions and examples of each (e.g., prolonged exposure therapy, cognitive processing therapy, emotional freedom techniques, reprocessing therapy). Data on d-cycloserine, nabotulinumtoxin A, and methylenedioxyamphetamine will also be elucidated.

Gallo, F. (2013). Energy for healing trauma: Energy Psychology and the efficient treatment of trauma and PTSD. *Energy Psychology Journal*, 5(1). DOI 10.9769.EPJ.2013.5.1.FPG

Recently there has been increasing interest in investigating energy psychology theoretically and as clinical intervention. This article provides an overview of energy psychology, including its history, theory, active ingredients, and empirical research on the effects in general and for the treatment of trauma and PTSD. Personal and case vignettes are also provided to illustrate the treatment process. The therapeutic effects are also discussed with respect to neuroscience, cognitive restructuring, reciprocal inhibition, genetics, distraction, placebo effect, memory reconsolidation, energetic and spiritual considerations.

Kim, S.Y., Yin, C.S., In, W., Kim, J-W. (2013). Trends in meridian-based psychotherapy: A review of researches on Emotional Freedom Techniques (EFT). *Journal of Oriental Neuropsychiatry* 24(1), 89-100. doi: 10.7231/jon.2013.24.Spc1.089

**Objectives:** The purpose of this study is to investigate the research regarding Emotional Freedom Technique (EFT) and to understand the trends in meridian-based psychotherapy.

**Methods:** Every article relevant to EFT was obtained from Pubmed and Korean journal databases. Keywords used for searching included “EFT” and “Emotional freedom technique.”

**Results:** 1) 5 reviews, 11 randomized controlled trials, 3 controlled trials, 1 single group comparative study and 4 case studies were identified. 2) Anxiety disorders were most frequently studied. Other studies included insomnia, depression and pain symptoms. EFT interventions used many different protocols and assessed with various tools. 3) Review articles indicated that meridian-based psychotherapies, such as EFT, are based on the meridian theory of oriental medicine. They evaluate EFT positively for its effectiveness on psychiatric conditions.

**Conclusions:** EFT is increasingly studied and used in clinical practice in various fields. Objective evaluation tools and standardized intervention protocols are needed for the development of a new guideline for EFT.

Pasahow, R.J., Callahan, R.J., Callahan, J. Rapp, D.J. (2013). Enhancing the efficacy of Energy Psychology psychotherapies by neutralizing individual energy toxins. *Energy Psychology Journal*, 5(2). DOI 10.9769/EPJ.2013.5.2.RP.RC.JC.DR

This informational article examines the diagnostic and treatment methods of Thought Field Therapy (TFT), the first comprehensive energy psychology (EP) psychotherapy system. A review of the research on the efficacy of and a description of the 2 TFT models that incorporate acupoint stimulation are described. Emotional Freedom Techniques is a second EP psychotherapy model that involves acupoint stimulation. Psychological reversals (PRs) and energy toxins (ETs) are 2 impediments to the effectiveness of these psychotherapies. Treatment protocols to eliminate PRs have been documented. This article introduces diagnostic and treatment methods to eliminate the obstructive effects of ETs. Toxin testing is a unique diagnostic procedure within EP to identify ETs. Two treatment methods that utilize applied kinesiology to eliminate the obstructive effects of ETs are described. Case examples specify how each of these treatment methods is used to eliminate distress. The similarity of one method, the Energy Toxin Neutralization Technique, to other health care interventions is explored.

Sang Young, K. , Chang Shik, Y. , In Won, C. , & Jong-Woo, K. ( 2013). Trends of Meridian-Based Psychotherapy - Review of Researches on Emotional Freedom Technique (EFT). *Journal of Oriental Neuropsychiatry*, 24. doi:10.7231/jon.2013.24.Spc1.089

Objectives : The purpose of this study is to investigate the researches about regarding Emotional Freedom Technique (EFT) and to understand the trends of Meridian-based Psychotherapy. Methods : Every article relevant to EFT was obtained from 'Pubmed' and Korean journal databases. Keywords used for searching included 'EFT' and 'Emotional freedom technique'. Results : 1) 5 reviews, 11 randomized controlled trials, 3 controlled trials, 1 single group comparative study and 4 case studies were searched. 2) Anxiety disorders were most frequently studied with EFT. Other studies included insomnia, depression and pain symptoms. EFT interventions were attempted in many different protocols and assessed with various tools. 3) Review articles indicated that meridian-based psychotherapies, such as EFT, are based on the meridian theory of oriental medicine. They evaluate EFT positively for its effectiveness on psychiatric diseases. Conclusions : EFT is increasingly studied and used in clinical practice of various fields. Objective evaluation tools and standardized intervention protocols are needed for the development of a new guideline for EFT.

Stapleton, P., Church, D., Sheldon, T., Porter, B., & Carlopio, C. (2013). Depression symptoms improve after successful weight loss with emotional freedom techniques. *ISRN Psychiatry*, article ID 573532. <http://dx.DOI.org/10.1155/2013/573532>

Ninety-six overweight or obese adults were randomly allocated to a four-week EFT treatment or waitlist condition. Waitlist participants crossed over to the EFT group upon completion of wait period. Degree of food craving, perceived power of food, restraint capabilities, and psychological symptoms were assessed at pretreatment, posttreatment and at 12-month follow-up for combined EFT groups. Significant improvements in weight, body

mass index, food cravings, subjective power of food, craving restraint and psychological coping for EFT participants from pretreatment to 12-month follow-up ( $P < 0.05$ ) were reported. The current paper isolates the depression symptom levels of participants, as well as levels of eight other psychological conditions. Significant decreases from pre- to posttreatment were found for depression, interpersonal sensitivity, obsessive-compulsivity, paranoid ideation, and somatization ( $P < 0.05$ ). Significant decreases from pretreatment to 12-month follow-up were found for depression, interpersonal sensitivity, psychoticism, and hostility. The results point to the role depression, and other mental health conditions may play in the successful maintenance of weight loss.

Stapleton, P., Porter, B., & Sheldon, T. (2013). Quitting smoking: How to use Emotional Freedom Techniques. *The International Journal of Healing and Caring*, 13(1), 1-9.

Emotional Freedom Techniques (EFT) have been gaining strength in the published literature as strategies to reduce arousal symptoms such as anxiety. EFT falls under the umbrella of energy psychology techniques which combine physical or somatic processes with cognitive focus in order to reduce psychological distress. This article discusses the practical application of EFT to smoking cessation, and the associated physical and psychological concerns that can be addressed.

Stewart, A., Boath, E., Carryer, A., Walton, I., Hill, L., Phillips, D. & Dawson, K. (2013). Can Matrix Reimprinting using EFT be effective in the treatment of emotional conditions? *Energy Psychology: Theory, Research, & Treatment*, 5(1), 13-18.

**Objectives:** This pilot study was carried out to establish the feasibility and effectiveness of Matrix Reimprinting (MR). A dedicated MR/ Emotional Freedom Techniques service was delivered in a community setting within the National Health Service in the metropolitan borough of Sandwell, United Kingdom.

**Method:** Over a 15-month period, the study followed clients accessing the service for a range of emotional conditions. At the start and end of their treatment, clients were asked to complete the CORE-10 (psychological distress; main outcome variable), Warwick-Edinburgh Mental Well-Being Scale (WEMWBS; mental well-being), Rosenberg Self Esteem and Hospital Anxiety and Depression Scale (HADS; anxiety and depression) measurement scales.

**Results:** 24 clients were included in the MR pilot study, and the mean number of sessions attended was 8.33 ( $Mdn = 6.5$ ). There were both statistically and clinically significant improvements for CORE-10 (52% change,  $p < .001$ ), Rosenberg Self-Esteem (46% change,  $p < .001$ ), HADS Anxiety (35% change,  $p = .007$ ), and HADS total score (34% change,  $p = .011$ ) and a statistically significant improvement for WEMWBS (30% change,  $p < .001$ ). All MR clients showed clinical improvements.

**Conclusions:** Despite the limited sample size and other limitations, significant improvements were shown. The results support the potential of MR as a cost-effective treatment to reduce the burden of a range of physical and psychological disorders. Further larger studies are called for, with protocols to minimize dropouts.

Stewart A., Boath E., Carryer A., Walton I., Hill L. (2013). Can Emotional Freedom

Techniques (EFT) be effective in the treatment of emotional conditions? Results of a service evaluation in Sandwell. *Journal of Psychological Therapies in Primary Care* 2:71-84.

EFT (Emotional Freedom Technique) is a new and emerging complementary therapy. It is a gentle therapy that can be used for a variety of issues. Subjects gently tap with their fingertips on acupressure points (mainly on the head and hands) and relate this to the voicing of specific statements (Callahan & Trubo 2001; Craig 2011). Research to date has indicated that EFT (Craig 2011), and its predecessor Thought Field Therapy (TFT; Callaghan & Trubo 2001) has been used in treating a wide range of conditions and phobias such as needle phobia (Darby 2001), claustrophobia (Lambrou et al 2003), fear of small animals and insects and other phobias (Wells, 2003, Salas 2010), fibromyalgia (Brattberg 2008), weight loss maintenance (Elder et al 2007), food cravings (Stapleton et al 2011), social phobia and agoraphobia (Irgens et al 2007). EFT has also been used to treat teacher burnout (Reynolds & Walden 2010), anxiety (Andrade & Feinstein 2004), presentation anxiety (Boath et al 2012A) and post traumatic stress disorder (Karatzias et al 2011). EFT is currently the subject of several ongoing trials and studies, including one addressing the effects of EFT on Stress Hormones (Cortisol) and the impact of EFT on depression (Soul Medicine Institute 2011). A recent editorial also suggests that EFT may have the potential to lower healthcare costs by a significant amount (Church 2010).

A review of the preliminary evidence for EFT and TFT has been carried out (Feinstein 2008). This review included a range of evidence from anecdotal reports to randomized clinical trials and highlights the preliminary nature of the current evidence base for EFT and TFT, as well as the limitations of the research to date. A more recent review (Feinstein 2012) critically evaluated 18 randomised controlled trials and concluded that therapies involving the tapping of acupuncture points demonstrated strong effect sizes and positive statistical results in relatively few treatment sessions. Another recent review (Boath et al 2012B) reviewed a number of randomised controlled trials of EFT for a variety of conditions; it concluded that EFT may be an efficient and effective intervention for a range of psychological disorders, but highlighted methodological limitations of the RCTs, and recommended further good quality research on EFT.

Sandwell, an urban district in the West Midlands introduced the EFT service in November 2010, though EFT had previously been used within the PCT. The service initially comprised two clinical sessions (each approximately half a day) per week, and this was increased to three sessions in April 2011. It was launched as part of Sandwell's Confidence and Wellbeing Team Service (CWBT, Sandwell, 2012). The Team offers a range of services, aiming to create opportunities for people to maintain and improve their own wellbeing and provide community and primary health care mental health services that are flexible and meet the emotional needs of those living and working in Sandwell. To the authors' knowledge, this was the first dedicated EFT service established within the NHS. This service evaluation was therefore undertaken to establish the effectiveness of the EFT service.

# 2012

Boath, E., Stewart, A. and Carryer, A. (2012). A narrative systematic review of the effectiveness of Emotional Freedom Techniques (EFT). Staffordshire University, CPSI Monograph.

EFT (Emotional Freedom Technique) is a new and emerging energy psychology. This narrative systematic review aimed to identify and assess the quality of all published randomised controlled trials (RCTs) of EFT in order to: evaluate the effectiveness of EFT in treating a range of psychological disorders and to compare the effectiveness of EFT with other interventions used for treating those disorders.

**Methodology:** A literature search was carried out of CINAHL, Cochrane Library, MEDLINE, PsycINFO, PsychARTICLES, Proquest, PubMed, Sciencedirect, SPORTdiscus, Swetswise, Web of Knowledge, Web of Science and ZETOC, using the key terms EFT and energy psychology. Calls for published, unpublished and ongoing RCTs of EFT were sent to Newsletters and to the Association of Energy Psychology and the Foundation for Epigenetic Medicine. Contact was made with researchers and practitioners in the field. Conference proceedings and reference lists of retrieved articles were hand searched. Abstracts of articles were reviewed and full copies acquired if they title and/or abstract identified the paper as an RCT of EFT. Two authors independently rated and assessed the quality of each trial using the Critical Appraisal Skills Programme (CASP) for randomised controlled trials and the Jadad Scale.

**Results:** The search strategy identified a total of 42 published studies of EFT. Seven RCTs of EFT were included. Methodological flaws in the studies are highlighted and discussed. EFT was shown to be effective in treating Post Traumatic Stress Disorder (PTSD), Fibromyalgia, Phobias, test anxiety and athletic performance. EFT was shown to be superior to diaphragmatic breathing (DB), Progressive Muscular Relaxation (PMR), an inspirational lecture and a Support Group. Only Eye Movement, Desensitization and Reprocessing (EMDR) was superior to EFT. EFT may be an efficient and effective intervention for a range of psychological disorders. Given the methodological limitation of these RCTs, further quality research on EFT is warranted.

Boath, E., Stewart, A. & Carryer, A. (2012). Tapping for PEAS: Emotional Freedom Technique (EFT) in reducing Presentation Expression Anxiety Syndrome (PEAS) in University students. *Innovative Practice in Higher Education*, 1(2).

Presentation anxiety is one of the most common fears that people express. Emotional Freedom Technique (EFT) which is also known as tapping is an emerging complementary therapy that has been used to treat a variety of phobias. Participants were a convenience sample of 25 3rd year Foundation Degree level complementary therapy students undertaking a Research Module. The module included an assessed presentation, which was known to generate anxiety among students. The students were given a 15 minute assignment workshop. They then received a 15 minute lecture introducing EFT and were then guided through one round of EFT focussing on their fear of public speaking. The students were assessed using the Subjective Units of Distress (SUDs) and the Hospital Anxiety and Depression Scale (HADS) pre and post EFT.

