

## Energy Psychology Research Studies & Review Articles with Abstracts

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

*Updated August 2023*

### 2023

**Abedi, P., Mehdipour, A., Ansari, S. & Dastoorpoor, M. (2023). The effectiveness of emotional freedom techniques (EFT) on depression of postmenopausal women: a randomized controlled trial. *Maturitas*, 173, p71. ISSN 0378-5122.**  
<https://doi.org/10.1016/j.maturitas.2023.04.019>

**Objectives:** Postmenopausal women are at greater risk of depression. Depression may negatively affect the quality of life of women. An emotional freedom technique (EFT) is an evidence-based therapy combining cognitive and exposure components with acupressure. This study aimed to evaluate the effect of EFT on depression in postmenopausal women.

**Akbari, M., Aghdasi, A., Panah Ali, A., Azemodeh, M., & Naghdi Sadeh, R. (2023). Comparison of efficacy of eye movement desensitization and reprocessing of emotional freedom technique and cognitive-behavioral therapy in PTSD in Covid-19. *Journal of Modern Psychological Researches*, 18(69).**  
[10.22034/jmpr.2023.16246](https://psychologyj.tabrizu.ac.ir/article_16246.html?lang=en)  
[https://psychologyj.tabrizu.ac.ir/article\\_16246.html?lang=en](https://psychologyj.tabrizu.ac.ir/article_16246.html?lang=en)

This study compared the effectiveness of eye movement desensitization and reprocessing (EMDR), emotional freedom technique (EFT) and cognitive behavioral therapy (CBT) in treating PTSD in patients who recovered from Covid-19 in Tabriz (Iran). The present study was quasi-experimental based on a pretest-posttest design with a control group. The statistical population included all female patients recovered from Covid-19 aged 25 to 60 years in Tabriz in 2021. forty-eight patients sampled using the purposeful sampling method and diagnosed with PTSD were randomly assigned to three experimental groups(n=36) and one control group(n=12).

Participants in EMDR and EFT sessions were treated individually in six 45 min sessions. Similarly, those who took part in the CBT sessions were treated in groups in 45 min sessions. All participants were evaluated in two pre-test and post-test stages by a post-traumatic stress disorder checklist. Data were analyzed in SPSS software (version 22) using the analysis of covariance. Post-test PTSDA scores were significantly reduced in three experimental groups ( $P < 0.05$ ). Additionally, a reduction in PTSD scores in the EMDR group was substantially more significant than in the CBT and EFT groups.

**Conclusion:** Three psychotherapies, EMDR, EFT and CBT, relieved the symptoms in PTSD patients. However, according to the post-test results, EMDR intervention was more effective than CBT and EFT psychotherapy in reducing PTSD symptoms. Since all three methods can improve behavioral strategies by influencing irrational thoughts and emotion release, they are effective ways to reduce PTSD.

**Blacher, S. (2023). Emotional Freedom Technique (EFT): Tap to relieve stress and burnout. *Journal of Interprofessional Education & Practice*, 30. ISSN 2405-4526. <https://doi.org/10.1016/j.xjep.2023.100599>**

The effects of the COVID-19 pandemic have exponentially increased stress, anxiety and burnout levels for all healthcare professionals and students. The psychological effects of working with COVID-19 patients and the physical stress of working under distressing conditions exacerbate an already stressed workforce. Working long hours, shift work, short staffing, demanding workloads, dealing with death and dying and conflicts with management, other staff and disciplines and poor communication between disciplines are among the issues that can lead to burnout, anxiety and depression. Emotional Freedom Technique (EFT) or tapping is a holistic practice that is easy to learn and apply to self and produces relief from stress, anxiety and the symptoms of burnout within in minutes. There are many websites, videos, and tutorials which can teach and support the healthcare practitioner in the practice of EFT.

**Choi, Y., Kim, Y., Choi, S., Choi, Y. E., Kwon, O., Kwon, D. H., ... & Kim, H. (2023). Emotional freedom technique versus written exposure therapy versus waiting list for post-traumatic stress disorder: protocol for a randomised clinical MRI study. *BMJ open*, 13(6), e070389. <http://dx.doi.org/10.1136/bmjopen-2022-070389>**

The emotional freedom technique (EFT) is an acupuncture-based psychotherapy that combines tapping on acupoints with cognitive reframing. EFT has been previously shown to have potential for treating post-traumatic stress disorder (PTSD). However, further clinical evidence and underlying mechanisms of EFT are yet to be fully explored. This proposed clinical trial aims to examine the effect of EFT on patients with PTSD compared with the waitlist (WL) and active controls. This study was designed as a randomised, assessor-blinded, three-arm clinical MRI study. A total of 120 eligible patients with PTSD will be recruited and randomised into EFT, written exposure therapy (WET) or WL groups. EFT and WET will be applied once a week for 5 weeks. For patients in the WL group, EFT will be performed after 12 weeks. PTSD symptoms, depression, anxiety, somatic symptoms and quality of life will be evaluated. Assessments will be conducted at baseline (week 0), post-treatment (week 6) and follow-up (week 12). Structural and functional brain images and recording videos of

facial expressions to emotional stimuli will be obtained before and after treatment. Sixty participants without lifetime traumatic experiences will be enrolled as healthy controls. The primary objective of the study is to compare the change from baseline in the Clinician-Administered PTSD Scale after treatment (week 6) between EFT and WL groups and between EFT and WET groups.

**Güdücü, N., & Özcan, N. K. (2023). The effect of emotional freedom techniques (EFT) on postpartum depression: A randomized controlled trial. *EXPLORE*. <https://doi.org/10.1016/j.explore.2023.04.012>**

Postpartum depression (PPD) is a severe but common emotional disorder that can occur at any time during the first year after pregnancy, can last up to two years, is non-psychotic, and includes mild to moderate depressive symptoms. According to the WHO, 10% of women experience a mental disorder, especially depression, during the antenatal period, and 13% experience a mental disorder during the postpartum period.<sup>1</sup> O'Hara and Swain determined the mean prevalence of PPD to be 13% in 1996,<sup>2</sup> and Gaynes et al. determined it to be 19.2% in 2005.<sup>3</sup> Two meta-analyses conducted in Turkey determined the prevalence to be 23.8%<sup>4</sup> and 24%, respectively.<sup>5</sup> Studies have shown that a significant portion of depressive disorders identified in the postpartum period may exist during pregnancy, such that focusing on screening interventions improves the course of depression and pregnancy outcomes.<sup>6</sup> The American College of Obstetricians and Gynecologists (ACOG) recommends that women be checked for mental disorders such as depression and anxiety at least once during pregnancy using standard and valid measurement tools and be referred to the hospital when necessary.<sup>7</sup> National guidelines also emphasize that midwives who follow women over time during pregnancy and the postpartum period should be sensitive to this issue. These guidelines state that, in the presence of mild depression, midwives may play an important role, using the therapeutic relationship to activate the mother's existing support resources.<sup>8</sup> Much research exists that includes midwives in the prevention and treatment of moderate postpartum depression in terms of developing a robust long-term relationship with pregnant and postpartum women.

**Kang, D.-H., Kim, J.-Y., Park, Y.-C., Yoo, H.-R., & Jung, I. C. (2023). Efficacy and safety of a combination of emotional freedom technique with acupuncture versus acupuncture alone to treat psychiatric symptoms in Parkinson's disease: A protocol for a randomized, assessor-blind, parallel-group clinical trial. *Medicine*, 102(21), e33714. MEDLINE. <https://doi.org/10.1097/MD.00000000000033714>**

Parkinson's disease (PD) is one of the most prevalent neurodegenerative diseases in world. As some psychiatric symptoms degrade the quality of life of patients with PD, a novel alternative non-pharmacological treatment is required. Acupuncture appears to be an effective and safe treatment for PD. The emotional freedom technique (EFT) is a type of psychological therapy that alleviates psychiatric symptoms by stimulating acupoints. In this study, we will compare the efficacy and safety of a combination of the EFT and acupuncture and acupuncture alone.

#### **Methods:**

This study is a randomized, assessor-blind, parallel-group clinical trial. Eighty participants will

be equally divided into experimental and control groups. Each participant will receive a total of 24 interventions over 12 weeks. The experimental group will receive EFT combined with acupuncture and the control group will receive acupuncture alone. The primary outcome is the change in the Beck Depression Inventory score from baseline to 12 weeks, and the secondary outcomes include change in the following variables: Beck Depression Inventory, Parkinson's disease sleep scale, State-Trait Anxiety Inventory, the Korean version of the Fatigue, Resistance, Ambulation, Illnesses, and Loss of weight questionnaire scale, and unified Parkinson's disease rating scale III and exercises.

#### **Discussion:**

Acupuncture is a safe and effective treatment for motor and nonmotor symptoms in PD, and EFT appears to be safe and effective for a variety of psychiatric symptoms. In this study, we will investigate the potential of EFT combined with acupuncture to improve psychiatric symptoms in PD.

**Khaira, M. K., Gopal, R., Suriati, M., & Isa, Z. (2023). Interventional Strategies to Reduce Test Anxiety among Nursing Students: A Systematic Review. *International Journal of Environmental Research and Public Health*, 20(2), 1233.** Retrieved from <http://dx.doi.org/10.3390/ijerph20021233>  
<https://www.mdpi.com/1660-4601/20/2/1233>

Nursing students are reported to have moderate to high test anxiety, leading to reduced academic performance, poor self-esteem, and failure to complete the program and practice nursing. This review aims to examine the interventions for test anxiety reduction in nursing students. Following the PRISMA guidelines, peer-reviewed experimental studies published in English between 2016 and 2021 from four databases, EBSCOhost, PubMed, Science Direct, and Scopus, were systematically searched. The findings were presented in tabular and narrative form. Among the 722 studies retrieved, 14 selected studies were critically appraised, guided by the Joanna Briggs checklist for Randomized Controlled Trials and the checklist for Quasi-Experimental Studies, resulting in 11 studies for inclusion in the systematic review. Test anxiety was assessed by different scales. Aromatherapy hand massage, aromatherapy using a diffuser in combination with music therapy, confidence training for test relaxation, coping program, music therapy, **emotional freedom technique**, animal-assisted intervention, and guided imagery were all found to be effective in reducing test anxiety. In conclusion, while numerous interventions to reduce test anxiety in nursing students were found to be effective, the quality of the studies investigating these interventions was varied with generally small sample sizes and limited follow-up. Future research should be conducted, and the same interventions should be carried out using a larger sample size to strengthen the body of evidence.

**López-Del-Hoyo, Y., Fernández-Martínez, S., Pérez-Aranda, A., Barceló-Soler, A., Bani, M., Russo, S., Urcola-Pardo, F., Strepparava, M. G., & García-Campayo, J. (2023). Effects of eHealth interventions on stress reduction and mental health promotion in healthcare professionals: A systematic review. Open Access. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.16634>**

**Aims:** To evaluate the effectiveness of eHealth interventions to reduce stress and promote

mental health in healthcare professionals, and to compare the efficacy of different types of programs (guided vs. self-guided; 'third-wave' psychotherapies vs. other types).

**Background:** Healthcare workers present high levels of stress, which constitutes a risk factor for developing mental health problems such as depression and anxiety. eHealth interventions have been designed to reduce these professionals' stress considering that the characteristics of this delivery method make it a cost-effective and very appealing alternative because of its fast and easy access.

**Design:** A systematic review of quantitative studies.

**Methods:** A comprehensive database search for quantitative studies was conducted in PubMed, EMBASE and Cochrane (until 1 April 2022). The systematic review was conducted in accordance with the PRISMA and SWiM reporting guidelines. The quality of the studies was assessed using the National Heart, Lung and Blood Institute tools.

**Results:** The abstracts of 6349 articles were assessed and 60 underwent in-depth review, with 27 fulfilling the inclusion criteria. The interventions were classified according to their format (self-guided vs. guided) and contents ('third-wave' psychotherapies vs. others). Twenty-two interventions emerged, 13 of which produced significant posttreatment reductions in stress levels of health professionals (9 self-guided, 8 'third wave' psychotherapies). Significant effects in improving depressive symptomatology, anxiety, burnout, resilience and mindfulness, amongst others, were also found.

**Conclusion:** The evidence gathered in this review highlights the heterogeneity of the eHealth interventions that have been studied; self-guided and 'third-wave' psychotherapy programs are the most common, often with promising results, although the methodological shortcomings of most studies hinder the extraction of sound conclusions.

**Maier MC, Scharf JY, Gold MA, et al. 'Our mind could be our biggest challenge': A qualitative analysis of urban adolescents' sleep experiences and opportunities for mind-body integrative health approaches to improve sleep. PEC Innovation. 2023 Dec;2:100130. DOI: 10.1016/j.pecinn.2023.100130.**

**Objective:** To inform the development of a combined sleep and mind-body integrative health (MBIH) intervention, we explored urban adolescents' sleep experiences and perceptions of MBIH techniques.

**Methods:** We conducted eight focus groups with school-based health center patients in New York City, exploring sleep experiences; mindfulness, body awareness, **tapping**, acupressure, and self-hypnosis; and intervention delivery preferences. We recorded, transcribed, and analyzed the discussions applying methods from grounded theory.

**Results:** Participants (n = 25) were ages 14–17, predominantly female (64%), Latino (60%), and Black (40%). Participants reported social, physical, and internal sleep barriers, but had limited success implementing sleep improvement strategies. Participants viewed MBIH techniques positively, noted audio-guided techniques' accessibility, and were intrigued by less-familiar techniques. Preferences varied around domains of intervention delivery.

**Conclusion:** Results underscore the need for adolescent-informed interventions offering sleep improvement strategies. Participants' interest and willingness to engage in MBIH techniques present an opportunity for practitioners to develop and deliver sleep interventions incorporating MBIH components to urban adolescents. Varied intervention preferences highlight the need to be adaptable to adolescents' lived experiences,

comfort levels, and learning styles.

**Innovation:** This study elucidates the perspectives of underrepresented adolescents whose perspectives on MBIH have rarely been explored, an important first step in developing tailored interventions.

**Okay, E. & Ucar, T. (2023). The effect of Emotional Freedom Technique and music applied to pregnant women who experienced prenatal loss on psychological growth, well-being, and cortisol level: A randomized controlled trial. *Archives of Psychiatric Nursing*.**

<https://doi.org/10.1016/j.apnu.2023.04.027>.

<https://www.sciencedirect.com/science/article/pii/S088394172300064X>

This research study from Turkey explored the effects of EFT and music applied to pregnant women who had experienced prenatal loss on their psychological growth, well-being, and cortisol level. This study was a randomized controlled trial with 53 pregnant women in each of three groups: an EFT group, a music group, and a control group. The study data were collected using the Subjective Units of Disturbance Scale (SUDS), Subjective Units of Experience (SUE) Scale, Post Traumatic Growth Inventory (PTGI), and WHO-5 Well-Being Index; saliva samples were taken for cortisol evaluation. EFT was applied to the women two times every other week; the women in the music group listened to music two times every other week. Throughout the week following the first intervention, the women continued the interventions at home.

**Results:** Both EFT and music significantly decreased the participants' subjective anxiety and salivary cortisol median scores; the lowest anxiety was in the EFT group. PTGI and WHO-5 Well-Being Index mean scores increased ( $p < 0.005$ ). Further analyses showed that EFT was more effective in terms of increasing well-being than music ( $p < 0.001$ ;  $a > b > c$ ). It was determined that the anxiety levels and salivary cortisol median values of the control group were statistically significantly higher compared to the EFT and music groups ( $p < 0.001$ ).

