

Clinical Case Studies in Energy Psychology

This section contains abstracts of clinical case studies and clinical reports in the field of energy psychology, published in peer-reviewed journals, in reverse chronological order.

UPDATED OCTOBER 2025

Olivé, C., Ávila, M. & Camacho, C. (2025). Efficacy of a brief group intervention from Advanced Integrative Therapy (AIT) in female survivors of intimate partner violence with post-traumatic stress disorder (PTSD). *IJHC*, 25(1), 11-33. <https://doi.org/10.78717/ijhc.2025111>

This pilot cohort case study evaluates the empirical efficacy of a brief trauma-focused group intervention based on Advanced Integrative Therapy (AIT) to help women survivors of intimate partner violence (IPV) suffering from posttraumatic stress disorder (PTSD) and dissociative symptoms.

Methods: The research employed an intragroup design with pre- and post-treatment measurements taken before and two months after the intervention. The sample consisted of 12 women, all of whom had experienced IPV and clinical symptoms of PTSD. The Revised PTSD Symptom Severity Scale-Revised (EGS-R) served as the assessment instrument. The group treatment consisted of 15 structured sessions, organized into four core components and two integrative elements.

Results: Post-treatment assessments indicated a significant reduction in all DSM-5 criteria subgroups, with 91.66% of participants moving out of the clinical category.

Conclusion: This case study provides compelling evidence supporting the efficacy of group AIT treatment in alleviating PTSD and associated dissociative symptoms among female IPV survivors. As more evidence on AIT accumulates, exploring its potential applicability in public institutions and nongovernmental organizations is warranted.

Sari, N. K., Burhan, E., Faithiyah, I., Dewi, Y. & Stepvia, S. (2025). Emotional freedom techniques for elderly patients with COVID-19: a case series on clinical recovery, frailty, and inflammatory biomarkers. *Frontiers in Psychology*, 16. <https://www.frontiersin.org/articles/10.3389/fpsyg.2025.1627592>. DOI=10.3389/fpsyg.2025.1627592

Older adults are disproportionately affected by COVID-19 due to immunosenescence and comorbidities, resulting in higher rates of severe illness and mortality. Psychological distress such as anxiety and fatigue further compounds disease burden. Emotional Freedom Techniques (EFT), an integrative psychophysiological approach, has shown potential in enhancing psychological resilience and modulating inflammatory responses.

Methods: We report a case series of five elderly patients with confirmed COVID-19 admitted to Persahabatan Hospital, Jakarta. Each received standard pharmacological care, including antiviral therapy, corticosteroids, and comorbidity management, alongside daily EFT sessions combining acupressure, affirmations, and exposure techniques. Clinical symptoms, frailty status

(via WHAS criteria), WHO Ordinal Scale for Clinical Improvement (OSCI), and serum IL-6 levels were monitored over a 30-day follow-up period. Emotional well-being was qualitatively assessed through follow-up interviews and therapist observations of patient engagement and affective behavior.

Results: All patients demonstrated substantial clinical improvement. OSCI scores decreased from baseline values of 3–4 to 1 by the final follow-up, representing a 66–75% reduction in clinical severity. Frailty status improved markedly across all cases. IL-6 levels showed an average reduction of approximately 85%, suggesting a clinically meaningful improvement in systemic inflammation. No residual symptoms or adverse events were reported. Patients also demonstrated enhanced emotional well-being and adherence to EFT through digital guidance.

Conclusion: EFT may serve as a safe and supportive adjunct therapy in elderly COVID-19 patients, potentially accelerating clinical recovery and reducing inflammation and frailty. Further controlled trials are warranted to evaluate broader applicability in geriatric care.

Sise, M. T. (2025). Using the Trauma Reintegration Process to Treat Posttraumatic Stress Disorder with Dissociation and Somatic Features: A Case Series. *Healthcare*, 13(10), 1092. <https://doi.org/10.3390/healthcare13101092>

Given the suboptimal responses to medication and cognitive behavioral therapies in the treatment of post-traumatic stress disorder (PTSD), new approaches are needed. Therapies that include a somatic component such as Emotional Freedom Techniques (EFT) and Eye Movement Desensitization and Reprocessing (EMDR) have demonstrated efficacy in the treatment of PTSD in numerous clinical trials. This case series introduces the Trauma Reintegration Process (TRP), a psychotherapeutic process developed by the author that can be combined with somatic therapies to enhance their effectiveness, especially in patients with dissociation.

Methods: This case series describes the use of TRP in combination with EFT, an energy-based somatic treatment that engages the meridian system of the body through gentle tapping on acupressure points. TRP uses EFT in combination with a focused guided imagery sequence. This case series describes the treatment of two patients: a 20-year-old woman who experienced PTSD and somatic symptoms following a serious motor vehicle accident (MVA) and a 45-year-old woman with a history of severe abuse as a child as well as adult trauma who had also been in a serious MVA. The cases contrast the way TRP can be applied in patients with single versus multiple traumas and who experience dissociation.

Results: In both cases, EFT treatment stalled when the patient dissociated. After TRP was introduced, however, the EFT treatment regained momentum, leading to significant improvement in PTSD symptoms including a reduction of nightmares and flashbacks and resolution of other somatic symptoms. **Conclusion:** The trauma reintegration process (TRP) in combination with EFT has the potential to assist in the memory processing of patients with dissociation and complicated trauma presentation without retraumatizing the client and causing further distress or dissociation. In addition, it provides the patient with a self-empowering method to alleviate any additional traumatic sequelae.

Stapleton, P. (2025). A Promising Mind-Body 4th Wave Approach to Treating Post-Traumatic Stress Disorder: Clinical Emotional Freedom Techniques. In *Development and Treatment of PTSD*, pp. 221-248. IGI Global Scientific Publishing. doi: 10.4018/979-8-3693-2089-1.ch007

This chapter presents Clinical Emotional Freedom Techniques (EFT) as a promising mind-body

approach for treating post-traumatic stress disorder (PTSD). Through the compelling cases of Sarah and John, two individuals grappling with PTSD symptoms despite previous therapies, the chapter underscores the need for a more integrative treatment modality. It explores the foundations and principles of Clinical EFT, a technique that combines cognitive strategies with somatic acupressure point stimulation. The growing evidence base supporting EFT's efficacy is presented, and a detailed, step-by-step guide for clinicians is offered, including how clients can use at home, in and between sessions. Sarah and John's specific EFT protocol tailored to their cases is outlined, relating to repeated childhood trauma, and a single event military deployment trauma. With its emphasis on rapid symptom reduction, low dropout rates, and comparable efficacy to established therapies, Clinical EFT emerges as a valuable addition to the clinician's toolkit.

Celestin, O. (2024). The Effectiveness of Advanced Integrative Therapy in Treating Attention Deficit Hyperactivity Disorder. *International Journal of Healing and Caring*, 24(4). <https://doi.10.78717/ijhc.202444>

With the rapid advancement of technology and social media, research and awareness about the correlation between neurodevelopmental disorders, such as ADHD, and technology use has increased (Steve & Grubb, 2018). The ADHD diagnosis dates back to the 1960s, and due to its more recent origins, psychiatrists, behavioral health, and medical providers have an evolving understanding of the causes, impacts, prognosis, and outcomes of ADHD (Cortese & Coghill, 2018). ADHD is a complex mental health diagnosis due to its high levels of overdiagnosis, misdiagnosis, and under recognition in both children and adults (Montano, 2004). In this case study, Advanced Integrative Therapy (AIT), a novel treatment, was used to treat ADHD symptomatology and the underlying relational trauma related to the client's symptomology. Throughout AIT treatment, the client was simultaneously treating ADHD symptomatology with psychiatric medication. AIT was utilized to assist the client in identifying the functionality of maladaptive intrapersonal patterns such as dissociation, intellectualization, overthinking, anxiety, denial, decision paralysis, and rumination with the goal of supporting the client in reprocessing and treating underlying relational wounds and traumas experienced from their family of origin.

The case study took place over a span of 6 60-minute sessions. The clinician assessed client progress and symptomology using the Adverse Childhood Experiences (ACE) Questionnaire, Resilience Questionnaire, GAD-7 which measures anxiety symptomology, Experiences in Close Relationships-Revised (ECR-R) Questionnaire which examines attachment patterns in relationships, The International Trauma Questionnaire (ITQ) which assess for PTSD/CPTSD symptomology, and Adult ADHD Self-Report Scale (ARSR-v1.1) Symptom checklist which assesses for ADHD symptomatology. After treatment with AIT, the client self-reported that their ADHD symptoms were reduced. Additionally, the client reported that insight building allowed them to manage their symptomatology differently in the present day.