Immediately following their presentation, the students were invited to take part in a brief face to face interview to explore their use of and feelings about EFT. Twenty one of the total sample of 25 students (84%) participated in the research. There was a significant reduction in SUDS ( $p=0.002$ ), HAD ( $p = 0.048$ ) and HAD Anxiety Subscale ( $p=0.037$ ). There was no difference in the HAD Depression Subscale ( $p=0.719$ ). The qualitative data were analysed using a framework approach which revealed 3 themes: nerves, novelty and the practical application of EFT. Despite the limitations of the study, the results suggest that EFT may be a useful addition to curricula for courses that include oral presentations.

Church, D., De Asis, M., & Brooks, A. J. (2012). Brief group intervention using EFT (Emotional Freedom Techniques) for depression in college students: A randomized controlled trial. *Depression Research & Treatment*, 2012; doi:10.1155/2012/257172

Two hundred thirty-eight first-year college students were assessed using the Beck Depression Inventory (BDI). Thirty students meeting the BDI criteria for moderate to severe depression were randomly assigned to either a treatment or control group. The treatment group received four 90-minute group sessions of EFT (Emotional Freedom Techniques), a novel treatment that combines exposure, cognitive reprocessing, and somatic stimulation. The control group received no treatment. Posttests were conducted 3 weeks later on those that completed all requirements ( $N = 18$ ). The EFT group ( $n = 9$ ) had significantly more depression at baseline than the control group ( $n = 9$ ) (EFT BDI Mean = 23.44, SD = 2.1 vs. control BDI Mean = 20.33, SD = 2.1). After controlling for baseline BDI score, the EFT group had significantly less depression than the control group at posttest, with a mean score in the "non-depressed" range ( $p = .001$ ; EFT BDI Mean = 6.08, SE = 1.8 vs. control BDI Mean = 18.04, SE = 1.8). Cohen's  $d$  was 2.28, indicating a very strong effect size. These results are consistent with those noted in other studies of EFT that included an assessment for depression, and indicate the clinical usefulness of EFT as a brief, cost-effective, and efficacious treatment.

Church, D., & Downs, D. (2012). Sports confidence and critical incident intensity after a brief application of Emotional Freedom Techniques: A pilot study. *The Sport Journal*, 15, 2012.

**Purpose:** To determine whether a single session of Emotional Freedom Techniques (EFT) could reduce the emotional impact of traumatic memories related to sports performance and lead to increased confidence levels in athletes.

**Background:** A relationship has been noted in other studies between sports performance and psychological factors such as confidence and anxiety levels. Critical incidents, which are experienced as traumatic memories, are associated with increased levels of psychological distress across a variety of symptom domains. Brief EFT sessions have been demonstrated to improve sports performance and reduce anxiety.

**Methods:** Female college athletes ( $N = 10$ ) with traumatic memories were assessed on three self-reports and one objective measure (pulse rate). Subjective measures were the State Sport Confidence Inventory, Subjective Units of Distress (SUD), and the Critical Sport Incident Recall (CSIR) questionnaire, which measured both emotional and physical

forms of distress. Subjects received a single 20-min EFT session. Baseline values were obtained, as well as pre-, post-, and 60-day follow-ups.

**Results:** Significant post-intervention improvements were found in SUD, for both emotional and physical components of CSIR, and for performance confidence levels ( $p = .001$ ). The change in pulse rate was marginally significant ( $p = .087$ ). All participant gains were maintained on follow-up.

**Conclusions:** EFT may increase sport confidence levels by reducing the emotional and physical distress associated with the recall of critical incidents. Applications in Sport: A brief application of EFT employed immediately prior to competition may increase confidence and mediate anxiety.

Church, D., Feinstein, D. (2012). The psychobiology and clinical principles of energy psychology treatments for PTSD: A review. In T. Van Leeuwen and M. Brouwer, editors, *Psychology of Trauma*. Hauppauge, NY: Nova Publishers.

Energy Psychology (EP) protocols use elements of established therapies such as exposure and cognitive processing, and combines these with the stimulation of acupuncture points. EP methods such as EFT (Emotional Freedom Techniques) and TFT (Thought Field Therapy) have been extensively tested in the treatment of post-traumatic stress disorder (PTSD). Randomized controlled trials and outcome studies assessing PTSD and co-morbid conditions have demonstrated the efficacy of EP in populations ranging from war veterans to disaster survivors to institutionalized orphans. Studies investigating the neurobiological mechanisms of action of EP suggest that it quickly and permanently mediates the brain's fear response to traumatic memories and environmental cues. This review examines the published trials of EP for PTSD and the physiological underpinnings of the method, and concludes by describing seven clinical implications for the professional community. These are: (1) The limited number of treatment sessions usually required to remediate PTSD; (2) The depth, breadth, and longevity of treatment effects; (3) The low risk of adverse events; (4) The limited commitment to training required for basic application of the method; (5) Its efficacy when delivered in group format; (6) Its simultaneous effect on a wide range of psychological and physiological symptoms, and (7) Its suitability for non-traditional delivery methods such as online and telephone sessions.

Church, D., Yount, G. & Brooks, A. (2012). The Effect of Emotional Freedom Technique (EFT) on Stress Biochemistry: A Randomized Controlled Trial. *Journal of Nervous and Mental Disease*, 200(10), 891–896.

Cortisol is a physiological marker for stress. Elevated cortisol levels are associated with accelerated aging, many organic diseases, and psychological conditions such as depression and anxiety. This study examined the changes in cortisol levels and psychological symptoms of 83 non-clinical subjects receiving a single hour-long intervention. Subjects were randomly assigned to either an EFT group, a psychotherapy group receiving a supportive interview (SI), or a no treatment (NT) group. Salivary cortisol assays were performed immediately before, and thirty minutes after the intervention. Psychological conditions were assessed using the SA-45. The EFT group showed clinically and statistically significant improvements in anxiety (-58.34%,  $p < .05$ ),

depression (-49.33%,  $p < .002$ ), the overall severity of symptoms, (-50.5%,  $p < .001$ ), and symptom breadth across conditions (-41.93%,  $p < .001$ ). There were no significant changes in cortisol levels between SI (-14.25%, SE 2.61) and NT (-14.44%, SE 2.67); however cortisol in the EFT group dropped significantly (-24.39%, SE 2.62) compared to SI and NT ( $p < .01$ ). The reduced cortisol levels in the EFT group correlated with decreased severity in psychological symptoms as measured by the SA-45. These results suggest that salivary cortisol tests may be useful not only for assessing stress physiology, but also as an objective indicator of the impact of mental health treatments in reducing psychological symptoms. In the current study, EFT was shown to significantly improve both cortisol-related stress levels and self-reported psychological symptoms after a single treatment session.

Connolly, S.M., & Sakai, C.E. (2012). Brief trauma symptom intervention with Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health*, 13(3), 161-172.

This randomized waitlist control study examined the efficacy of Thought Field Therapy (TFT) in reducing Posttraumatic Stress Disorder symptoms in survivors of the 1994 genocide in Rwanda. Participants included 145 adult genocide survivors randomly assigned to an immediate TFT treatment group or a waitlist control group. Group differences adjusted for pretest scores and repeated measures anovas were statistically significant at  $p < .001$  for 9 of 10 TSI trauma subscales and for both severity and frequency on the MPSS, with moderate to large effect sizes. Reduced trauma symptoms for the group receiving TFT were found for all scales. Reductions in trauma symptoms were sustained at a 2-year follow-up assessment. Limitations, clinical implications, and future research are discussed.

Darby, D. & Hartung, J. (2012). Thought field therapy for blood-injection-injury phobia: A pilot study. *Energy Psychology Journal*, 4(1), 25-32.

Blood-injection-injury phobia, or needle phobia, may affect 10% of a population, at times leading to life-threatening impairment when people avoid needle-mediated prevention or treatment. Twenty needle-phobic persons, serving as their own controls, were treated for 1 hour with Thought Field Therapy (TFT). Symptoms were assessed using the Fear Schedule Survey and a Likert scale. Significant improvement in symptoms was noted from pre- to posttest and on 1-month follow-up. The results are consistent with other reports of TFT's efficacy in reducing fear symptoms and warrant the design of a randomized trial to determine whether TFT is efficacious when tested under controlled conditions.

Elder, C.R., Gullion, C.M., DeBar, L.L. *et al.* (2012). Randomized trial of tapas acupuncture technique for weight loss maintenance. *BMC Complement Altern Med* 12, 19. <https://doi.org/10.1186>

Obesity is an urgent public health problem, yet only a few clinical trials have systematically tested the efficacy of long-term weight-loss maintenance interventions. This randomized

clinical trial tested the efficacy of a novel mind and body technique for weight-loss maintenance.

**Methods:** Participants were obese adults who had completed a six-month behavioral weight-loss program prior to randomization. Those who successfully lost weight were randomized into either an experimental weight-loss maintenance intervention, Tapas Acupressure Technique (TAT®), or a control intervention comprised of social-support group meetings (SS) led by professional facilitators. TAT combines self-applied light pressure to specific acupressure points accompanied by a prescribed sequence of mental steps. Participants in both maintenance conditions attended eight group sessions over six months of active weight loss maintenance intervention, followed by an additional 6 months of no intervention. The main outcome measure was change in weight from the beginning of the weight loss maintenance intervention to 12 months later. Secondary outcomes were change in depression, stress, insomnia, and quality of life. We used analysis of covariance as the primary analysis method. Missing values were replaced using multiple imputation.

**Results:** Among 285 randomized participants, 79% were female, mean age was 56 (standard deviation (sd) = 11), mean BMI at randomization was 34 (sd = 5), and mean initial weight loss was 9.8 kg (sd = 5). In the primary outcome model, there was no significant difference in weight regain between the two arms (1.72 kg (se 0.85) weight regain for TAT and 2.96 kg (se 0.96) weight regain for SS,  $p < 0.097$ ) Tests of between-arm differences for secondary outcomes were also not significant. A secondary analysis showed a significant interaction between treatment and initial weight loss ( $p < .036$ ), with exploratory post hoc tests showing that greater initial weight loss was associated with more weight regain for SS but less weight regain for TAT.

**Conclusions:** The primary analysis showed no significant difference in weight regain between TAT and SS, while secondary and post hoc analyses indicate direction for future research.

Feinstein, D. (2012). Acupoint stimulation in treating psychological disorders: Evidence of Efficacy. *Review of General Psychology, 16*(4), 364-380.  
doi: 10.1037/a0028602

Energy psychology is a clinical and self-help modality that combines verbal and physical procedures for effecting therapeutic change. While utilizing established clinical methods such as exposure and cognitive restructuring, the approach also incorporates concepts and techniques from non-Western healing systems. Its most frequently utilized protocols combine the stimulation of acupuncture points (by tapping on, holding, or massaging them) with the mental activation of a targeted psychological issue. Energy psychology has been controversial, in part due to its reliance on explanatory mechanisms that are outside of conventional clinical frameworks and in part because of claims by its early proponents—without adequate research support—of extraordinary speed and power in attaining positive clinical outcomes. This paper revisits some of the field's early claims, as well as current practices, and assesses them in the context of existing evidence. A literature search identified 50 peer-reviewed papers that report or investigate clinical outcomes following the tapping of acupuncture points to address psychological issues. The 17 randomized controlled trials in this sample were critically evaluated for design quality, leading to the conclusion that they consistently demonstrated strong effect sizes and other positive statistical results that far exceed chance after relatively few treatment

sessions. Criteria for evidence-based treatments proposed by Division 12 of the American Psychological Association were also applied and found to be met for a number of conditions, including PTSD. Neurological mechanisms that may be involved in these surprisingly strong findings are also considered.

Feinstein, D. (2012). What Does Energy Have to Do with Energy Psychology? *Energy Psychology Journal*, 4(2). doi: 10.9769/EPJ.2012.4.2.DF

An obstacle to professional acceptance of the growing body of research supporting the efficacy of energy psychology is the vague use of the term “energy” in the field’s name and explanatory models. This paper explores whether the concept of “energy” is useful in accounting for the observed clinical outcomes that follow “energy psychology” treatments. Several anomalies within energy psychology that confound conventional clinical models are considered. The most vexing of these is that a growing number of anecdotal accounts suggest that one person can self-apply an energy psychology protocol, with the intention of helping another person who is in a distant location, leading to the other person reporting unanticipated benefits more frequently than chance would seem to explain. The possible roles of “energy” and macrosystem quantum effects in these anomalies are examined. A working model is proposed that attempts to explain the actions of energy psychology treatments in a manner that is consistent with established scientific knowledge while accounting for the anomalies. Three premises about the role of energy are delineated in this working model, and potential strengths of the model for practitioners and researchers are discussed.

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.

Gurret, J-M., Caufour, C., Palmer-Hoffman, J., & Church, D. (2012). Post-Earthquake Rehabilitation of Clinical PTSD in Haitian Seminarians. *Energy Psychology: Theory, Research, and Treatment*, 4(2), 33-40.

Seventy-seven male Haitian seminarians following the 2010 earthquake were assessed for posttraumatic stress disorder (PTSD) using the PTSD Checklist (PCL). Forty-eight (62%) exhibited scores in the clinical range (>49). The mean score of the entire sample was 54. Participants received 2 days of instruction in Emotional Freedom Techniques (EFT). Following the EFT training, 0% of participants scored in the clinical range on the PCL. A paired t-test analysis of the pre–post PCL scores indicated a statistically significant decrease ( $p < .001$ ), to a mean of 27 at the posttest. Posttest PCL scores decreased an average of 72%, ranging between a 21% reduction to a 100% reduction in symptom severity. These results are consistent with other published reports of EFT's efficacy in treating PTSD symptoms in traumatized populations, such as war veterans and genocide survivors.