**Conclusion:** It was found that EFT and music applied to the women who had experienced prenatal loss decreased anxiety, ensured psychological growth, improved well-being, and decreased salivary cortisol level.

**Soriano-Lemen, M. I., & Lamzon, G. (2023). Emotional Freedom Techniques for Childhood Sexual Abuse Survivors. *Asian Journal of Education and Social Studies*, 43(2), 9-21. DOI: [10.9734/ajess/2023/v43i2936](https://doi.org/10.9734/ajess/2023/v43i2936)**

Childhood Sexual Abuse (CSA) is a phenomenon that has affected the lives of many women and female adolescents. Eleven (11) residents of a center for abused females were included in this study. Using the case study research method of Yin, data was gathered from multiple sources. Findings were (1) emotion regulation skills were enhanced for some participants; (2) estrangement or hostility from family contributed to the prevalence of the symptoms; (3) some participants' precursor to change characteristics may have hindered therapy progress; (4) EFTs lack an emphasis on building therapeutic alliance; (5) Cognitive Behavioral Theory when used with EFTs make the sessions more helpful; (6) outside factors may have affected the worsening or reduction of symptoms; (7) there is a need to distinguish between tapping for day-to-day management of emotions and



tapping on core issues; and (8) assessment, case conceptualization, and the preparation of a treatment plan play an important role, if there is to be treatment success. Recommendations include suggestions to enhance the therapeutic process, considerations that need to be made in relation to symptomatology of CSA survivors, their precursor to change characteristics, standardizing the implementation of EFTs, and integrating Cognitive Behavioral Theory with EFTs so that a more structured therapeutic approach can be made.

**Stapleton, P., Kip, K., Church, D., Toussaint, L., Footman, J., Ballantyne, P., and O'Keefe, T. (2023). Emotional freedom techniques for treating post traumatic stress disorder: an updated systematic review and meta-analysis. *Frontiers in Psychology*, 14, 2023. <https://doi.org/10.3389/fpsyg.2023.1195286> <https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1195286/full>**

**Introduction:** Clinical Emotional Freedom Techniques (EFT) is a psychophysiological intervention that includes cognitive and somatic elements, utilizing techniques from both Cognitive Behavioral Therapy (CBT) and Prolonged Exposure therapy (PE). Because only a single meta-analysis existed examining EFT for PTSD, this systematic review and meta-analysis represents an update.

**Method:** Ten databases were searched for quantitative reviews and randomised clinical trials, and six met inclusion criteria.

**Results:** Study quality and effect size were evaluated and the results demonstrated that treatment with Clinical EFT, when compared to wait list, usual care, or no treatment controls, resulted in significant and large effect sizes, ranging from 1.38 to 2.51. When compared to active controls, effect sizes ranged from -0.15 to 0.79, producing treatment results similar to other evidence-based therapies.

**Discussion:** Limitations are presented and considerations for further research are proposed.

**Tambunan, M., Suwarni, N. & Selviana, S. (2023). Effect of emotional freedom techniques on anxiety, depression and insomnia among COVID-19 patients. *International Journal of Public Health Science (IJPHS)*, 12(2), 545-553. [doi: 10.11591/ijphs.v12i2.22403](https://doi.org/10.11591/ijphs.v12i2.22403)**

The COVID-19 pandemic has had a massive impact on various aspects, including mental health, especially for people confirmed positive for COVID-19. People who are positively confirmed for COVID-19 tend to experience decreased immunity caused by feelings of anxiety, depression, and insomnia. emotional freedom technology (EFT) therapy has been proven to reduce mental health disorders but has never been applied to people who are positively confirmed for COVID-19. This study aimed to examine the effect of EFT therapy on mental health disorders (anxiety, depression, and insomnia) in COVID-19 patients in Pontianak City. This research method is quantitative with a quasi-experimental design in the COVID-19 isolation area provided by the Pontianak City government, namely Upelkes and Rusunawa in June 2021. The total sampling was employed consisting of 42 people. A validated questionnaire on anxiety, depression, and insomnia was employed as a research instrument. A repeated ANOVA test was used to analyze research data. The results showed that EFT therapy was effective in reducing anxiety, depression, and insomnia scores in positively confirmed people for COVID19 (p-

value <0.05). EFT therapy can overcome mental health disorders experienced by people who are positively confirmed for COVID-19 and as an alternative therapy to speed up the healing process.

**Tang, X., Wang, L., Ni, S., Wu, M., Hu, S., & Zhang, L. (2023). Feasibility and effect of emotional freedom therapy on sleep quality in patients with end-stage renal disease receiving maintenance hemodialysis: A pilot study. *Geriatric Nursing*, 51, 112-120.**

<https://doi.org/10.1016/j.gerinurse.2023.02.021>

**Objective:** To explore the feasibility and efficacy of emotional freedom therapy (EFT) in improving sleep quality and managing negative emotions in end-stage renal disease patients on maintenance hemodialysis.

**Methods:** Between May 2021 and February 2022, 66 maintenance hemodialysis patients with sleep problems were recruited and randomized into an intervention and control group. The intervention group underwent a 12-week intervention of EFT. Two groups' hospital anxiety depression scale (HADS) scores, Pittsburgh sleep quality index (PSQI), and interdialysis weight gain (IDWG) before and one week after the formal intervention were collected and compared. Feasibility analysis was performed using a feasibility questionnaire and in-depth interviews with patients.

**Results:** Before the intervention, there was no statistical difference in the anxiety, depression, PSQI scores and IDWG between the two groups. After balancing the effects of gender and pre-intervention scores, two-way ANCOVA results showed that there were statistically significant differences between the two groups after the intervention in terms of anxiety, depression, sleep quality, sleep duration, daytime dysfunction and PSQI total score. However, interactions effect for IDWG was statistically significant. Simple effects analysis revealed a difference in post-intervention IDWG between the intervention and control groups for patients over 65 ( $p < 0.05$ ). Most patients agreed or strongly agreed that the EFT was easy to schedule and they did not experience difficulties during learning the EFT process (respectively 75% and 71.88%). And 75% of the participants were willing to continue practicing EFT. Qualitative content analysis identified five prominent categories related to feasibility and acceptability: affirmation, benefits, communication, support and trust.

**Conclusion:** EFT can relieve anxiety and depression, enhance sleep quality, and improve the physical condition of patients with end-stage renal disease receiving maintenance hemodialysis. As well, the EFT intervention is practicable, acceptable, and perceived as being beneficial to the patient.

## 2022

**Anālayo, B., Steffens-Dhaussy, C., Gallo, F. et al. (2022). Energy Practices and Mindfulness Meditation. *Mindfulness* 2022.. <https://doi.org/10.1007/s12671-022-01923-6>  
<https://link.springer.com/article/10.1007/s12671-022-01923-6#citeas>**

The article explores the potential impact of insight meditation and mindfulness practices on the



body's energy system. Basic principles of energy psychology, whose efficacy has been corroborated in current research, are surveyed from the viewpoint of their potential to help in dealing with hypersensitivity resulting from mindfulness practices, combined with presenting a set of specific techniques relevant to hindrances in meditation.

**Brown, G., Batra, K., Hong, S., Sottile, R., Bakhru, R. & Dorin, E. (2022). Therapists' observations in reduction of unpleasant emotions following Advanced Integrative Therapy interventions. *Energy Psychology Journal*, 14(1). [doi 10.9769/EPJ.2022.14.1.GB](https://doi.org/10.9769/EPJ.2022.14.1.GB)**

**Objective:** To assess the potential clinical efficacy of a novel model of energy psychology intervention, Advanced Integrative Therapy (AIT), this pilot study assessed clinician perceptions of AIT through a cross-sectional survey.

**Methods:** A 17-item web-based questionnaire was administered to AIT therapists in November of 2021. The survey included clinician demographics and the clinician-observed response to AIT treatment based upon changes in reported Subjective Units of Distress (SUD), the associated emotion, and somatic sensation (when present).

**Results:** A total of 76 complete responses were analyzed. The sample respondents were predominantly female (81.6%) and non-Hispanic white (68%). Over 80% of the respondents reported using AIT with their clients within the past six months and a significant proportion of participants self-assessed their AIT skills as of proficient or expert level. As reported by the therapists, 77% of the sessions described were used to clear patterns of negative events rather than a single event. Over 75% of events were identified as being either since childhood or otherwise chronic in nature. The average pre-AIT intervention SUD score was reported as  $8.3 \pm 2.7$  out of 10, which in 92% of cases, dropped to either 0 or 1 following a single session of AIT.

**Conclusions:** Although this pilot study was limited to clinician responses in assessment of the ability of AIT to reduce the negative emotions related to past traumatic events, the initial observations were supportive of the potential clinical utility of this energy psychology technique. The findings suggest that additional client-based assessments and randomized clinical trials with known therapies as a control are warranted to continue the systematic observation of AIT.

**Bustamante-Paster, A. (2022). The Efficacy of EFT on the Symptoms of Depression, Anxiety and Stress among College Students' during the COVID-19 Pandemic: Basis for the Development of Psychological Acupuncture Intervention. *International Journal of Multidisciplinary Research and Analysis*, 5(7):1626-41.**

The study's major goal was to determine whether lockdowns, remote learning, and other significant changes brought on by the COVID-19 epidemic caused students at a locally supported institution in Laguna to feel depressed, anxious, or stressed. Students enrolled from 2020 to the present or during the pandemic's duration made comprised the study's participants. This was a quasi-experimental design. It was designed to find out if students were displaying signs of stress, anxiety, or depression. An intervention, Emotional Freedom Technique, has been used to mitigate and address their degree of depression, anxiety, and stress. The participants' age, sex, course, and year level demographics were also noted. The research used simple random sampling and the researcher called all the participants who

met the criteria. Depression Anxiety Stress Scales (DASS) was utilized to determine their level of symptoms. Moderate to extremely severe symptoms had been invited to participate in the experiment. Volunteered participants had been assigned to three experimental groups namely depression group, anxiety, and stress. Forty-five (45) participants had been subjected to 16 (sixteen) sessions of online intervention with a total of 48 sessions for three groups with an interval post-test within the sessions. Fortunately, after 16 sessions of the emotional freedom technique, the participants in the anxiety group had a baseline of 16.69 mean or severe but after three post-tests they became better as revealed by the last post-test mean of 4.84 or normal. As to depression, they had 22.77 mean or severe, but after sessions it was now 10.38 mean or mild. The participants had 25.50 mean or severe but afterwards 8.70 mean or normal in the stress group. Since quantifiable data has demonstrated how well the emotional liberation technique works, the hypothesis that it is ineffective for reducing the participants' levels of sadness, anxiety, and stress symptoms was rejected. Nevertheless, the researcher will create an intervention called "Psychological Acupuncture for Comfort" as the output for the study.

**Church, D., Kip, K., Stapleton, P. (2022). Corrigendum supports therapeutic contribution of acupoint tapping to EFT's observed effects. *J Nerv Ment Dis*, 210: 143-47. doi: 10.1097/NMD.0000000000001439**  
[https://journals.lww.com/jonmd/Abstract/2022/02000/Corrigendum\\_Supports\\_Therapeutic\\_Contribution\\_of.13.aspx](https://journals.lww.com/jonmd/Abstract/2022/02000/Corrigendum_Supports_Therapeutic_Contribution_of.13.aspx)

We published a meta-analysis of studies that examined the various components of an evidence-based therapy called emotional freedom techniques (EFTs). EFT uses elements of conventional therapies such as exposure and cognitive processing but includes the unique ingredient of acupoint stimulation using fingertip tapping. Six studies were identified, and three of these met the quality control criteria of the American Psychological Association's Division 12 Task Force for Empirically Validated Therapies. Meta-analysis found that the acupoint component of EFT was not an inert ingredient or inactive placebo but made an active contribution to the therapeutic effects noted in a research literature that now numbers over 100 clinical trials of EFT. Subsequent to publication, errors in the original analysis were identified, primarily incorrect standard deviations. A new analysis was performed by an independent statistician and found slightly greater effects than the original investigation. The results were published as a corrigendum, which was subsequently challenged by Spielmanns. Here we examine the critiques of the corrigendum and original article. We find that although they may be of academic interest, they are irrelevant to the central research question of whether the acupoint component of EFT is inert or active. We reaffirm that the evidence clearly validates the contribution made by acupoint tapping to EFT's observed clinical effects.

**Church, D., Stapleton, P., Gosatti, D. & O'Keefe, T. (2022). Effect of virtual group EcoMeditation on psychological conditions and flow states. *Front. Psychol., Sec. Psychology for Clinical Settings*, 13. | <https://doi.org/10.3389/fpsyg.2022.907846>**

**Background:** A plethora of literature has delineated the therapeutic benefits of meditation practice on psychological functioning. A novel meditative practice, EcoMeditation, includes elements of four evidence-based techniques: The Quick Coherence Technique for regulating heart rate variability (HRV), Emotional Freedom Techniques (EFT), mindfulness, and

neurofeedback.

**Objectives:** Changes in psychological symptoms, including anxiety, depression, posttraumatic stress, pain, and happiness were measured following a one-day virtual EcoMeditation training workshop. The current study extended on previous literature by adding measures of transcendent experiences and flow states.

**Methods:** Participants were drawn from a convenience sample of 151 participants (130 female, 21 male) aged between 26 to 71 years ( $M = 45.1$ ,  $SD = 9.19$ ) attending a one-day virtual EcoMeditation workshop. They were assessed pre-workshop, post-workshop, and at 3-months follow-up.

**Results:** Post-workshop results ( $N = 111$ ) indicated a significant reduction in anxiety ( $-42.3\%$ ,  $p < 0.001$ ), depression ( $-37.5\%$ ,  $p < 0.001$ ), posttraumatic stress ( $-13.0\%$ ,  $p < 0.001$ ), and pain ( $-63.2\%$ ,  $p < 0.001$ ) Likert mean scores when compared to pre-workshop. There was also a significant increase in happiness ( $+111.1\%$ ,  $p < 0.001$ ), flow states ( $+17.4\%$ ,  $p < 0.001$ ), and transcendent experiences ( $+18.5\%$ ,  $p < 0.001$ ). At 3-months follow-up, a one-way repeated measures ANOVA ( $N = 72$ ) found significant decreases in anxiety, depression, and pain symptoms between pre-test and post-test, as well between pre-test and follow-up. Flow, happiness, and transcendent experiences increased significantly between pre-test and post-test, as well as between pre-test and follow-up, with over 71% of participants experiencing clinically significant improvements. Significant reductions in posttraumatic stress and depression symptoms between pre-test and follow-up were also noted.

**Conclusion:** EcoMeditation is associated with significant improvements in psychological conditions such as anxiety, depression, pain, and posttraumatic stress. EcoMeditation was also shown to enhance flow states and transcendent experiences. The benefits identified were similar to those found in the existing literature and provide support for the use of EcoMeditation as an effective stress reduction method that improves psychological symptoms and enhances transcendent states.

**Church, D., Stapleton, P. & Raynor, D. (2022). Skinny Genes' six-week, online, Clinical Emotional Freedom Techniques program: Durable weight loss and improved psychological symptoms. *Advances in Mind-Body Medicine*. 36. 13-21.**  
<https://tinyurl.com/2nzwkyhp>

**Context:** With obesity a mounting global issue, efficacious treatments can make a contribution to both personal and public health. Prior clinical trials have demonstrated that an evidence-based method, Clinical Emotional Freedom Techniques (EFT), can produce a durable weight reduction.

