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Energy Psychology Studies with Abstracts Organized by Category

Updated July 2019

Peer-reviewed research studies and review articles in this section are organized into the following categories:

Academic Performance
Addictions, Cravings, Eating Disorders and Weight Loss
Anger
Anxiety
Depression
Gene Expression and Epigenetics
Health
Learning Disorders
Online, Telephone and Telemedicine
Pain and Physical Conditions
Phobias
Psychiatric Disorders
PTSD and Trauma
Relationships
Sports and Athletic Performance
Stress and Quality of Life
Theoretical Articles, Reviews & Meta-Analyses
Work and the Workplace

Academic Performance

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.

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.

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. 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.

Reynolds, A. E. (2015). Is Acupoint Stimulation an Active Ingredient in Emotional Freedom Techniques (EFT)? A Controlled Trial of Teacher Burnout. *Energy Psychology: Theory, Research, and Treatment 7*(1), 14-21.

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.

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 though 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 ($p=p<0.001$), 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 analyzed 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.

Boath, L. 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 though 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.

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.

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.

Sezgin, N., Ozcan, B., Church, D., (2009). The Effect of Two Psychophysiological Techniques (Progressive Muscular Relaxation and Emotional Freedom Techniques) on Test Anxiety in High School Students: A Randomized Blind Controlled Study. *International Journal of Healing and Caring,* Jan, 9:1.

This study investigated the effect on test anxiety of Emotional Freedom Techniques (EFT), a brief exposure therapy with somatic and cognitive components. A group of 312 high school students enrolled at a private academy was evaluated using the Test Anxiety Inventory (TAI), which contains subscales for worry and emotionality. Scores for 70 demonstrated high levels

of test anxiety; these students were randomized into control and experimental groups. During the course of a single treatment session, the control group received instruction in Progressive Muscular Relaxation (PMR); the experimental group, EFT, followed by self-treatment at home. After two months, subjects were re-tested 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 two subscales. 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; though the improvement was greater for the EFT group, the difference was not statistically significant.

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 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.

Sakai, C., Paperny, D., Mathews, M., Tanida, G., Boyd, G., Simons, A., Yamamoto, C., Mau, C., & Nutter, L. (2001). Thought Field Therapy Clinical Applications: Utilization in an HMO in

Behavioral Medicine and Behavioral Health Services. *Journal of Clinical Psychology, 57*(10), 1229-35.

Thought Field Therapy (TFT) is a self-administered treatment developed by psychologist Roger Callahan. TFT uses energy meridian treatment points and bilateral optical–cortical stimulation while focusing on the targeted symptoms or problem being addressed. The clinical applications of TFT summarized included anxiety, adjustment disorder with anxiety and depression, anxiety due to medical condition, anger, acute stress, bereavement, chronic pain, cravings, depression, fatigue, nausea, neurodermatitis, obsessive traits, panic disorder without agoraphobia, parent–child stress, phobia, posttraumatic stress disorder, relationship stress, trichotillomania, tremor, and work stress. This uncontrolled study reports on changes in self-reported Subjective Units of Distress (SUD; Wolpe, 1969) in 1,594 applications of TFT, treating 714 patients. Paired t-tests of pre- and posttreatment SUD were statistically significant in 31 categories reviewed. These within-session decreases of SUD are preliminary data that call for controlled studies to examine validity, reliability, and maintenance of effects over time. Illustrative case and heart rate variability data are presented.

Addictions, Cravings, Eating Disorders, Smoking & Weight Loss

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.*

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.

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.

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 EFTs 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.

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., Roos, T., Mackintosh, G., Sparenburg, E., & Carter, B. (2018). Online Delivery of Emotional Freedom Techniques for Food Cravings and Weight Management. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, under review.

The combination of dietary restraint and physical exercise as the recommended treatment for weight loss has had limited long-term success. One factor proposed to be limiting the efficacy is the failure to target psychological processes linked with overeating (Anderson et al., 2009; Sojcher, Perlman, & Fogerite, 2012). Consistent with previous research demonstrating emotional freedom techniques (EFT) can successfully reduce food cravings and aid in weight loss (Church, 2013a; Stapleton, Sheldon & Porter, 2012), the current study investigated the first clinically researched delivery of the therapy intervention in an online format and compared a treatment versus control group. Participants were randomly assigned to an eight-week online EFT (n=314) intervention group or waitlist control group (n=137). The sample was primarily female (96%) aged between 41 and 60. The majority of the treatment group (65%) indicated they were consuming their craved foods daily. And their average Body Mass Index was in the obese range (33.3). Outcome measures assessed were food cravings, dietary restraint, subjective power of food, weight, somatic (body sensation), anxiety, and depressive symptoms. Post-intervention analyses revealed significant reductions on all measures for participants in the EFT condition with Cohen's effect size values suggesting moderate to high practical significance for this intervention. However, there were no significant differences for participants in the waitlist control group. Follow-up analyses revealed the treatment gains were maintained at six and 12-

months on all measures. The findings constitute preliminary support for the utility of online EFT as an adjunct tool to combat excess body weight.

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.

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., 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-intevention, 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.

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.

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.