Harper, M. (2012). Taming the amygdala: An EEG analysis of exposure therapy for the traumatized. *Traumatology*, 18(2), 61-74. doi:10.1177/1534765611429082.

Animal and human studies have shown that the emotional aspects of fear memories mediated in the lateral nucleus of the amygdala can be extinguished by application of low-frequency tetanic stimulation or by repetitive sensory stimulation, such as tapping the cheek. Sensory input creates a remarkable increase in the power of the low-frequency portion of the electroencephalogram (EEG) spectrum. Glutamate receptors on synapses that mediate a fear memory in attention during exposure therapy are depotentiated by these powerful waves of neuronal firings, resulting in disruption of the memory network. In this study, the role of sensory input used in the principal exposure therapies is examined through analysis of the raw EEG data obtained in clinical and lab tests. Nearly all sensory inputs applied to the upper body result in wave power sufficiently large to quench fear–memory networks regardless of input location and type and whether the sensory input is applied unilaterally or bilaterally. No power advantage is found for application of sensory input at energy meridians or gamut points. The potential for new or extended applications of synaptic depotentiation in amygdalar memory networks is discussed.

Hartung, J. & Stein, P. (2012). Telephone delivery of EFT (Emotional Freedom Techniques) remediates PTSD symptoms in veterans. *Energy Psychology Journal*, 4(1), 33-40.

Telephone-mediated psychotherapy is a resource for persons who have difficulty accessing office visits because of geography, economic restrictions, or fear of stigma. In the present report, phone-delivered Emotional Freedom Techniques (EFT) was compared with EFT provided in a therapy office while subjects in both conditions also received concurrent standard care. Forty-nine veterans with clinical PTSD symptoms were treated with 6 one-hr sessions, either in an EFT coach's office ( $n = 25$ ) or by phone ( $n = 24$ ). In

each condition, some subjects were treated immediately, whereas others received delayed treatment after a 1-month waiting period. No change in PTSD symptom levels was reported by either the phone or office delayed-treatment group following the wait period, whereas both groups improved significantly after EFT treatment. Differences in benefit were found between phone and office delivery methods. Significant improvement in PTSD symptoms was found after 6 phone sessions but after only 3 office sessions. A 6-month posttreatment assessment indicated 91% of subjects treated in the office and 67% of those treated by phone no longer met PTSD diagnostic criteria ( $p < .05$ ). Results suggest that although less efficacious than in-person office visits, EFT delivered via telephone is effective in remediating PTSD and comorbid symptoms in about two thirds of cases.

Irgens A, Dammen T, Nysæter TE, Hoffart A. (2012). Thought Field Therapy (TFT) as a treatment for anxiety symptoms: A randomized controlled trial. *Explore: The Journal of Science and Healing*, 8, 331-8. doi: 10.1016/j.explore.2012.08.002.

**Objective:** To investigate if thought field therapy (TFT) has an impact on anxiety symptoms in patients with a variety of anxiety disorders.

**Design:** Forty-five patients were randomized to either TFT (N=23) or a waiting list (N=22) condition. The wait-list group was reassessed and compared with the TFT group two and a half months after the initial evaluation. After the reassessment, the wait-list patients received treatment with TFT. All 45 patients were followed-up one to two weeks after TFT treatment, as well as at three and 12 months post-treatment.

**Subjects:** Patients with an anxiety disorder, mostly outpatients.

**Intervention:** Thought field therapy aims to influence the body's bioenergy field by tapping on specific points along energy meridians, thereby relieving anxiety and other symptoms.

**Outcome Measures:** Symptom Checklist 90-Revised, Hospital Anxiety and Depression Scale, the Sheehan Disability Scale.

**Results:** Repeated measures ANOVAs were used to compare the TFT and the wait-list group. The TFT group had a significantly better outcome on two measures of anxiety and one measure of function. Follow-up data for all patients taken together showed a significant decline in all symptoms during the one to two weeks between the pre-treatment and the post-treatment assessments. The significant improvement seen after treatment was maintained at three and 12 months assessments.

**Conclusion:** The results suggest that thought field therapy (TFT) may have an enduring anxiety-reducing effect.

Jain, S., & Rubino, A. (2012). The effectiveness of Emotional Freedom Techniques (EFT) for optimal test performance: A randomized controlled trial. *Energy Psychology: Theory, Research, & Treatment*, 4(2), 13-24. doi:10.9769.EPJ.2012.4.2.SJ

Test anxiety causes, effects and interventions have been widely studied. This study seeks to determine the efficacy of a single brief intervention—Emotional Freedom Techniques (EFT)—to support the ability to shift attention appropriately to achieve optimal levels of both test anxiety and test performance. The sample consisted of 150 undergraduates from three universities in the Inland Northwest USA with debilitating test anxiety who

were randomly assigned to 3 different groups. Group 1 learned EFT, Group 2 learned Diaphragmatic Breathing (DB), and Group 3 served as a no-treatment control. Participants in the two experimental groups received two 2-hour lessons. The Sarason RTT, SA-45 and Westside instruments were administered as pre- and post- measures, with a second follow-up at the end of the semester. Subsequent ANOVAs revealed significant improvements in both the diaphragmatic breathing and EFT groups on most measures, with gains maintained on follow-up.

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.

Lee, K-S. (2012). The effect of EFT (Emotional Freedom Techniques) on students' video game addiction. Unpublished Master's Thesis, Korea National University of Education. Abstract not available.

Llewellyn-Edwards, T., & Llewellyn-Edwards, M. (2012, Spring). The effect of EFT (emotional freedom techniques) on soccer performance. *Fidelity: Journal for the National Council of Psychotherapy*, 47, 14–19.

This study involved the use of a short session of Emotional Freedom Techniques (EFT) with two English ladies soccer teams. It is a randomized controlled trial with a supporting uncontrolled trial. It was designed to verify the results of an earlier similar American trial by Church et al involving basketball players. The results show a significant improvement in goal scoring ability from a dead ball situation following a short EFT session. These results support those of the earlier trial.

Mason, E. (2012) Energy psychology and psychotherapy: A study of the use of energy psychology in psychotherapy practice. *Counselling and Psychotherapy Research: Linking research with practice*, 12:3, 224-232. doi:10.1080/14733145.2012.657208

**Aim:** 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 semistructured 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.

Robson, P. & Robson, H. (2012). The Challenges and Opportunities of Introducing Thought Field Therapy (TFT) Following the Haiti Earthquake. *Energy Psychology Journal*, 4(1). doi: 10.9769/EPJ.2012.4.1.PR

The 2010 earthquake in Haiti was followed by international emergency interventions. The scale of the disaster resulted in considerable psychological trauma amongst the population, which was likely to persist after the initial emergency response. The authors visited Haiti 6 months after the earthquake with a medical team to deliver a 1-week Thought Field Therapy training program to the local community. A 2-day training program was followed by opportunities for supervised practice. The authors have continued to receive positive feedback from participants, for more than 1 year following the training. Although limited healthcare and poor preceding infrastructure impaired the local response to the disaster, efforts were helped by the resilience of the population and their community spirit. The visit success was facilitated by working with a team who were familiar with the country and negotiating with local community leaders, were adequately prepared, and gave attention to the authors' security and health.

Rotheram, M., Maynard, I., Thomas, O., Bawden, M., & Francis, L. (2012). Preliminary evidence for the treatment of type I 'yips': The efficacy of the Emotional Freedom Techniques. *The Sport 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.

Sojcher, R., Perlman, A. & Fogerite, S. (2012). Evidence and potential mechanisms for mindfulness practices and energy psychology for obesity and binge-eating disorder. *Explore: The Journal of Science and Healing*, 8(5), 271-276.

Obesity is a growing epidemic. Chronic stress produces endocrine and immune factors that are contributors to obesity's etiology. These biochemicals also can affect appetite and eating behaviors that can lead to binge-eating disorder. The inadequacies of standard care and the problem of patient noncompliance have inspired a search for alternative treatments. Proposals in the literature have called for combination therapies involving behavioral or new biological therapies. This manuscript suggests that mind-body interventions would be ideal for such combinations. Two mind-body modalities, energy psychology and mindfulness meditation, are reviewed for their potential in treating weight loss, stress, and behavior modification related to binge-eating disorder. Whereas mindfulness meditation and practices show more compelling evidence, energy psychology, in the infancy stages of elucidation, exhibits initially promising outcomes but requires further evidence-based trials.

Stapleton, P., Sheldon, T., & Porter, B. (2012). Practical Application of Emotional Freedom Techniques for Food Cravings. *International Journal of Healing and Caring*, 12(3), 1-9.

Emotional Freedom Techniques (EFT) has been shown to have a lasting effect on food cravings, power over food and restraint ability, and ultimately results in weight loss. This paper discusses the approach utilised in a recent food craving clinical treatment trial (Stapleton, Sheldon, & Porter, 2012; Stapleton, Sheldon, Porter, & Whitty, 2011), and highlights the case of a single participant. Sessions are described in detail and specific recommendations are made for the application of EFT to food cravings in overweight and obese individuals.

Stapleton, P., Sheldon, T., & Porter, B. (2012). Clinical benefits of emotional freedom techniques on food cravings at 12-months follow-up: A randomized controlled trial. *Energy Psychology Journal*, 4(1), 13-24.

This randomised, clinical trial tested whether Emotional Freedom Techniques (EFT) reduced food cravings. This study involved 96 overweight or obese adults who were allocated to the EFT treatment or 4-week waitlist condition. Degree of food craving, perceived power of food, restraint capabilities and psychological symptoms were assessed pre- and post- a 4-week treatment program (mixed method ANOVA comparative analysis), and at 6-month follow-up (repeated measure ANOVA with group data collapsed). EFT was associated with a significantly greater improvement in food cravings, the subjective power of food and craving restraint than waitlist from pre- to immediately post-test ( $p < .05$ ). Across collapsed groups, an improvement in food cravings and the subjective power of food after active EFT treatment was maintained at 6 months, and a delayed effect was seen for craving restraint. Although there was a significant reduction in measures of psychological distress immediately after treatment ( $p < .05$ ), there was no between-group difference. These findings are consistent with the hypothesis that EFT can have an immediate effect on reducing food cravings and can result in maintaining reduced cravings over time.

## 2011

Church, D., Piña, O., Reategui, C., & Brooks, A. (2011). Single session reduction of the intensity of traumatic memories in abused adolescents after EFT: A randomized controlled pilot study. *Traumatology*, doi:10.1177/1534765611426788

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

Connolly, S.M., & Sakai, C.E. (2011). Brief trauma symptom intervention with Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health*, 13(3), 161-172.

This randomized waitlist control study examined the efficacy of Thought Field Therapy (TFT) in reducing Posttraumatic Stress Disorder symptoms in survivors of the 1994 genocide in Rwanda. Participants included 145 adult genocide survivors randomly assigned to an immediate TFT treatment group or a waitlist control group. Group differences adjusted for pretest scores and repeated measures anovas were statistically significant at  $p < .001$  for 9 of 10 TSI trauma subscales and for both severity and frequency on the MPSS, with moderate to large effect sizes. Reduced trauma symptoms for the group receiving TFT were found for all scales. Reductions in trauma symptoms were sustained at a 2-year follow-up assessment. Limitations, clinical implications, and future research are discussed.

Fitch, J., Di Girolamo, J. A., & Schmuldt, L.M. (2011). The Efficacy of Primordial Energy Activation and Transcendence (PEAT) for Public Speaking Anxiety. *Energy Psychology Journal*, 4(1). doi: 10.9769/EPJ.2011.3.2.JF

**Background:** Primordial Energy Activation and Transcendence (PEAT) is one of the newer energy psychology protocols. The purpose of this study was to test the effectiveness of a PEAT protocol on individuals experiencing communication anxiety and compare results with existing protocols such as Emotional Freedom Techniques (EFT) and Thought Field Therapy (TFT).

**Method:** The current study (N = 82) examined the efficacy of the PEAT protocol in reducing communication anxiety by measuring anxiety using the Communication Anxiety Inventory Form State (CAI State) before and after a 20-min PEAT treatment for an experimental group and comparing the results with a control group that received no treatment.

**Participants:** University students enrolled in a public speaking class volunteered for participation in the study.

**Results:** The PEAT process produced a statistically significant downward shift in CAI State scores, relative to the control group, with a medium effect size. A qualitative content analysis of participant interviews also identified themes of effectiveness of the Basic PEAT protocol in reducing public speaking anxiety.

**Conclusion:** The strength of the results indicates a beneficial effect due to the PEAT treatment and that further investigation is warranted.

Fitch, J., Schmuldt, L., & Rudick, K. L. (2011). Reducing state communication anxiety for public speakers. An energy psychology pilot study. *Journal of Creativity in Mental Health*, 6(3), 178-192.

This mixed-method pilot study investigates the efficacy of implementing primordial energy activation and transcendence to address public speaking anxiety. Speech anxiety was significantly reduced from pretest to posttest, as measured by the Communication Anxiety Inventory State. Suggestions for future research, limitations of the current study, and interview responses from participants are included.

Hodge, P. & Jurgens, C. (2011). A Pilot Study of the Effects of Emotional Freedom Techniques in Psoriasis. *Energy Psychology: Theory, Research & Treatment*, 3(2).

The documented relationship between stress and psoriasis suggests that noninvasive means of stress reduction may improve quality of life in persons with psoriasis.