**Objective:** The study evaluated whether Skinny Genes, a six-week online program applying EFT to emotional eating, was associated with behavioral change and reductions in weight.

**Design:** A pre-post outcome study design evaluated the results of a convenience sample of participants enrolled in an online weight loss course.

**Participants:** Participant were recruited through EFT websites. Pre, post and follow-up measures were available for 72 participants and all analysis was performed on this sample.

**Intervention:** Participants used EFT to address cognitions, behaviors, and adverse experiences that could contribute to binge eating, intermittent dieting, and resistance to exercise.

**Outcome measures:** Behaviors to restrain eating were measured using the Revised Restraint Scale (RRS); the association of food with reward using the Power of Food Scale (PFS); anxiety and depression using the Hospital Anxiety and Depression Scale (HADS). Weight was measured pre and postintervention and at six-month follow-up.

**Results:** Postintervention, a 36.8% reduction in anxiety ( $P < .001$ ) and a 48.5% reduction in depression ( $P < .001$ ) were found. The perceived power of food decreased significantly as did restraint behaviors. Participants lost an average of 12.9 lbs during the six weeks of the program ( $P < .001$ ), and at follow-up, a further 2.6 lbs. All psychological gains were maintained ( $P < .001$ ).

**Conclusions:** The findings are consistent with those of other clinical trials studying the benefits of EFT for weight loss, demonstrating simultaneous reductions in both weight and psychological distress. The continued weight reduction found on follow-up was consistent with other EFT studies but counter to the pattern of weight regain noted in the literature. Addressing emotional issues using an online delivery format was associated with durable weight-loss maintenance as well as improved mental health. App-based and virtual programs such as Skinny Genes have the potential to bring effective therapies to underserved populations.

**Church, D., Stapleton, P. Vasudevan, A. & O'Keefe, T. (2022). Clinical EFT as an evidence-based practice for the treatment of psychological and physiological conditions: A systematic review. *Front. Psychol.*, 13. | <https://doi.org/10.3389/fpsyg.2022.951451>  
<https://www.frontiersin.org/articles/10.3389/fpsyg.2022.951451/full>**

**Background:** Since the turn of the century, Emotional Freedom Techniques (EFT) has come into widespread use in medical and psychological treatment settings. It is also used as self-help by tens of millions of people each year. Clinical EFT, the manualized form of the method, has been validated as an “evidence-based” practice using criteria published by the American Psychological Association (APA) Division 12 Task Force on Empirically Validated Therapies. Its three essential ingredients are exposure, cognitive framing, and acupressure.

**Objectives:** In 2013 we published a paper defining Clinical EFT and reviewing published research. It has been viewed or downloaded over 36,000 times, indicating widespread interest in this treatment modality. Here we update our findings based on subsequently published literature and propose directions for future research.

**Method:** We performed a systematic review of the literature to identify randomized controlled trials (RCTs) and meta-analyses. Retrieval of 4,167 results resulted in the identification of 56 RCTs ( $n = 2,013$ ), 41 of which were published subsequent to our earlier review, as well as eight meta-analyses.

**Results:** RCTs have found EFT treatment to be effective for (a) psychological conditions such as anxiety, depression, phobias, and posttraumatic stress disorder (PTSD); (b) physiological issues such as pain, insomnia, and autoimmune conditions; (c) professional and sports performance; and (d) biological markers of stress. Meta-analyses evaluating the effect of EFT treatment have found it to be “moderate” to “large.” Successful independent replication studies have been carried out for anxiety, depression, PTSD, phobias, sports performance, and cortisol levels. We outline the next steps in EFT research. These include determining its impact on cancer, heart disease, diabetes, and cognitive impairment; analysis of the large-scale datasets made possible by mobile apps; and delivery through channels such as virtual practitioner sessions, artificial intelligence agents, online courses, apps, virtual reality platforms, and standardized group therapy.

**Conclusions:** Subsequent research has confirmed the conclusions of earlier studies. These find Clinical EFT to be efficacious for a range of psychological and physiological conditions. Comparatively few treatment sessions are required, treatment is effective whether delivered in person or virtually, and symptom improvements persist over time. Treatment is associated with measurable biological effects in the dimensions of gene expression, brain synchrony,

hormonal synthesis, and a wide range of biomarkers. Clinical EFT is a stable and mature method with an extensive evidence base. Its use in primary care settings as a safe, rapid, reliable, and effective treatment for both psychological and medical diagnoses continues to grow.

**Diepold, J. & Schwartz, G. (2022). Clinical effectiveness of an integrative psychotherapy technique for the treatment of trauma: A phase I investigation of Heart Assisted Therapy, *EXPLORE*, 18(6); 698-705, <https://doi.org/10.1016/j.explore.2022.07.002>  
<https://www.sciencedirect.com/science/article/pii/S1550830722001148>**

There is a need for more effective clinical interventions to assist individuals in healing from lingering negative and traumatic experiences. Furthermore, healing from such experiences and coping with residual symptoms are conceptionally separate yet important outcomes in psychotherapy. This report describes a Phase I investigation that evaluates an innovative integrative psychotherapy technique that promotes healing in addition to providing a method of coping while treatment is in progress. 43 patients were treated by 2 separate psychologists using Heart Assisted Therapy (HAT) in their private practices. There was a total of 81 specific upsetting and/or traumatic life events treated. All patients completed a standardized form to rate their degree of distress before and after HAT for each life event. Follow-up data were also collected ranging from 3 months to over 18 months post-treatment. Data analysis revealed the average number of HAT sessions for a treated incident was 3 – 4. The mean distress level was 7.55 before HAT and 0.00 after HAT for an exploratory study ( $n=13$ ;  $p < .0000001$ ), and 8.31 before HAT and 0.02 after HAT for a confirmatory study ( $n = 30$ ;  $p < .0000001$ ). These improvements were replicated across therapists, gender, and veteran status. The combined findings suggest that the integrative Heart Assisted Therapy model has important practical as well as theoretical significance. Future Phase II and Phase III studies can be performed to confirm the large magnitude of the patients perceived clinical effects and evaluate potential moderating variables such as expectancy.

**DiLauro, M. (2022). Expanding the social work toolbox: Utilizing Emotional Freedom Techniques in practice. *Health & Social Work*, 47(1), 63–67.  
<https://doi.org/10.1093/hsw/hlab026>**

Energy psychology practices — most notably Emotional Freedom Techniques (EFT) or tapping—are noninvasive, client-friendly methods of therapy that should be included in the social worker's toolbox. EFT is an evidence-based practice that has been recognized as an effective treatment for a range of physical and emotional conditions including PTSD, anger, anxiety, stress, test anxiety, phobias, weight control, chronic pain, addiction, and other disruptive habits, behaviors, and limiting beliefs (Feinstein, 2012, 2018; Rowe, 2005; Stapleton, 2019). The technique has been used both nationally and internationally by organizations to aid in trauma relief for veterans, survivors of national disasters, war-related trauma, and mass shooting tragedies such as in Newtown and Pacific Grove (Ortner, 2013). Clinical EFT tapping protocols have been validated by research, with over 100 research studies, review articles, and meta-analyses published in professional, peer-reviewed journals (Stapleton, 2019).



**Feinstein, D. (2022). Integrating the manual stimulation of acupuncture points into psychotherapy: A systematic review with clinical recommendations. *Journal of Psychotherapy Integration*. <https://doi.org/10.1037/int0000283>**

The integration into psychotherapy of protocols using the stimulation of acupuncture points by tapping on them, a form of acupressure, is increasingly appearing in clinical practice. An underlying premise is that the procedure generates activating and deactivating signals which, in real time, impact brain areas aroused by a client's focus of attention. This makes it possible for a therapist to rapidly facilitate cognitive and neurological changes by shifting the wording and images that accompany the tapping. The approach has been controversial, with both enthusiastic proponents and adamant critics. A total of 309 peer-reviewed, English-language journal articles have focused on this development. The aim of this article is to put these reports into context using a "hierarchy of evidence" model. In a hierarchy of evidence, judgments about the efficacy of a clinical approach are formed according to the relative strength of the types of studies supporting the method. The hierarchy of evidence for psychotherapies that use tapping on acupuncture points includes 28 systematic reviews or meta-analyses, 125 clinical trials, 24 case studies, 26 reports describing systematic observations, 17 mixed-method clinical trials that included a tapping component, and 88 articles addressing clinical procedures, theory, mechanisms, or related issues. Consistency in positive outcomes following the tapping of selected acupuncture points for a range of conditions was identified and weaknesses in study designs discussed. Mechanisms of action are briefly considered and suggestions for integrating acupoint tapping protocols into clinical practice are presented. The article concludes that although further research is needed, the growing evidence base documenting the effectiveness, speed, and durability of the approach appears promising.

**Feinstein, D. (2022). Uses of energy psychology following catastrophic events. *Frontiers in Psychology*, 13, 856209. doi:10.3389/fpsyg.2022.856209**

Energy psychology, as most widely practiced, integrates the manual stimulation of acupuncture points with imaginal exposure, cognitive restructuring, and other evidence-based psychotherapeutic procedures. Efficacy for energy psychology protocols has been established in more than 120 clinical trials, with meta-analyses showing strong effect sizes for PTSD, anxiety, and depression. The approach has been applied in the wake of natural and human-made disasters in more than 30 countries. Four tiers of energy psychology interventions following the establishment of safety, trust, and rapport are described, including (1) immediate relief/stabilization, (2) reducing limbic arousal to trauma-based triggers, (3) overcoming complex psychological difficulties, and (4) promoting optimal functioning. The first tier is most pertinent in psychological first aid immediately following a disaster, with the subsequent tiers progressively being introduced over time with complex stress reactions and chronic disorders. Advantages of adding the stimulation of acupuncture points to a conventional exposure approach are identified, and challenges around cultural sensitivities and unintended effects are discussed. After establishing a framework for introducing energy psychology in disaster relief efforts, reports from a sampling of settings are presented, based on interviews with this paper's author. These include accounts of relief work with survivors of mass shootings, genocide, ethnic warfare, earthquakes, hurricanes, tornadoes, floods, wildfires, and the COVID-19 pandemic. Hundreds of other reports from the field show a pattern of strong



outcomes following the use of energy psychology in the days or weeks after a disaster and in the subsequent treatment of trauma-based psychological problems. Many of these accounts corroborate one another in terms of rapid relief and long-term benefits. Finally, examples of more efficient delivery methods utilizing large groups, lay counselors, digital technology, and cultivating community resilience are presented.

**Freedom, J., Hux, M. & Warner, J. (2022). Research on acupoint tapping therapies proliferating around the world. *Energy Psychology Journal*, 14(1), 22-28.**  
[doi:10.9769/EPJ.2022.14.1.JF](https://doi.org/10.9769/EPJ.2022.14.1.JF)

**Background:** The evidence base for acupoint tapping including Emotional Freedom Techniques (EFT) includes over 150 clinical trials showing relatively rapid and durable improvements for a range of psychological and physical conditions. It supports the premise that tapping is an active ingredient and shows associated physiologic changes. This evidence is based in standard Western literature databases such as EBSCO and overwhelmingly in English.

**Objective:** The current report explores international and regional research on EFT not previously known in the Western literature evidence base.

**Methods and Results:** A search of Research Gate found 86 research studies on acupoint tapping not identified in standard Western databases. A systematic search of 21 databases using the EBSCO search engine yielded an additional five previously unknown papers for a total of 91 research studies. These studies were published in regional and international journals (71% in Indonesia) with most published primarily in languages other than English (81% had only title and/or abstract available in English). EFT was used in 47% of the studies, and the remaining studies used “Spiritual EFT” (SEFT), a variation developed in Indonesia combining tapping with spiritual affirmations from the Quran. The majority (84%) were single group or comparative clinical trials and 5% were literature reviews. The target issue included a range of psychological or medical conditions such as anxiety (29%), depression (15%), and hypertension (11%). In a further step, the potential magnitude of this additional research base was explored using Google Scholar. Challenges include inconsistent quality of translations, limited search capabilities of Google Scholar, lack of full text translated into English, and reasons why this literature is not found in the major databases.

**Conclusion:** This review identified a large number of studies that had been “invisible” in the West due to their having been published in non-English-language journals. They demonstrate growing interest in EFT throughout the world. In comparison with English-language EFT databases, these studies tend to be more frequently performed in treatment settings such as hospitals, clinics, and universities, and they often address medical diagnoses such as diabetes, hypertension, and pain as well as psychological conditions. In addition, they apply EFT with populations rarely focused upon in Western EFT studies, such as prisoners, addicts, cancer patients, and diabetics. Finally, these studies provide a valuable perspective on how acupoint tapping is being used around the world in real-life settings.

**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.

**Hart, J. (2022). Emotional Freedom Techniques: Tapping Acupuncture Points and Talking to Improve Health. *International Journal of Integrative and Complementary Therapies*, 28(5). <https://doi.org/10.1089/ict.2022.29035.jha>**

Emotional Freedom Techniques, or EFT, is an energy and/or psycho-emotional complementary health practice that utilizes a unique protocol of tapping points on the body while speaking truths and affirmations about various life issues out loud. The goal of the technique is to help bring relief to people suffering from these issues. EFT International—a not-for-profit global association in the United Kingdom of dedicated practitioners, trainers and students—defines EFT as “a practical self-help method that involves using the fingers to gently tap on the body’s acupuncture points along the meridian lines of Chinese medicine. It is often referred to as ‘EFT Tapping’ or simply as ‘Tapping.’” The therapeutic effects of this technique are recognized around the world. One can use EFT tapping for anxiety, weight loss issues, pain, stress and many other issues.

**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://doi.org/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.

**Kalroozi, F., Moradi, M., Ghaedi-Heidari, F., Marzban, M., & Raeisi-Ardali, S. (2022). Comparing the effect of emotional freedom technique on sleep quality and happiness of women undergoing breast cancer surgery in military and non-military families: A quasi-experimental multicenter study. *Perspectives in Psychiatric Care*, 58(4), 2986-97. <https://doi.org/10.1111/ppc.13150>**

**Purpose:** The aim of this study was to compare the effect of emotional freedom technique (EFT) on sleep quality and happiness of women who underwent breast cancer surgery and lived in military and nonmilitary families.

**Design and Methods:** The patients were randomly divided into four groups of military intervention ( $n = 34$ ), nonmilitary intervention ( $n = 33$ ), military control ( $n = 31$ ), and nonmilitary control ( $n = 35$ ). Data were collected using demographic information form, Pittsburgh Sleep Quality Index, and Oxford Happiness Questionnaire.

**Findings:** The mean scores of sleep quality and happiness in military and nonmilitary intervention groups improved significantly immediately and 1 month after the intervention compared to control groups ( $p < 0.001$ ). However, there was no statistically significant difference between the military and nonmilitary intervention groups regarding the mean scores of sleep quality and happiness before, immediately, and 1 month after the intervention ( $p > 0.05$ ).

**Practice Implications:** Given the efficacy of EFT in improving sleep quality and happiness, it is recommended that this technique be taught to nurses to implement in the entire process of providing nursing care to cancer patients.