Friedman, P. (2024). Changes in Cognitive-Affective Balance, Life Balance, Depression, Anxiety, Self-Forgiveness, Psychological Flexibility, Valuing, Well-being, Spiritual Awakening, the Working Alliance, and Outcome in Psychotherapy: A Case Study. *Int J Healing & Caring*, 24(2).

This article demonstrates that the major change ingredients during psychotherapy over 20 sessions are cognitive-affective balance and life balance.

Methods: This practice-based evidence approach demonstrates how to measure change, using digital assessments by Pragmatic Tracker and Blueprints weekly on a wide variety of empirical measures. The article utilizes the ICBEST model for psychotherapeutic interventions. Some of the specific interventions utilized in this case study include energy tapping, acceptance and commitment therapy, integrated forgiveness therapy, guided imagery, re-scripting, bilateral stimulation, breathing, meditation, psychological uplifter, the flash technique, “love in all directions” and “spiritual awakening” tools.

Results: Graphs of change show significant and often dramatic changes on digital assessments measured online by Pragmatic Tracker and Blueprint.

Conclusion: Although this was a case study of one client, the Cognitive- Affective Balance (CAB) and the Life Balance (LB) model for measuring change seem to apply to many change processes and particularly to most, if not all psychotherapy cases. Using the digital assessment systems developed by Pragmatic Tracker and Blueprint, it is relatively easy to measure these variables session by session, and track changes within a practice-based evidence model.

Friedman, P. & Freedom, J. (2024). Changes In Cognitive-Affective Balance and Flexibility, Life Balance, Depression, Anxiety, Self-Forgiveness, Valuing, Well-Being, Spiritual Awakening, Cognitive Fusion, Experiential Avoidance, The Working Alliance, And Outcome in Psychotherapy. *Int. J. Healing & Caring*, 24(3).

This practice-based evidence approach demonstrates how to measure change, using digital assessments by Pragmatic Tracker and Blueprints weekly on a wide variety of empirical measures. The article utilizes an ICBEST model for psychotherapeutic interventions. Some of the specific interventions utilized in this case study include integrated forgiveness therapy, the positive pressure point techniques, guided imagery, re-scripting, bilateral stimulation, breathing, meditation, psychological uplifter, the flash technique, “love in all directions”, and “spiritual awakening” tools. Graphs of change show significant and often marked changes on digital assessments measured online by Pragmatic Tracker and Blueprint. Therapeutic progress is also indicated by the typed exercises the client shared over the course of the 22 sessions. Major ingredients of change during psychotherapy with this client were cognitive-affective balance, cognitive-affective flexibility and life balance.

Pujol, A. (2024). Energy psychology for social anxiety and erythrophobia: A case study. *Energy Psychology: Theory, Research, and Treatment*, 16(1), 19–34. doi 10.9769/EPJ.2024.16.1.AP

The intense fear of blushing in public (erythrophobia) is part of the spectrum of social anxiety that affects between 3% and 13% of the population. This phobia can be very debilitating for those who suffer from it. It may stem from a difficult childhood marked by educational attitudes based on shame and humiliation as well as repeated traumatic experiences.

The aim here is to explain in detail how the energy psychology techniques Clinical EFT (the manualized form of Emotional Freedom Techniques) and Energetic Memory Reconsolidation Therapy function in practice, as applied to “Jeanne,” a young woman suffering from social anxiety and erythrophobia following a chaotic start in life.

Method and setting: The therapeutic plan was drawn up on the theoretical basis of the scientific literature on energy psychology, which has produced convincing results in the treatment of trauma and anxiety. The therapy was threefold: (a) learning to manage anxiety autonomously using Clinical EFT, (b) trauma treatment using Energetic Memory

Reconsolidation Therapy, and (c) psycho-education. Jeanne had a total of 15 sessions, two of which are detailed here to illustrate the work. At the start of each session, the SUD (Subjective Units of Distress) scale was used to rate the level of blushing anxiety (the scale ranges from 0 to 10, with 0 being no distress and 10 being the most imaginable).

Results: The level of anxiety decreased from 9/10 to 3/10 between the first and last sessions. In addition, the number of problem situations encountered (blushing having generated negative emotions) dropped from 5 per week to 0 per week between the beginning and end of therapy. Jeanne's goal of not blushing at her wedding was achieved. She was able to experience the event without worrying about or even thinking about the anxiety.

Conclusion: Psychotherapy based on energy techniques enabled me to treat Jeanne's social anxiety and erythrophobia in depth by targeting the sources while giving her access to an emotional regulation tool to use independently: Clinical EFT.

Stapleton, P. B. (2024). Case Study: Emotional Freedom Technique (EFT) for Burnout. *Mental Health Academy*. <https://www.mentalhealthacademy.com.au/blog/post/case-study-emotional-freedom-technique-eft-for-burnout>

This case study illustrates how a treatment plan based on Clinical Emotional Freedom Techniques (EFT) may be used to support a client with burnout.

Boath, E., & Philpott, C. (2023). "Everything smells like poo, landfill, and rotten food": A retrospective case report using Clinical Emotional Freedom Techniques (EFT) for parosmia following COVID-19. *Energy Psychology: Theory, Research, and Treatment*, 15(2), 27–32. doi 10.9769/EPJ.2023.15.2.EB

<https://energypsychologyjournal.org/abstracts/abstracts-volume-15-number-2-november-2023/everything-smells-like-poo/>

Parosmia is a disorder of scent that has affected millions of people worldwide following their recovery from COVID-19. Parosmia post COVID-19 can be long-term and has a negative impact on quality of life. Despite this there is limited evidence for effective treatment strategies. This retrospective case report details the use of Clinical Emotional Freedom Techniques (EFT) to address parosmia following COVID-19 with a single client over three sessions. The sessions addressed specific food, drink, and odors that were having a major negative impact on the client's quality of life, psychological well-being, physical health, weight, and relationships. By the end of the three sessions, the client was able to tolerate certain scents and eat foods that the client selected to tap on. The client's quality of life improved to the point where she was able to eat, go out to restaurants, socialize, and ultimately return to work. Whether EFT can be successfully applied to other people experiencing parosmia following COVID-19 or parosmia caused by other conditions is not clear and requires further research.

Friedman, P. (2023). Change In Depression, Anxiety, Negative and Positive Affect, Life Balance, Self-Forgiveness, Psychological Flexibility, The Working Alliance, Outcome Measures And The Benefits Of Psychotherapy: Case Studies Of 2 Clients. *Int J Healing & Caring*, 23(2). <https://doi.org/10.58717/ijhc.20232324>

This article demonstrates the digital assessment of two clients over the course of ten therapy sessions. Of particular interest was the change that took place in these two clients during three ART (Accelerated Resolution Therapy) sessions numbered four, five and six. During this period of time there were very substantial changes on many measures using Pragmatic Tracker and

Blueprint digital assessment platforms. The changes that took place in these two clients were consistent on some of the measures such as anxiety, cognitive fusion, experiential avoidance, valuing, life balance, self-forgiveness, outcome and the benefits of therapy. However, they differed on other digital assessment measures such as depression, negative affect, the working alliance, and especially spiritual awakening.

Friedman, P. (2023). Change in Emotional Stability, Self-Forgiveness, Life Balance, Cognitive-Affective Balance, Depression, Anxiety and Psychological Flexibility: A Case Study Using Assessments Used in the ICBEST and ACT Models of Therapy. *Int J Healing & Caring*, 23(1).

This article discusses the use of a digital assessment and tracking approach to monitor changes in emotional stability, depression, anxiety, happiness, affect, life balance, beliefs, spiritual awakening, the working alliance, outcome, 3 measures of psychological flexibility and the benefits/helpfulness of psychotherapy. Using the online assessment systems developed by Pragmatic Tracker (PT) and Blueprint (BP), a client was assessed who was moderately depressed and anxious and had relationship problems with her ex-husband, father and sister during psychotherapy. This assessment occurred weekly and showed significant positive changes. One of the unique aspects of this clinical research is that the author was totally unfamiliar with all three psychological flexibility scales primarily developed for ACT therapy during the treatment process.

Friedman, P. & Freedom, J. (2023). A Practice-Based Evidence Approach to Change Pre, During and Post COVID-19 During Psychotherapy. *Int J Healing & Caring*, 23(3).
<http://www.societyforpsychotherapy.org/a-practice-based-evidence-approach-pre-during-and-post-covid-19-during-psychotherapy>

In this article we discuss the use of a digital assessment and tracking approach to monitor changes in affect, emotional stability, depression, anxiety, happiness, life balance, beliefs, spiritual awakening, the working alliance, outcome, and benefits of psychotherapy. Using the online assessment systems developed by Pragmatic Tracker (PT) and Blueprint (BP), two clients were assessed weekly, showing significant changes pre, during, and post COVID-19. The clients were monitored during therapy for 15 weeks; it took about nine weeks to recover to pre COVID-19 scores. Graphs in the article show these changes, which can be seen on the Pragmatic Tracker (PT) and Blueprint (BP) websites by clinicians. A variety of interventions following an ICBEST (integrative, cognitive, behavioral, energy, spiritual therapy) model were used.