**Objectives:** The purpose of this study was to (a) educate persons with psoriasis in the use of the innovative, self-applied, noninvasive emotional healing intervention Emotional Freedom Techniques (EFT) and (b) test its effects on psoriasis symptoms.

**Method:** A time series, within-subjects, repeated measures design was used. Persons with psoriasis (n = 12) were taught EFT in a 6-hr workshop and instructed to use EFT daily. Symptoms were measured using the Skindex-29 questionnaire. Psychological conditions were assessed using the Symptom Assessment-45 (SA-45), which has 9 subscales, and two general scales for the severity (GSI) and breadth (PST) of psychological distress. Participants were assessed pre-intervention, post intervention, and at 1 and 3 month follow-ups.

**Results:** Psychological symptom severity (GSI) improved post-workshop, demonstrating both clinical (raw score) and statistical significance (-56.43%, p=.043). Improvements (T score) (-50.67%, p=.002) were sustained at three 3-month follow-up (-50.54%, p=.001; -38.43%; p=.002). Symptom breadth (PST) also improved post-workshop clinically (-49.24%, p=.005), and that improvement was sustained over time (-46.93%, p=.019). Skindex-29 scores indicated improvements in emotional distress (-41.56%, p=.002), symptoms (-49.05%; p=.001), and functioning (-58.31%; p=.001) post-workshop, with changes over time to -80.56% (p<.001), -74.95% (p<.001), and -89.99% (p=.001) respectively, and at 3 months. Differences by gender were found in psychological symptom severity and skin-related symptom distress.

**Conclusion:** Participants experienced significant improvement in functioning and psychological, emotional, and physical symptoms.

Jones, S., Thornton, J., & Andrews, H. (2011). Efficacy of EFT in Reducing Public Speaking Anxiety: A Randomized Controlled Trial. *Energy Psychology: Theory, Research, Treatment*, 3(1).

Thirty-six volunteers with Public Speaking Anxiety (PSA) were randomly allocated into a treatment group and wait-list control group. Subjective self-report measures were taken before, during, and after a forty-five minute treatment session with Emotional Freedom Techniques (EFT). Behavioural observations were recorded during a 4-minute speech immediately after treatment. Comparisons between groups revealed significant reductions in PSA on all self-report measures, but not in behavioural observations. Changes in scores taken before and after treatment for each participant revealed significant reduction in PSA on all subjective and behavioural measures. A significant reduction in PSA as measured by Subjective Units of Discomfort was demonstrated within the first 15 minutes of treatment with EFT, with further significant reductions also demonstrated at 30 and 45 minutes. EFT was found to be a quick and effective treatment for PSA.

Karatzias, T., Power, K. Brown, K. , McGoldrick, T., Begum, M., Young, J., Loughran, P., Chouliara, Z. & Adams, S. (2011). A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: Eye movement desensitization and reprocessing vs. emotional freedom techniques. *Journal of Nervous & Mental Disease* 199(6), 372-378.

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

Kwon, Y-J., & Cho, S-H. (2011). Oriental medical interventions for posttraumatic stress disorder: A model of Oriental Medicine for disaster mental health. *Journal of Oriental Neuropsychiatry*, 22(4), 77-86.

**Objectives:** Rates of assault as well as natural and human disasters are increasing. In Korea however, Oriental Medicine PTSD treatment research has been limited to motor vehicle accident survivors. Our objective is to develop a model for the application of evidence-based Oriental Medicine interventions for PTSD to a wide spectrum of traumatic disasters.

**Methods:** An online search was performed for Korean research in Oriental Medicine journals. International studies were sourced from Pubmed and the US Department of Veterans Affairs. We sorted studies into Randomized Controlled Trials (RCTs) and non-RCTs, and further analyzed them by the elapsed time from traumatic exposure to treatment.

**Results:** We confirmed that acupuncture, cognitive behavioral therapy (CBT) and progressive muscular relaxation (PMR) were effective in the acute stages immediately after a traumatic event. We further determined that Eye Movement Desensitization and Reprocessing (EMDR), Emotional Freedom Techniques (EFT) and relaxation therapy were efficacious in the chronic stages. Building on these findings, we propose a model of Oriental Medicine for disaster mental health.

**Conclusions:** An analysis of research into Oriental Medicine shows that the above evidence-based interventions are efficacious for different stages of PTSD treatment. Oriental Medicine is an appropriate mental health intervention in disasters.

Lee, Jung-Hwan, Suh, Hynu-Uk, Chung, Sun-Yong, & Kim, Jong-Woo. (2011). A Preliminary study for the evaluation of the effects of EFT for insomnia in the elderly. *Journal of Oriental Neuropsychiatry*, 22(4), 101-109.

**Objective:** The aim of this study was to evaluate the effects of EFT-I(EFT program for insomnia) for insomnia in the elderly as a preliminary study.

**Methods:** This study was a single group pre-post comparative study that involved 10 elderly women (mean age=76.3 $\pm$ 4.29), who visited a senior welfare center, complained of insomnia symptoms. Subjects received 8 sessions (twice a week for 4 weeks and 1 hour for each session) of EFT-I group training. Insomnia severity, depression, state-anxiety, and life satisfaction of each subject were evaluated twice at pre and post of EFT-I. Korean Sleep Scale of Oh(1998), Short form of Geriatric Depression Scale(SGDS), State-Trait Anxiety Inventory(STAI), and life satisfaction scale designed by Choi(1986) were used as evaluation tools. The data were analyzed with SPSS version 16.0 for windows, using paired-samples T-test.

**Results:** Insomnia severity was significantly improved by EFT-I(In Korean Sleep Scale, before EFT-I: 30.10 $\pm$ 5.59, after EFT-I: 44.60 $\pm$ 10.96). Life satisfaction was significantly improved by EFT-I(In Life Satisfaction scale, before EFT-I: 14.90 $\pm$ 9.50, after EFT-I: 24.70 $\pm$ 10.96). Depression was significantly improved by EFT-I(In SGDS, before EFT-I: 9.10 $\pm$ 3.96, after EFT-I: 4.90 $\pm$ 2.33), State-anxiety was significantly improved by EFT-I(in STAI, before EFT-I: 51.70 $\pm$ 12.42, after EFT-I: 36.90 $\pm$ 4.58).

**Conclusions:** EFT-I significantly improved Insomnia severity, life satisfaction, depression, and state-anxiety. Larger clinical trials are needed to verify effect of EFT-I as a community based insomnia management program for the elderly.

Moritz, S., Aravena, S.C., Guczka, S. Schilling, L., Eichenberg, C., Raubart G., Seebeck, A., & Jelinek, L. (2011). Knock and it will be opened to you? An examination of meridian-tapping in obsessive compulsive disorder (OCD). *J. Behav. Ther. & Exp.Psychiat.* 42, 81-88.

Meridian-tapping (MT) is a body-oriented therapeutic technique which among other psychological problems targets anxiety disorders. Despite bold claims by some of its advocates that it brings lasting success in the vast majority of patients with anxiety disorders, solid empirical evidence for its effectiveness is scarce and its theoretical foundations are refuted by many scientists. The present study tested the effectiveness of a published MT self-help approach for obsessive-compulsive disorder (OCD). Following a baseline assessment over the internet including standard outcome measures for OCD (Y-BOCS, OCI-R) and depression (BDI-SF), 70 participants with OCD were randomly allocated to MT or to progressive muscle relaxation (PMR). Four weeks after the dispatch of the self-help manuals (including video demonstrations of the technique), participants were requested to take part in a post assessment. Whereas subjects found MT more helpful than PMR in retrospect (39% versus 19%) and would continue to use it in the future (72% versus 48%) there was no evidence for a stronger decline of OCD symptoms under MT on any of the psychometric measures. Moreover, Y-BOCS scores did not significantly change across time for both interventions. The present study does not support bold claims about the effectiveness of MT as a stand-alone technique. Cognitive-behavioral therapy remains the treatment of choice for OCD. While self-help MT may enhance the well-being of a subgroup of participants, its potential for OCD appears to be small. Exaggerated success claims on the effectiveness of MT in conjunction with degrading appraisals of conventional psychotherapy as made by some of its leading figures may in our view foster fatalism in patients not experiencing major

symptom relief by MT.

Palmer-Hoffman, J., & Brooks, A. (2011). Psychological Symptom Change after Group Application of Emotional Freedom Techniques. *Energy Psychology: Theory, Research, & Treatment*, 3(1), 57-72.

A study by J. E. Rowe (2005) examined the effects of Emotional Freedom Techniques (EFT) on psychological conditions such as depression and anxiety. The sample (N = 102) consisted of participants at a weekend workshop taught by Gary Craig, the originator of EFT. Rowe found significant improvements in psychological symptoms from pre- to post-workshop assessments, with significant participant gains maintained on follow-up. The current study examined whether the improvements were attributable to Gary Craig alone or whether similar effects are noted when EFT is delivered by others. This study examined samples of participants at 4 different conferences, in which EFT was taught by others (N = 102). In all 4 conferences, there were significant improvements in the severity and breadth of symptoms pre- and post-workshop ( $p < .001$ ), and following 3 of the 4 conferences there were significant long-term gains ( $p < .001$ ). The results indicate that EFT may be effective at reducing psychological symptoms when delivered by individuals other than the method's founder and that EFT may reliably improve long-term mental health when delivered in brief group treatments.

Salas, M., Brooks, A., & Rowe, J. (2011). The Immediate Effect of a Brief Energy Psychology Intervention (Emotional Freedom Techniques) on Specific Phobias: A Pilot Study. *Explore*, 7, 155-161.

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

Stein, P., & Brooks, A. Efficacy of EFT Provided by Coaches vs. Licensed Therapists in Veterans with PTSD. (2011). *Energy Psychology: Theory, Research, and Treatment*, 3(1).

**Background:** EFT (Emotional Freedom Techniques) is a validated method for treating posttraumatic stress disorder (PTSD), available to both lay persons and to licensed mental health practitioners (LMP). It is unknown whether results would be significantly different when EFT is administered by licensed practitioners compared to trained lay coaches.

**Methods:** N=149 veterans with PTSD were approached and 59 were eligible and consented to the study. They were randomized to an active treatment (EFT N=30) and wait list (WL N=29) control group and received treatment from a LMP (N=26) or a coach (N=33). PTSD was assessed using the PCL-M (PTSD Checklist-Military), and psychological symptoms using the SA-45 (Symptom Assessment-45). All study participants met diagnostic criteria for PTSD on the PCL-M. Participants received 6 sessions of EFT over the course of a month. Questionnaires were repeated after 3 and 6 EFT sessions, and at 3 and 6 months. Wait list was assessed at intake and one month before beginning EFT sessions.

**Results:** Results are based on post-intervention data from the combined EFT and WL groups. Significant declines in the percent meeting PTSD diagnostic criteria were seen after 3 sessions of EFT with 47% of coach and 30% of LMP participants still meeting PTSD diagnostic criteria. Improvements continued to be seen after 6 sessions (17% coach, 10% LMP) and were sustained at 3 months (17% coach, 11% LMP). Although the percent meeting clinical PTSD criteria increased slightly at 6 months (24% coach, 17% LMP), the overwhelming majority of vets with PTSD treated with EFT remained free of clinically-defined PTSD. The trend for better outcomes for LMP did not reach statistical significance.

**Conclusion:** Six sessions of EFT, whether administered by a coach or an LMP is efficacious in treating PTSD among veterans suggesting that EFT provided by lay coaches would be an effective strategy to address PTSD in this population.

Temple, G. & Mollon, P. (2011). Reducing Anxiety in Dental Patients using EFT: A Pilot Study. *Energy Psychology: Theory, Research & Treatment*, 3(2).

Adult patients awaiting dental treatment were screened for self-reported anxiety using an 11-point Likert scale. Those in the higher half of the range (n = 30) received a 10-min intervention consisting of a 4-min Emotional Freedom Techniques (EFT) explanation and 6-min treatment. All patients reported a decrease in subjective anxiety, with a mean pretreatment score of 8.03 and a posttreatment score of 3.03. Paired t tests revealed a statistically significant decrease (p < .001). These results are consistent with other published reports of EFTs efficacy for anxiety. They suggest that even a very brief EFT intervention can reduce anxiety and that an additional controlled trial with both observer- and participant-rated measures should be undertaken.

Varvogli, L., & Darviri, C. (2011). Stress Management Techniques: Evidence-based procedures that reduce stress and promote health. *Health Science Journal*, 5(2), 74-89.

**Purpose:** According to the World Health Organization, stress is a significant problem of our times and affects both physical as well as the mental health of people. Stress is defined as a situation where the organism's homeostasis is threatened or the organism perceives a situation as threatening. Stress coping methods are the cognitive, behavioral and psychological efforts to deal with stress.

**Method:** After a thorough literature review in major databases (MEDLINE, Scopus, Science Direct) the following techniques were identified and are presented and briefly discussed here: progressive muscle relaxation, autogenic training, relaxation response,

biofeedback, guided imagery, diaphragmatic breathing, transcendental meditation, cognitive behavioral therapy, mindfulness-based stress reduction and emotional freedom technique.

**Conclusion:** These are all evidence-based techniques, easy to learn and practice, with good results in individuals with good health or with a disease.