**Lee, E., Faber, J. & Bowles, K. (2022). A Review of Trauma Specific Treatments (TSTs) for Post-Traumatic Stress Disorder (PTSD). *Clin Soc Work J* 50, 147–159. <https://doi.org/10.1007/s10615-021-00816-w>**

Trauma is a significant public health concern that has widespread and adverse effects on people. There is a high prevalence of trauma and PTSD in general populations, and that prevalence greatly increases among the clinical populations that social workers serve. To address the hidden epidemic of trauma, there are various trauma-specific treatments for PTSD. Scholars have highlighted a critical use of research evidence as a starting consideration in clinical decision-making and named the necessity to map out effective interventions according to population and types of trauma, including both conventional and non-conventional treatments. A rapid systematic review was conducted to fill this gap and found thirty-four empirically supported studies, including nineteen conventional and seven non-conventional treatment approaches for PTSD. The included conventional therapies are cognitive behavioral therapy (CBT), sleep-specific CBT, trauma-focused CBT, internet CBT, virtual reality exposure therapy, prolonged exposure, narrative exposure therapy, cognitive processing therapy, eye movement desensitization and reprocessing (EMDR), hypnotherapy,

emotion focused therapy, skills training in affect and interpersonal regulations (STAIR), interpersonal psychotherapy (IPT), dialectical behavioral therapy (DBT), seeking safety, trauma incident reduction, accelerated resolution therapy (ART), metacognitive therapy, and imaginary rehearsal therapy. The non-conventional approaches included are yoga, physical activities, **emotion freedom technique**, acupuncture, mantram repetition program, mind–body therapy, and music therapy. We further explored the therapy content, population, type of trauma, outcomes, and strengths/limitations under each treatment to guide clinicians to select the best practice for idiosyncratic clients. Lastly, we discussed limitations of the current review, clinical considerations in selecting empirically supported treatment for PTSD and future research implications to guide clinical social workers.

**Lee, S. H., Han, S. Y., Lee, S. J., Chae, H., & Lim, J. H. (2022). Effects of Emotion Freedom Techniques on Academic Stress in Korean Medical Students: A Single-Group Pre-Post Study. *Journal of Oriental Neuropsychiatry*, 33(1), 33–48.**  
<https://doi.org/10.7231/JON.2022.33.1.033>

**Objectives:** Academic stress poses a significant risk for the mental health of medical students, and a feasible group intervention program for managing academic stress is required. The purpose of this study was to examine the clinical effectiveness of emotional freedom techniques (EFT) on the mental health of Korean medical students.

**Methods:** The class of first-year medical school students (n=36) participated in an after-school EFT group intervention program comprising six sessions (15 minutes/session, three weeks) to analyze its clinical effectiveness as a single-group test-retest clinical study. The changes in the Perceived Stress Scale (PSS), Test Anxiety Inventory (TAI), Positive and Negative Affect Schedule (PANAS), and State-Trait Anxiety Inventory (STAI) scores were examined using a paired t-test and Cohen's D at post-EFT and two-week follow-up.

**Results:** There were significant curtailments at post-EFT and follow-up measures in TAI-Total (t=2.704 and t=3.289), TAI-Worry (t=2.297 and t=2.454), TAI-Emotionality (t=2.763 and t=3.654), PSS-Negative Perspective (t=2.659 and t=3.877), and PANAS-Negative Affect (t=2.885 and t=3.259) subscales, however not in PSS-Positive Perspective (t=-1.279 and t=-1.101) and PANAS-Positive Affect (t=0.194 and t=-0.122) subscales. The trait anxiety (t=2.227) was significantly mitigated in the post-EFT measure and the state anxiety (t=2.30) in the follow-up measure.

**Conclusions:** The EFT group intervention alleviated test stress, negative affect, and anxiety in the Korean medical students. This study contributes to an understanding of academic stress and EFT intervention in the competitive environment of medical education.

**McGreevy, S. & Boland, P. (2022). Touch: An integrative review of a somatosensory approach to the treatment of adults with symptoms of post-traumatic stress disorder. *European Journal of Integrative Medicine*, 54, 2022, 102168, ISSN 1876-3820,**  
<https://doi.org/10.1016/j.eujim.2022.102168>  
<https://www.sciencedirect.com/science/article/pii/S1876382022000695>

**Introduction:** Post-traumatic stress disorder (PTSD) is a complex experience which can adversely affect a person's health and engagement in daily life. Some evidence-based treatments for PTSD, including pharmacological and psychological interventions, reduce the severity of some of the associated symptoms, although they have shown limited efficacy.

Somatosensory approaches can be used to assist a person to regulate their autonomic nervous system. This review identifies touch-based interventions in the treatment of PTSD and examines the role of touch with this population.

**Methods:** An integrative literature review was conducted to examine touch-based interventions which addressed the symptoms of PTSD in adults. Quantitative, qualitative and conceptual data were identified from eight databases, findings were appraised and synthesised using thematic analysis strategies, the Mixed Methods Appraisal Tool (MMAT) and the Critical Appraisal Skill Program (CASP).

**Results:** total of 39 articles were included, describing eleven different touch-based interventions. Three key themes were identified: (i) catalogue of touch-based interventions being utilised in the treatment of PTSD; (ii) proposed mechanisms explaining the effects of touch-based interventions with PTSD; (iii) touch-based interventions which may reduce the symptoms of PTSD.

**Conclusion:** Touch can play an important role in emotional regulation and the reduction of symptoms of PTSD. With a growing evidence base for the efficacy of these interventions, one intervention, Emotional Freedom Technique, prevailed. Methodological diversity and a paucity of conceptual frameworks mean that findings should be interpreted with caution. Developing a theoretical understanding for the underlying mechanisms of why touch-based treatments may be effective is required.

**Okut, G., Alpar, Ş. E., & Dönmez, E. (2022). The effect of the emotional freedom technique on coronavirus disease 2019 (COVID-19) fear and anxiety levels of nurses working in the emergency department: A randomized controlled study. *Journal of Psychiatric Nursing*, 13(4).**

**Objectives:** The coronavirus disease 2019 (COVID-19) pandemic, which has been a significant public health problem due to its high mortality and morbidity rates, has particularly affected the fear and anxiety levels of health professionals. Thus, the aim of this study was to assess the efficacy of the Emotional Freedom Technique (EFT) on the anxiety and fear of COVID-19 levels of nurses in the emergency department.

**Methods:** This study was designed in line with a pre-and post-test, two-group methodology. A total of 88 participants (experimental group, 44; control group, 44) were included in this study. Data were collected using the following four tools: Questionnaire Form, Subjective Units of Disturbance (SUD), State-Trait Anxiety Inventory (STAI), and Fear of COVID-19 scale.

**Results:** A total of 84 nurses, 41 of whom were in the intervention group and 43 in the control group, were included in this study. After the intervention, the fear of COVID-19 ( $-4.58 \pm 2.47$ ) levels and the mean anxiety intensity (SUD) of the participants decreased ( $-5.61 \pm 1.16$ ) in the experimental group, and the difference was statistically significant ( $p < 0.001$ ) when compared to that of the control group; the state anxiety ( $-8.82 \pm 7.26$ ) and trait anxiety ( $-1.16 \pm 2.97$ ) averages decreased, the decrease in state anxiety was statistically significant ( $p < 0.001$ ), while the decrease in trait anxiety was not significant ( $p > 0.005$ ). There was no significant change in the mean scores of the control group ( $P19S = -0.09 \pm 2.47$ ;  $SUD = 0 \pm 1.15$ ;  $DDS = -0.22 \pm 7.25$ ;  $SDS = -0.04 \pm 2.97$ ).

**Conclusion:** This study showed that EFT sessions administered in a group setting reduced and helped the emergency nurses better cope with COVID-19 anxiety and fear levels.

**Souilm, N., Elsakhy, N. M., Alotaibi, Y. A., & Ali, S. (2022). Effectiveness of emotional**

**freedom techniques (EFT) vs sleep hygiene education group therapy (SHE) in management of sleep disorders among elderly. *Scientific reports*, 12(1), 6521.**

<https://doi.org/10.1038/s41598-022-10456-w>

Sleep disorders are common among elderly persons, with deleterious effects on their physical and mental health. Many approaches are used to manage such disorders. To compare the Emotional Freedom Techniques-Insomnia (EFT-I) and Sleep Hygiene Education (SHE) group therapy as two treatments for insomnia in a geriatric population when delivered, and their effects on sleep quality, depression, and life satisfaction. This open-label randomized controlled trial study was conducted at El-Abbasia Mental Hospital and Osana family wellness elderly nursing home at Maadi, Cairo. It included 60 elderly patients suffering insomnia sleep problems randomized into two equal groups: one group received a Sleep Hygiene Education (SHE) intervention, the other had a form of Emotional Freedom Techniques (EFT) adapted for use with insomnia (EFT-I). A self-administered questionnaire with tools for sleep quality (Pittsburgh Sleep Quality Index [PSQI]), depression, and life satisfaction was used to collect data. The fieldwork was from January to March 2021. The two groups had equal median age (70 years), and almost similar gender and place of residence distribution. After the intervention, 73.3% of the EFT group had good sleep quality, compared to 100.0% in the SHE group ( $P = 0.005$ ); the median score of depression (3.00) was higher in the EFT group compared with 0.00 in the SHE group ( $P < 0.001$ ); as for life satisfaction, the difference was not statistically significant. The multivariate analyses identified the study intervention as the main statistically significant negative predictor of PSQI and depression scores, and a positive predictor of life satisfaction. Being in the SHE group was a negative predictor of PSQI and depression scores. Both SHE and EFT approaches are beneficial for elderly patients' sleep quality, with SHE being more effective in ameliorating sleep. Further replication of this study is needed on a large probability sample from different geographical areas to help for the generalization of the results.

**Spielmans, G. & Rosen, G. (2022). Corrigendum compounds errors and again fails to support the specificity of acupoint tapping. *J Nerv Ment Dis*, 210(2): 139-42.**

[doi: 10.1097/NMD.0000000000001376](https://doi.org/10.1097/NMD.0000000000001376).

In a prior article (Spielmans, Rosen, Spence-Sing, *J Nerv Ment Dis* 208:628-631, 2020), we demonstrated that Church, Stapleton, Yang, and Gallo's (*J Nerv Ment Dis* 206:783-793, 2018) meta-analytic finding that acupoint tapping had specific therapeutic benefit was highly flawed, both statistically and methodologically. Our analysis based on corrected effect sizes found no significant benefit for acupoint tapping at study endpoint. Church, Stapleton, Kip, and Gallo (*J Nerv Ment Dis* 208:632-635, 2020) issued a corrigendum in which they reported a new post hoc analysis using follow-up (rather than study endpoint) measures. Shifting to a post hoc outcome while pooling highly disparate follow-up endpoints is problematic; it ignored the nonsignificant result of the a priori analysis. Here, we clarify these issues and address Church, Stapleton, Kip, and Gallo's (*J Nerv Ment Dis* 208:632-635, 2020) often irrelevant or confusing responses to our methodological concerns. Considering this recent exchange of articles, and absent meaningful correction to the original incorrect findings, we remain concerned that emotional freedom technique proponents will continue to advance unfounded claims regarding the purported benefits of acupoint tapping.



**Stapleton, P., Baumann, O., O’Keefe, T. & Bhuta, S. (2022). Neural changes after Emotional Freedom Techniques treatment for chronic pain sufferers. *Complementary Therapies in Clinical Practice*, 49, 101653, ISSN 1744-3881.**  
<https://doi.org/10.1016/j.ctcp.2022.101653>.  
<https://www.sciencedirect.com/science/article/pii/S1744388122001219>

This clinical trial investigated the effect of an Emotional Freedom Techniques (EFT) intervention on brain activation in chronic pain sufferers using functional magnetic resonance imaging (fMRI). EFT is a brief stress reduction technique which combines stating a cognitive statement with somatic tapping on acupressure points. Twenty-four adults were allocated to a six-week online group EFT treatment and underwent resting-state fMRI pre and post the intervention. A repeated measures MANOVA indicated significant differences in the levels of pain severity (–21%), pain interference (–26%), quality of life (+7%), somatic symptoms (–28%), depression (–13.5%), anxiety (–37.1%), happiness (+17%), and satisfaction with life (+8.8%) from pre-to post-test. Cohen's effect sizes ranged from small (0.2) to large (0.75) values suggesting significance for the intervention. fMRI analysis showed post-EFT treatment significantly decreased connectivity between the medial prefrontal cortex (a pain modulating area) and bilateral grey matter areas in the posterior cingulate cortex and thalamus, both areas being related to modulating and catastrophizing of pain. There were no brain areas that showed significantly increased connectivity post-EFT treatment. Coupled with the psychological measures the findings support the effects of the EFT intervention in reducing chronic pain and its impacts. Recommendations for future research are discussed.

**Wati, N.L., Sansuwito, T.B., Rai, R.P., Darmawati, I., Anggareni, R., Amir, M.D., & Nasiatin, T. (2022). The Effect of EFT (Emotional Freedom Technique) to the Self Esteem among Nurses. *Malaysian Journal of Medicine and Health Sciences* (eISSN 2636-9346)**  
<https://api.semanticscholar.org/CorpusID:247950762>

**Introduction:** Nurses are imperative people as health providers for helping people in health services, but many have problems with self-esteem. Self-esteem is an essential component in building good mental and health. One of the complementary therapies that can help improve mental health is the Emotional Freedom Technique (EFT). Tapping on certain body spots with words or affirmations is EFT, a safe psychological energy therapy. This study aims to examine the effect of EFT on self-esteem.

**Methods:** : A pre-post test was used in this quasi-experimental investigation. The sampling technique used convenience sampling for 115 participants who joined EFT Training. Self-esteem was measured using the Rosenberg Self Esteem Scale, which was administered to all participants. It was decided to use the paired t-test to determine the mean difference between before and after the intervention.

**Results:** TEFT was effective in increasing self-esteem, with a substantial outcome (P value=0.000).

**Conclusion:** Emotional Freedom Technique (EFT) can be an alternative to boosting nurses' self-esteem.

**Wati, N. L., Sansuwito, T. B., Riyanto, D., Sustiyono, A., & Musfirowati, F. (2022). The effectiveness of Emotional Freedom Technique on public speaking anxiety in university student: An integrated review. *Open Access Macedonian Journal of Medical***

**Sciences, 10(F), 263–268.** <https://doi.org/10.3889/oamjms.2022.7919>

Public Speaking Anxiety is the most frequently feared condition among university student in academic activities. Emotional freedom technique has gained increased popularity and appears as a promising way to reduce emotional distress in different setting and populations. However, limited review has examining EFT treatment on public speaking anxiety. This integrative review was to examine the effectiveness of EFT programs on public speaking anxiety in university students. The review was carried out using the framework for integrated reviews obtained from Google Scholar, PsycINFO, and PubMed. Articles were included when reporting primary studies on the efficacy of EFT programs on public-speaking anxiety for university students in Bahasa Indonesia and English. The total of 5 were evaluated critically and included in the review. Two of the studies were undertaken in the United Kingdom, and one each in Australia, Turkey, and Indonesia. Two of the studies were randomized controlled, two used mixed methods, and one queasy experiment design. A majority of the interventions were able to reduce public speaking anxiety. This review shows that implementation of EFT, even within limited resources, is both achievable and worthwhile. EFT programs should be introduced early in the curriculum for university student in their first year of a Bachelor program.