Friedman, P. H., & Freedom, J. (2023). Brief psychotherapy of two cases with very different outcomes: Success and failure. http://www.societyforpsychotherapy.org/success_and_failure.

This article demonstrates the digital assessment of two clients over the course of five psychotherapy sessions with very different outcomes. One was very successful and the other minimally successful or possibly a “failure.” Both clients experienced ART (Accelerated Resolution Therapy) in session four before terminating. They also did the exercises in chapters one, two, three, and four in the book “The Forgiveness Solution”, as well as breathing exercises and the “Psychological Uplifter.” During this period, there were substantial changes on many

measures for one client using the “Pragmatic Tracker” and “Blueprint digital assessment platforms”, and less change for the other client. The changes that took place in these two clients were demonstrated with measures such as depression, anxiety, negative and positive affect, life balance, cognitive fusion, experiential avoidance, valuing, affect balance, self-forgiveness, outcome, well-being, the working alliance, spiritual awakening, and the benefits of therapy. It appears that both clients benefitted from the ART intervention. Three ACT (Acceptance and Commitment Therapy) measures of psychological flexibility (cognitive fusion, experiential avoidance, and valuing) were used. Large differences were seen between the clients in the working alliance and spiritual awakening as well as the overall benefits of psychotherapy.

Gallo, F. & Church, D. (2023). Energy for treating trauma/PTSD. *Journal of Psychology and Clinical Psychiatry*, 5, 123-25. <https://www.cceol.com/search/article-detail?id=1264427>

Traditional treatments for trauma and PTSD are often ineffective or take extensive time to relieve trauma/PTSD. However, newer methods, such as energy psychology, are showing promise in providing rapid and lasting relief. Energy psychology is based on the concept of subtle energies in the body that can be utilized to heal trauma. Most energy psychology methods involve tapping on specific acupoints while attuning the traumatic memory. Many studies suggest that energy psychology is a promising new treatment for trauma and PTSD, in addition to several other psychological problems. It is a safe and effective way to reduce symptoms and improve quality of life.

The case study in the article describes how energy psychology was used to help a young woman who was suffering from PTSD after a car accident. In just one session, the woman's symptoms were significantly reduced, and she was able to recall the traumatic event without distress. This case study provides further evidence of the effectiveness of energy psychology in treating trauma and PTSD. In addition to subtle energies, the article also discusses other feasible active ingredients of this approach, including reciprocal inhibition, expectation of success, and pattern interruption and disruption.

Hope, T. (2023). The effects of Access Bars on depression, anxiety, and stress in police officers: A case series. *Energy Psychology: Theory, Research, and Treatment*, 15(2), 33–42.

Police officers in the United Kingdom (UK) have clinical levels of anxiety and depression and comorbid presentations of major depression and anxiety, at rates significantly higher than reported in the general population. Risk of stress is significant and posttraumatic stress disorder (PTSD) among police officers is now at a crisis level in the UK, affecting one in five officers. Complex PTSD (the result of chronic exposure to trauma) affects 12% of the working police population, resulting in a diminishing number of working officers. Access Bars, a noninvasive energy technique was evaluated for its effects on depression, anxiety, stress, and PTSD, presented either singularly or in a comorbid state using subjective self-report measures.

Methods: This case series included participants (n = 4) aged between 36 and 52 years who were police officers referred for treatment with a clinical diagnosis of one or more of depression, anxiety, stress, or PTSD. All participants had been previously treated with standardized methods and continued to present with mild to severe symptoms. Treatments were provided by a licensed Access Bars Facilitator at a naturopathic clinic in Hampshire, UK. The primary measure was the standardized self-report method, the Depression Anxiety Stress Scale–21 (DASS-21),

with the addition of the Beck Anxiety Inventory (BAI) and the PTSD Checklist for DSM-5 (PCL-5) to evaluate PTSD in one participant. All were evaluated prior to receiving seven 60-minute sessions over seven weeks, with post evaluations upon completion of the last session.

Results: All methods of evaluation showed a decrease in scores for all post measurements. DASS-21 depression scores had the highest pre scores, with 75% in the extremely severe category. Mean scores declined from 31 to 7.5 (75%, $p = 0.02$). Mean anxiety scores decreased from 20 to 12 (59%, $p = 0.007$) and mean stress scores declined from 24 to 8.5 (64%, $p = 0.002$). A secondary classification of a single participant classified as “acute needs” (AN; $n = 1$) had additional psychometric evaluations using BAI and PCL-5. BAI scores decreased from 26 to 16 (38%, $p = 0.001$) and PCL-5 scores declined from 38 to 18 (20 points or 51%, $p < 0.001$). An 18-point decrease for PCL-5 is considered a clinically significant change.

Conclusion: Treatment with Access Bars showed a significant decrease in depression, anxiety, and stress in police officers where significant symptoms remained after standardized treatments. Simultaneous improvement was demonstrated in comorbid anxiety, depression, and stress. These results suggest that Access Bars shows promise as a treatment for depression, anxiety, and stress and may contribute to clinical improvement in PTSD.

Lee, A. (2023). Successful Withdrawal from Six Psychiatric Medications Using Criteria-Based Energy Testing. *Int J Healing & Caring*, 23(3). <https://doi.10.78717/ijhc.20232334>

Currently, the field of psychiatry is beginning to understand the severity and persistence of psychiatric medication withdrawal symptoms [1,2,3]. Functional approaches have been proposed for some psychiatric medication withdrawal processes [4,5], but there is no consensus for a reliable method for guiding safe psychiatric medication withdrawal or resolving underlying causes of mental illness for psychiatric patients’ unique needs over the course of treatment. Consequently, mental illness is still generally considered a chronic incurable disease, and the use of psychotropic medications is still recommended as the best treatment option for an indefinite period of time.

To have a successful psychiatric medication withdrawal process without having a relapse during or post withdrawal, a patient must simultaneously heal from their underlying causes of mental illness and any dependency on drugs/psychiatric medications. This process requires sufficient understanding of relevant factors impacting the patient, which shift over time (and during the actual healing process). Factors that powerfully affect a patient’s mental and physical condition include, 1) genetics, 2) nutritional status [6], 3) healing interventions, 4) internal and external stressors [7,8], 5) toxicity [9,10], and 6) drugs/medications.

Valdivieso, G. (2023). Energy Psychology, Bilateral Stimulation, and Mindful Breathing for Trauma and Chronic Pain: A Theoretical Framework and Case History. *Energy Psychology Journal*, 15(1).

Research and anecdotal evidence from clinical practice suggest high comorbidity between trauma and chronic pain. Unresolved trauma can generate anxiety and dissociation, both associated with chronic pain. Even though there are proven interventions to treat trauma and pain individually, efforts to treat the comorbidity and complexity of these two disorders on a combined basis are not yet fully explored. This article introduces a protocol that blends aspects of four evidence-based interventions. These interventions are Emotional Freedom Techniques (EFT), bilateral stimulation (BLS) as used in Eye Movement Desensitization and Reprocessing (EMDR), Wholistic Hybrid derived from EMDR and EFT (WHEE), and mindful breathing (MB) to

treat traumatized individuals that exhibit chronic pain. The combined protocol uses the benefits of each intervention. The technique involves tapping on the eight meridian points designated in the EFT Basic Recipe while using a Neurotek pulser to generate BLS, after a "dialogue with the body symptoms" extracted from the WHEE method to uncover the traumatic memories or negative beliefs associated with pain. To close the session, the Quick Coherence Technique, a heart-focused MB exercise developed by the HeartMath Institute, is utilized to further help individuals with self-regulation and increased appreciation of their bodies. This article explains how the technique is performed through a six-step sample methodology and what the potential of its combined effectiveness can look like in a case history. The subject of the clinical case study profited in reducing his chronic pain by combining mindful breathing and EFT as the more gentle, non-retraumatizing, and distress-reducing techniques with the recovery of repressed memories via BLS and the inner-body dialogue of WHEE. Given the comorbidity of trauma and chronic pain and the lack of integrative interventions, additional scholarly inquiry into healing the various complex issues of these disorders is essential to develop. Refining the evidence on such blended methods should be the focus of future work to encourage practitioners' training and increase service delivery.