## 2010

Baker, H. (2010). A re-examination of Church's (2009) study into the effects of Emotional Freedom Techniques (EFT) on basketball free-throw performance. *Energy Psychology Journal* 2(1). doi: 10.9769/EPJ.2010.2.1.HB

Church (2009) studied basketball free-throw performance of college varsity athletes, comparing (a) a brief treatment of Emotional Freedom Techniques (EFT) with (b) an encouraging talk. A re-examination of Church's data supported his conclusion that the EFT treatment led to relatively better performance compared with the control group. In addition, we found (a) the reported improvement within the EFT condition was not significant, whereas the control condition decrement was significant and robust; (b) the positive effect of EFT thus took the form of an avoidance of the strong performance decrement seen in the control group; and (c) men and women contributed about equally to these findings. To avoid an apparent ceiling effect, future researchers should use a more difficult free-throw task. Because this apparent ceiling effect may have caused the distribution of scores to deviate from normality, we confirmed the above reported findings from parametric analyses using nonparametric tests.

Baker, A. H. & Siegel, L. (2010). Emotional Freedom Techniques (EFT) Reduces Intense Fears: A Partial Replication and Extension of Wells et al. (2003). *Energy Psychology: Theory, Research, & Treatment* 2(2), 13-30. doi: 10.9769/EPJ.2010.2.2.AHB.LSS

Baker and Siegel inserted a no-treatment control condition in this new study and also changed the comparison condition used. In the Wells study, Diaphragmatic Breathing (which turned out to be quite similar to EFT in its effects on small animal phobias, although not as effective as EFT) was used as the sole comparison. In the Baker-Siegel study, a Supportive Interview condition in which participants were given an opportunity to discuss their fears in a respectful, accepting setting was used. It is quite similar to Rogerian Nondirective Counseling. When Baker and Siegel compared their three groups, the results strongly supported the Wells study. As in the latter, EFT participants improved significantly from pre- to posttest in their ability to walk closer to the feared animal after having received EFT, while the other two conditions showed no improvement in this respect. With respect to the subjective measures used in the new study, EFT participants showed significant decreases on the two SUDS measures of fear, on the Fear Questionnaire, and on a special new questionnaire devised for this study (the FOSAQ). Participants in the other two conditions, Supportive Interview and No Treatment Control, showed no decrease in fear whatsoever on these subjective

measures. As in the Wells study, only heart rate showed large but equal changes for each condition.

A minor drawback of the Wells study was that participants rated their expectations of success for the intervention to be used with them before they had actually been assigned to a specific intervention. This detail was corrected in the new study, where participants were told which of the 3 conditions they would receive and after the condition had been described to them only then were they asked to rate the degree to which they thought this described condition would help to reduce their fear. The results? EFT and Supportive Interview did not differ significantly in their mean expectation scores (i.e. participants thought each might help them) but despite equal expectations they did differ markedly in outcome, with EFT superior in terms of results. The Interview and No Treatment control conditions did differ significantly in terms of expectation however — participants didn't expect that the no-treatment condition where they would sit and read for 45 minutes would help them very much. Yet despite this, the Supportive Interview did no better than the no-treatment control condition in terms of results. This shows that expectation of the participant cannot explain the superior results obtained by EFT.

Baker and Siegel conducted a follow-up study after a 1.4 years lapse between the time of the original testing and the follow-up. On most measures, the significant effects for the single session of EFT still persisted after this considerable lapse of time and were superior to the results for the two comparison conditions. It is striking that only one session of EFT could still show effects almost one and half years later. This can be said of very few interventions in the field of psychology.

Burk, L. (2010). Single Session EFT (Emotional Freedom Techniques) for Stress-Related Symptoms After Motor Vehicle Accidents. *Energy Psychology: Theory, Research & Treatment*, 2(2), 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. (2010a). The Treatment of Combat Trauma in Veterans Using EFT: A Pilot Protocol. *Traumatology*, 15(1), 45-55.

With a large number of U.S. military service personnel coming back from Iraq and Afghanistan with posttraumatic stress disorder (PTSD) and comorbid psychological conditions, a need exists to find protocols and treatments that are effective in brief treatment time frames. In this study, a sample of 11 veterans and family members were assessed for PTSD and other conditions. Evaluations were made using the SA-45 (Symptom Assessment 45) and the PCL-M (Posttraumatic Stress Disorder Checklist–Military) using a time-series, within-subjects, repeated measures design. A baseline measurement was obtained 30 days prior to treatment and immediately before treatment. Participants were then treated with a brief and novel exposure therapy, EFT (Emotional Freedom Techniques), for 5 days. Statistically significant improvements in the SA-45 and PCL-M scores were found at posttest. These gains were maintained at both the 30- and 90-day follow-ups on the general symptom index, positive symptom total, and the anxiety, somatization, phobic anxiety, and interpersonal sensitivity subscales of the SA-45, and on PTSD. The remaining SA-45 scales improved posttest but were not consistently maintained at the 30- and 90-day follow-ups. One-year follow-up data were obtained for 7 of the participants and the same improvements were observed. In summary, after EFT treatment, the group no longer scored positive for PTSD, the severity and breadth of their psychological distress decreased significantly, and most of their gains held over time. This suggests that EFT can be an effective postdeployment intervention.

Church, D. (2010b). Your DNA is Not Your Destiny: Behavioral Epigenetics and the Role of Emotions in Health. *Anti Aging Medical Therapeutics*, 13.

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

Church, D. & Brooks, A. (2010). The Effect of a Brief EFT (Emotional Freedom Techniques) Self-Intervention on Anxiety, Depression, Pain and Cravings in Healthcare Workers. *Integrative Medicine: A Clinician's Journal*, Oct/Nov.

This study examined a cross section of 194 healthcare professionals, including physicians, nurses, psychotherapists, chiropractors, psychiatrists, alternative medicine practitioners, and allied professionals. It examined whether self-intervention with Emotional Freedom Techniques (EFT), a brief exposure therapy that combines a cognitive and a somatic element, had an effect on subjects' levels of anxiety, depression, and other psychological symptoms. The study utilizes a within-subjects, time-series, repeated measures design. It evaluates symptoms using the SA-45, a well-validated 45 item questionnaire. Besides measuring the breadth and intensity of psychological distress, this instrument has nine subscales for specific conditions, including anxiety and depression. It was administered to subjects before and after an EFT demonstration and self-application that lasted about 90 minutes. Subjects also self-reported physical pain, emotional distress, and cravings on a 10 point Likert-type scale. The SA-45 followup was administered 3 months later, to determine whether any improvement held over time. Subjects received a single page homework EFT reminder sheet, and their frequency of practice was tracked at followup. EFT self-application resulted in statistically significant decreases in pain, emotional distress, and cravings, and improvements for all nine subscales. On the two general scales on the SA-45, symptom severity dropped by 34%, and symptom breadth by 40% relative to normal baselines (both  $p < .001$ ). Pain scores dropped by 68%, the intensity of traumatic memories by 83%, and cravings by 83% (all  $p < .001$ ).

Church, D., Brooks, A. (2010b). Application of Emotional Freedom Techniques. *Integrative Medicine: A Clinician's Journal*, 2010, August/September 2010.

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.

Feinstein, David. (2010). Rapid Treatment of PTSD: Why Psychological Exposure with Acupoint Tapping May Be Effective. *Psychotherapy: Theory, Research, Practice, Training*, 47(3), 385-402.

Combining brief psychological exposure with the manual stimulation of acupuncture points (acupoints) in the treatment of post-traumatic stress disorder (PTSD) and other emotional conditions is an intervention strategy that integrates established clinical principles with methods derived from healing traditions of Eastern cultures. Two randomized controlled trials and six outcome studies using standardized pre- and post-treatment measures with military veterans, disaster survivors, and other traumatized individuals corroborate anecdotal reports and systematic clinical observation in suggesting that (a) tapping on selected acupoints (b) during imaginal exposure (c) quickly and permanently reduces maladaptive fear responses to traumatic memories and related cues. The approach has been controversial. This is in part because the

mechanisms by which stimulating acupoints can contribute to the treatment of serious or longstanding psychological disorders have not been established. Speculating on such mechanisms, the current paper suggests that adding acupoint stimulation to psychological exposure is unusually effective in its speed and power because deactivating signals are sent directly to the amygdala, resulting in reciprocal inhibition and the rapid attenuation of maladaptive fear. This formulation and the preliminary evidence supporting it could, if confirmed, lead to more powerful exposure protocols for treating PTSD.

Feinstein, D. & Church, D. (2010). Modulating Gene Expression through Psychotherapy: The Contribution of Non-Invasive Somatic Interventions. *Review of General Psychology, 14*, 283-295.

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

Haynes, T. (2010). Effectiveness of Emotional Freedom Techniques on Occupational Stress for Preschool Teachers. PhD Dissertation. UMI 3412819. UMI Dissertation Publishing.

Occupational stress may be directly related to teacher burnout and general job dissatisfaction within the teaching profession. While research has shown that teaching is among the most stressful of occupations, there is currently limited research on the implementation or effectiveness of stress management programs. The present study examined the effectiveness of Emotional Freedom Techniques (EFT) on the reduction of stress for preschool teachers. The study was conducted according to a single-subject design (N=2), in which levels of stress and anxiety were measured before and after the

five-week training of EFT. Following the completion of training, both participants in the study reported decreased levels of stress and anxiety. However, at six month follow up, results were more varied.

Hoss, R. & Hoss, L. (2010). The Dream to Freedom Technique, a methodology for integrating the complimentary therapies of energy psychology and dreamwork. *Energy Psychology: Theory, Research, & Treatment*, 2(1), 45-64.

The psychological healing process often starts with surface-level problems, and emotional layers are peeled away until the core issue surfaces. When integrating energy psychology (EP) with dreamwork, however, it is possible to begin at a deeper level. Dreams focus on the more salient unprocessed emotional issues of the day; thus, dreamwork can quickly bring to consciousness an issue that a person is dealing with on a subconscious level. On the other hand, dreamwork alone—in the absence of other therapies—is not necessarily effective in reducing the emotional stress that may surface or in moving through the emotional impasses. EP, in turn, complements dreamwork by providing a method for reducing emotional stress and reducing the emotional barriers to healing once an issue is identified. Combining the 2 disciplines integrates the primary benefits of both into 1 technique, which is useful for self-help or in a therapeutic setting. The Dream to Freedom technique combines a deep and rapid Gestalt-based approach for surfacing the emotional issues that the subconscious is working on with the rapid and highly effective Emotional Freedom Techniques for quickly reducing emotional stress surrounding those core issues. The protocol also provides a technique for closure that uses the dream's natural tendency for projection to provide insight.

Pasahow, R. (2010). Methodological and Theoretical Problems in the Waite and Holder (2003) Study on Fears and EFT. *Energy Psychology Journal*, 2(2). doi: 10.9769/EPJ.2010.2.2.RP

Energy psychology (EP) represents a paradigm for the treatment of mental health problems. A number of studies and case reports have demonstrated its efficacy in reducing psychological conflicts and symptoms. Emotional Freedom Techniques (EFT) are the most extensively researched model of EP. For EFT to be classified as an empirically based treatment according to American Psychological Association (APA) Division 12 Task Force criteria, research needs to demonstrate its efficacy in a number of experimental and clinical settings. It is also necessary to provide alternative explanations when experimental data are interpreted as disproving major hypotheses. In Waite and Holder's (2003) study on EFT, inclusion of two sham treatment groups and a control group attempted to isolate the factors that cause symptom reduction. Initial reviewers interpreted these data as disproving the fundamental hypothesis of EFT. The APA's Continuing Education Committee cited this study as 1 factor for disputing the scientific basis of EFT. Subsequent analyses have interpreted this study as being supportive of EFT hypotheses. However, numerous statistical omissions, incorrect applications of EFT procedures, and insufficient treatment time preclude meaningful conclusions regarding EFT. The only dependent variable was participants' fear ratings, which many researchers do not consider an adequate outcome measure. Multidimensional

assessments would have provided more precise data and limited how much demand characteristics influenced the results.

Sakai, C., Connolly, S., Oas, P. (2010). Treatment of PTSD in Rwandan Child Genocide Survivors Using Thought Field Therapy. *International Journal of Emergency Mental Health*, 12(1), 41-50.

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

Schoninger, Beverly, and Hartung, John. (2010). Changes on Self-Report Measures of Public Speaking Anxiety Following Treatment with Thought Field Therapy. *Energy Psychology: Theory, Practice, Research*, 2(1), May 2010.

The effects of one 60-minute treatment with thought field therapy (TFT) on public speaking anxiety with 48 participants were studied. Participants were randomly assigned to treatment or delayed-treatment conditions and to one of 11 licensed therapists trained in TFT. Participants receiving TFT treatment showed decreases in public speaking anxiety and increases in positive measures related to anticipation of future public speaking experiences. Participants in the delayed-treatment condition showed no improvement while on a wait list, but after treatment showed similar effects on all measures.

Stapleton, Peta, Sheldon, Terri, Porter, Brett, & Whitty, Jennifer. (2010). A Randomized Clinical Trial of a Meridian-Based Intervention for Food Cravings with Six Month Follow-up. *Behaviour Change*, 28(1), 1-16.

This randomised, clinical trial tested whether The Emotional Freedom Technique (EFT) reduced food cravings. This study involved 96 overweight or obese adults who were allocated to the EFT treatment or 4-week waitlist condition. Degree of food craving, perceived power of food, restraint capabilities and psychological symptoms were assessed pre- and post- a 4-week treatment program (mixed method ANOVA comparative analysis), and at 6-month follow-up (repeated measure ANOVA with group data collapsed). EFT was associated with a significantly greater improvement in food cravings, the subjective power of food and craving restraint than waitlist from pre- to immediately post-test ( $p < .05$ ). Across collapsed groups, an improvement in food

cravings and the subjective power of food after active EFT treatment was maintained at 6 months, and a delayed effect was seen for craving restraint. Although there was a significant reduction in measures of psychological distress immediately after treatment ( $p < .05$ ), there was no between-group difference. These findings are consistent with the hypothesis that EFT can have an immediate effect on reducing food cravings and can result in maintaining reduced cravings over time.