**Wittfoth, D., Beise, J., Manuel, J. Bohne, M. & Wittfoth, M. (2022). Bifocal emotion regulation through acupoint tapping in fear of flying. *NeuroImage: Clinical*, 34, 102996.** <https://doi.org/10.1016/j.nicl.2022.102996>.  
<https://www.sciencedirect.com/science/article/pii/S2213158222000614>

Very few studies have investigated the neural underpinnings of bifocal-multisensory interventions such as acupoint tapping (tapping) despite their well-documented efficacy. The present study aims to investigate the neural and behavioral responses to tapping during the perception of phobic and generally fear-inducing stimulation in a group of participants with fear of flying. We studied 29 flight-phobic participants who were exposed to phobia-related, fear-inducing and neutral stimulation while undergoing fMRI and a bifocal-multisensory intervention session consisting of tapping plus cognitive restructuring in a within-subject design. During tapping we found an up-regulation of neural activation in the amygdala, and a down-regulation in the hippocampus and temporal pole. These effects were different from automatic emotion regulatory processes which entailed down-regulation in the amygdala, hippocampus, and temporal pole. Mean scores ( $\pm$ SD) on the Fear of Flying scale dropped from 2.51( $\pm$ 0.65) before the intervention to 1.27( $\pm$ 0.68) after the intervention ( $p < .001$ ). The proportion of participants meeting the criteria for fear of flying also dropped from 89.7 percent before the intervention to 24.0 percent after the intervention ( $p < .001$ ). Taken together, our results lend support to the effectiveness of tapping as a means of emotion regulation across multiple contexts and add to previous findings of increased amygdala activation during tapping, as opposed to amygdala down-regulation found in other emotion regulation techniques. They expand on previous knowledge by suggesting that tapping might modulate the processing of complex visual scene representations and their binding with visceral emotional reponses, reflected by the down-regulation of activation in the hippocampus and temporal pole. Bifocal emotion regulation was useful in ameliorating aversive reactions to phobic stimuli in people with fear of flying.

**Zhao, F., Friedman, P., Toussaint, L., Webb, J. & Freedom, J. (2022). Translation and**

**Validation of the Chinese version of the Friedman Life Balance Scale among nursing students: A psychometric analysis.** *Nurse Education in Practice*, 103505.

<https://doi.org/10.1016/j.nepr.2022.103505>

<https://www.sciencedirect.com/science/article/pii/S1471595322002190>

**Aim:** To conduct a Chinese translation and validation of the Friedman Life Balance Scale (FLBS).

**Background:** Prevalence of mental disorders is high among nursing students. Life balance is important for nursing students, which may help them increase efficiency in their studies and develop physical and psychological health. Yet, little is known about life balance in nursing students. Therefore, it is crucial to evaluate the status of life balance of the students to lay the foundation for exploring its associated factors.

**Design:** A multi-center cross-sectional design.

**Method:** The study was comprised of 420 nursing students from 15 hospitals and two educational institutes in East, North and Northeast China from July 2021 to January 2022. The Chinese version of the FLBS was translated and adapted based on published, standardized, international guidelines. Psychometric evaluation included floor and ceiling effects, factorial validity, convergent validity, discriminant validity, internal consistency, test-retest reliability, diagnosis accuracy and calibration. The tests used for validity included floor and ceiling effects, confirmatory factor analysis, average extracted variance (AVE) value, composite reliability, correlations with life satisfaction and subjective well-being. The tests used for reliability includes Cronbach's alpha, intraclass correlation coefficients, area under the curve and Hosmer-Lemeshow goodness-of-fit test.

**Results:** The Chinese version of the Friedman life balance scale did not demonstrate floor or ceiling effect, showing content validity is not limited. Confirmatory factor analysis showed acceptable model fit after it was modified. Convergent validity and discriminant validity of the Friedman life balance scale were supported, except subscales two and three were not discriminated well by AVE technique. The internal consistency was acceptable and the test-retest reliability was good with 0.858. The area under the curve was 0.762 and the optimal cut-off point for depressive symptoms was 44. Hosmer-Lemeshow goodness-of-fit test showed the calibration to be acceptable. Life balance is moderate among Chinese nursing students. The subscale "self-forgive, compassion, love" had the highest correlations with well-being and life satisfaction.

**Conclusions:** The Chinese version of the Friedman life balance scale is a suitable instrument for assessing life balance in Chinese-speaking contexts. It also may have potential utility in identifying nursing students with or without depressive symptoms that may need further examination. Future work should examine additional samples of Chinese nursing students, as well as, perhaps other student populations to determine the extent to which the psychometric properties of the FLBS generalize to other students and contexts.

## 2021

**Amal S Al Awdah., et al. (2021). The effect of Thought Field Therapy on dental fear among Saudi women during restorative treatment. *EC Dental Science* 20.5 (2021): 78-85.**

<https://www.econicon.com/ecde/ECDE-20-01660.php>

**Background:** This study aimed to evaluate the moderating effect of Thought Field Therapy (TFT) on dental fear and to compare this therapy with other non-medical fear-reduction methods.

**Materials and Methods:** We enrolled 160 Saudi women who had presented to King Saud University College of Dentistry Primary Clinics for restorative dental treatment. The participants were randomly assigned into four groups of 40, each of which was subjected to a different fear management treatment: TFT; Tell, Show, and Do (TSD) technique; Control Shift (CS); or a negative control (NG) in which no fear-reduction method was used. Each participant completed a pre-operative questionnaire and a post-operative questionnaire immediately after the dental procedure. Both questionnaires measured dental fear, pulse rate, and blood pressure. Data were collected and analyzed using the Statistical Package for the Social Sciences program.

**Results:** The dental fear survey score for the tested sample was 44/100, indicating moderate dental fear. The TFT group showed significantly low dental fear ( $p < 0.05$ ) after treatment, whereas the TSD and Control Shift groups showed significantly high blood pressure and pulse rate ( $p < 0.05$ ). Approximately 65% patients in the TFT group would recommend this method to reduce fear; 57% patients in the TSD groups were satisfied, and 55% patients in the Control Shift group were satisfied. Only 25% patients in the negative control group were satisfied (25%).

**Conclusion:** TFT was more effective than both TSD and CS in reducing dental fear.

**Bakır, N., Irmak Vural, P., & Körpe, G. (2021). The effects of Emotional Freedom Techniques on coping with premenstrual syndrome: A randomized controlled trial. *Perspectives in Psychiatric Care*, 1– 10. <https://doi.org/10.1111/ppc.12957>**

**Purpose:** The present study evaluated the efficacy of Emotional Freedom Techniques (EFT), commonly called “tapping,” for premenstrual (PMS) symptoms.

**Design and Methods:** This study was conducted with the participation of 50 nursing students who scored 111 or higher on the Premenstrual Syndrome Scale (PMSS). The students in the experimental group were instructed to apply EFT.

**Findings:** There were statistically significant differences between the mean depressive affect, fatigue, nervousness, sleep-related changes, and swelling subscale scores and the PMSS total scale score of the experimental group measured during the pretest and posttest ( $p < 0.05$ ).

**Practice Implications:** The results demonstrate the efficacy of EFT in reducing PMS symptoms. As a fast and efficient self-treatment method, EFT can be easily implemented as a nonpharmacological intervention.

**Barndad, L. (2021). The long-term effects of Emotional Freedom Technique on anxiety. The Chicago School of Professional Psychology, Pro Quest Dissertations Publishing. 28652647. <https://tinyurl.com/yckrekyyx>**

Psychotherapy has provided modalities describing personal experiences toward self-actualization in a physical and non-physical format, an ancient Greek method of emotional healing also known as one's spirit or spiritual essence (Gutland, 2021; Marks, 2017). Spirit has been defined as the activation or emotional principles influencing a person (Chirban, 2013), with the inability to connect with one's self or the inability to understand parts of one's own consciousness being described as a spirit blockage. This study examined the effectiveness

of Emotional Freedom Technique (EFT) on the state and trait measures of anxiety on 41 students, and was conducted with archival research using a mixed-method design. In this archival research, levels of anxiety were measured before, in the middle, and after an eight-week EFT course, and participants were measured one year later with a follow-up questionnaire. After the eight-week course, state anxiety appeared to have been reduced. However, trait anxiety increased. Furthermore, a majority of the student participants reported decreased levels of anxiety within their one-year follow-up.

**Barraza-Alvarez, F. V. (2021). Callahan's thought field therapy in the management of emotions associated with stress. *World Journal of Biology Pharmacy and Health Sciences*, 7(2), 060-068. <https://doi.org/10.30574/wjbphs.2021.7.2.0085>**

Taking into account that Thought Field therapy (TFT) is a non-invasive technique for managing emotions, and that it is characterized by being safe and fast, it was applied in a group of 14 people from the workforce of the Center of Childhood Integration and Convivencia Del Bosque, Texcoco, Mexico, who voluntarily expressed some feelings associated with stress before an initial interview, in order to evaluate their effectiveness. 36% of the participants reported presenting anxiety; 29% fear; 21% obsession, and 14% rejection. Once the TFT was completed, these emotions, in all the participants, went from a maximum rating of 10 Units of Discomfort Sensation (UDS) to a minimum of 0 UDS, so it could be established that the TFT technique was effective in managing stressful situations that were to be eradicated, with written opinions that expressed satisfaction on the part of the participants, who had no adverse reactions when the technique was applied to them.

**Cici, R. & Özkan, M. (2021). Effects on anxiety and vital signs of the Emotional Freedom Technique and music before surgery for lumbar disc hernia. *Alternative Therapies in Health and Medicine*, 27(12). <https://pubmed.ncbi.nlm.nih.gov/34097649/> PMID: 34097649**

**Context:** Patients hospitalized for surgical treatment for lumbar disc herniation (LDH) are adversely affected psychologically, with fury, anger, helplessness, anxiety, and depression being observed in patients. Anxiety in particular is a common problem, with an incidence of around 90%.

**Objective:** This study intended to determine the effects on patients' anxiety and vital signs of the emotional freedom technique (EFT) and music before LDH surgery. Design • The research team designed a quasi-experimental study.

**Setting:** The research was carried out in the neurosurgery clinic of a university hospital in Turkey.

**Participants:** Participants were 162 adult patients at the clinic who had LDH surgery between February 2018 and September 2019.

**Intervention:** Using the nonprobability sampling method, participants were allocated to one of three groups: (1) 54 to the music group, an intervention group; (2) 54 patients to the EFT group, an intervention group; and (3) 54 to the control group.

**Outcome Measures:** The Patient Information Form, the Life Findings Form, the Subjective Units of the Distress Scale (SUDS), and the State-Trait Anxiety Inventory-State Anxiety (STAI-S), were used to collect data. In the data analysis, the numbers, percentages, means, standard deviations, and chi-square values were found, and the t test and an analysis of variance (ANOVA) were used in the dependent and independent groups, respectively. The Tukey test



was used for further analysis.

**Results:** EFT and music were determined to significantly reduce participants' state anxiety and subjective discomfort ( $P < .001$ ). EFT significantly reduced the pulse and respiratory rates and the systolic blood pressure, and music significantly lowered the diastolic and systolic blood pressures ( $P < .05$ ). Further analyses showed that EFT was more effective on state anxiety and reducing the respiratory rate than music.

**Conclusions:** Both music and EFT before LDH surgery reduced anxiety and regulated vital signs, and EFT was found to be more effective than music in regulating anxiety and respiratory rate.

**Connolly, S., Vanchu-Orosco, M., Warner, J., Seidi, P., Edwards, J., Boath, E. & Irgens, A. (2021). Mental health interventions by lay counsellors: a systematic review and meta-analysis. *Bulletin of the World Health Organization*, 99(7). Article ID: BLT.20.269050 <https://www.who.int/publications/journals/bulletin/online-first>**

**Objective:** To investigate the effectiveness of community-based, mental health interventions by professionally trained, lay counsellors in low- and middle-income countries.

**Method:** We searched PubMed®, Cochrane Central Register of Controlled Trials, PROSPERO and EBSCO databases and professional section publications of the United States National Center for PTSD for randomized controlled trials of mental health interventions by professionally trained, lay counsellors in low- and middle-income countries published between 2000 and 2019. Studies of interventions by professional mental health workers, medical professionals or community health workers were excluded because there are shortages of these personnel in the study countries. Additional data were obtained from study authors. The primary outcomes were measures of post-traumatic stress disorder, depression, anxiety and alcohol use. To estimate effect size, we used a random-effects meta-analysis model.

**Findings:** We identified 1072 studies, of which 19 (involving 20 trials and 5612 participants in total) met the inclusion criteria. Hedges'  $g$  for the aggregate effect size of the interventions by professionally trained, lay counsellors compared with mostly either no intervention or usual care was  $-0.616$  (95% confidence interval:  $-0.866$  to  $-0.366$ ). This result indicates a significant, medium-sized effect. There was no evidence of publication bias or any other form of bias across the studies and there were no extreme outliers among the study results.

**Conclusion:** The use of professionally trained, lay counsellors to provide mental health interventions in low- and middle-income countries was associated with significant improvements in mental health symptoms across a range of settings.

**Dincer, B. & Inangil, D. (2021). The effect of Emotional Freedom Techniques on nurses' stress, anxiety, and burnout levels during the COVID-19 pandemic: A randomized controlled trial. *EXPLORE*, 17(2), 109-114. <https://doi.org/10.1016/j.explore.2020.11.012>. <https://www.sciencedirect.com/science/article/pii/S1550830720303839>)**

**Background and Objective:** Infectious disease outbreaks pose psychological challenges to the general population, and especially to healthcare workers. Nurses who work with COVID-19 patients are particularly vulnerable to emotions such as fear and anxiety, due to fatigue, discomfort, and helplessness related to their high intensity work. This study aims to investigate the efficacy of a brief online form of Emotional Freedom Techniques (EFT) in the prevention of stress, anxiety, and burnout in nurses involved in the treatment of COVID



patients.

**Methods:** The study is a randomized controlled trial. It complies with the guidelines prescribed by the Consolidated Standards of Reporting Trials (CONSORT) checklist. It was conducted in a COVID-19 department at a university hospital in Turkey. We recruited nurses who care for patients infected with COVID-19 and randomly allocated them into an intervention group ( $n = 35$ ) and a no-treatment control group ( $n = 37$ ). The intervention group received one guided online group EFT session.

**Results:** Reductions in stress ( $p < .001$ ), anxiety ( $p < .001$ ), and burnout ( $p < .001$ ) reached high levels of statistical significance for the intervention group. The control group showed no statistically significant changes on these measures ( $p > .05$ ).

**Conclusions:** A single online group EFT session reduced stress, anxiety, and burnout levels in nurses treating COVID-19.

**Doherty, A., Benedetto, V., Harris, C. et al. (2021). The effectiveness of psychological support interventions for those exposed to mass infectious disease outbreaks: a systematic review. *BMC Psychiatry* 21, 592 (2021). <https://doi.org/10.1186/s12888-021-03602-7>**

**Background:** Mass outbreaks such as pandemics are associated with mental health problems requiring effective psychological interventions. Although several forms of psychological interventions may be advocated or used, some may lack strong evidence of efficacy and some may not have been evaluated in mass infectious disease outbreaks. This paper reports a systematic review of published studies (PROSPERO CRD:42020182094. Registered: 24.04.2020) examining the types and effectiveness of psychological support interventions for the general population and healthcare workers exposed to mass infectious disease outbreaks.

**Methods:** A systematic review was conducted. Randomised Controlled Trials (RCT) were identified through searches of electronic databases: Medline (Ovid), Embase (Ovid), PsycINFO (EBSCO) and the Cochrane Library Database from inception to 06.05.2021 using an agreed search strategy. Studies were included if they assessed the effectiveness of interventions providing psychological support to the general population and / or healthcare workers exposed to mass infectious disease outbreaks. Studies were excluded if they focused on man-made or natural disasters or if they included armed forces, police, fire-fighters or coastguards.