Stapleton, P., Church, D., Sheldon, T., Porter, B., & Carlopio, C. (2013). Depression symptoms improve after successful weight loss with EFT (Emotional Freedom Techniques): A randomized controlled trial. *ISRN Psychiatry,* 2013, 1-7. DOI: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 pre-, post- and 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 pre- to 12-months ($p<0.05$) 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 post-treatment were found for Depression, Interpersonal Sensitivity, Obsessive-Compulsivity, Paranoid Ideation, and Somatisation ($p<0.05$). Significant decreases from pre- to 12-months 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.

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 unavailable.

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). 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. DOI: 10.9769.EPJ.2012.4.1.PS

This randomized, single-blind, crossover trial tested whether participants who used Emotional Freedom Techniques (EFT) maintained reduced food cravings after 12-months and updates previously reported 6-month findings. Ninety-six overweight/obese adults were allocated to a 4-week EFT treatment or waitlist condition. Degree of food craving, perceived power of food, restraint capabilities, and psychological symptoms were assessed pre- and posttest and at 12-month follow-up for collapsed groups. Significant improvements occurred in weight, body mass index, food cravings, subjective power of food, craving restraint, and psychological coping for EFT participants from pretest to 12 months ($p < .05$). It appears EFT can result in participants maintaining reduced cravings over time and affect weight and BMI in overweight and obese individuals.

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.

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. 2010.

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 $p<.001$).

Stapleton, P., Sheldon, T., Porter, B., & Whitty, J. (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.

Elder, Charles, Ritenbaugh, Cheryl, 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.

Morikawa, A. (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.

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

Thought Field Therapy (TFT) is a self-administered treatment developed by psychologist Roger Callahan. TFT uses energy meridian treatment points and bilateral optical–cortical stimulation while focusing on the targeted symptoms or problem being addressed. The clinical applications of TFT summarized included anxiety, adjustment disorder with anxiety and depression, anxiety due to medical condition, anger, acute stress, bereavement, chronic pain, cravings, depression, fatigue, nausea, neurodermatitis, obsessive traits, panic disorder without agoraphobia, parent–child stress, phobia, posttraumatic stress disorder, relationship stress, trichotillomania, tremor, and work stress. This uncontrolled study reports on changes in self-reported Subjective Units of Distress (SUD; Wolpe, 1969) in 1,594 applications of TFT, treating 714 patients. Paired t-tests of pre- and posttreatment SUD were statistically significant in 31 categories reviewed. These within-session decreases of SUD are preliminary data that call for controlled studies to examine validity, reliability, and maintenance of effects over time. Illustrative case and heart rate variability data are presented.

Anger

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.

Anxiety

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.*

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. & 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: 10.1177/2156587218756510
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 ¼ 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.

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 1/= 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.

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.

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.

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.

Thomas, R., Cutinho, S. & Aranha, D. (2017). Emotional Freedom Techniques (EFT) Reduces Anxiety among Women Undergoing Surgery. *Energy Psychology Journal, 9(*1). DOI: 10.9769/EPJ.2017.9.1.RT

Background: Anxiety is common in patients awaiting surgical procedures. It typically begins as soon as the procedure is planned and continues to the day of surgery. This study sought to evaluate the effectiveness of an evidence-based method called Emotional Freedom Techniques (EFT) for anxiety among women undergoing obstetric and gynecological (OBG) surgeries.

Methods: Women admitted for OBG surgeries were selected through consecutive sampling. Preinterventional anxiety was assessed using the Modified Hamilton Anxiety Rating Scale, which has subscales for psychological and somatic anxiety. Fifty participants meeting the diagnostic criteria for moderate to severe anxiety were randomly assigned to experimental ($n = 25$) and control ($n = 25$) groups. Participants in the experimental group received two 10-minute sessions of EFT, the first session on the day prior to surgery and the second session on the day of surgery. Both groups received treatment as usual (TAU). Post anxiety scores were assessed immediately before participants were shifted to the operating theater.

Results: The two groups were similar at baseline. While there was no change in anxiety in the control group, anxiety scores in the EFT group dropped from 27.28 (± 2.47) to 7.60 (± 2.00) and were highly statistically significant ($p < 0.0001$). Reductions in both psychological and somatic anxiety subscales were also significant ($p < 0.002$).

Conclusion: EFT is a simple, cost effective, and evidence-based method that can be used in reducing the anxiety of patients undergoing surgery.

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.

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.

Clond, M. (2016). Emotional Freedom Techniques for anxiety: A systematic review with meta-analysis. *J Nerv Ment Dis. 2016 May; 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.

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.

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.

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

Gaesser, A. H. (2014). Interventions to Reduce Anxiety for Gifted Children and Adolescents. *Doctoral Dissertations,* Paper 377. http://digitalcommons.uconn.edu/dissertations/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 ($F [1, 149] = 13.52$, $p < .001$, $\square 2 = .08$) and school setting ($F [2, 149] = 21.41$, $p < .001$, $\square 2 = .23$) 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).

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.
Methods: Three patients with panic disorders were treated with oriental medical treatments which involved acupuncture, herbal medications, moxibustion and emotional 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.

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 though 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 ($p=p<0.001$), 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 analyzed 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.

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.

Objectives: A service evaluation was carried out to establish the feasibility and effectiveness of Emotional Freedom Techniques (EFT) in the NHS.

Setting: A dedicated EFT service, within the NHS in the district of Sandwell, West Midlands. Referrals were accepted for any emotional condition (including physical pain), provided that clients were over 18 and not "vulnerable adults". Ethical approval was secured.