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

A team of 4 energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with 2 groups of orphan genocide survivors with complex posttraumatic stress disorder (PTSD) symptoms. Results from interventions with the first group were reported previously (Stone, Leyden, & Fellows, 2009). This article reports results from the second group composed of orphan head of households. The authors used a multimodal intervention with 3 energy psychology methods (Tapas Acupressure Technique, Thought Field Therapy, and Emotional Freedom Techniques), with techniques selected on the basis of participant needs. Interventions were performed on 2 consecutive workshop days and were followed by 2 days of practitioners making field visits with students. Data were collected using the Child Report of Posttraumatic Stress (CROPS) to measure pre- and postintervention results and a time-series, repeated measures design (28 orphans with clinical PTSD scores completed a pretest; 21 completed 1-week posttests; 18 completed 3-month posttests; and 10 completed 6-month posttests). The average overall reduction in PTSD symptoms was 37.3% ( $p < .009$ ). These results are consistent with other published reports of the efficacy of energy psychology in remediating PTSD symptoms.

Swingle, Paul. (2010). Emotional Freedom Techniques (EFT) as an Effective Adjunctive Treatment in the Neurotherapeutic Treatment of Seizure Disorders. *Energy Psychology: Theory, Research, & Treatment*, 2(1), 29-38.

Neurotherapy, including brainwave biofeedback, has been found to be an effective treatment for seizure disorders. A principal component of this treatment is an increase in the amplitude of the Sensory Motor Rhythm (SMR) over the sensory motor cortex in the brain. Electroencephalographic (QEEG) assessment of brainwave activity indicated that Emotional Freedom Techniques (EFT) increased SMR amplitude. The present article reviews the research on the effects of components of the EFT procedure on brainwave functioning that have been found to be beneficial in the treatment of seizure disorders.

## 2009

Baker, A.H., Carrington, P., Putilin, D. (2009). Theoretical and Methodological Problems in Research on Emotional Freedom Techniques (EFT) and Other Meridian Based Therapies. *Psychology: Theory, Research & Treatment*, 6(2), 34-46.

Controlled research into Emotional Freedom Techniques (EFT) and other meridian-based therapies is at its beginnings. We examined several issues facing EFT researchers, including: the number and type of dependent measures; expectancy effects; the need for follow-up assessment; a newly proposed procedure for keeping participants blind; the duration of the intervention; the value of treating the hypothesized Energy Meridian System and EFT's operations as separate constructs; and the possibility that EFT's efficacy is mediated by processes long known to be associated with psychotherapy. Such issues are considered in the context of three recent EFT studies: Waite and Holder (2003); Wells et al. (2003); and Baker (2010). Some limitations of these studies are delineated and guidelines on EFT research are suggested.

Benor, D. J., Ledger, K., Toussaint, L., Hett, G., & Zaccaro, D. (2009). Pilot study of Emotional Freedom Technique (EFT), Wholistic Hybrid derived from EMDR and EFT (WHEE) and Cognitive Behavioral Therapy (CBT) for Treatment of Test Anxiety in University Students. *Explore*, 5(6).

**Objective:** This study explored test anxiety benefits of Wholistic Hybrid derived from EMDR (WHEE), Emotional Freedom Techniques (EFT), and Cognitive Behavioral Therapy.

**Participants:** Canadian university students with severe or moderate test anxiety participated.

**Methods:** A double-blind, controlled trial of WHEE (n = 5), EFT (n =5), and CBT (n = 5) was conducted. Standardized anxiety measures included: the Test Anxiety Inventory (TAI) and Hopkins Symptom Checklist (HSCL-21).

Results: Despite small sample size, significant reductions were found for WHEE on the TAI ( $p < 0.014-.042$ ) and HSCL-21 ( $p < 0.029$ ); on the TAI ( $p < 0.001-.027$ ) for EFT; and on the HSCL-21 ( $p < 0.038$ ) for CBT. There were no significant differences between the scores for the three treatments. In only two sessions WHEE and EFT achieved the same or better benefits as CBT did in five sessions. Participants reported high satisfaction with all treatments. EFT and WHEE students successfully transferred their self-treatment skills to other stressful areas of their lives.

**Conclusions:** WHEE and EFT show promise as effective treatments for test anxiety.

Church, D. (2009). The Effect of EFT (Emotional Freedom Techniques) on Athletic Performance: A Randomized Controlled Blind Trial. *The Open Sports Sciences Journal*, 2, 94-99.

This study investigated whether the most widely practiced form of Energy Psychology, called Emotional Freedom Techniques (EFT), could affect athletic performance. It evaluated whether a single brief EFT treatment for performance stress could produce an improvement in two skills for high-performance men's and women's college basketball teams at Oregon State University. The treatment group received a brief EFT session while the control group received a "tips and techniques reading" (TTR). Performance was measured on free throws and vertical jump height. Basketball players who received

the EFT intervention scored an average of 21% better individually in free throws after treatment than the control group, while the control group scored an average of 17% lower ( $p < 0.028$ ). However, there was no statistically significant difference between the groups in their percent change in jump height. When analyzed separately, there was a trend for females in the EFT condition to have better performance on both free throws and jump height than females in the control group. These findings suggest that EFT performed as an intervention during the course of an athletic event may reduce performance stress, and improve individual player function for free throws, and is thus worthy of further study.

Church, D. (2009). The Treatment of Combat Trauma in Veterans using EFT (Emotional Freedom Techniques): A Pilot Protocol. *Traumatology*, 15(1).

A six session protocol of a brief and novel exposure therapy, EFT (Emotional Freedom Techniques) has been efficacious in reducing PTSD and co-occurring psychological symptoms in a within-subjects time series trial. The current study uses a randomized design and a wait list control group ( $n=13$ ). Experimental group subjects ( $n=19$ ) received six hour-long EFT coaching sessions, with pretest and posttest evaluations, as well as intermediate tests after three sessions. PTSD was assessed using the PCL-M (Posttraumatic Stress Disorder Checklist – Military), on which the lowest possible score is 17, and a score of 50+ is clinical. The severity and breadth of psychological distress was measured using the SA-45 (Symptom Assessment 45), a short form of the SCL-90. Neither symptoms nor PTSD scores declined in the wait list during the passage of time. The breadth of psychological distress diminished highly significantly in the EFT group, as did the severity (both  $p < 0.001$ ). In examining the EFT treatment results for the WL and EFT groups combined, after 3 sessions 70% scored PTSD-negative, with mean scores going from 62 pre ( $SE \pm 1.63$ ) to 44 ( $SE \pm 2.83$ ) after 3 sessions (both  $p < 0.001$ ). After 6 sessions of EFT, 87% were PTSD-negative, with a mean score of 35 ( $SE \pm 2.68$ ,  $p < 0.001$ ). Thirteen subjects completed a 3 month follow-up, and all scored PTSD-negative (mean=31,  $SE \pm 2.77$ ,  $p < 0.001$ ). The results are consistent with other published reports showing EFTs efficacy at treating PTSD and co-morbid symptoms.

Church, D., & Geronilla, L. (2009). Psychological symptom change in veterans after six sessions of EFT (Emotional Freedom Techniques): an observational study. *International Journal of Healing and Caring*, 9(1).

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

40% ( $p < .001$ ), while breadth of symptoms decreased by 29% ( $p < .032$ ). Anxiety decreased 46% ( $p < .003$ ), depression 49% ( $p < .001$ ), and PTSD 50% ( $p < .026$ ). Most gains were maintained at the 90-day follow-up.

Connais, C. (2009). The effectiveness of emotional freedom technique on the somatic symptoms of fibromyalgia, 3372777 Psy.D. United States e Colorado: The University of the Rockies. Retrieved from <http://0-search.proquest.com/prospero.murdoch.edu.au/docview/305082332?accountid%2F12629>. ProQuest Dissertations & Theses.

Fibromyalgia Syndrome (FMS) is a disorder characterized by chronic widespread pain with co-morbid conditions – sleep deprivation, muscle atrophy, and emotional stress. Evidence indicates treating FMS patients using methodologies reserved for trauma therapy has been effective in relieving symptoms. One of those effective treatments is Emotional Freedom Techniques (EFT). This study proposed to answer the question; is EFT effective at reducing the somatic symptoms of FMS? In a sample of 6 women diagnosed with FMS, the investigators conducted EFT in a clinical setting for half of the women; the other half were wait-listed. The investigators conducted three sequences of EFT in each of four treatment sessions. The results were not statistically significant; however, the data indicated overall improvement for the treatment group.

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 Journal* 1(1). doi: 10.9769/EPJ.2009.1.1.ID

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.

Feinstein, D. (2009). Controversies in Energy Psychology. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 45-56.

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

Gallo, Fred. (2009). Energy Psychology in Rehabilitation: Origins, Clinical Applications, and Theory. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 57-72.

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

for the treatment of psychological trauma and physical pain, two of the most important and ubiquitous aspects common to rehabilitation conditions. Additionally, the research on energy psychology is highlighted, and the distinction between global treatments and causal energy diagnostic-treatment approaches to treatment is addressed.

Lane, J. (2009). The Neurochemistry of Counterconditioning: Acupressure Desensitization in Psychotherapy. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 31-44.

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

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 of Emotional Freedom Techniques (EFT) 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.

Pasahow R. J. (2009). Energy Psychology and Thought Field Therapy in the treatment of tinnitus. *Int Tinnitus Journal*, 15(2):130-133.

Numerous treatment modalities for decompensated tinnitus incorporate psychological principles. Procedures of energy psychology and thought field therapy are introduced in two case studies. Data were collected from psychotherapy sessions and psychological tests. Two case studies demonstrated that thought field therapy reduces symptoms of depression and anxiety in decompensated tinnitus patients. The methods of thought field therapy can be taught to non-mental health professionals. Audiologists and psychotherapists should collaborate to develop more efficacious treatments.

Pignotti, M., & Thayer, B. (2009). Some comments on “Energy psychology: A review of the evidence.” Premature conclusions based on incomplete evidence? *Psychotherapy: Theory, Research, Practice, Training*, 46(2), 257-261. doi: 10-1037/a0016027

A review of the evidence on energy psychology (EP) was published in this journal. Although the author’s stated intention of reviewing the evidence is one we support, we note that important EP studies were omitted from the review that did not confirm claims being made by EP proponents. We also identify other problems with the review, such as the lack of specific inclusion and exclusion criteria, misportrayal of criticism of EP, incorrectly characterizing one of the studies as a randomized clinical trial, and lack of disclosure regarding an EP-related business. We note that in the APA, decisions on classification of therapies as empirically supported are most rightfully the function of Division 12-appointed committees of psychologists. It is not enough for any one individual or group of proponents of a particular approach to make such a determination.

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 6 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.

Sezgin, N. & Ozcan, B. (2009). The Effect of Progressive Muscular Relaxation and Emotional Freedom Techniques on Test Anxiety in High School Students: A Randomized Controlled Trial. *Energy Psychology Journal*, 1(1). doi: 10.9769.EPJ.2009.1.1.NS

This study investigated the effect of Emotional Freedom Techniques (EFT) and Progressive Muscular Relaxation (PMR) on test anxiety. A group of 312 high school students enrolled at a private academy were evaluated using the Test Anxiety Inventory (TAI), which contains Worry and Emotionality subscales.

Scores for 70 students demonstrated high levels of test anxiety; these students were randomized into control and experimental groups. During a single treatment session, the control group received instruction in PMR and the experimental group in EFT, which was followed by self-treatment at home.

After 2 months, subjects were retested using the TAI. Repeated covariance analysis was performed to determine the effects of EFT and PMR on the mean TAI score, as well as the 2 subscale scores. Each group completed a sample examination at the beginning and end of the study, and their mean scores were computed. Thirty-two of the initial 70 subjects completed all the study's requirements, and all statistical analyses were done on this group.

A statistically significant decrease occurred in the test anxiety scores of both the experimental and control groups. The EFT group had a significantly greater decrease than the PMR group ( $p < .05$ ). The scores of the EFT group were lower on the Emotionality and Worry subscales ( $p < .05$ ). Both groups scored higher on the test examinations after treatment. Although the improvement was greater for the EFT group, the difference was not statistically significant.

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 2 groups of orphan genocide survivors with complex posttraumatic stress disorder (PTSD) symptoms. Results from interventions with the first group were reported previously (Stone, Leyden, & Fellows, 2009). This article reports results from the second group composed of orphan head of households. The authors

used a multimodal intervention with 3 energy psychology methods (Tapas Acupressure Technique, Thought Field Therapy, and Emotional Freedom Techniques), with techniques selected on the basis of participant needs. Interventions were performed on 2 consecutive workshop days and were followed by 2 days of practitioners making field visits with students. Data were collected using the Child Report of Posttraumatic Stress (CROPS) to measure pre- and post-intervention results and a time-series, repeated measures design (28 orphans with clinical PTSD scores completed a pretest; 21 completed 1-week posttests; 18 completed 3-month posttests; and 10 completed 6-month posttests). The average overall reduction in PTSD symptoms was 37.3% ( $p < .009$ ). These results are consistent with other published reports of the efficacy of energy psychology in remediating PTSD symptoms.

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.

## 2008

Bair, C.C. (2008). The heart field effect: Synchronization of healer-subject heart rates in energy therapy. *Adv Mind Body Med.*, 23(4):10-9.