**Results:** Twenty-two RCTs were included after screening. Various psychological interventions have been used: therapist-guided therapy ( $n = 1$ ); online counselling ( $n = 1$ ); **'Emotional Freedom Techniques'** ( $n = 1$ ); mobile phone apps ( $n = 2$ ); brief crisis intervention ( $n = 1$ ); psychological-behavioural intervention ( $n = 1$ ); Cognitive Behavioural Therapy ( $n = 3$ ); progressive muscle relaxation ( $n = 2$ ); emotional-based directed drawing ( $n = 1$ ); psycho-educational debriefing ( $n = 1$ ); guided imagery ( $n = 1$ ); Eye Movement Desensitization and Reprocessing (EMDR) ( $n = 1$ ); expressive writing ( $n = 2$ ); tailored intervention for patients with a chronic medical conditions ( $n = 1$ ); community health workers ( $n = 1$ ); self-guided psychological intervention ( $n = 1$ ), and a digital behaviour change intervention ( $n = 1$ ). Meta-analyses showed that psychological interventions had a statistically significant benefit in managing depression (Standardised Mean Difference [SMD]: -0.40; 95% Confidence Interval [CI]: -0.76 to -0.03), and anxiety (SMD: -0.72; 95% CI: -1.03 to -0.40). The effect on stress was equivocal (SMD: 0.16; 95% CI: -0.19 to 0.51). The heterogeneity of studies, studies' high risk of bias, and the lack of available evidence means uncertainty remains.

**Conclusions:** Further RCTs and intervention studies involving representative study populations are needed to inform the development of targeted and tailored psychological interventions for those exposed to mass infectious disease outbreaks.

**Dwivedi, S., Sekhon, A., & Chauhan, B. (2021). Effect of Emotional Freedom Technique (EFT) on heart rate, blood pressure and performance in national level shooters. *International Journal of Sport and Exercise Psychology*, 19, pp. S230-S231.**  
<https://www.indiansportspsyche.com/post/research-abstract>

EFT (Emotional Freedom Technique), also known as "tapping," is a relatively recent form of energy psychology that combines applied kinesiology with certain psychological principles to alleviate psychological distress in individuals. In this technique, the clients are required to softly touch their acupressure points (mostly on the head/hands) with their fingertips that is aligned to the voicing of specific statements (Craig, 2011). Recent researches have connoted the influence of EFT on various neurological, physiological, and epigenetic factors (Church, 2013). However, there is a dearth of literature that seeks to establish the effects of EFT on the physiological components such as blood pressure, heart rate or galvanic skin response, especially in the context of athletes. Hence, the present study seeks to evaluate the effectiveness of an EFT based intervention on the heart rate and blood pressure (circulatory system) and performance of 10m air pistol shooters. The sample for the given study comprises of National level shooters, aged between 16-17 years (N=14, Mean and S.D of  $16.42 \pm 0.51$ ) who were randomly assigned to experimental (N=7) and active control group (N=7) conditions. The experimental group was then treated to a 3-week (2 sessions per week) EFT program while the active control was kept engaged through inspirational lecture by the coach for the same duration. For the purpose of assessment of the effect of EFT on circulatory system, measures of heart rate (HR) and blood pressure (BP) were recorded, while for performance, the shot accuracy of the shooter was noted. Post intervention analysis of results indicated significant improvements in HR (-4.62% , $p=0.01$ ), systolic BP (-3.6% , $p=0.001$ ), diastolic BP (-5.16% , $p=0.004$ ) and performance (+1.21% , $p=0.01$ ) of the experimental group implying the effectiveness of EFT as a suitable intervention program for improved readings in heart rate and blood pressure (circulatory system) measures along with shooting performance (shot accuracy) of the athletes.

**Farzad, M., MacDermid, J., Ring, D., & Shafiee, E. (2021). A scoping review of the evidence regarding assessment and management of psychological features of shoulder pain. *Rehabilitation Research and Practice*, vol. 2021, Article ID 7211201.**  
<https://doi.org/10.1155/2021/7211201>

**Background and Aim.** Shoulder pain is second only to low back pain among costs associated with the care of musculoskeletal disorders. Psychological factors, social factors, and mental health can contribute to shoulder pain and resulting functional disability. The purpose of this scoping review was to identify the nature of the research that has integrated psychological assessment and treatment in the management of shoulder pain.

**Methods.** A scoping review of research studies identified through PubMed, EMBASE, and CINAHL and graduate theses identified using Google Scholar was conducted to determine studies and systematic reviews that addressed the management of psychological aspects of shoulder pain with or without neck pain. The search terms included psychological factors,

anxiety, depression, catastrophic thinking, fear of movement, and psychological treatments. Two investigators screened study titles and abstracts. Data extraction, content analysis, and thematic coding focused on the dimensions of pain addressed (emotional, behavioural, and cognitive) and treatment approaches used (dimensions targeted, specific treatment parameters) and the linkage between treatment targets/rationale with interventions/outcomes measured.

**Results.** Ten studies (seven randomized trials and three cohorts) were identified that addressed the psychological aspects of shoulder pain. Out of seven RCTs, four compared psychological interventions with usual care. Eight studies used cognitive approaches, including emotional freedom techniques (EFT), pain coping strategies (PCS), physical-cognitive-mindfulness training (PCMT), psychological flexibility, face-to-face cognitive-behavioural treatment (CBT), and cognitive therapy using virtual reality (V.R.). Three studies used the behavioural approaches as their intervention, including behavioural therapy and Graded Exercise Therapy (GET). Pain intensity was addressed as the primary outcome in two studies and as a secondary outcome in five studies. Cognitive factors were evaluated in 50% of the articles using nine different measures. Emotional factors were evaluated in 80% of articles using ten different measures. Reduction of pain intensity and catastrophic thinking concerning pain was achieved in most studies using a biopsychosocial approach (70%). Applying a behavioural approach was associated with reductions in kinesiophobia and pain catastrophizing. Cognitive approaches had a positive association with reductions in the emotional aspect of pain. Only one study specifically linked rationale or specific physical and psychosocial treatment targets with the treatments provided and outcomes measured.

**Conclusions.** Small pools of studies indicate that the rationale and treatment targeting are poorly defined in biopsychosocial interventions for shoulder pain. However, these benefits have been demonstrated when cognitive or behavioural components are added to the standard physical treatment of shoulder pain. A better definition of treatment targets, description of intervention components, and linkage of outcomes to targets are needed to advance our understanding of optimizing bio-psycho-social approaches.

**Feinstein, D. (2021). Applications of energy psychology in addressing the psychological roots of illness. *OBM Integrative and Complementary Medicine*, 6(2), doi:10.21926/obm.icm.2102014 <https://www.lidsen.com/journals/icm/icm-06-02-014>**

The impact of psychological factors on illness is, in recent years, being biochemically mapped. The subspecialties of psychosomatic medicine, health psychology, psychoneuroimmunology, and integrative medicine work with mind and body in concert to promote health and healing. A specialized set of mind-body approaches, collectively called “energy psychology,” is being utilized within these and related clinical frameworks to facilitate beneficial changes in the neurological underpinnings of (1) mental states that impede immune function, (2) emotional influences that contribute to illness, and (3) inner resources that promote healing. Combining practices from time-honored healing traditions, particularly acupuncture, with concepts and techniques drawn from contemporary psychology, practitioners using one of the most popular variations of the approach teach patients to tap on a prescribed series of acupuncture points while repeating phrases that activate areas of the brain that are involved with the issue receiving attention. Preliminary evidence supports speculation, which is consistent with more than a hundred peer-reviewed clinical trials, that the procedure can send deactivating signals to areas of the limbic system that are in hyperarousal and can send activating signals to regions of the prefrontal cortex that support executive functions such as

planning and managing stressful situations. Ways of utilizing the approach for addressing emotional and cognitive aspects of physical illness are discussed. While utilizing the best medical interventions available remains the first line of treatment, the potential value of working with the psychological aspects of disease is frequently underestimated. Energy psychology is proving to be a powerful tool for addressing this dimension of illness and healing. The paper closes with a detailed case history.

**Feinstein, D. (2021). Energy psychology in the treatment of substance use disorders. In R. Carroll, (Ed), Complementary and integrative approaches to substance use disorders (pp. 69-106). New York: Nova Science Publishers.**

Protocols that use the manual stimulation of acupuncture points (by tapping on them), combined with imaginal exposure and cognitive interventions, are proving to be powerful adjuncts in the treatment of a range of clinical conditions. Known as “energy psychology” because of the use of principles derived from acupuncture, which is concerned with “energy flows” within the body, the method has been shown in extensive clinical trials to have unusual speed, impact, and durability. This chapter explores ways the approach can be applied to increase the effectiveness of substance abuse counselors and addiction treatment programs. It suggests specific objectives that can be achieved using energy psychology protocols during each of the six recognized stages of addiction recovery (precontemplation, contemplation, preparation, action, maintenance, and termination). The mechanisms by which energy psychology protocols facilitate psychological change are also considered. Imaging studies suggest that the demonstrated effectiveness of the approach is related to the way specific acupuncture points, when stimulated, send activating or deactivating signals to brain areas involved in targeted emotional and cognitive processes.

**Feinstein, D. (2021). Perceptions, reflections, and guidelines for using energy psychology: A distillation of 800+ surveys and interviews with practitioners and clients. Energy Psychology: Theory, Research, and Treatment, 13(1), 13-46.**  
<https://edenmethod.com/wp-content/uploads/2021/06/Perceptions-Reflections-Guidelines-Paper.pdf>

Energy Psychology is a modality for facilitating personal development that is increasingly being used in clinical settings as well as on a self-help basis. Credible estimates suggest that the number of therapists who are incorporating at least some Energy Psychology methods into their practices has grown into the tens of thousands, encompassing a wide range of theoretical orientations. More than 800 psychotherapists, counselors, or life coaches who use Energy Psychology have participated in online surveys or systematic interviews in 15 separate studies focusing on various aspects of the practice. From these investigations, as well as from client reports, the current study identifies and explores the following themes: speed, breadth, safety, therapeutic alliance, enhanced intuitive access, and spiritual attunement. In addition, nine implications for clinical practice were derived and are discussed under the topics of Treatment Focus, Use of Language, Resonance, Time Orientation, Cautions, Resistance to Tapping, Countertransference, Self-Help Applications, and Integrating Energy Psychology with Other Techniques.

**Feinstein, D. (2021). Reply to “How do energy psychology modalities work?” by Debra Greene. *International Journal of Healing and Caring*, 21(1).**

No abstract.

**Feinstein, D. (2021). Six empirically-supported premises about energy psychology: Mounting evidence for a controversial therapy. *Advances in Mind-Body Medicine*, 35(2), 17-32. [Link](#).**

A database of peer-reviewed journal articles exploring the emerging sub-specialty known as “energy psychology” was assessed. This paper focuses on the 245 clinical trials, meta-analyses, systematic evaluations, and theory pieces examining energy psychology protocols that include tapping on acupuncture points (acupoints), the most frequently used and investigated intervention in energy psychology. The review derives 6 premises about the method’s efficacy, speed, durability, and physiologic effects that have enough empirical support (at least 6 clinical trials each) to serve in delineating and making claims about the approach. These include that acupoint tapping protocols (a) are effective in treating a range of clinical conditions, (b) are rapid compared to conventional treatments, (c) lead to durable benefits, (d) produce changes in biologic markers that corroborate the subjective assessments of clients, (e) are a critical ingredient for the demonstrated clinical effects and (f) send signals that can increase or decrease arousal in specific areas of the brain. Further consideration of the mechanisms that lead to the reported rapid, durable outcomes suggest that the approach has an unusual capacity for revising outdated mental models. Specifically, a hypothesis is developed proposing that acupoint tapping protocols are facile for producing vivid and emotionally intense experiences that contradict outdated mental models. Such mismatches between what is expected and what actually occurs, called “prediction errors,” have been shown to be an essential requirement for substantially altering a maladaptive mental model and reconsolidating a revised mental model into existing neural networks. (*Adv Mind Body Med.* 2021;35(2):17-32.)

**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 haemorrhage 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.

**Ghaderi, Z., Nazari, F., & Shaygannejad, V. (2021). The Effect of Emotional Freedom Technique on Fatigue among Women with Multiple Sclerosis: A Randomized Controlled Trial. *Iranian Journal of Nursing and Midwifery Research*, 26(6), 531–536. <https://doi.org/10.4103/ijnmr.IJNMR.188.19>**

**Background:** This study aimed to investigate the effect of Emotional Freedom Technique (EFT) on the severity of fatigue among women with Multiple Sclerosis (MS).

**Materials and Methods:** This was a single-blind, randomized controlled trial study conducted on 50 women with MS in Isfahan, Iran. Sampling was performed using simple sampling method, then the participants were randomly divided into two groups of case and sham using the minimization method. The EFT intervention was performed on the case group, 2 sessions per week for a 4-weeks period. In the sham group, with the same psychological part of the EFT technique like case group, mild tapping was applied on false points for the same period of time. Fatigue severity score was obtained using the Fatigue Severity Scale (FSS) before and immediately and 4 weeks after the intervention in the two groups. Data analysis was conducted using descriptive and inferential statistical methods.

**Results:** The results of the independent *t*-test indicated that the mean (SD) score of fatigue severity before the intervention was not significantly different between the case and sham groups 5.48 (0.75) and (5.39 (0.71) with ( $p = 0.67$ ). However, this difference was significant immediately [(3.05 (0.89) and 5.15 (0.94)] and 4 weeks after the intervention 3.10 (0.81) and 5.59 (0.57) ( $p < 0.001$ ).

**Conclusions:** It seems that EFT is effective in diminishing fatigue among patients with MS and is recommended as a convenient and safe non-medicament strategy for self-management of fatigue among these patients, and can be used at the bedside by nurses.

**Greene, D. (2021). How do Energy Psychology modalities work? An energy-based theoretical perspective. *International Journal of Healing and Caring*, 21(1).**

Energy Psychology (EP) modalities, integrative methods that strategically involve accessing human energy for therapeutic purposes, enjoy a rich and diverse evidence base. As such,



many attempts have been made to explain how they work. Explanations have primarily utilized a biological basis for explicating the mechanisms by which EP may function. These contributions are extremely valuable; however, none have been able to offer a fully satisfactory understanding of the efficacy of EP. The currently accepted theoretical model is not robust enough to explain a number of EP effects, and acupoint stimulation remains a confounding factor even though research shows it is an essential component in predominant EP modalities. In many professional EP trainings, negative emotions are said to be caused by a block in the meridian system, so energy-based theory is invoked but not well explained.

**Hidayat, A., Emila, O., Dewi, F., Sumarni, S. 2021. Spiritual Emotional Freedom Technique (SEFT) improved autonomic nervous activity in primipara. *Bali Medical Journal* 10(1): 361-365. [doi:10.15562/bmj.v10i1.2178](https://doi.org/10.15562/bmj.v10i1.2178)  
<https://www.balimedicaljournal.org/index.php/bmj/article/view/2178>**

**Introduction:** Anxiety is one of prevalent mental disorders in pregnant women and causes alteration in autonomic nervous system (ANS) function and cardiovascular system adaptation. It could potentially lead to increased risk of maternal complications and morbidity. SEFT had been known to lower anxiety level and autonomic nervous system activity but its application in pregnant women is still debated. Therefore, this study aimed to assess the effectiveness of SEFT in primipara women.