Friedman, P. (2022). A practice-based evidence approach pre, during, and post COVID-19 during psychotherapy. [Web article]. Published by the *Society for the Advancement of Psychotherapy* (Division 29 of APA: the American Psychological Association)
<http://www.societyforpsychotherapy.org/a-practice-based-evidence-approach-pre-during-and-post-covid-19-during-psychotherapy>

This article discusses the use of a digital assessment and tracking approach pre, during, and post COVID-19 to monitor changes in emotional stability, depression, anxiety, happiness, affect, life balance, beliefs, spiritual awakening, the working alliance, outcome, and helpfulness/benefits of psychotherapy. Using the online assessment systems developed by Pragmatic Tracker (PT) and Blueprint (BP), two clients who contracted severe cases of COVID-19 during psychotherapy were carefully assessed weekly showing significant changes pre, during, and post COVID-19 on some measures while none on others. The clients were out of work from three to eight weeks. The typical healing process took about nine weeks before recovery to pre COVID-19 scores. Graphs in the article show these changes and can also be seen on the Pragmatic Tracker (PT) and Blueprint (BP) websites by clinicians. A variety of interventions following an ICBEST (integrative, cognitive, behavioral, energy, spiritual therapy) model were used.

Hoss R., Hoss L., & Church D. (2022). Integrating the Complementary Therapies of Energy Psychology and Dreamwork – the Dream to Freedom Method. *OBM Integrative and Complementary Medicine* 2022;7(3):27. doi:10.21926/obm.icm.2203024.
<https://www.lidsen.com/journals/icm/icm-07-03-024>

The purpose of this paper is to demonstrate that the integration of dreamwork and Energy Psychology (EP) can enhance outcomes in the treatment of a range of psychological disorders. The therapeutic process often begins with a peeling away of emotional layers until underlying issues surface. When utilizing dreamwork, however, it is possible to begin at a deeper level. Because dreams address salient unresolved emotional conflicts, dreamwork can quickly bring into consciousness previously unconscious emotional issues that are at the source of psychological difficulties. Utilizing techniques from energy psychology to process the material that emerges in dreams is a particularly potent way of engaging the emotional content of the

dream and utilizing it to inform the dreamer's self-understanding and direction. Energy Psychology, in its most frequently utilized format, the Emotional Freedom Techniques (EFT), combines imaginal exposure and cognitive restructuring with the somatic stimulation of acupuncture points by tapping on them. More than 100 clinical trials demonstrate the unusual speed and clinical efficacy of EFT.

The authors of this paper have combined dreamwork and EFT into a therapeutic protocol we call the Dream to Freedom (DTF) method. In addition to providing theoretical underpinnings of the approach, we present details of the use of the DTF protocol with seven subjects. In each case, underlying stressful memories triggering psychological symptoms were revealed, and the stress reaction to those specific memories was minimized or eliminated. In all seven case reports, DTF appears to have provided a systematic protocol for enhancing the emotional problem-solving function of dreams, providing each subject with insight towards creating future action steps.

Podgornik, N. (2022). Application of Emotional Freedom Technique in psychotherapy. *Innovative Issues and Approaches in Social Sciences*, 15, 171-76.

The article deals with the topic of energy psychology, which is not yet well researched and allows for the possibility of further study and scientific substantiation. It shows the use of one of the methods of energy psychology, the technique of emotional relaxation - EFT, in psychotherapy in terms of combining and complementing to achieve more effective results. The outline of theoretical starting points complements the attempt to scientifically substantiate the method on the basis of several relevant studies and works that show the effective use of the method in psychotherapy. In conclusion, the article presents a case study, an illustration of the use of the EFT method in combination with the psychotherapy approach on a specific case from practice. In conclusion of the article, in addition to a summary of the contents, a conclusion is given dealing with the feasibility of further research in this field.

Friedman, P. (2021). Digital assessment and tracking, life balance, emotional stability, well-being, spiritual awakening, anxiety and depression: A practice-based evidence approach to change in psychotherapy. *International Journal of Healing and Caring*, 21(2).

This article discussed the use of a digital assessment and tracking approach to life balance, emotional stability, well-being, spiritual awakening, anxiety and depression. Using Pragmatic Tracker (PT) and Blueprint (BP) 6 Friedman Scales plus outcome measures were presented to demonstrate how to administer, score, record, track and graph changes during psychotherapy session by session. 18 tables and graphs of change were shown. A case study of a distressed couple showed different trajectories of change for the husband and wife. The couple reported that tapping, the "psychological uplifter" and Friedman's "Forgiveness Solution" book were powerful variables for change. Pragmatic Tracker (PT) and Blueprint (BP) which are both available on computer, tablet, or cell phone were compared for similarities and differences. Both Pragmatic Tracker (PT) and Blueprint (BP) present very colorful graphs of change on their websites and are HIPAA compliant.

Fuller S., Stapleton P. (2021). Emotional Freedom Techniques for stroke rehabilitation: A single case study. *OBM Integrative and Complementary Medicine* 2021;6(4):13; doi:10.21926/obm.icm.2104038. <https://lidsen.com/journals/icm/icm-06-04-038>

A 37-year-old female with a history of complex trauma, anxiety and depression was treated with Emotional Freedom Techniques (EFT) supplemented with guided imagery within the first 24 hours of having a stroke that affected the right side. CT scans indicated a hemorrhage and brain clot. Surgery was delayed as another seizure was expected. Interventions occurred during COVID-19 restrictions. The patient then engaged in 90 minutes of EFT every day over the course of a week while in hospital. After seven days she was discharged, and there were significant reductions in depression, anxiety and pain, and mobility returned. Upon discharge the patient had evident improvement in balance and coordination and successfully completed a driving test within the weeks that followed. Subsequent CT scans reveal very little scarring or evidence of the stroke, blood pressure remained stable, and no medication was warranted. This case study presents the practitioner's perspective of the sessions provided.

Pace, E. (2021). Efficacy of Advanced Integrative Therapy in treating complex post-traumatic stress disorder: A preliminary case report. *International Journal of Healing and Caring*, 21(2), 35-53. <https://tinyurl.com/mr3htyze>

This case report documents the need for further research into Advanced Integrative Therapy (AIT), a gentle somatic trauma treatment, as it may be effective in treating complex post-traumatic stress disorder. It also shows the framework that AIT uses to treat intergenerational, or ancestral trauma. A review of this case demonstrates that treating complex attachment rupture can be extremely challenging. Utilizing Advanced Integrative Therapy as a standardized, manualized approach to treating the earliest origins of traumatic events may be an effective treatment intervention for Complex Post-Traumatic Stress Disorder, early childhood attachment rupture, intergenerational trauma, and 'ancestral' trauma.

Popescu, A. (2021). Trauma-Based Energy Psychology Treatment Is Associated with Client Rehabilitation at an Addiction Clinic. *Energy Psychology Journal*, 13(1). doi 10.9769/EPJ.2021.13.1.AP

Energy Psychology (EP) comprises a set of innovative and powerful techniques that can be used to enhance treatment progress and outcomes for addiction and co-occurring disorders, particularly posttraumatic stress disorder (PTSD). This article identifies the limitations of the current addiction treatment paradigm and presents a variety of ways in which one dual diagnosis treatment program for women addresses these limitations with the EP approach. Research on EP and its mechanism of action is presented, along with specific examples of how the tools are used at the treatment facility, case studies, client and therapist feedback, treatment guidelines, and outcome data. Data for 123 clients in the program collected over a 3.5-year period include reductions in mental health symptomology during treatment as follows: depression scores from 79% at intake to 16% at last survey, $p < .001$; anxiety scores from 73% to 8%, $p < .001$; trauma symptoms from 76% to 30%, $p < .001$; suicidality from 53% to 11%, $p < .001$; binge eating from 33% to 11%, $p = .01$; and compensatory eating disorder behaviors from 41% to 11%, $p = .074$. The evidence presented indicates that EP can be a very empowering and effective adjunct to treatment for co-occurring disorders, particularly for emotional self-regulation, cognitive restructuring, and trauma processing. The data and clinical results from Avery Lane are consistent with those derived from meta-analyses, clinical trials, and experiences at other treatment centers. This body of literature demonstrates that EP is a powerful, evidence-based approach that sets the standard for effective addiction treatment.

Seidi, P. A., Jaff, D., Connolly, S. M., & Hoffart, A. (2021). Applying Cognitive Behavioral

Therapy and Thought Field Therapy in Kurdistan region of Iraq: A retrospective case series study of mental-health interventions in a setting of political instability and armed conflicts. *Explore: The Journal of Science and Healing*, 17(1), 84-91. doi:10.1016/j.explore.2020.06.003 Epub 2020 Jun 25. PMID: 32622816.