Method: Over a 13 month period, clients accessing the EFT service for a range of emotional conditions were invited to participate. Those who gave consent were included in the service evaluation. At the start and end of their treatment, clients were asked to complete the CORE10 (main outcome variable), WEMWBS, Rosenberg Self Esteem and HADS measurement scales. Clients completing their therapy were invited for a 3-month follow-up.

Results: Thirty-nine clients gave consent, and 31 completed therapy. A total of 77% werefemale, and 80% were White British. The mean age was 45 years (range 18-76),and mean number of sessions attended was 5 (median 4; range 2-17). The main presenting conditions were anxiety, depression and anger and clients revealed up to 4 additional issues. CORE10, Rosenberg Self-Esteem, HADS Anxiety and HADS Depression scores showed both statistically and clinically significant improvements, with statistically significant improvement for WEMWBS (all $p<0.01$). Mean CORE10 scores improved from 20.16 (moderate severe) at start to 8.71 (normal) at end

(SD difference=6.81, p<0.001). Improvements were seen in all but one client.

Conclusion: Despite the limited sample size and other limitations, significant improvements were shown. The results support the potential of EFT 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 drop-outs.

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 in a public health setting? Results of a UK pilot study. Energy Psychology: Theory, Research, and Treatment , 5(1), 13–31.

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.

Boath, L. 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 though 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.

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 the 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.

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.

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.

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.

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. (2010). 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.

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,* January, 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.

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.

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.

Sezgin, N., Ozcan, B., Church, D., (2009). The Effect of Two Psychophysiological Techniques (Progressive Muscular Relaxation and Emotional Freedom Techniques) on Test Anxiety in High School Students: A Randomized Blind Controlled Study. *International Journal of Healing and Caring,* Jan, 9:1.

This study investigated the effect on test anxiety of Emotional Freedom Techniques (EFT), a brief exposure therapy with somatic and cognitive components. A group of 312 high school students enrolled at a private academy was evaluated using the Test Anxiety Inventory (TAI), which contains subscales for worry and emotionality. Scores for 70 demonstrated high levels of test anxiety; these students were randomized into control and experimental groups. During the course of a single treatment session, the control group received instruction in Progressive Muscular Relaxation (PMR); the experimental group, EFT, followed by self-treatment at home. After two months, subjects were re-tested 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 two subscales. 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; though the improvement was greater for the EFT group, the difference was not statistically significant.

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.

Andrade, Joaquin and Feinstein, David. (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.

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.

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

Thought Field Therapy (TFT) is a self-administered treatment developed by psychologist Roger Callahan. TFT uses energy meridian treatment points and bilateral optical–cortical stimulation while focusing on the targeted symptoms or problem being addressed. The clinical applications of TFT summarized included anxiety, adjustment disorder with anxiety and depression, anxiety due to medical condition, anger, acute stress, bereavement, chronic pain, cravings, depression, fatigue, nausea, neurodermatitis, obsessive traits, panic disorder without agoraphobia, parent–child stress, phobia, posttraumatic stress disorder, relationship stress, trichotillomania, tremor, and work stress. This uncontrolled study reports on changes in self-reported Subjective Units of Distress (SUD; Wolpe, 1969) in 1,594 applications of TFT, treating 714 patients. Paired t-tests of pre- and posttreatment SUD were statistically significant in 31 categories reviewed. These within-session decreases of SUD are preliminary data that call for controlled studies to examine validity, reliability, and maintenance of effects over time. Illustrative case and heart rate variability data are presented.

Depression

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.*

Emotional Freedom Techniques (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. & 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

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 ¼ 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.

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.

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.

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.

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.

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.

Church, D. (2014). Reductions in Pain, Depression, and Anxiety Symptoms After PTSD Remediation in Veterans. *Explore: The Journal of Science and 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.

Stapleton, P., Church, D., Sheldon, T., Porter, B., & Carlopio, C. (2013). Depression symptoms improve after successful weight loss with EFT (Emotional Freedom Techniques): A randomized controlled trial. ISRN Psychiatry, 2013, 1-7. DOI: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 pre-, post- and 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 pre- to 12-months ($p<0.05$) 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 post-treatment were found for Depression, Interpersonal Sensitivity, Obsessive-Compulsivity, Paranoid Ideation, and Somatisation ($p<0.05$). Significant decreases from pre- to 12-months 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.

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.

Objectives: A service evaluation was carried out to establish the feasibility and effectiveness of Emotional Freedom Techniques (EFT) in the NHS.

Setting: A dedicated EFT service, within the NHS in the district of Sandwell, West Midlands. Referrals were accepted for any emotional condition (including physical pain), provided that clients were over 18 and not "vulnerable adults". Ethical approval was secured.

Method: Over a 13 month period, clients accessing the EFT service for a range of emotional conditions were invited to participate. Those who gave consent were included in the service evaluation. At the start and end of their treatment, clients were asked to complete the CORE10 (main outcome variable), WEMWBS, Rosenberg Self Esteem and HADS measurement scales. Clients completing their therapy were invited for a 3-month follow-up.

Results: Thirty-nine clients gave consent, and 31 completed therapy. A total of 77% were female, and 80% were White British. The mean age was 45 years (range 18-76),and mean number of sessions attended was 5 (median 4; range 2-17). The main presenting conditions were anxiety, depression and anger and clients revealed up to 4 additional issues. CORE10, Rosenberg Self-Esteem, HADS Anxiety and HADS Depression scores showed both statistically and clinically significant improvements, with statistically significant improvement

for WEMWBS (all p<0.01). Mean CORE10 scores improved from 20.16 (moderate severe) at start to 8.71 (normal) at end (SD difference=6.81, p<0.001). Improvements were seen in all but one client.