**Method:** a quasi-experimental, non-equivalent control group study was conducted in Bantul District, Yogyakarta, Indonesia involving primipara who fulfilled the research criteria. SEFT was performed at the 9<sup>th</sup> month of pregnancy and 1 week before the estimated date of delivery. LF/HF ratio was assessed and compared in the two groups as representation of HRV and autonomic nervous activity.

**Results:** 62 primiparous women were enrolled in this study and divided equally to the intervention and control group. This study showed that the LF/HF ratio was already different between the two groups at the beginning of the study. However, while the mean of LF/HF ratio was decreasing in the intervention group, an increasing trend was observed in the control group. Finally, the comparison of the mean difference between the two groups revealed that SEFT significantly lowered the ratio of LF/HF in primipara, thus improving the HRV.

**Conclusion:** SEFT effectively lowered LF/HF ratio in primipara women which might indicate a better balance between sympathetic and parasympathetic nerve responses. However, further study should be conducted to validate the application of SEFT in pregnant women with anxiety.

**Hossain, F. & Clatty, A. (2021). Self-care strategies in response to nurses' moral injury during COVID-19 pandemic. *Nursing Ethics*, 28(1), 23-32. <https://doi.org/10.1177/0969733020961825>**

These are strange and unprecedented times in the wake of the COVID-19 pandemic. Most frontline healthcare professionals have never witnessed anything like this before. As a result, staff may experience numerous and continuous traumatic events, which in many instances, will negatively affect their psychological well-being. Particularly, nurses face extraordinary challenges in response to shifting protocols, triage, shortages of resources, and the astonishing numbers of patients who require care in expedited time constraints. As most

healthcare workers are passionate nursing professionals, frustration and often a sense of powerlessness occur when they find themselves unable to provide needed care to their patients. The overwhelming number of deaths, patients isolated and dying alone, and the ever-present fear of being infected and then infecting colleagues, family, friends due to the lack of protective gear or known protocols takes its toll on emotional and psychological well-being. For nurses, the experience of this significant (hopefully once-in-a-lifetime) event can inflict on-going moral injury. Nurses affected by this trauma require education, coping tools, and therapy to help avoid or alleviate the adverse effects on their well-being. Institutions must provide these resources to tend to the well-being of their healthcare staff, during and beyond the pandemic. This article aims to investigate moral distress—considering it as a moral injury—and offer tools and recommendations to support healthcare nurses as they respond to this crisis and its aftermath.

**Jasubhai, S. (2021). Efficacy of Emotional Freedom Technique and Cognitive Behavioural Therapy on stress, anxiety, depression, short-term memory, psychophysiological coherence and heart rate in Indian adults. *Journal of Clinical Psychology and Mental Health Care*, 2(4). doi: <http://doi.org/03.2021/1.10025>.**

World Health Organization reported depression as the fourth leading cause of mental illness worldwide and one of the leading causes of disabilities among adults. Living with depression may cause sleep deprivation, anxiety, stress and short-term memory loss. This is because the individual's mind may be occupied with negative thoughts. Depression affects a person's feelings, thinking, daily functioning, processing speed, memory, and executive functions. National Mental Health Survey of India in 2015-2016 reports that one in 20 Indians suffers from Depression. Earlier research indicated that Cognitive Behavioural Therapy (CBT) represents a superior approach in treating mild to severe depression symptoms, and Emotional Freedom Technique (EFT) received increased attention. The present study is in line with a study conducted in Australia in 2016 by Hannah Chatwin et al. The objective of the current study is to evaluate the efficacy of EFT and CBT in the treatment of stress, anxiety and depression, short-term memory loss, psychophysiological coherence and heart rate in Indian young adults. Subjects (n = 14), selected at random, from Ahmedabad (a metro city) in India, were screened for stress, anxiety and depression using Depression, Anxiety and Stress scale (DASS21) and Beck Depression Inventory (BDI2). They were also screened for short term memory using Digit Span test, which allowed assessments of each participant's initial complaints of forgetfulness, difficulty in concentrating and confusion. Their psychophysiological coherence score and heart rate were recorded pre- and post-interventions using emWave system. These subjects were randomly assigned to an 8 once a week CBT or EFT treatment program. All participants were screened after 3 sessions, 5 sessions, 8 sessions and 6 months of follow up using DASS21, BDI2 and Digit Span Test. They were also screened after 1 month for stress, anxiety and depression using DASS21 and BDI2. Findings of the study depicted that both intervention approaches produced significant reductions in stress, anxiety and depressive symptoms and concurrent improvement in short-term memory (STM), psychophysiological coherence and heart rate. The EFT treatment produced marked improvement in depression after 3 sessions. After 8 weeks of intervention, the CBT group reported significant improvement in depression and short-term memory, while EFT intervention therapy showed significant improvement in depression state after 1 month and 6 months of follow up respectively. Examination of individual cases showed, clinically significant improvement in stress, anxiety, depression

symptoms, short-term memory and psychophysiological coherence across both interventions. The results are consistent with the previous studies by Hannah Chatwin et al. (2016). Present findings suggest that EFT would be an effective intervention therapy in managing stress, anxiety, depression and STM and worthy of further investigation.

**Keppel, Hadas. (2021). The effects of a Thought Field Therapy stress reduction protocol on the stress and empath levels of parents of children with autism spectrum disorder. Fielding Graduate University, ProQuest Dissertations Publishing, 28713632.**  
<https://www.proquest.com/docview/2572246678/E089F81C8F1F4C15PQ/1>

The effects of a stress reduction Thought field therapy protocol vs. a control-stimulation protocol on general stress, parenting stress, and empathy (perspective taking) were explored in this mixed-model, randomized control study. Parents of children with autism, from Israel and the USA, showed reduced general stress and an increase in perspective taking following the intervention, as measured by self-reports. Parenting stress partially mediated the effect of TFT on perspective taking. There were no additional changes during the follow-up period. Participants with personality characteristics of the broad autism phenotype presented at baseline higher general and parenting-related stress scores, and lower perspective taking scores, regardless of their intervention group. The finding suggests that perspective taking is part of the broad autism phenotype (BAP). TFT was effective, regardless of participants' BAP status.

**Krishnamurthy, D., & Sharma, A. K. (2021). Effectiveness of Add-on Emotional Freedom Technique on Reduction of Depression: A Quasi-experimental Study. *Journal of Clinical & Diagnostic Research*, 15(8), 1-5.** <https://tinyurl.com/2p8t4xse>

Prevalent in all age group irrespective of gender, religion, ethnicity and geographical area. Emotional Freedom Technique (EFT) is a brief treatment consists of cognitive therapy, acupoint stimulation on selected meridians of the body. The EFT is a self-help therapeutic tool to reduce the distress level. However, existing literature may not be sufficient to demonstrate effectiveness of adding adjuvant therapy EFT will enhance the outcome among depressive patients along with conventional treatment.

**Aim:** To determine effectiveness of add-on EFT on treating depression among patients with depression and to find out the effect of predictive variables on depression level. Materials and Methods: It was a quasi-experimental study with pre-test and post-test design, involving a control group, conducted among patients admitted in open ward for observation and treatment in Hospital for Mental Health, Vadodara, Gujarat, India, with in this study, 100 samples were selected by convenience sampling technique and data collection was done from March 2019 to July 2019. The Beck Depression Inventory was administered on 1st day to all the patients. In one group EFT was administered for 40 minutes for three consecutive days along with routine treatment. The other group {Treatment as usual (TAU) group} received only conventional treatment. Depression level was evaluated on third day after intervention by an independent assessor among both the groups. Data were analysed using frequency distribution, Wilcoxon test and Mann-Whitney test.

**Results:** Total 100 subjects were included in study. Mean age (years) of EFT group was 44±12 and 42±13 among TAU group. In EFT group 24(48%) were males and 26(52%) were females; while it was 26(52%) males and 24(48%) females in TAU group. Mean depression

score was  $30.82 \pm 2$  before intervention and after intervention it was found  $27.20 \pm 4$  among TAU group. Mean depression score was  $30.96 \pm 3$  before intervention and after intervention it came down to  $24 \pm 4$  in EFT group. On univariate logistic regression analysis, significant association was found with age less than 29 years {Odds Ratios (OR) 2.68; 95% Confidence Interval (CI) =0.398- 18.1}, primary education (OR 6.759; 95% CI=1.106- 41.296), secondary education (OR 2.95; 95% CI=0.56-15.66).

**Conclusion:** Study concludes that adding EFT as an adjuvant therapy along with conventional treatment antidepressant and psychotherapy will enhance the outcome of depression level among patients with depression.

**Lambert, M., Smith, S., Moss, S. & Kirschbaum, M. (2022). Emotional Freedom Techniques (Tapping) to Improve Wellbeing and Reduce Anxiety in Primary School Classrooms. *Australian Journal of Teacher Education*. 47. 72-92. 10.14221/ajte.2022v47n3.5.**

The use of Emotional Freedom Techniques (EFT) as a class exercise was investigated to ascertain its effectiveness for student wellbeing. Although EFT has been validated in clinical settings, studies have not yet established whether this approach could be applied in classrooms to curb anxiety and improve wellbeing. A pragmatic, mixed methods study was conducted with 138 students in northern Australian primary schools. Student anxiety dissipated over two stages of intervention. Aside from class tapping sessions, students sometimes tapped surreptitiously, and teachers applied tapping for themselves on occasions. Students generally preferred a quieter, individual approach during class tapping sessions. Broader themes derived from student and teacher data suggested that tapping is a mechanism for change, the skills are transferable, and unsurprisingly, tapping is not always effective. EFT supports social and emotional learning and aligns with the Australian school curriculum. Findings suggest EFT used in classrooms can benefit students and teachers.

**Lee, S. H., Jeong, B. E., Chae, H., & Lim, J. H. (2021). Emotional Freedom Techniques (EFT) for Students' Mental Health: A Systematic Review. *Journal of Oriental Neuropsychiatry*, 32(1); 165-181. <https://kiss.kstudy.com/thesis/thesis-view.asp?key=3547835>**

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

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

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

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

Mehdipour, A., Abedi, P., Ansari, S. and Dastoorpoor, M. (2021). The effectiveness of emotional freedom techniques (EFT) on depression of postmenopausal women: a randomized controlled trial. *Journal of Complementary and Integrative Medicine*, May 2021. <https://doi.org/10.1515/jcim-2020-0245>

**Objectives:** Postmenopausal women are at greater risk of depression. Depression may negatively affect the quality of life of women. An emotional freedom technique (EFT) is an evidence-based therapy combining cognitive and exposure components with acupressure. This study aimed to evaluate the effect of EFT on depression in postmenopausal women.

**Methods:** This was a randomized controlled trial in which 88 women with mild to moderate depression recruited from a menopausal clinic in Ahvaz, Iran, and randomly assigned into two groups of EFT (n=44) and control for sham therapy (n=44). Women in the EFT group received two sessions of training and asked to continue EFT for 8 weeks, one time per day. The Beck Depression Inventory (BDI2) completed by women before and after the intervention. The control group received training on sham acupressure points similar to the intervention group. Data collected using a demographic and BDI2. Women requested to complete the BDI2 before and after the intervention. The independent t-test, chi-square, and ANCOVA were used to analyze data.

**Results:** The mean depression score in the intervention group reduced from  $20.93 \pm 4.6$  to  $10.96 \pm 4.38$  in comparison to the control group that reduced from  $19.18 \pm 2.79$  to  $17.01 \pm 6.05$  after intervention ( $p=0.001$ ). After the 8 week intervention, the frequency of moderate depression decreased from 56.8 to 9.35% in the intervention and from 50 to 29.5% in the control group. In total, 63.4 and 34.15% in the intervention and control groups were free of depression respectively after the intervention ( $p<0.001$ ).

**Conclusions:** The results of this study showed that using EFT for 8 weeks could significantly reduce the mean score of depression in postmenopausal women. Using this method in public health centers for postmenopausal women is recommended.

Moga, M. (2021). Is there scientific evidence for chakras. *International Journal of Healing and Caring*, 22(2). <https://ijhc.org/2022/04/05/moga-m/>

Chakras are part of Eastern spiritual traditions and Western biofield therapies. In this narrative review, anatomical and physiological evidence in support of chakras as scientifically detectable structures is examined. Although there have been few scientific studies of the chakras, evidence suggests that chakras may emit electromagnetic radiation and be associated with underlying nerve plexuses.

Morikawa, A., Takayama, M. & Yoshizawa, E. (2021). The efficacy of thought field therapy and its impact on heart rate variability in student counseling: A randomized controlled trial, *EXPLORE*, 2021, ISSN 1550-8307. <https://doi.org/10.1016/j.explore.2021.09.005>. (<https://www.sciencedirect.com/science/article/pii/S1550830721001907>)

Thought Field Therapy is an evidence-based method validated by 17 clinical trials, including five Randomized Controlled Trials. This study investigates whether a single Thought Field Therapy session can improve psychological issues such as stress, depression, and



performance anxiety in university students.


**Methods:** Fifty university students were randomly assigned to an intervention group or a waitlist control group. The intervention group received a single counseling session of Thought Field Therapy and was assessed by Subjective Units of Distress and Heart Rate Variability before and after the session. The waitlist group received Thought Field Therapy and was administered the Profile of Mood States Second Edition. All participants completed the latter after a waiting period of 1–3 weeks.

**Results:** The 39 students who received Thought Field Therapy showed significantly higher Heart Rate Variability post-compared to pre-therapy ( $p < .001$ ). The 33 students who were assessed for Subjective Units of Distress also reported significant improvements ( $p < .001$ ) by a 91% reduction in distress for an average duration of 36 minutes. The Profile of Mood States Second Edition score did not show significant improvements in the intervention group ( $n = 24$ ) as compared to the control group ( $n = 15$ ).

**Conclusion:** A brief intervention of Thought Field Therapy can reduce stress and psychological distress among university students, and increase their physiological resilience in a limited timeframe, after a single session of counseling. However, the single session did not suffice to significantly improve their psychological conditions over the long term.

**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.

**Patel, V. & Pandey, N. (2021). Effectiveness of EFT on suicidal ideation among young adults. *International Journal of Indian Psychology* 9(3). ISSN 2348-5396.DIP: 18.01.192.20210903,  DOI: 10.25215/0903.192**

The present study examines the effectiveness of Emotional Freedom Technique (EFT) as an intervention for suicidal ideation among young adults. Suicide has been documented in various literature wherein its definition has constantly changed. So has the definition of suicidal ideation. As a result, there is no universally accepted consistent definition for either. An enormous part of our society including the young adults, commit suicide every year. The current situation calls for an easily assessable and effective intervention that can be implemented to deal with suicidal ideation, and eventually suicide. Respondents between the age of 18 and 40 years were assessed for the presence of suicidal ideation using Columbia-Suicide Severity Rating Scale at the beginning and end of intervention. 8 participants out of 20 respondents were provided with intervention. Participants were taken for initial EFT session to get better insight in their distress causing issues that lead them towards suicidal



ideation and to provide them with the grasp of how EFT is conducted. Participants were then instructed to practice EFT on themselves on daily basis for next 21 days. In post intervention assessment EFT not only proved to be effective on suicidal ideation but it also provided participants with necessary insight, created and enhanced self-love and made them self-aware and efficient in handling their emotions. EFT is cost effective, easy to use technique that can be used for all emotions and body pains anytime, anywhere and any number of times.