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

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

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

Weaver, T. B. (2021). The use of Advanced Integrative Therapy with C-PTSD and intergenerational trauma transmission: A case study. *Energy Psychology: Theory, Research, and Treatment*, 13(2), 23–38. doi:10.9769/EPJ.2021.13.2.TBW

Complex posttraumatic stress disorder (C-PTSD) and adverse childhood experiences (ACEs) pose health problems in the United States, and intergenerational relational trauma plays a role in the continuation and transmission of these issues. Advanced Integrative Therapy (AIT), a novel treatment, was used to treat a case of C-PTSD. The client's chief concern was a flare-up of anxiety, relational distress, and fibromyalgia that occurred when they (chosen pronoun) accepted custody of their nephew. Over a span of nine 90-minute sessions, the clinician assessed progress using the PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013) to measure PTSD symptoms; the International Trauma Questionnaire (ITQ; Cloitre et al., 2018), which measures

C-PTSD symptoms according to the criteria of the World Health Organization (WHO) International Classification of Diseases, 11th revision (ICD-11); the Child-Parent Relationship Scale (CPRS; Pianta, 1992), which measures connection and conflict in the caregiver-child relationship; and the Subjective Units of Distress (SUD) scale (Wolpe, 1969), which rates the client's current level of distress or discomfort. The clinician also used the self-report questionnaire Helpful Aspects of Therapy (HAT; Llewelyn et al., 1988) and the Change Interview (CI) method (Elliott et al., 2001) to measure client experience and perspective. After treatment with AIT, the client no longer met criteria for C-PTSD and showed dramatic improvement in

intergenerational relationship satisfaction. In addition, there was a rapid reduction of hard to eradicate C-PTSD symptoms as well as reduction in the quantity and intensity of fibromyalgia induced pain. Use of AIT with caregivers could interrupt the transmission of intergenerational trauma thereby reducing or preventing ACEs by increasing emotional regulation and resilience.

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

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

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

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

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

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

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

Pandey, N. (2020). EFT As a Tool to Resolve Anxiety: A Case Study Approach. *International Journal of Psycho-Social Research (IJPSR)*, 9(1).

The present work examines the extent to which Emotional Freedom Technique (EFT) is effective as a tool in resolving anxiety. In recent years various mental health professionals have been focusing on the use of alternative therapies like Thought Field Therapy (TFT), Hypnotherapy, Past Life Regression Therapy, and Reiki but there is a paucity of empirical research on the underlying factors for managing emotional challenges and turmoil.

One of the latest techniques, EFT, was established by Gary Craig. Case study method was used for the present case of one individual who had a very high level of anxiety.

Methods: To measure the level of anxiety Subjective Units of Discomfort (SUD) scale, as an introspective technique for experienced emotional and psychosomatic discomfort, was used as a pre and post measure.

Results: Major findings were at two levels a) intensive effect of one traumatic event on the adult life (in this case anger leading to performance anxiety and fear of authority), and b) how EFT helps a person to understand and handle emotions in positive manner. The implication of the study is that the person who practices EFT regularly would be in a better position to understand and handle disturbing emotions. It is a cost effective, easy to learn, simple to use tapping technique that can be used anywhere.

Temp, A. G., Lee, B., & Bak, T. (2020). “I really don’t wanna think about what’s going to happen to me!”: A case study of psychological health and safety at an isolated high Arctic research station. *Safety in Extreme Environments*, 1-14. <https://doi.org/10.1007/s42797-019-00013-6>

Psychological problems over the course of isolated missions in extreme environments are common, even with modern screening techniques. Occasionally, these problems warrant evacuation of the afflicted individual but no in-depth insight into such a case has been given in modern times, until now. A 21-year-old man – Albert – developed severe psychological distress over the course of a winter expedition to the Polish Polar Station, Svalbard. We collected data on his mental health and his mood using the Symptom Checklist 90- Revised and the Profile of Mood States, and we assessed his cognitive functions with the Sustained Attention to Response Task and the Test of Everyday Attention. Phenomenological interviews gave him room to relate his experience. The data collection occurred repeatedly during the mission, until his evacuation. Albert struggled to derive joy from his work at the station. He missed his loved ones at home, and he felt he was cognitively declining due to intellectual deprivation. His attempt at combining his life at home and his life at the station led to him feeling increasingly depressed. Crawfordian case analysis suggests that he felt more depressed than other team members at the station, and men of equal age and education in their home environment ($p < .001$). We attempted an intervention using emotional freedom techniques (EFT) to help improve his symptoms. It was moderately successful. Albert’s evacuation was medically warranted. The intervention temporarily alleviated his depressive symptoms. More such case studies should be conducted wherever possible.

Weisfeld, C.C., Dunleavy, K. (2020). Strategies for managing chronic pain, chronic PTSD, and comorbidities: Reflections on a case study documented over ten years. *J Clin Psychol Med Settings* 28, 78–89. <https://doi.org/10.1007/s10880-020-09741-5>

Chronic pain and chronic PTSD are often comorbid sequelae in patients who have experienced life-threatening experiences such as combat, assaults, or motor vehicle accidents, presenting lifelong challenges for patients and for medical management in all settings. This article briefly reviews four models for exploring the interrelationships of chronic pain and chronic PTSD. The article presents a longitudinal case study, documented over 10 years, of a patient with chronic back pain, and delayed-onset chronic PTSD related to sexual trauma experienced as a young adult. Data from the case study are examined for evidence in support of the chronic pain/chronic PTSD models. There is evidence to support all four models, with considerable evidence supporting the Mutual Maintenance Model (Sharp & Harvey, in *Clinical Psychology Review*

21(6): 857–77, 2001). Data show significant recovery over time from both conditions with improvements in function, work, and relationships, in response to Psychodynamic Therapy (PDT), Cognitive Behavioral Therapy (CBT), and hypnotic interventions, physical therapy, and Pilates-based exercise. Notably, both chronic conditions were addressed simultaneously, with providers working collaboratively and sharing information through the patient. Emphasis is on non-pharmaceutical rehabilitative trauma-informed and patient-centered approaches to care.

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

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

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

Methods: This study utilized an explanatory sequential mixed method design. This study was conducted in a private psychotherapy office. 30 individuals with self-identified sexual assault–specific PTSD were recruited and participated in this study. EFT and hypnosis combined. A paired samples t-test analysis between the PCL-5 (PTSD Checklist for DSM-5 [Diagnostic and Statistical Manual of Mental Disorders, 5th Edition]) baseline and post-intervention scores as well as an open-ended question was utilized.

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

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

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

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

subject with a severe fear of flying.

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

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

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

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

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

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.

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

Methods: 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.

Masters, R., Baertsch, K. & Troxel, J. (2018). Changes in psychological symptoms after

treatment with a novel therapy, the Phoenix Protocol: A case series. *Energy Psychology Journal*, 10(2).

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

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

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

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

Based on a retrospective review of 90 case studies over nine years, this paper elucidates a discovery (2008) that supports the conclusion that Central Nervous System Sleep Apnea (CNSA) is frequently caused by Post-Traumatic Stress Disorder (PTSD) and can be cleared using Energy Psychology to address the causational traumatizing event(s). Because little is known about CNSA causation at present, sleep specialists often prescribe continuous positive airway pressure (CPAP) devices, jaw devices, or surgery for people with CNSA and offer the same incurable diagnosis as Obstructive Sleep Apnea (OSA). This perpetuates a

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

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

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

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

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

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

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.

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 psychological symptoms of PTSD. Similar results have been found in the replication study conducted by Geronilla et al. RM is a young Marine Reservist who served in Iraq and returned with PTSD. He participated in the Veteran Stress Project replication study wherein he received 6 sessions of EFT. EFT is explained and a sample treatment session is described. A discussion of some of the changes that have occurred for RM is included.

Results: The patient's PTSD scores dropped from a high clinical score of 60 before treatment to 40 after 6 sessions and to a clinical score of 22 at 6 months follow-up. His insomnia, which had been at a clinical level, reduced as did his pain and measures of psychologic distress, as measured in the Symptom Assessment-45 instrument.

Conclusion: Six sessions of EFT reduced PTSD scores dramatically and improved RM's life. He continues to use EFT to manage stress in his life.

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 $\times$ 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.

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. (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](http://dx.doi.org/10.1080/09638288.2017.1306125)

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: 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.

Conclusion: 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.

Steel, J.M. (2016). Tapas Acupressure Technique (TAT) for reducing stress and increasing self-esteem: A self-study. *Energy Psychology Journal*, 8(1). DOI: 10.9769/EPJ.2016.8.1.JMS

The TAT Protocol for Stressful Events was used for 10 sessions over a period of 3 weeks to explore whether TAT would be an effective tool for managing stress and increasing feelings of self-worth. Information was collected in pre and post TAT overall feelings of self-worth, positive state and negative state scales. The Sorensen Self-Esteem Test was used as a baseline self-esteem measure and reissued at the end of the study. A list of 10 free association words was collected before engaging in any treatment, pre and post sessions and at the end of the treatment period. Quantitative analysis of the scales showed an increase in overall sense of self-worth and an increase in positive states post TAT session compared to the pre-session's markers. Negative and positive states varied throughout the treatment period while self-worth increased, suggesting TAT enabled increased emotional self-regulation when dealing with stressful situations. The follow up Sorensen Self-Esteem test improved by 28%. A qualitative analysis of the free association words suggests an increase in feelings of balance and calm and a decrease of negative self-image.