Conclusion: Despite the limited sample size and other limitations, significant improvements were shown. The results support the potential of EFT 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 drop-outs.

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.

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 in a public health setting? Results of a UK pilot study. *Energy Psychology: Theory, Research, and Treatment , 5*(1), 13–31.

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.

Gene Expression & Epigenetics

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 acupressure. 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.

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

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 acupressure 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.

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

Background: Prior research indicates links between PTSD and gene expression. EFT (Emotional Freedom Techniques) has demonstrated efficacy in rehabilitating PTSD in veterans in several randomized controlled trials.

Objective: To assess the epigenetic effects of EFT, and gene expression correlates of successful PTSD treatment.

Method: Participants (N=16) were randomized into a wait list or an active treatment group. The EFT group received 10 one-hour sessions. Gene assays were obtained before and after the wait period, and after treatment. Symptom levels of psychological conditions such as PTSD, anxiety and depression were assessed, as were physical symptoms such as pain, insomnia, and traumatic brain injury (TBI). The expression of 100 regulatory genes was measured using real-time PCR. Participants were followed at 3 and 6 month intervals.

Results: Significant improvements were found in all psychological and physical symptoms. PTSD symptoms declined significantly (-57%, $p < .05$). Participants maintained their gains on follow-up.

Conclusions: The results are consistent with prior research showing that EFT remediates PTSD, and that treatment results hold over time. Courses of EFT treatment are associated with both biological and psychological effects. The evidence confirms EFT's utility as a primary treatment for PTSD.

Church, D. (2010). Your DNA is not your destiny: Behavioral epigenetics and the role of emotions in health. *Anti Aging Medical Therapeutics,* October 2010.

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 acetylization. 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.

Feinstein, David & Church, Dawson. (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.

Health

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.*

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.

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.

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.

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 diabetics 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 (Fob:7.24>Fcr:4.22) showed that EFT method was effective in controlling blood glucose levels in diabetic patients.

Learning Disorders

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.

Pain and Physical Conditions

Rometsch-Ogioun El Sount, C., Windthorst, P., Denkinger, 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, NarrativeExposure 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.

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. [Epub ahead of print]

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.

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.

Thomas, R., Cutinho, S. & Aranha, D. (2017). Emotional Freedom Techniques (EFT) Reduces Anxiety among Women Undergoing Surgery. *Energy Psychology Journal, 9(*1). DOI: 10.9769/EPJ.2017.9.1.RT

Background: Anxiety is common in patients awaiting surgical procedures. It typically begins as soon as the procedure is planned and continues to the day of surgery. This study sought to evaluate the effectiveness of an evidence-based method called Emotional Freedom Techniques (EFT) for anxiety among women undergoing obstetric and gynecological (OBG) surgeries.

Methods: Women admitted for OBG surgeries were selected through consecutive sampling. Preinterventional anxiety was assessed using the Modified Hamilton Anxiety Rating Scale, which has subscales for psychological and somatic anxiety. Fifty participants meeting the diagnostic criteria for moderate to severe anxiety were randomly assigned to experimental (n = 25) and control (n = 25) groups. Participants in the experimental group received two 10-minute sessions of EFT, the first session on the day prior to surgery and the second session on the day of surgery. Both groups received treatment as usual (TAU). Post anxiety scores were assessed immediately before participants were shifted to the operating theater.

Results: The two groups were similar at baseline. While there was no change in anxiety in the control group, anxiety scores in the EFT group dropped from 27.28 (± 2.47) to 7.60 (± 2.00) and were highly statistically significant ($p < 0.0001$). Reductions in both psychological and somatic anxiety subscales were also significant ($p < 0.002$).

Conclusion: EFT is a simple, cost effective, and evidence-based method that can be used in reducing the anxiety of patients undergoing surgery.

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.

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)

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 self-care, maintaining positive mood, and for general well-being.

Stapleton., P., Chatwin., H., Shepperd, 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.

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.

Church, D. (2014). Reductions in Pain, Depression, and Anxiety Symptoms After PTSD Remediation in Veterans. *Explore: The Journal of Science and 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 technique 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). Although pain, depression, and anxiety were not the primary targets of treatment, significant improvements in these conditions were noted. Subjects (N = 59) received 6 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 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., & 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-ups ($p < .0006$). 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.

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.

Bougea, A. M., Spandideas, N., Alexopoulos, E. C., Thomaides, 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 subjects randomly assigned to the emotional freedom intervention (n = 19) or a control arm (standard care n = 16).

Setting: The outpatient Headache Clinic at 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.

Hodge, P. (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. 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.

Church, D. (2010). 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 acetylization. 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,* (2010), 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).

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.

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?accountid¼12629.

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.

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.

Pasahow, R. (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.

Church, D. (2008a). 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 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. This exploratory study found that to achieve statistical significance, an N of 40-60 in each group is required.

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.

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.

Callahan, R. (2001a). 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. (2001b). 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

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.

Phobias

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.