Recent health research has focused on subtle energy and vibrational frequency as key components of health and healing. In particular, intentional direction of bioenergy is receiving increasing scientific attention. This study investigates the effect of the healer's electromagnetic (EM) heart field upon subjects during energy healing as measured by synchronization of heart rates and scores on a Subjective Units of Distress (SUD) scale

and a Profile of Mood States (POMS) inventory. A nonequivalent pretest-posttest design was used based on heart rate comparisons between healer and subject and correlated with pre-and posttest SUD and POMS scores. Subjects included those who sat within the 3- to 4-foot "strong" range of the independent variable, the healer's heart field, while performing self-application of WHEE (the wholistic hybrid derived from EMDR [eye movement desensitization and reprocessing], and EFT [emotional freedom technique]), a meridian-based tapping technique (n=50); and those who performed the same process beyond the 15- to 18-foot range of the healer's EM heart field (n=41). The dependent variables were heart rate, SUD, and POMS inventory. All subjects completed these measures within 1 hour. Study results showed statistically significant heart-rate synchronization with the intervention population. In addition, SUD and POMS scores demonstrated considerably more improvement than in the control population, indicating additional benefit beyond the meridian-based therapies, such as WHEE, alone. Additional findings and future research recommendations are presented in this article.

Brattberg, G. (2008). Self-administered EFT (Emotional Freedom Techniques) in individuals with fibromyalgia: a randomized trial. *Integrative Medicine: A Clinician's Journal*, August/September 2008.

The aim of this study was to examine if self-administered EFT (Emotional Freedom Techniques) leads to reduced pain perception, increased acceptance, coping ability and health-related quality of life in individuals with fibromyalgia. 86 women, diagnosed with fibromyalgia and on sick leave for at least 3 months, were randomly assigned to a treatment group or a waiting list group. An eight-week EFT treatment program was administered via the Internet.

Upon completion of the program, statistically significant improvements were observed in the intervention group (n=26) in comparison with the waiting list group (n=36) for variables such as pain, anxiety, depression, vitality, social function, mental health, performance problems involving work or other activities due to physical as well as emotional reasons, and stress symptoms. Pain catastrophizing measures, such as rumination, magnification and helplessness, were significantly reduced, and the activity level was significantly increased. The number needed to treat (NNT) regarding recovering from anxiety was 3. NNT for depression was 4.

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

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.

Church, D. (2008). Measuring Physiological Markers of Emotional Trauma: A Randomized Controlled Trial of Mind-Body Therapies. Paper presented at tenth annual ACEP (Association for Comprehensive Energy Psychology) conference, May 2008).

The effect of emotional trauma on physiological functioning has been documented in a number of studies. Unresolved trauma, even 50 years subsequent to traumatization, has been correlated with higher rates of bone fractures, cancer, heart disease, hypertension, diabetes, and other ailments. The current study examines the reverse correlation, to determine whether the treatment of emotional trauma has an effect on physiological function. It examined the range of motion (ROM) of the shoulders of subjects with clinically verified joint impairments, which typically take months or years to resolve, in five different planes of arm movement. Psychological conditions such as anxiety and depression were measured using a 45 question self-assessment, the SA-45. Pain was measured on a 10 point Likert-type scale. Subjects received a single 30 minute intervention after being randomized into either an Emotional Freedom Techniques (EFT) group (16 subjects) or a Diaphragmatic Breathing (DB) group (18 subjects). Thirteen subjects served as a no treatment baseline control group. Subjects demonstrated significant improvement in psychological symptoms and ROM in both the DB and EFT groups. Results for pain were better in the EFT group, and further improved on 30 day post-test. ROM for both groups continued to improve post-test, but were greater for the EFT group.

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.

Feinstein, D. (2008). Energy psychology: a review of the preliminary evidence. *Psychotherapy: Theory, Research, Practice, Training*. 45(2), 199-213.

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

Feinstein, D. (2008) Energy psychology in disaster relief. *Traumatology* 141:1, 124-137.

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

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.

## 2007

Elder, C., Ritenbaugh, C., et al. (2007). Randomized Trial of Two Mind-Body Interventions for Weight Loss Maintenance. *Journal of Complementary and Alternative Medicine*, 13(1), 67-78.

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

Mollon, Phil. (2007). Thought Field Therapy and its derivatives: Rapid relief of mental health problems through tapping on the body. *Primary Care and Community Psychiatry*. 12[3-4], 123-127.

A genre of psychotherapeutic enquiry, involving work with the body’s energy system as well as the mind, began in the 1970s, arising from the field of Applied Kinesiology as elaborated by psychiatrist Dr. John Diamond. Clinical psychologist, Roger Callahan, built on this work to develop simple procedures for the rapid relief of anxieties and phobias. This approach, called Thought Field Therapy, was later applied to trauma and other forms of mental distress. In recent years a number of derivative methods have been developed. These can be combined with conventional psychodynamic or CBT approaches. A variety of forms of evidence support the use of energy psychology techniques, including a very large South American study.

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.

## 2006

Flint, G., Lammers, W. & Mitnick, D. (2006). Emotional Freedom Techniques: A safe treatment intervention for many trauma based issues. *Journal of Aggression, Maltreatment and Trauma*, 12 (1-2), 125-50. doi:10.1300/J146v12n01\_07

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

Jung, H. S. (2006). The Effect of an Energy Psychology Intervention (EFT) on Specific Phobias. Chosun University. Master's Thesis. (Abstract not available).

## 2005

Lambrou, P., Pratt, G., & Chevalier, G. (2005). Physiological and psychological effects of a mind/body therapy on claustrophobia. *Journal of Subtle Energies and Energy Medicine* 14(3), 239-251.

A preliminary study was conducted to quantify the effects of a specific form of therapeutic intervention on claustrophobia using methods from an emerging field called energy psychology, which uses the acupuncture system to reduce or eliminate irrational anxiety

and fears. The treatment includes a form of self-applied acupressure, focused thought, and structured breathing exercises to effect a rapid desensitization of the feared object or situation. Four claustrophobic and four normal individuals were recruited. The claustrophobic individuals were measured with the State-Trait Anxiety Inventory (STAI) and physiological measures of ERG, EMG, heart rate, respiration rate, and measures of the electro-conductance within the acupuncture meridians. The results when compared with normal individuals showed that a 30-minute treatment appeared to create reduction in EMG for the trapezius muscle; changes of ERG Theta wave activity and changes in the electrical conductance between acupuncture points along a meridian pathway. The measures pre- and post-treatment on the STAI for the experimental group were significantly lower even at a two week followup. This pilot study suggests that specific physiological and psychological changes occur for claustrophobic individuals after undergoing an energy psychology treatment. Further investigation appears warranted.

Morikawa, A. I. H. (2005). Toward the clinical applications of Thought Field Therapy to the treatment of bulimia nervosa in Japan. Unpublished doctoral dissertation, California Coast University, Santa Ana.

There is no single treatment approach that is exclusively effective for bulimia nervosa. Cognitive behavioral therapy (CBT) has been empirically supported as a primary treatment option and addresses cognitive and behavioral aspects of bulimia nervosa, but not affective problems. Thought field therapy (TFT) is a brief non-verbal treatment that may effectively address numerous psychological symptoms. The purpose of this critical analysis was to develop an integrative treatment approach for bulimia nervosa in Japan, which employs TFT as an adjunct technique. Through a critical analysis of research on bulimia nervosa and treatment approaches, an integrative model was developed. The CBT approach provides a cognitive behavioral framework comprised of stages. The first stage emphasizes behavioral and educational aspects, while the second stage emphasizes cognitive aspects and interpersonal dysfunctions. Other effective techniques, such as interpersonal therapy, psychoeducation, self-help, and assertion training, will be used to enhance treatment. TFT will be incorporated into the treatment model in an effort to meet the goals set by the Japan Ministry of Health, Labour, and Welfare, specifically in regard to the Japanese women.

Pignotti, M. (2005). Thought Field Therapy Voice Technology vs. Random Meridian Point Sequences: A Single-blind Controlled Experiment. *Scientific Review of Mental Health Practice*, 4(1), 2005, 38-47.

The Thought Field Therapy Voice Technology (TFT VT) is a proprietary procedure, claimed by proponents to have a 97-98% success rate in curing psychological problems. VT practitioners can allegedly "diagnose" over the telephone precise, individualized codes of acupressure points, which the individual is then instructed to tap on. This single-blind controlled study quasi-randomly assigned 66 participants to either TFT VT treatment (n=33) or to a control group (n=33), which received a randomly selected sequence of treatment points. For each group, 97% of the participants reported a complete elimination of all subjective emotional distress. A 2x2 two-way mixed ANOVA revealed no significant differences between the two groups. Possible explanations for the 97%

self-reported "success" rate are discussed and the wisdom and ethics of having mental-health treatments that are proprietary trade secrets is questioned.

Rowe, J. (2005). The effects of EFT on long-term psychological symptoms. *Counseling and Clinical Psychology Journal*, 2(3):104.

Previous research (Salas, 2000; Wells, et al., 2003), theoretical writings (Arenson, 2001, Callahan, 1985, Durlacher, 1994, Flint, 1999, Gallo, 2002, Hover-Kramer, 2002, Lake & Wells, 2003, Lambrou & Pratt, 2000, and Rowe, 2003), and many case reports (www.emofree.com) have suggested that energy psychology is an effective psychotherapy treatment that improves psychological functioning. The purpose of the present study was to measure any changes in psychological functioning that might result from participation in an experiential Emotional Freedom Techniques (EFT) workshop and to examine the long-term effects. Using a time-series, within-subjects repeated measures design, 102 participants were tested with a short-form of the SCL-90-R (SA-45) 1 month before, at the beginning of the workshop, at the end of the workshop, 1 month after the workshop, and 6 months after the workshop. There was a statistically significant decrease ( $p < .0005$ ) in all measures of psychological distress as measured by the SA-45 from pre-workshop to post-workshop which held up at the 6 month follow-up.

Ruden, R. A. (2005). A neurological basis for the observed peripheral sensory modulation of emotional responses. *Traumatology*, 11, 145-158. doi: 10.1177/153476560501100301

A new therapy for phobias, PTSD, addictive behaviors and other psychological issues was first described by Dr. Roger Callahan and involves thought activation of the problem followed by tapping on certain acupoints in a specific sequence. In addition, a gamut procedure involving further tapping, eye movements and following simple commands is used. He calls his method Thought Field Therapy. In most cases, the problems were reportedly cured in a matter of minutes. We theorize about the neuroanatomical and neurophysiological mechanisms underlying the success of this technique.

We propose that tapping and other sensory stimulation procedures globally increase serotonin. The important structures specifically involved in this therapy are the prefrontal cortex and the amygdala. The success of this technique requires that glutamate first be increased in the circuit that involves the conditioning stimulus and the unconditioned stimulus. This analysis does not define sequences for tapping. We suggest the name 'Psychosensory Therapy' to encompass this specific treatment as well as to define a broader new paradigm for the treatment of these problems.

Swingle, P., Pulos, L., & Swingle, M. K. (2005). Neurophysiological Indicators of EFT Treatment Of Post Traumatic Stress. *Journal of Subtle Energies & Energy Medicine*. 15, 75-86.

This research study studied the effects of EFT on auto accident victims suffering from post traumatic stress disorder -- an extremely disabling conditioning that involves

unreasonable fears and often panic attacks, physiological symptoms of stress, nightmares, flashbacks, and other disabling symptoms. These researchers found that three months after they had learned EFT (in two sessions) those auto accident victims who reported continued significant symptom relief also showed significant positive changes in their brain waves (via EEG measurements). It was assumed that the clients showing the continued positive benefits were those who continued with home practice of self-administered EFT.

## 2004

Andrade, J. and Feinstein, D. (2004). Preliminary report of the first large-scale study of energy psychology. *Energy Psychology Interactive: Rapid Interventions for Lasting Change*. Ashland, OR: Innersource.

In an ongoing in-house investigation conducted by 11 allied clinics in Argentina and Uruguay, the progress of 5,000 anxiety patients was tracked over a 5-1/2 year period. Half were randomly assigned to the clinics' standard protocol for anxiety disorders, cognitive behavior therapy (CBT) with anti-anxiety medication as needed. The other half received acupoint tapping with imaginal exposure but no anti-anxiety medication. Raters did not know which treatment a patient received. Improvement was found in 90% of the acupoint tapping group and 63% of the CBT group, with complete relief of symptoms at 76% for acupoint tapping and 51% for CBT. One-year follow-up samplings predicted that 78% sustained the benefits from acupoint tapping and 69% from CBT. In a sub-study of 190 of the patients who were treated successfully, an average of three acupoint tapping sessions were required before the anxious condition was no longer present while an average of 15 CBT sessions were required. Limitations of the study include that it was always conceived of as a preliminary investigation and was never submitted for journal review, record-keeping was relatively informal, some variables were not strictly monitored, source data was not always retained, and outcome assessments were subjective ratings.

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.

Schoninger, B. (2004). Efficacy of Thought Field Therapy (TFT) as a treatment modality for persons with public speaking anxiety. *Dissertation Abstracts International*, 65 (10), 5455. (UMI No. AAT 3149748)

This study investigated the effects of one 60-minute Thought Field Therapy (TFT) session on 48 participants with public speaking anxiety. Within that group, 38 were women and 10 were men, ranging in age from 27 to 59. Their education varied from some high school to individuals who had doctoral degrees. Participants were randomly assigned to a treatment group or a delayed treatment group. There were 28 participants in the treatment group (5 males and 23 females) and 20 participants in the delayed treatment group (5 males and 15 females). They were randomly assigned to one of 11 therapists (3 men and 8 women). All therapists were licensed and trained in TFT, level II. The measurements administered by an independent assessor were subjective units of disturbance (SUD), (Wolpe, 1958), Speaker Anxiety Scale (SA Scale), (Clevenger & Halvorson, 1992) and The State-Trait Anxiety Inventory (STAI) (Spielberger, 1983). Post-treatment SUD scores decreased significantly ( $p \leq .000$ ). In analyzing the 9 dependent measures of the SA Scale for both groups, posttreatment scores showed a significant decrease in anxiety ( $p \leq .01$ ) and an increase in positive factors significant at the ( $p \leq .000$ ) level except for "Wants More" ( $p \leq .03$ ). Despite the brevity of the treatment, treatment effect sizes in this study range from .71 to 1.58. The mean effect size on overall anxiety was 1.75. Results support the effectiveness of TFT in reducing public speaking anxiety and increasing participant's positive anticipation of future public speaking experiences.