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.

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 treatment plan is indicated once the nature of the trauma has been identified? When these questions are answered, treatment can proceed efficiently. A structured approach for assessing trauma is presented, beginning with the defining characteristics of simple and complex trauma. A three-stage treatment plan is presented for each of the two types of trauma. This structure enables the identification of interventions that are safe and appropriate for the client, operating within a therapeutic range that avoids the extremes of abreaction (overwhelming emotional release) and dissociation from emotional and physical sensation. Intervention includes elements drawn from energy psychology, heart coherence, Internal Family Systems, and Compassion Focused Therapy (CFT). This approach re-mediate successfully most psychological trauma.

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

Energy psychology is a novel and controversial family of mind/body approaches used in the treatment of a variety of psychological disorders including post-traumatic stress disorder, anxiety, and depression. The approaches are based on combining concepts from traditional Chinese medicine with simple cognitive interventions. Initial empirical investigation supports claims of efficacy. The aim of this study is to expand and enrich existing research about the use of energy psychology in psychotherapy for trauma, through analyzing 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 catalyze 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.

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.

To evaluate the effects of EFT on panic disorder patients.

Methods: Three patients with panic disorders were treated with oriental medical treatments which involved acupuncture, herbal medications, moxibustion and emotional freedom techniques. Participants were diagnosed with panic disorder using the criteria of the Diagnostic and Statistical Manual (DSM-IV), and assessed with the Panic Disorder Severity Scale (PDSS), Visual Analogue Scale (VAS), Beck Depression Inventory (BDI), and the Beck Anxiety Inventory (BAI) upon admission and discharge.

Results: After treatment, both physical and psychological symptoms decreased.

Conclusion: This study suggested that EFT is an effective method for treating patients with panic disorders.

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

Aung, S., Fay, H., Hobbs, R. (2013). Traditional Chinese medicine as a basis for treating psychiatric disorders: A review of theory with illustrative cases. *Medical Acupuncture*, 25(6): 398-406.

Integrative medicine is becoming increasingly accepted in the global scheme of health care. Traditional Chinese Medicine (TCM) is often included among integrative medicine modalities.

Objective: This article provides a background for integration of acupuncture and other TCM-derived approaches to managing psychiatric conditions.

Methods: Classical theories of TCM that pertain to psychiatric conditions are reviewed, focusing on concepts of energetic imbalance, the implications of mind-body-spirit connections, and treatment strategies that involve TCM modalities. An example of correlation between TCM patterns of disharmony and the Western diagnosis of generalized anxiety disorder (GAD) is given, along with an illustrative case in which counseling, medications, and acupuncture were combined in treatment. TCM principles are incorporated in certain energy psychology modalities, such as Emotional Freedom Technique (EFT). A case is presented demonstrating the integration of energy psychology with acupuncture, Qigong and hypnosis as an avenue for releasing pathogenic emotions. In classical TCM theory, assessing and treating spiritual disharmonies is fundamental for dealing with emotional disorders. Practical application in a clinical case is described.

Conclusion: TCM offers a cogent theoretical basis for assessing and clinically managing patients presenting with mental health issues. TCM principles integrate well with other systems, including Western medicine.

Kim, S-J., Ryu, C-G., Cho, A-R., Seo, J-H., Kim, J-N., Sung, W-Y., & Park, J-H. (2012). A case report of a somatization disorder patient with histrionic personality disorder. *Journal of Oriental Neuropsychiatry*, 23(2), 85-98. doi:10.7231/JON.2012.23.2.085

The histrionic personality disorder (HPD) is characterized by a pattern of excessive emotion and attention-seeking, including seductive behavior. HPD is closely related to somatization disorder, which is characterized by various physical symptoms that have no pathological manifestation. This report is on the case of 55-year-old woman with HPD and suffering from various physical symptoms that coincide with the DSM-IV diagnostic criteria for somatization disorder.

Methods: The patient was treated with oriental medical treatments (acupuncture, moxibustion, cupping therapy, and herbal medications), clinical hypnotherapy, and emotional freedom techniques. The effects of treatment were measured by VAS.

Results: Chest pain was improved by hypnotherapy and oriental medical treatments. The patient's pantalgia and abdominal discomfort were controlled effectively by emotional freedom techniques.

Conclusion: This result suggests that EFT might be effective for the defensive and dependent somatization disorder patient with HPD.

Mason, E. (2012). Energy psychology and psychotherapy: A study of the use of energy psychology in psychotherapy practice. *Counselling and Psychotherapy Research*, September, 12(3), 224-232. <http://dx.doi.org/10.1080/14733145.2012.657208>

The aim of the study was to increase understanding of how energy psychology informs and affects counselling/ psychotherapy practice. By undertaking phenomenological interviews with experienced clinicians, the aim was to enrich and expand on the scientific approaches to energy psychology research.

Methods: This research is based on in-depth semi- structured interviews using interpretative phenomenological analysis (IPA). Five experienced psychotherapists who are also practitioners of energy psychology were interviewed.

Results: Four main themes emerged from the analysis: energy psychology as a potent intervention that facilitates shifts in emotions, cognitions, behaviors and physiology; the safety of energy psychology techniques; the role of the therapeutic relationship when using energy psychology techniques; and the challenges of integrating energy psychology into the work context, highlighting the need for more complex, systemic models to understand how people experience distress and how change is facilitated.

Conclusion: Overall, participants in this study found energy psychology to be a valuable supplement to counselling and psychotherapy. The implications for current practice are discussed.

McCallion, F. (2012). Emotional freedom techniques for dyslexia: A case study. *Energy Psychology Journal*, 4(2). doi: 10.9769.EPJ.2012.4.2.FM

Dyslexia is a developmental condition, often inherited, that interferes with the acquisition and processing of written language. Sequencing issues, disorientation, and emotional issues can all be successfully treated separately. This case study details the use of Emotional Freedom Techniques (EFT) to address these issues separately with a single client over 3 connected sessions: addressing 2 specific events concerning teachers, prebirth issues, and the birth process, respectively. By the end of the 3 sessions, the client was able to read easily and fluently, sequence, and understand sequences. The disorientation associated with her dyslexia had reduced to the point where it was no longer an issue. Whether this formula can be applied to all people with dyslexia, however, is not clear and requires further study.

Rotheram, M., Maynard, I., Thomas, O. Bawden, M. & Francis, L. (2012). Preliminary evidence for the treatment of Type 1 ‘Yips’: The efficacy of the Emotional Freedom Techniques. *The Sports Psychologist*, 26, 551-570.

This study explored whether a meridian-based intervention termed the Emotional Freedom Techniques (EFT) could reduce Type 1 ‘yips’ symptoms. EFT was applied to a single figure handicap golfer in an attempt to overcome the performance decrements the player had suffered. The participant underwent four 2-hr sessions of EFT. The EFT involved the stimulation of various acupuncture points on the body. The appropriate acupuncture points were tapped while the participant was tuned into the perceived psychological causes (significant life event) associated with his ‘yips’ experience. Dependent variables included: visual inspection of the ‘yips’, putting success rate and motion analysis data. Improvements in ‘yips’ symptoms occurred across all dependent measures. Social validation data also illustrated that these improvements transferred to the competitive situation on the golf course. It is possible that significant life events may be a causal factor in the ‘yips’ experience and that EFT may be an effective treatment for the ‘yips’ condition.

Burk, L. (2010). Single session EFT (Emotional Freedom Techniques) for stress-related symptoms after motor vehicle accidents. *Energy Psychology: Theory, Research, & Treatment*, 2(1), 65-72.

Motor vehicle accidents (MVA) are a common cause of posttraumatic stress disorder (PTSD). Energy psychology (EP) approaches such as EFT (Emotional Freedom Techniques) are a new form of exposure therapy used to treat PTSD from a variety of different causes. These techniques provide an attractive alternative to more well-established approaches such as cognitive behavioral therapy because of their potential for accelerated healing similar to what has been demonstrated with eye movement desensitization and reprocessing. There are only a few reports in the literature of the use of EP for the treatment of PTSD resulting from MVA. This clinical report presents 3 case histories documenting the use of single-session EFT for the treatment of acute psychological trauma immediately after a car accident, urticaria as a component of acute stress disorder 2 weeks after a car accident, and PTSD and whiplash syndrome 11 months after a car accident. These cases are discussed in the context of a review of the current literature on PTSD after MVA and are followed by recommendations for future research.