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

The suitability of Emotional Freedom Techniques (EFT) as a treatment for dental fear was investigated, using a case series design. The sample comprised four women with high dental fear and one woman with anxiety in regards to gagging (but low dental fear), all aged between 52 and 70 (M = 60.8). Over eight weeks, repeated measures were collected during a three-week baseline phase, a four-week treatment phase, and at posttest. Follow-up was conducted at an average of 7.5 months. Weekly target measures tracked state anxiety, state dental anxiety, and the averseness of common dental stimuli. Trait dental fear, negative dental beliefs, and traumatic stress were evaluated at pretest and posttest. During the treatment phase, four sessions of EFT treatment (of one-hour duration) were administered to each participant. By study's end, participants' scores (collectively) on one to six (out of ten) commonly feared dental

stimuli had moved into the normal range. Pretest and posttest analysis indicated that all four of the high dental fear participants achieved reliable and clinically significant change on measures of trait dental fear and/or state dental anxiety, and, for three of them, on negative dental beliefs. These changes mean a reduction in scores away from the clinical mean toward the normal mean, of a size equal to or greater than two standard deviations of the clinical mean, and which could not be due to measurement error (that is, it is more than 1.96 times as large as the standard error of the difference) but can be trusted to be reliable using the Reliable Change Index (RCI > 1.96, $p < .05$). Follow-up data for the three participants that responded to the request indicated that gains were held and in some cases increased. Results are consistent with randomized controlled trials, systematic reviews, and meta-analyses showing that EFT is an evidence-based treatment for anxiety.

Kalla, M. & Stapleton, P. (2016). How Emotional Freedom Techniques (EFT) may be utilizing memory reconsolidation mechanisms for therapeutic change in neuropsychiatric 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 utilising 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.

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 hr with Thought Field Therapy (TFT). Symptoms were assessed using the Fear Schedule Survey and a Likert scale. SigniÞ cant 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.

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 (PEAT) 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.

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.

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.

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). 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.

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.

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. The notion of the Integrated PPN Practitioner is introduced.

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 STAT 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.

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) (Speilberger, 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.

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.

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.

Online, Telephone and Tele-Medicine

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.

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 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.

PTSD & Trauma

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.*

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.

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

Background: Emotional Freedom Techniques (EFT) and Eye Movement Desensitization and Reprocessing (EMDR) have been empirically validated as effective psychotherapeutic interventions for treating Post Traumatic Stress Disorder (PTSD). This single subject design case study is of a survivor of the Twin Towers collapse who was treated for prolonged PTSD complicated by dissociated memories.
Objective: EMDR and EFT's effectiveness in treating PTSD were evaluated.
Method: Multiple assessments using Trauma Symptom Inventory (TSI) and Personality combination with EMDR were conducted.
Results: Effects of a single session of EFT assessed immediately after treatment demonstrated an elimination of clinically significant scores on both the TSI and PAI. The participant concluded treatment with nearly complete symptom remediation and a return to work.
Conclusion: The combination of treatment methods appears to be highly effective and allowed this subject to return to work after many years of disability.

Rometsch-Ogioun El Sount, C., Windthorst, P., Denkinger, 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, NarrativeExposure 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.

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. & 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: 10.1177/2156587218756510

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 ¼ 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 ¼ 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.

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 ¼ 17). EcoMeditation shows promise as a stress-reduction method.

Stapleton P, Sandstrom U, Hamne G. (2018) Evaluating a 3-Week Model for Reducing Symptoms of Stress in Traumatised Youth Using the Traum Tapping Technique (TTT) for Self-help: A Pilot Trial. *OBM Integrative and Complementary Medicine* 2018; 3(4):036; 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 focussed 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.

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.

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.

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 (RTCs) 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 invesigating 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.

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

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.

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 ± 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 re mediation in veterans using Clinical EFT (Emotional Freedom Techniques): A randomized controlled trial. *American Journal of Health Promotion,* 2016 Aug 12; pii: 0890117116661154.

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

Kalla, M. & Stapleton, P. (2016). How Emotional Freedom Techniques (EFT) may be utilizing memory reconsolidation mechanisms for therapeutic change in neuropsychiatric 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 athe 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 utilising 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.

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 theraputic component of Energy Psychology, is a unique treatment option in that clients can utilize it in clinical s ettings 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.

Metcalf, 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.

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.

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.

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.

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

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

Nemiro, A., Papworth, S. (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), 13-25. DOI:10.9769/EPJ.2015.11.1.AN

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.

Wauthier-Freymann, 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 treat-ment 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 ap-propriate for the client, operating within a therapeutic range that avoids the extremes of abreaction (overwhelming emotional release) and disso-ciation from emotional and physical sensation. Intervention includes ele-ments drawn from energy psychology, heart coherence, Internal Family Systems, and Compassion Focused Therapy (CFT). This approach re-mediates successfully most psychological trauma.

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., & 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). Although pain, depression, and anxiety were not the primary targets of treatment, significant improvements in these conditions were noted. Subjects (N = 59) received 6 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 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., & Palmer-Hoffman, J. (2014). TBI symptoms improve after PTSD remediation with Emotional Freedom Techniques. *Traumatology*, 20(3), Sep 2014, 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/crpsp.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.

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/crpsp.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.

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-hourYlong 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 G 0.0012) and PTSD symptom levels (p G 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 in- creased 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.

Gaffney, D. (2013). Established and emerging PTSD treatments. *Mental Health Clinician, 2*(7), 213-219. https://DOI.org/10.9740/mhc.n131766 http://mhc.cpnp.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 methylenedioxymeth-amphetamine will also be elucidated.