## 2003

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.

Greway, G. S (2003). Personality change in trauma victims by the use of eye movement desensitization and reprocessing, resource development and installation, and emotional freedom techniques. *Dissertation Abstracts International: The Sciences and Engineering*, 64(4-B), 1902. <https://emdr.omeka.net/items/show/15451>

Personality change in victims of trauma has been demonstrated by key researchers in the field of trauma. This research explored this area further by studying if problem personality patterns can improve to healthier levels by processing trauma symptoms with new rapid trauma techniques. This research provides new information in trauma and personality, as well as offers links to possible new treatment methods. The hypothesis tested in this research was that significant change in problem personality patterns would occur in trauma subjects whose symptoms were processed through a multi-impact therapy that included Eye Movement Desensitization and Reprocessing (EMDR), building ego structure through Resource Installation and Development and reducing physiological stress through the use of Emotional Freedom Techniques, as compared to subjects in the control group who received talking therapy. A sample of ten female participants was selected that had traumatic backgrounds and posttraumatic symptoms. All subjects received the Millon Clinical Multiaxial Inventory III (MCMI III) as a pre and a post test, and the Personality Assessment Screener (PAS) throughout 14 weeks of treatment. The PAS provided a means to measure subjects through descriptive statistics and the MCMI III measured the three highest clinical personality scales and the changes that occurred after the treatment. Within the two groups, the results of the PAS showed that talking therapy may be extremely helpful for personality improvement for some individuals processing trauma issues, but not all. The MCMI III results showed that the multi-impact group appeared to be somewhat more stable, meaning that the multi-impact treatment appeared to aid improvement on all three personality scales. The talking treatment group showed improvement on the most problematic personality scale, minimal increase on the second highest personality scale, and the third highest personality scale became significantly worse as compared to the multi-impact treatment group. This confirmed the hypothesis that there would be significant change in clinical personality scores. This implies that the multi-impact treatment helped individuals in a more efficient manner, in that improvement on personality syndromes or disorders was global.

Waite, L.W. & Holder, M.D. (2003). Assessment of the Emotional Freedom Technique: An alternative treatment for fear. *The Scientific Review of Mental Health Practice*, 2(1), 20-26.

The effectiveness of the Emotional Freedom Technique (EFT), a treatment for anxiety and fear, was assessed. One hundred nineteen university students were assigned and tested in an independent four-group design. The groups differed in the treatment each received: applied treatment of EFT (Group EFT); a placebo treatment (Group P); a modeling treatment (Group M); and a control (Group C). Participants' self-reported baseline and post-treatment ratings of fear were measured. Group EFT showed a significant decrease in self-report measures at post-treatment. However, Group P and Group M showed a similar significant decrease. Group C did not show a significant decrease in post-treatment fear ratings. These results do not support the idea that the purported benefits of EFT are uniquely dependent on the "tapping of meridians." Rather, these results suggest that the reported effectiveness of EFT is attributable to characteristics it shares with more traditional therapies.

Wells, S., Polglase, K., Andrews, H. B., Carrington, P. & Baker, A. H. (2003). Evaluation of a meridian-based intervention, emotional freedom techniques (EFT), for reducing specific phobias of small animals. *Journal of Clinical Psychology*, 59(9), 943-966.

This study explored whether a meridian-based procedure, Emotional Freedom Techniques (EFT), can reduce specific phobias of small animals under laboratory-controlled conditions. Randomly assigned participants were treated individually for 30 minutes with EFT (n = 18) or a comparison condition, Diaphragmatic Breathing (DB) (n = 17). ANOVAS revealed that EFT produced significantly greater improvement than did DB behaviorally and on three self-report measures, but not on pulse rate. The greater improvement for EFT was maintained, and possibly enhanced, at 6 - 9 months follow-up on the behavioral measure. These findings suggest that a single treatment session using EFT to reduce specific phobias can produce valid behavioral and subjective effects. Some limitations of the study are also noted and clarifying research suggested.

## 2002

Darby, D. W. (2002). The efficacy of Thought Field Therapy as a treatment modality for individuals diagnosed with blood-injection-injury phobia. *Dissertation Abstracts International*, 64 (03), 1485B. (UMI No. 3085152)

A pretest, posttest, quantitative study was conducted involving the measured efficacy of Thought Field Therapy as a useful component for the treatment of individuals diagnosed with blood-injection-injury phobia, also known as needle phobia. The study investigated whether this intervention could serve as a means of reducing or eliminating phobic symptomology. Twenty-one people diagnosed with needle phobia were recruited for the study. Participants were individually assessed and administered the Fear Survey Schedule (FSS) to establish a baseline with respect to levels of phobic anxiety prior to treatment. Participants then received a single one-hour treatment intervention of Thought Field Therapy. Following treatment, participants were not seen for one month, after which they were readministered the FSS as a posttest measure. Results revealed a significant difference pre- and posttreatment as measured by the Subjective Units of Distress Scale (SUDS). Although results showed no significant difference with regard to gender response, findings suggested that Thought Field Therapy may be an effective method of treatment intervention for the population studied, and possibly beneficial for other phobic populations. Future research should involve a larger population sample, examine additional manifestations of phobic anxiety, and investigate the role of post-traumatic stress disorder (PTSD) as a component of specific phobias.

Folkes, C. (2002). Thought Field Therapy and trauma recovery. *International Journal of Emergency Mental Health*, 4(2), 99-104.

People who have been repeatedly exposed to traumatic events are at high risk for Post Traumatic Stress Disorder (PTSD). Refugees and immigrants can certainly be in this

category, but seldom seek professional therapy due to cultural, linguistic, financial, and historical reasons. A rapid and culturally sensitive treatment is highly desirable with communities new to Western-style healing. In this study of 31 clients (aged 5-48 yrs), a pre-test was given, all participants received Thought Field Therapy (TFT), and were then post-tested after 30 days. Pre-test and post-test total scores showed a significant drop in all symptom sub-groupings of the criteria for PTSD. The findings of this study contrast with the outcomes of other methods of treatment, and are a significant addition to the growing body of data on refugee mental health. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

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.

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.

Rubik B. (2002). The biofield hypothesis: Its biophysical basis and role in medicine. *Journal of Alternative and Complementary Medicine*, 8(6): 703-717.  
doi:10.1089/10755530260511711.

This paper provides a scientific foundation for the biofield: the complex, extremely weak electromagnetic field of the organism hypothesized to involve electromagnetic bioinformation for regulating homeodynamics. The biofield is a useful construct consistent with bioelectromagnetics and the physics of nonlinear, dynamical, nonequilibrium living systems. It offers a unifying hypothesis to explain the interaction of objects or fields with the organism, and is especially useful toward understanding the scientific basis of energy medicine, including acupuncture, biofield therapies, bioelectromagnetic therapies, and homeopathy. The rapid signal propagation of electromagnetic fields comprising the biofield as well as its holistic properties may account for the rapid, holistic effects of certain alternative and complementary medical interventions.

Yancey, V. (2002). The use of Thought Field Therapy in educational settings. *Dissertation Abstracts International*, 63 (07), 2470A. (UMI No. 3059661)

This study explored how thought field therapy (TFT) was used in educational settings by students and adults, its effects, and possible difficulties. TFT is a self-help technique developed by Dr. Roger Callahan for the treatment of traumas, phobias, and the psychological pain caused by other upsetting experiences (Callahan & Callahan, 2000). Studies have shown that students and educators are challenged by the myriad of

difficulties with which they must deal in the process of teaching and learning (Bell, 1998; Carter, 1994; Darling-Hammond, 1990).

A qualitative methodological approach that included in-depth interviews and a focus group was utilized. In-depth interviews were carried out with adult participants by telephone and through the use of electronic e-mail. The adult participants were chosen because they have been trained in TFT, and because they use TFT with students. They lived in the United States, the United Kingdom, Canada, and Mexico. The focus group participants were middle-school students between the ages of 11 and 14 who attended a community program in the northeastern part of the United States. The students met prior to the focus group meeting for instruction in TFT. After using TFT for a week, they met in a focus group to discuss how, when, and why they used it and their feelings about using TFT.

The findings from the student group showed that students used TFT (a) when confronted with violent situations and when they became angry, (b) when dealing with difficulties in relationships with friends and family, and (c) to help them to be better students in school. Students also reported that they liked TFT and found it easy to use. The adults indicated that they used TFT (a) with students to help them reduce stress, improve test scores, improve relationships with family and peers, reduce their feelings of violence, and improve their self-confidence; and (b) for themselves, their families, and friends to relieve stress and reduce tension.

## 2001

Callahan, R. (2001). Raising and lowering HRV: Some clinical findings of Thought Field Therapy. *Journal of Clinical Psychology, 57*(10), 1175-86.

This clinical report presents some of the findings in Thought Field Therapy (TFT) that show both raising and lowering of heart rate variability (HRV). TFT algorithms are effective, but the specificity of diagnosed treatment gives results that are superior to algorithms. Some TFT treatments take only seconds to yield improved results on HRV. Toxins can undo a cured problem and lower HRV. TFT can overturn the effect of some toxins. It is hypothesized that TFT works by inputting a specific code that addresses and effects the healing system. HRV may be a measure of general physical and mental health.

Callahan, R. (2001). The impact of Thought Field Therapy on heart rate variability. *Journal of Clinical Psychology, 57*(10), 1153-1170.

Thought Field Therapy (TFT) is a rapid treatment for psychological problems typically taking only minutes. HRV has been shown to be a strong predictor of mortality and is adversely affected by such problems as anxiety, depression, and trauma. Interventions presented in the current literature show modest improvements in HRV. Twenty cases, treated by the author and other therapists with TFT, are presented. The cases include some with diagnosed heart problems and very low HRV, which is ordinarily more resistant to

change. The degree of improvements that are registered on HRV as a result of TFT treatment exceeds reports found in the current literature. There is a close correspondence between improved HRV and client report of reduced degree of upset. HRV may prove to be an appropriate objective measure of psychotherapy efficacy, given the correspondence between client report and HRV outcome. Further research in TFT and HRV is encouraged by these results.

Johnson, C., Shala, M., Sejdijaj, X., Odell, R., & Dabishevci, D. (2001). Thought Field Therapy: Soothing the bad moments of Kosovo. *Journal of Clinical Psychology, 57*(10), 1237–1240.

Trauma in Kosovo was treated with Thought Field Therapy (TFT) during five separate trips by members of the Global Institute of Thought Field Therapy, in the year 2000. Clinicians from Sweden, the United Kingdom, and the United States were joined in Kosovo by four physicians who transported them to remote war-torn villages where patients with severe trauma were treated. Treatment was given to 105 patients with 249 separate traumas. Total relief was reported by 103 of the patients, and for 247 of the separate traumas. Follow-up data averaging five months revealed no instance of relapse.

Pignotti, M., & Steinberg, M. (2001). Heart rate variability as an outcome measure for Thought Field Therapy in clinical practice. *Journal of Clinical Psychology, 57*(10), 1193-1206.

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., Matthews, et al. (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.

## 1999

Carbonell, J.L., & Figley, C. (1999). A systematic clinical demonstration project of promising PTSD treatment approaches. *Traumatology*, 5(1); <http://dx.DOI.org/10.1177/153476569900500106>

Traumatic Incident Reduction, Visual-Kinesthetic Disassociation, Eye Movement Desensitization and Reprocessing, and Thought Field Therapy were investigated through a systematic clinical demonstration (SCD) methodology. This methodology guides the examination, but does not test the effectiveness of clinical approaches. Each approach was demonstrated by nationally recognized practitioners following a similar protocol, though their methods of treatment varied. A total of 39 research participants were treated and results showed that all four approaches had some immediate impact on clients and appear to also have some lasting impact. The paper also discusses the theoretical, clinical, and methodological implications of the study.

## 1995

Carbonell, J.L. (1995). An experimental study of TFT and acrophobia. *The Thought Field*, 2(3).

This study assessed the effectiveness of TFT with acrophobia, or fear of heights. The 49 participants took the Cohen acrophobia questionnaire, were rated on their behavioral response to their phobia, and were randomly assigned to treatment or placebo groups. The placebo groups tapped on random parts of their bodies, while the experimental group received Thought Field Therapy® treatments. Carbonell found statistically significant differences between members of the experimental group and members of the placebo group.

## 1990

Wade, J. F. (1990). The effects of the Callahan phobia treatment techniques on self-concept. Unpublished doctoral dissertation. The Professional School of Psychological Studies, San Diego, CA.

This study employed the Tennessee Self-Concept Scale and the Self-Concept Evaluation of Location form. One month after the participants in the experimental group (28) had filled out the instruments, they received treatment with Thought Field Therapy®. The members of the control group (25) received nothing. Sixteen of the participants in the experimental group dropped four or more points in their Subjective Units of Distress

scale (SUD), while just four members of the control group decreased two or more points. Two months after the treatment, all participants filled out the instruments again. Participants in the experimental group showed significant improvements on three of the subscales.

*If you have any additions or corrections, please contact*  
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