Stone, B., Leyden, L., Fellows, B. (2010). Energy Psychology Treatment for Orphan Heads of Households in Rwanda: An Observational Study. *Energy Psychology: Theory, Research, & Treatment*, 2(2), p 31-38.

A team of four energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with two groups of orphan genocide survivors with complex posttraumatic stress disorder (PTSD) symptoms. Results from interventions with the first group were reported earlier (Stone, Leyden, & Fellows, 2009). This paper reports results from the second group composed of Orphan Head of Households. A multi-modal intervention using three energy psychology methods (TAT, TFT, and EFT) was used, with techniques employed based on participant needs. Interventions were performed on two consecutive workshop days followed by two days of field visits with students. Data were collected using the Child Report of Posttraumatic Stress (CROPS) to measure pre- and post-intervention results, using a time-series, repeated measures design. N = 28 orphans with clinical PTSD scores completed a pretest. Of these, 10 (34%) completed posttest assessments after one week, three months, and six months, and all analysis was done on this group. They demonstrated an average reduction in symptoms of 37.3% ($p < .005$). Four of the ten students (40%) dropped below the clinical cutoff point for PTSD at the six-month follow-up. These results are consistent with other published reports of the efficacy of energy psychology in remediating PTSD symptoms.

Craig, G., Bach, D., Groesbeck, G., & Benor, D. (2009). Emotional Freedom Techniques (EFT) for traumatic brain injury. *International Journal of Healing and Caring*, 9(2), 1-12.

This article describes the resolution in one session of several residual symptoms following severe Traumatic Brain Injury (TBI) six years earlier in a 51-year-old woman. The intervention was Emotional Freedom Techniques (EFT). Mind Mirror electroencephalogram (EEG) monitoring during EFT sessions revealed increasing patterns of relaxation and centeredness as the treatment progressed. Implications for further research and for assessment and treatment of wartime TBI, PTSD and depression are discussed.

Dinter, I. (2009). Working With Military Service Members and Veterans: A Field Report of Obstacles and Opportunities. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 89-92.

The first few moments of an encounter with a veteran may be crucial in establishing a therapeutic alliance. A posture of respect and acknowledgment of their service provides a good start. Political observations should be avoided. Many service members identify with the archetypal warrior, laying down their lives to protect others and have a sense of betrayal that their purpose has been interrupted. They are often reluctant to talk about their experiences, or engage with a mental health practitioner, because of similar past experiences that did not bring relief. EFT is useful in this context because it can be used without the veteran describing the emotionally triggering event. Veterans may experience these as real, present-time events, not as memories distant in time. Service members may also be afraid that their mental health symptoms may make them appear weak to their comrades and superiors, potentially damaging their careers. Symptoms like flashbacks and nightmares often occur when healthcare providers are unavailable, and a portable self-help method like EFT is useful at such times. EFT also provides a coping technique to families of service providers and improves resilience. Successful implementation in a military culture requires sensitivity to these issues.

Lee, J-W., Cha, H-J., Seo, Y-M., Seo, D-W., & Park, S-J. (2009). A case report of Schizophreniform Disorder treated by Oriental Medical Treatment and Emotional Freedom Techniques. *Journal of Oriental Neuropsychiatry*. 20(2), 207-216.

Schizophreniform Disorder can be regarded as pre-stage of Schizophrenia, which is known as one of the most common mental health disorders. Many studies have shown that treatment of Schizophrenia with antipsychotic drugs has many side effects such as EPS (extrapyramidal symptoms), and recently it has been found that even non-antipsychotics have side effects such as weight gain. This clinical case report investigated the therapeutic effects of Oriental Medicine in Schizophreniform Disorder, and in reducing the side effects of Western medicine.

Methods: We treated the patient diagnosed with Schizophreniform Disorder, whose chief complaint was auditory hallucination, with herbal medicine and acupuncture. Improvement in her clinical symptoms were recorded daily. We also used Emotional Freedom Techniques to control her anxiety.

Results: Auditory hallucination and extrapyramidal symptoms such as tremor disappeared. The patient's anxiety was controlled by Emotional Freedom Techniques effectively.

Conclusion: From the above results, we conclude that Oriental Medical treatment may be effective in treating clinical symptoms of Schizophreniform Disorder, as well as in reducing the side effects of Western medicine.

Look C., Larson Z. (2009). Emotional Freedom Techniques (EFT) for Cerebral Palsy. *International Journal of Healing & Caring*, 9(3):1-8.

Zachary, a 24-year-old man who was born with cerebral palsy, suffered from speech impairment and weakness with poor coordination on the left side of his body, plus garbled hearing in his left ear. He had physiotherapy, speech therapy and surgically-induced deafness in his left ear, all of which produced helpful but only modest improvements. His auditory processing and speech were so impaired that he was placed in classes for the hearing impaired. At age 22 he learned Emotional Freedom Techniques (EFT), which produced marked improvements in his abilities to coordinate the left side of his body and to communicate verbally and through sign language.

Lubin, H., Schneider, T. (2009). Change Is Possible: EFT (Emotional Freedom Techniques) with Life-Sentence and Veteran Prisoners at San Quentin State Prison. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 83-88.

Counseling with prisoners presents unique challenges and opportunities. For the past seven years, a project called “Change Is Possible” has offered EFT (Emotional Freedom Techniques) counseling to life sentence and war veteran inmates through the education department of San Quentin State Prison in California. Prisoners receive a series of five sessions from an EFT practitioner, with a three-session supplement one month later. Emotionally-triggering events, and the degree of intensity associated with them, are self-identified before and after EFT. Underlying core beliefs and values are also identified. In this report, the EFT protocol and considerations specific to this population are discussed. Prisoner statements are included, to reveal self-reported changes in their impulse control, intensity of reaction to triggers, somatic symptomatology, sense of personal responsibility, and positive engagement in the prison community. Future research is outlined, including working within the requirements specific to a prison population in a manner that permits the collection of empirical data.

Mitchell, M. (2009). Emotional Freedom Techniques. *The Practising Midwife*, 12(7), 12-14.

A significant number of the population use complementary therapies to support health and wellbeing, as well as during times of ill health (Ernst and White 2000). Women are by far the greatest consumers of complementary and alternative medicine (CAM), and there is some suggestion that its use is increased in pregnancy and childbirth (Ranzini et al., 2001), although there are no large-scale studies to support this. It is essential, therefore, that midwives should be informed about complementary therapies that women may access, and appreciate women’s desire to choose approaches that are perceived as supportive and beneficial.

One route that pregnant women may choose to investigate is emotional freedom techniques (EFT). Although currently a little-known therapy, as someone who has recently undertaken training, I believe that it is likely to grow in popularity. Here, I aim to provide an overview of the beliefs and techniques of EFT and discuss its potential use in pregnancy and childbirth.

Schulz, K. (2009). Integrating Energy Psychology into Treatment for Adult Survivors of Childhood Sexual Abuse. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 15-22.

This study evaluated the experiences of 12 therapists who integrated energy psychology (EP) into their treatments for adult survivors of childhood sexual abuse. Participants completed an online survey and the qualitative data was analyzed using the Constant Comparative method. Seven categories containing 16 themes emerged as a result of this analysis. The categories included: (1) Learning about EP; (2) diagnosis and treatment of adult CSA using EP; (3) treatment effectiveness of EP; (4) relating to clients from an EP perspective; (5) resistance to EP; (6) the evolution of EP; and (7) therapists’ experiences and attitudes about EP. These themes are compared and contrasted with existing literature. Clinical implications are discussed, as well as suggestions for future research. The results provide guidelines for therapists considering incorporating these techniques into their practices.

Stone, B., Leyden, L., Fellows, B. (2009). Energy Psychology Treatment for Posttraumatic

Stress in Genocide Survivors in a Rwandan Orphanage: A Pilot Investigation. *Energy Psychology: Theory, Research, & Treatment*, 1(1), 73-82.

A team of four energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with orphan genocide survivors with complex posttraumatic stress disorder (PTSD). The program consisted of holistic, multi-dimensional rapport-building exercises, followed by an intervention using Thought Field Therapy (TFT). Interventions were performed on three consecutive days. Data were collected using the Child Report of Post-traumatic Stress (CROPS) to measure pre- and post-intervention results, using a time-series, repeated measures design. N = 48 orphans at the Remera Mbogo Residential High School Orphanage with clinical PTSD scores completed a pretest. Of these, 34 (71%) completed a post-test assessment. They demonstrated an average reduction in symptoms of 8.8% ($p < .001$). Seven students (14%) dropped below the clinical cutoff point for PTSD, with average score reductions of 53.7% ($p < .001$). Follow-ups are planned, to determine if participant gains hold over time. Directions for future research arising out of data gathered in this pilot study are discussed.