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/crpsp.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 clientâ□™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.

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.

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*. Hauppage, 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.

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.

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. do: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.

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.

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 ±4.82, post=31 SD ±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 ±4.74, post=3 SD ±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.

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.

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.

Zhang, Ying; Feng, Bin; Xie, Jian-ping; Xu, Fang-zhong; and Chen, Jiong. (2011). Clinical Study on Treatment of the Earthquake-caused Post-traumatic Stress Disorder by Cognitive-behavior Therapy and Acupoint Stimulation. *Journal of Traditional Chinese Medicine, 31*(1): 60-63.

Objective: To study the curative effect of acupoint stimulation on the earthquake-caused post-traumatic stress disorder (PTSD).

Methods: The 91 PTSD patients in Wenchuan hit by a strong earthquake were randomly divided into a control group of 24 cases treated by the cognitive-behavior therapy, and a treatment group of 67 cases treated by both cognitive-behavior therapy and acupoint stimulation. The scores were evaluated according to Chinese version of the incident effect scale revised (IES-R) and the self-compiled questionnaire for the major post-traumatic psychological condition, and the curative effect was compared between the two groups.

Results: The total scores of IES-R, the scores of all factors and the total scores of the questionnaire in the two groups after treatment were much lower than those before treatment (P<0.01). The comparison of reduction in the factor scores between the two groups showed that the curative effect in the treatment group was better that of in the control group.

Conclusion: The acupoint stimulation is effective for the PTSD patients, with better results than that of cognitive-behavior therapy used alone.

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

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.

Stone, Barbara; Leyden, Lori; Fellows, Bert. (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 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.

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 ±1.63) to 44 (SE ±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 ±2.68, $p<0.001$). Thirteen subjects completed a 3 month follow-

up, and all scored PTSD-negative (mean=31, SE ±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.

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), developed by The Editors, the first author of this article. 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.

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.

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: () Learning about EP; (2) diagnosis and treatment of adult CSA using EP; (3) treatment effectiveness of EP; (4) relating to clients from an EP perspective; (5) resistance to EP; (6) the evolution of EP; and (7) therapists' experiences and attitudes about EP. These themes are compared and contrasted with existing literature. Clinical implications are discussed, as well as suggestions for future research. The results provide guidelines for therapists considering incorporating these techniques into their practices

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

A team of 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 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.

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

As identified by quantitative electroencephalography statistically abnormal brain wave patterns were observed when a person thought about a trauma when compared with thinking about a neutral (baseline) event. Reassessment of brain wave patterns (to the traumatic memory)

immediately after thought field therapy diagnosis and treatment revealed that the previous abnormal pattern was altered and was no longer statistically abnormal. An 18-month follow-up indicated that the patient continued to be free of all emotional upset regarding the treated trauma. This case study supports the concept that trauma-based negative emotions do have a correlated and measurable abnormal energetic effect. In addition, this study objectively identified an immediate energetic change after thought field therapy in the direction of normalcy and health, which has persisted.

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

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

Feinstein, D. (2008b) 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.

Nicosia, G. (2008). World Trade Center Tower 2 Survivor: EP Treatment of Long-term PTSD. A Case Study. Paper presented at the Tenth International ACEP (Association for Comprehensive Energy Psychology) conference, Albuquerque.

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

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.

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.

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.

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.

Kober A., Scheck, T., Greher, M., Lieba, F., Fleischhackl, R., Fleischhackl, S., et al., (2002). Pre-hospital analgesia with acupressure in victims of minor trauma: A prospective, randomized, double-blinded trial. *Anesthesia & Analgesia, 95* (3), 723-727.

Untreated pain during the transportation of patients after minor trauma is a common problem in emergency medicine. Because paramedics usually are not allowed to perform invasive procedures or to give drugs for pain treatment, a noninvasive, nondrug based method would be helpful. Acupressure is a traditional Chinese treatment for pain that is based on pain relief followed by a short mechanical stimulation of specific points. Consequently, we tested the hypothesis that effective pain therapy is possible by paramedics who are trained in acupressure. In a double-blinded trial we included 60 trauma patients. We randomly assigned them into three groups ("true points," "sham-points," and "no acupressure"). An independent observer, blinded to the treatment assignment, recorded vital variables and visual analog scales for pain and anxiety before and after treatment. At the end of transport, we asked for ratings of overall satisfaction. For statistical evaluation, one-way analysis of variance and the Scheffe´ F test were used. P_0.05 was considered statistically significant. Morphometric and demographic data and potential confounding factors such as age, sex, pain, anxiety, blood pressure, and heart rate before treatment did not differ among the groups. At the end of transport we found significantly less pain, anxiety, and heart rate and a greater satisfaction in the "true points" groups ($P < 0.01$). Our results show that acupressure is an effective and simple-to-learn treatment of pain in emergency trauma care and leads to an improvement of the quality of care in emergency transport. We suggest that this technique is easy to learn and risk-free and may improve paramedic-based rescue systems.

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), 1237-40.

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.

Carbonell, J.L., & Figley, C. (1999). A systematic clinical demonstration project of promising PTSD treatment approaches. *Traumatology, 5(*1); http://www.fsu.edu/~trauma/promising.html

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.

Relationships

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.