Swack, J. (2009). Elimination of Post Traumatic Stress Disorder (PTSD) and other psychiatric symptoms in a disabled Vietnam veteran with traumatic brain injuries (TBI) in just six sessions using Healing from the Body Level Up methodology, an energy psychology approach. *International Journal of Healing and Caring*, 9(3).

Increasing numbers of returning veterans and veterans of previous conflicts are being diagnosed with depression, anxiety, post-traumatic stress disorder (PTSD), and other psychological problems caused by military service. It is important to develop brief and effective treatment methods to facilitate reentry into civilian life. Energy psychology techniques have been found effective for rapidly treating trauma. This case study describes the results of treatment of a Vietnam Veteran for PTSD and other psychiatric symptoms with Healing from the Body Level Up (HBLUTM) methodology, an approach from the field of Energy Psychology. The patient, a Navy Seal, sustained a bullet wound to the skull in Vietnam, and later sustained separate, severe injuries to the brain requiring four rounds of surgery 1990 - 1994. The Veteran's administration diagnosed him 100% disabled. His symptoms were assessed using the SA-45, a well-validated instrument for measuring anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychosis, and somatization; and the PCL-M, the military assessment for PTSD. Testing was done just prior to treatment and 2 months post-treatment. After three double sessions over a period of three months, he demonstrated complete recovery from PTSD and a return to normalcy in all nine areas of formal psychological test evaluation.

Chun, Y-H., & Kim, B-K. (2008) A case study of Tourette's Syndrome with adjunct neurofeedback treatment. *Journal of Oriental Neuropsychiatry*, 19(3), 277-288.

The subject was a 13-year-old boy diagnosed 5 years previously with Tourette's syndrome, in addition to a vocal tic and a motor tic. The course of treatment included Korean herbal medicine, 8-constitution acupuncture, Chimsband electromagnetic conductive strips, neurofeedback, and EFT therapy. Pre-post measures were obtained using the Yale Global Tic Severity Scale (YGTSS). After a course of treatment lasting 9 months, his YGTSS score went from 119 to 38, indicating clinical improvement of his tic symptoms. We believe that Korean herbal medicine and neurofeedback were particularly effective, especially SMR beta training. While EFT assisted

the patient's recovery, its application was time-consuming. Improvement was also found using the Cans 3000. We believe that Tourette's requires extensive courses of treatment, and do not predict success from brief protocols.

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

As identified by quantitative electroencephalography, statistically abnormal brain wave patterns were observed when a person thought about a trauma when compared with thinking about a neutral (baseline) event. Reassessment of brain wave patterns (to the traumatic memory) immediately after thought field therapy diagnosis and treatment revealed that the previous abnormal pattern was altered and was no longer statistically abnormal. An 18-month follow-up indicated that the patient continued to be free of all emotional upset regarding the treated trauma. This case study supports the concept that trauma-based negative emotions do have a correlated and measurable abnormal energetic effect. In addition, this study objectively identified an immediate energetic change after thought field therapy in the direction of normalcy and health, which has persisted.

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

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

McCarty, W. A., (2008). Clinical story of a 6-year-old boy's eating phobia: An integrated approach utilizing prenatal and perinatal psychology with energy psychology's Emotional Freedom Technique (EFT) in a surrogate nonlocal application. *Journal of Prenatal & Perinatal Psychology & Health*, 21(2), 117-139.

This article presents a clinical story of a one-session therapeutic intervention for a young boy's lifelong eating phobia as an example of an integrated therapeutic approach utilizing prenatal and perinatal psychology (PPN) understanding of early experiences as potential origins for life patterns and an energy psychology healing modality intervention—emotional freedom technique (EFT). Key principles of the Integrated Model and corresponding elements of an integrated

therapeutic approach are presented. The session took place without the child present. Nonlocal intuitive perception, mind-to-mind communication, and a nonlocal application of EFT are discussed as integral aspects of the therapeutic approach.

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

This article discusses the application of one of the energy psychology (EP) methods, emotional freedom technique (EFT), in the workplace setting. As the trauma support group manager for trains, working in the London Underground counselling and trauma service, I have integrated EFT into my counselling practice with traumatized 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.

Seo, J-H., Kang, H-Sun., Kim, Ja-Y., Sung, W-Y., Na, Y-J., & Kim, J-W. (2007). A case report of a patient with weakness of heart and gall bladder type somatization disorder induced by stress. *Journal of Oriental Neuropsychiatry*, 18(3), 249-260.

Clinicians note an increase in minor stress associated with somatization disorder. This clinical report describes a patient with somatization disorder induced by stress who was treated with a typical oriental medical protocol (herbal medicine and acupuncture) to reinforce the heart and gall bladder, in combination with EFT for psychological conditions. Symptom levels on the State Trait Anxiety Inventory and the Beck Depression Inventory were assessed before and after treatment. The results show that typical oriental medical treatments for reinforcing the weakness of heart and gall bladder meridians, in combination with EFT, are efficient in the treatment of somatization disorder.

Flint, G. A., Lammers, W., & Mitnick, D. G. (2006). Emotional Freedom Techniques: A safe treatment intervention for many trauma-based issues. *Journal of Aggression, Maltreatment & Trauma*, 12(1-2), 125-150.

Callahan (1985) developed a procedure of tapping on 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.

Callahan, J. (2004). Using Thought Field Therapy® (TFT) to support and complement a medical treatment for cancer: A case history. *The International Journal of Healing and Caring*, 4(3).

“Tessa” was diagnosed with a stage four mixed small and large cell follicular non-Hodgkin’s lymphoma at age 51. She was treated at Dr. Burzynski’s clinic in Houston, Texas. Her treatment was supported by Thought Field Therapy® (TFT) procedures such as eliminating the trauma and anxiety associated with having cancer as well as treatments for Psychological Reversals (PR), which is assumed to promote greater bioenergy healing flow. Unpleasant side effects of necessary medications were also greatly reduced or eliminated with a treatment recently developed by Dr. Callahan, who founded and developed TFT. The combined treatments were successful and she has been cancer free for a year and a half.

Bray, R.L. (2003). Working through traumatic stress without the overwhelming responses. *Journal of Aggression, Maltreatment and Trauma*, 12, 103-124.

As a technique used in Traumatic Stress Response work, Thought Field Therapy (TFT) ends the overwhelming emotional and physical symptoms in a matter of moments, eliminates the overwhelming distress experienced and, in most cases, effects permanent change in that stimulus. TFT has applications across the entire range of traumatic stress responses from mild discomfort sensed somewhere in the background of consciousness to the completely demanding deluge of sensory overload resulting from horrifying life experiences. It works well within grief and bereavement models, brief intervention models of all types, and establishes symptom management necessary for long-term psychotherapy. The theory of TFT and several case examples are presented.

Green, M. M. (2002). Six trauma imprints treated with combination Intervention: critical incident stress debriefing and Thought Field Therapy (TFT) or Emotional Freedom Techniques (EFT). *Traumatology*, 8(1), 18-22.

Green Cross Project volunteers in New York City describe a unique intervention which combines elements of Critical Incident Stress Debriefing (CISD) with Thought Field Therapy and Emotional Freedom Techniques. Six trauma imprints were identified and treated in a number of the clients. The combination treatments seemed to have a beneficial effect in alleviating the acute aspects of multiple traumas. Here are the stories of two Spanish speaking couples who were treated in unison by bilingual therapists two to three weeks after the attack on the World Trade Center.

Pignotti, M. & Steinberg, M. (2001). Heart rate variability as an outcome measure for Thought Field Therapy in clinical practice. *J Clin Psychol*, 57(10):1193-206.

The need for empirical, objective, clear, and practical outcome measures for therapy has long been recognized by clinicians and researchers. Pragmatic tools for objective determination of the efficacy of therapy have been scarce in clinical practice settings. Heart rate variability (HRV) is increasing in popularity for use in clinical settings as a measure of treatment success. Since HRV is stable and placebo-free, it has the potential to meet this need. Thirty-nine cases are presented from the clinical practices of the authors and three other clinicians where HRV was used as an outcome measure for Thought Field Therapy (TFT). The cases included TFT treatments which addressed a wide variety of problems including phobias, anxiety, trauma, depression, fatigue, attention deficit hyperactivity disorder, learning difficulties, compulsions, obsessions, eating disorders, anger, and physical pain. A lowering of subjective units of distress was in most cases related to an improvement in HRV.

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

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

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ACEP and Dr. Peta Stapleton have initiated a web-based program for practitioners to conduct clinical case studies. All forms: Informed Consent, pre-post assessments, anonymized identifiers and instructions are available online. This saves practitioners all the work of filling out forms, data collection, data analysis, etc.

*If you have additions, corrections or updates to this list, email
research_committee@energypsych.org.*