Schizophrenia

Rosyanti, L., Hadi, I. et al. (2018). The Effectiveness of Spiritual Qur'anic Emotional Freedom Technique (SQEFT) Intervence Against the Change of Brief Psychiatric Rating Scale (BPRS) on Patient with Schizophrenia. *Health Notions 2*(8). http://heanoti.com/index.php/hn/article/view/hn20815.

Dimension of spiritual nursing demands the role of nurse in order to give holistic treatment, combine physical, psychological, social, and spiritual dimension. The psychospiritual intervention: SQEFT is intervention of psychospiritual combination that combines between spiritual Qur'anic therapy and psychological therapy of EFT, as additional spiritual intervention for patient with schizophrenia by not reducing any medical treatment program that the patient does. The

objective of this research, in order to examine the influence of SQEFT Intervence Against The Change of BPRS on Patient with Schizophrenia. There were 7 mental patients schizophrenia participate of this research, who were diagnosed schizophrenia with psychiatry of DSM-IV-TR by psychiatric doctor with preliminary BPRS value scale in less than 60. The result test of Bonferroni showed that three groups had significant difference. There was a significant difference between non SQFET and SQEFT1, SQEFT2 with p value of 0.000. This difference showed that BPRS value moved lower significantly before being given SQEFT intervention, after being given SQEFT in stage 1 and SQEFT in stage 2. BPRS value that was lower showed psychological condition, schizophrenia patient's cognitive condition which were better.

Self Esteem

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.

Stapleton, P. B., Chatwin, H., William, M., Hutton., A., Pain, A., Porter, B.Sheldon., T. (2015). A randomised clinical pilot trial: Do emotional freedom techniques impact eating habits in 14 to 15 year olds, as well as self-esteem, self-compassion, and psychological distress? Explore: The Journal of Science and Healing. In press.

In Australia and throughout much of the world, rates of obesity continue to climb as do the prevalence of eating disorders, particularly in adolescents. Psychological consequences of childhood obesity include low self-esteem, depression, body dissatisfaction, and social maladjustment (Young-Hyman et al., 2012). This feasibility study sought to examine the impact of a six-week Emotional Freedom Techniques (EFT) group treatment program upon eating behaviours, self-esteem, compassion, and psychological symptoms. Forty four students were randomly allocated to ether 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.

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 in a public health setting? Results of a UK pilot study. *Energy Psychology: Theory, Research, and Treatment , 5*(1), 13–31.

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.

Objectives: A service evaluation was carried out to establish the feasibility and effectiveness of Emotional Freedom Techniques (EFT) in the NHS.

Setting: A dedicated EFT service, within the NHS in the district of Sandwell, West Midlands. Referrals were accepted for any emotional condition (including physical pain), provided that clients were over 18 and not "vulnerable adults". Ethical approval was secured.

Method: Over a 13 month period, clients accessing the EFT service for a range of emotional conditions were invited to participate. Those who gave consent were included in the service evaluation. At the start and end of their treatment, clients were asked to complete the CORE10 (main outcome variable), WEMWBS, Rosenberg Self Esteem and HADS measurement scales. Clients completing their therapy were invited for a 3-month follow-up.

Results: Thirty-nine clients gave consent, and 31 completed therapy. A total of 77% werefemale, and 80% were White British. The mean age was 45 years (range 18-76),and mean number of

sessions attended was 5 (median 4; range 2-17). The main presenting conditions were anxiety, depression and anger and clients revealed up to 4 additional issues. CORE10, Rosenberg Self-Esteem, HADS Anxiety and HADS Depression scores showed both statistically and clinically significant improvements, with statistically significant improvement for WEMWBS (all $p<0.01$). Mean CORE10 scores improved from 20.16 (moderate severe) at start to 8.71 (normal) at end (SD difference=6.81, $p<0.001$). Improvements were seen in all but one client.

Conclusion: Despite the limited sample size and other limitations, significant improvements were shown. The results support the potential of EFT 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 drop-outs.

Sleep and Insomnia

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.

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.

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.

Sports and Athletic Performance

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.

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 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.

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.

Baker, A. 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: Theory, Research, & Treatment, 2(1), 39-44.

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.

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.

Stress and Quality of Life

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.

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 ¼ -0.66: 95% CI: -0.99 to -0.33) and significantly high heterogeneity (I2 ¼ 80.78) across studies was found using a random effects model indicating that EFT, even after removing outliers (decreases in I2 ¼ 72.32 and Hedge's g ¼ -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.

Pfrommer, et al., (2015). Heart Assisted Therapy-Self-Regulation (HAT-SR) for Caregivers of Persons with Dementia. *Gerontol Geriatr Res* 2015, 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 selfnurturing strengthens compassion, resilience, awareness, focus, and caring behaviors [6].

Increasing 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.

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 ± 6.90) to post intervention (M=38.76 ± 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.

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.

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.

Bougea, A. M., Spandideas, N., Alexopoulos, E. C., Thomaides, 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 outpatient Headache Clinic, Korgialenio Benakio Hospital, 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., 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.

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.

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.

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

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

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.

Theoretical and Review Papers and Meta-Analyses

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.

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.

Pfeiffer, A. (2018). Was Ist dran am klopfen? (What's up with tapping?) Eine Ubersichtsarbeit. *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.

Vural, P. & Aslan. (2018). DUYGUSAL ÖZGÜRLEŞME TEKNİĞİ (EFT) KAPSAMI VE UYGULAMA ALANLARI (Published in Turkish. English title: 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.

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.

Leskowitz, E. (2017). Integrative Medicine for Military Injuries: Special Issue of Medical Acupuncture. *Medical Acupuncture, 29*(4). (No abstract). DOI: 10.1089/acu.2017.29058.1es

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.

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 (RTCs) 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 invesigating 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.

Metcalf, O., Varker, T., Forbes, D., Phelps, A., Dell, L., DiBattista, A.. & O'Donnell, M. (2016). Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review. *Journal of Traumatic Stress,* April 2016, *29,* 1–5. DOI: 10.1002/jts.2207.

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.

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. E*nergy 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, posttrau-matic 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 with-in 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 porta-ble 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.

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.

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 semistructured 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.

Church, D., Feinstein, D., Palmer-Hoffman, J., Stein, P. and Tranguch, A. (2015). 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.

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 ¼ -0.66: 95% CI: -0.99 to -0.33) and significantly high heterogeneity (I2 ¼ 80.78) across studies was found using a random effects model indicating that EFT, even after removing outliers (decreases in I2 ¼ 72.32 and Hedge's g ¼ -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.

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

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

Benor, D.J., 2014. Energy psychology-practices and theories of new combinations of psychotherapy. *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.

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/crpsp.2014.34.39

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.

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.

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 DOIng 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).

Church, D. (2013). Clinical EFT (Emotional Freedom Techniques) as single session therapy: Cases, research, indications, and cautions. In *Capture the Moment: Single Session Therapy and Walk-In Service.* (Michael Hoyt & Moshe Talmon, eds). Bethel, CT: Crown House.

Clinical EFT (Emotion Freedom Techniques) is an evidence-based practice that combines elements of exposure and cognitive therapies with the manual stimulation of acupuncture points. The research literature indicates it to be efficacious for a number of psychological conditions in a variety of treatment time frames. Randomized controlled trials demonstrate that EFT effectively treats phobias and certain anxiety disorders in one session. A single session also results in a significant drop in cortisol and normalization of the EEG frequencies associated with stress. EFT has the client focus on specific traumatic memories; the emotional intensity of these memories usually diminishes rapidly during treatment. This makes EFT an efficient single-session treatment for emotional distress associated with episodic memories. For conditions such as complex co-morbid PTSD, combination treatments and longer courses are indicated, though even treatment-resistant clients often experience some relief after a single session. Psychological symptoms of PSTD, depression, and anxiety typically reduce simultaneously, along with physical symptoms such as pain and insomnia. Clinical EFT also offers a suite of techniques developed to address treatment barriers such as dissociation and overwhelming emotion. This review and case series examines the conditions for which a brief course of EFT treatment is appropriate, when it is not indicated, when it can be taught to the client as a form of self-care, and when professional administration is required. It also cautions against generalizing EFTs rapid efficacy for certain conditions; this may contribute to unreasonable expectations in therapist or client. EFT is recommended as a front line primary care intervention to improve mental health and physical symptoms.

Church, D., & Feinstein, D. (2013). The psychobiology and clinical principles of energy psychology treatments for PTSD: A review. In *Psychology of trauma*, ed. Thijs Van Leeuwen & Marieke Brouwer. Hauppage, NY: Nova Science Pub.

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.

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.

Gaffney, D. (2013). Established and emerging PTSD treatments. *Mental Health Clinician, 2*(7), 213-219. https://DOI.org/10.9740/mhc.n131766
http://mhc.cpnp.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 methylenedioxymeth-amphetamine 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., Choi, In, W., & Kim, J-W. (2013). Trends in meridian-based psychotherapy—a review of research on Emotional Freedom Techniques (EFT). *Journal of Oriental Neuropsychiatry, 24*(1). 89-100.

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.

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.

Feinstein, D. (2012). Acupoint stimulation in treating psychological disorders: Evidence of Efficacy. *Review of General Psychology*. Advance online publication. 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.

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.

Kevin, R. (2011). Energy Psychology: Time for a Second Look. *The North Carolina Psychologist, 63*(1), 8-9.

Energy Psychology (EP) occupies a unique niche in the range of modalities used by psychologists and other mental health professionals. Like other techniques early in their

potential arcs of transition from untested innovation to unremarkable standard practice, EP has committed defenders and implacable detractors. Unlike most well established therapies, EP originated outside of the Western psychological/medical tradition as an integration of Western psychotherapy and several forms of Eastern medicine. EP also has the unique status of having been banned by the APA Education Directorate as a topic for which CEU's can be granted. The controversy surrounding EP and its promise as a healing technique have the makings of a case study of how professional and academic psychology responds to innovation. What follows is a brief introduction to EP through my clinical experience and a summary of recent literature.

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.

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.

Church, D. (2010). Your DNA is not your destiny: Behavioral epigenetics and the role of emotions in health. *Anti Aging Medical Therapeutics,* October 2010.

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 acetylization. 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.

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.

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.

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 ad- equate 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.

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.

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.

Mollon, P. (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 these 'energy psychology' techniques, including a very large South American study.

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 2×2 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.

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.

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

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.

Work and the Workplace

Reynolds, A. (2015). Is acupoint stimulation an active ingredient in Emotional Freedom Techniques? A controlled trial of treacher 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.

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

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

If you have any additions or corrections, please contact research_committee@energypsych.org.