**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.**

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

which is based on the lead author's experiences in the Garmian region, aims to describe the results of using two mental health interventions, Cognitive Behavioral Therapy and Thought Field Therapy.

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

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

**Shilpa, J. (2021). Efficacy of Emotional Freedom Technique and Cognitive Behavioural Therapy on stress, anxiety, depression, short-term memory, psychophysiological coherence and heart rate in Indian adults. *Clinical Psychology and Mental Health Care*, 2(4). <https://doi.org/03.2021/1.10025>. <https://tinyurl.com/zm8zayjb>**

World Health Organization reported depression as the fourth leading cause of mental illness worldwide and one of the leading causes of disabilities among adults. Living with depression may cause sleep deprivation, anxiety, stress and short-term memory loss. This is because the individual's mind may be occupied with negative thoughts. Depression affects a person's feelings, thinking, daily functioning, processing speed, memory, and executive functions. National Mental Health Survey of India in 2015-2016 reports that one in 20 Indians suffers from Depression. Earlier research indicated that Cognitive Behavioural Therapy (CBT) represents a superior approach in treating mild to severe depression symptoms, and Emotional Freedom Technique (EFT) received increased attention. The present study is in line with a study conducted in Australia in 2016 by Hannah Chatwin et al. The objective of the current study is to evaluate the efficacy of EFT and CBT in the treatment of stress, anxiety and depression, short-term memory loss, psychophysiological coherence and heart rate in Indian young adults. Subjects (n = 14), selected at random, from Ahmedabad (a metro city) in India, were screened for stress, anxiety and depression using Depression, Anxiety and Stress scale (DASS21) and Beck Depression Inventory (BDI2). They were also screened for short term memory using Digit Span test, which allowed assessments of each participant's initial complaints of forgetfulness, difficulty in concentrating and confusion. Their psychophysiological coherence score and heart rate were recorded pre- and post-interventions using emWave system. These subjects were randomly assigned to an 8 once a week CBT or EFT treatment program. All participants were screened after 3 sessions, 5 sessions, 8 sessions and 6 months of follow up using DASS21, BDI2 and Digit Span Test. They were also screened after 1 month for stress, anxiety and depression using DASS21 and BDI2. Findings of the study depicted that both intervention approaches produced significant reductions in stress, anxiety and depressive symptoms and concurrent improvement in short-term memory (STM), psychophysiological coherence and heart rate. The EFT treatment produced marked improvement in depression after 3 sessions. After 8 weeks of intervention, the CBT group reported significant improvement in depression and

short-term memory, while EFT intervention therapy showed significant improvement in depression state after 1 month and 6 months of follow up respectively. Examination of individual cases showed, clinically significant improvement in stress, anxiety, depression symptoms, short term memory and psychophysiological coherence across both interventions. The results are consistent with the previous studies by Hannah Chatwin et al. (2016). Present findings suggest that EFT would be an effective intervention therapy in managing stress, anxiety, depression and STM and worthy of further investigation.

**Tack, L., Lefebvre, T. et al. (2021). A randomised wait-list controlled trial to evaluate Emotional Freedom Techniques for self-reported cancer-related cognitive impairment in cancer survivors (EMOTICON). *EClinicalMedicine*, 39. 101081**  
<https://doi.org/10.1016/j.eclinm.2021.101081>

**Background:** Cancer-related cognitive impairment (CRCI) is a prevalent source of comprised quality of life in cancer survivors. This study evaluated the efficacy of Emotional Freedom Techniques (EFT) on self-reported CRCI (sr-CRCI).

**Methods:** In this prospective multicentre randomised wait-list controlled study (ClinicalTrials.gov Identifier: NCT02771028), eligible cancer survivors had completed curative treatment, were 18 years or older and screened positive for sr-CRCI with ! 43 on the Cognitive Failures Questionnaire (CFQ). Participants were randomised to the immediate treatment group (ITG) or wait-list control (WLC) group, based on age (< or ! 65 years), gender, treatment (chemotherapy or not), and centre. The ITG started to apply EFT after inclusion and performed this for 16 weeks. The WLC group could only start the application of EFT after 8 weeks of waiting. Evaluations took place at baseline (T0), 8 weeks (T1) and 16 weeks (T2). The primary outcome was the proportion of patients with sr-CRCI according to the CFQ score.

**Findings:** Between October 2016 and March 2020, 121 patients were recruited with CFQ ! 43 indicating sr- CRCI. At T1, the number of patients scoring positive on the CFQ was significantly reduced in the ITG compared to the WLC group (40.8% vs. 87.3% respectively;  $p < 0.01$ ). For the WLC group, a reduction in CFQ scores was observed at T2, comparable to the effect of the ITG at T1. Linear mixed model analyses indicated a statistically significant reduction in the CFQ score, distress, depressive symptoms, fatigue and also an improvement in quality of life.

**Interpretation:** This study provides evidence for the application of EFT for sr-CRCI in cancer survivors and suggests that EFT may be useful for other symptoms in cancer survivors.

**Uma, D.T. & Safreena, I. (2021). A quasi experimental study to appraise the perceived competency and effect of emotional freedom technique on postpartum blues among postnatal mothers in selected hospitals, Chennai. *TNNMC Journal of Obstetrics and Gynaecological Nursing*, 9(1), 7 – 13. Online ISSN : 2456-7027.**  
<https://tinyurl.com/hkd37fah>

**Background:** A mother's joy begins as new life is stirring inside; when a tiny heart beat is heard for the first time, and a playful kick remains her that she is never alone. The delivery of a child yields excitement and joy, and the new mother is expected to welcome her new responsibility with happiness. For some, this new responsibility may not be an enjoyable experience because of ignorance or mishandling of postpartum psychological health.

Postnatal mothers may struggle with their mental health as they transit to motherhood.

**Aim:** To assess the effect of Emotional Freedom Technique on level of Postpartum blues.

**Material and methods:** Quasi experimental per-test post-test with control group design was adopted and the samples consist of 30 postnatal mothers. Edinburgh postnatal depression scale was used to assess the postpartum blue level.

**Results:** Only 13.3% of the postnatal mothers had adequate perceived competency in terms of knowledge regarding postpartum blue. In experimental group, 13 postnatal mothers who had moderate level of postpartum blue during per-test improved after implementation of the Emotional freedom technique where majority 66.7% of the mothers came to mild level. There is a significant change in the postpartum blue between per-test and post-test among experimental group which is statistically proved by that 't' value of 5.72 (Df=14, table value=2.14 at 0.05 level of significance).

**Uzzi, C. et al. (2021). The effect of Covid-19 on the mental health of healthcare workers: A systematic review. *Journal of Advances in Medicine and Medical Research*, 33(21), 183-194. Article no.JAMMR.76595 ISSN: 2456-8899**  
<http://libraryaplos.com/xmlui/handle/123456789/6845>

As covid-19 pandemic continues to affect every nation, Healthcare Workers (HCW) who care for the patients are psychologically impacted. This study aims to assess the psychological impact experienced by HCW and the psychosocial support they received. Methods: Using PubMed, google scholar and Embase from December 2019 through June 2021, we found 376 studies on the impact of the COVID-19 pandemic on the mental health of HCW. Using our inclusion criteria, 325 studies were excluded. 51 full-text articles were assessed for eligibility. 9 articles which met our criteria and eligibility criteria reported on 19,232 HCW, and 75.2% of the study participants were women. Results: The study participants reported high levels of stress, hypervigilance, fatigue, sleep problems, PTSD symptoms, poor concentration, depression, anxiety, burnout, emotional exhaustion, depersonalization, suicide and self-harm ideations and somatic symptoms due to the COVID-19 pandemic. The psychosocial support provided to HCW includes counseling and psychotherapy-based sessions on stress adaptation, onsite mindfulness-based crisis intervention, online form of **emotional freedom technique**, and Effort-reward system. Conclusion: Multiple interventions found in our review were effective in mitigating psychological stress among HCWs. These interventions should be considered as part of support provided to HCW with psychosocial challenges.

**van Ginneken, N. et al. (2021). Primary-level worker interventions for the care of people living with mental disorders and distress in low- and middle-income countries. *Cochrane Database of Systematic Reviews* 2021, Issue 8. Art. No.: CD009149. DOI: 10.1002/14651858.CD009149.pub3.**  
**[Systematic literature review and meta-analysis including Connolly & Sakai, 2011.**

**Background:** Community-based primary-level workers (PWs) are an important strategy for addressing gaps in mental health service delivery in low- and middle-income countries.

**Objectives:** To evaluate the effectiveness of PW-led treatments for persons with mental health symptoms in LMICs, compared to usual care.

**Search Methods:** MEDLINE, Embase, CENTRAL, ClinicalTrials.gov, ICTRP, reference lists (to

20 June 2019).

**Selection Criteria:** Randomised trials of PW-led or collaborative-care interventions treating people with mental health symptoms or their carers in LMICs. PWs included: primary health professionals (PHPs), lay health workers (LHWs), community non-health professionals (CPs).

**Data Collection and Analysis:** Seven conditions were identified apriori and analysed by disorder and PW examining recovery, prevalence, symptom change, quality-of-life (QOL), functioning, service use (SU), and adverse events (AEs). Risk ratios (RRs) were used for dichotomous outcomes; mean difference (MDs), standardised mean differences (SMDs), or mean change differences (MCDs) for continuous outcomes. For SMDs, 0.20 to 0.49 represented small, 0.50 to 0.79 moderate, and  $\geq 0.80$  large clinical effects. Analysis timepoints: T1 (<1 month), T2 (1-6 months), T3 (>6 months) post-intervention. **MAIN RESULTS:** Description of studies 95 trials (72 new since 2013) from 30 LMICs (25 trials from 13 LICs). Risk of bias Most common: detection bias, attrition bias (efficacy), insufficient protection against contamination. Intervention effects \*Unless indicated, comparisons were usual care at T2. "Probably", "may", or "uncertain" indicates "moderate", "low," or "very low" certainty evidence. Adults with common mental disorders (CMDs) LHW-led interventions a. may increase recovery (2 trials, 308 participants; RR 1.29, 95%CI 1.06 to 1.56); b. may reduce prevalence (2 trials, 479 participants; RR 0.42, 95%CI 0.18 to 0.96); c. may reduce symptoms (4 trials, 798 participants; SMD -0.59, 95%CI -1.01 to -0.16); d. may improve QOL (1 trial, 521 participants; SMD 0.51, 95%CI 0.34 to 0.69); e. may slightly reduce functional impairment (3 trials, 1399 participants; SMD -0.47, 95%CI -0.8 to -0.15); f. may reduce AEs (risk of suicide ideation/attempts); g. may have uncertain effects on SU. Collaborative-care a. may increase recovery (5 trials, 804 participants; RR 2.26, 95%CI 1.50 to 3.43); b. may reduce prevalence although the actual effect range indicates it may have little-or-no effect (2 trials, 2820 participants; RR 0.57, 95%CI 0.32 to 1.01); c. may slightly reduce symptoms (6 trials, 4419 participants; SMD -0.35, 95%CI -0.63 to -0.08); d. may slightly improve QOL (6 trials, 2199 participants; SMD 0.34, 95%CI 0.16 to 0.53); e. probably has little-to-no effect on functional impairment (5 trials, 4216 participants; SMD -0.13, 95%CI -0.28 to 0.03); f. may reduce SU (referral to MH specialists); g. may have uncertain effects on AEs (death). Women with perinatal depression (PND) LHW-led interventions a. may increase recovery (4 trials, 1243 participants; RR 1.29, 95%CI 1.08 to 1.54); b. probably slightly reduce symptoms (5 trials, 1989 participants; SMD -0.26, 95%CI -0.37 to -0.14); c. may slightly reduce functional impairment (4 trials, 1856 participants; SMD -0.23, 95%CI -0.41 to -0.04); d. may have little-to-no effect on AEs (death); e. may have uncertain effects on SU. Collaborative-care a. has uncertain effects on symptoms/QOL/SU/AEs. Adults with post-traumatic stress (PTS) or CMDs in humanitarian settings LHW-led interventions a. may slightly reduce depression symptoms (5 trials, 1986 participants; SMD -0.36, 95%CI -0.56 to -0.15); b. probably slightly improve QOL (4 trials, 1918 participants; SMD -0.27, 95%CI -0.39 to -0.15); c. may have uncertain effects on symptoms (PTS)/functioning/SU/AEs. PHP-led interventions a. may reduce PTS symptom prevalence (1 trial, 313 participants; RR 5.50, 95%CI 2.50 to 12.10) and depression prevalence (1 trial, 313 participants; RR 4.60, 95%CI 2.10 to 10.08); b. may have uncertain effects on symptoms/functioning/SU/AEs. Adults with harmful/hazardous alcohol or substance use LHW-led interventions a. may increase recovery from harmful/hazardous alcohol use although the actual effect range indicates it may have little-or-no effect (4 trials, 872 participants; RR 1.28, 95%CI 0.94 to 1.74); b. may have little-to-no effect on the prevalence of methamphetamine use (1 trial, 882 participants; RR 1.01, 95%CI 0.91 to 1.13) and functional impairment (2 trials, 498 participants; SMD -0.14, 95%CI -0.32 to 0.03); c. probably slightly reduce risk of harmful/hazardous alcohol use (3 trials, 667

participants; SMD -0.22, 95%CI -0.32 to -0.11); d. may have uncertain effects on SU/AEs. PHP/CP-led interventions a. probably have little-to-no effect on recovery from harmful/hazardous alcohol use (3 trials, 1075 participants; RR 0.93, 95%CI 0.77 to 1.12) or QOL (1 trial, 560 participants; MD 0.00, 95%CI -0.10 to 0.10); b. probably slightly reduce risk of harmful/hazardous alcohol and substance use (2 trials, 705 participants; SMD -0.20, 95%CI -0.35 to -0.05; moderate-certainty evidence); c. may have uncertain effects on prevalence (cannabis use)/SU/AEs. PW-led interventions for alcohol/substance dependence a. may have uncertain effects. Adults with severe mental disorders \*Comparisons were specialist-led care at T1. LHW-led interventions a. may have little-to-no effect on caregiver burden (1 trial, 253 participants; MD -0.04, 95%CI -0.18 to 0.11); b. may have uncertain effects on symptoms/functioning/SU/AEs. PHP-led or collaborative-care a. may reduce functional impairment (7 trials, 874 participants; SMD -1.13, 95%CI -1.78 to -0.47); b. may have uncertain effects on recovery/relapse/symptoms/QOL/SU. Adults with dementia and carers PHP/LHW-led carer interventions a. may have little-to-no effect on the severity of behavioural symptoms in dementia patients (2 trials, 134 participants; SMD -0.26, 95%CI -0.60 to 0.08); b. may reduce carers' mental distress (2 trials, 134 participants; SMD -0.47, 95%CI -0.82 to -0.13); c. may have uncertain effects on QOL/functioning/SU/AEs. Children with PTS or CMDs LHW-led interventions a. may have little-to-no effect on PTS symptoms (3 trials, 1090 participants; MCD -1.34, 95%CI -2.83 to 0.14); b. probably have little-to-no effect on depression symptoms (3 trials, 1092 participants; MCD -0.61, 95%CI -1.23 to 0.02) or on functional impairment (3 trials, 1092 participants; MCD -0.81, 95%CI -1.48 to -0.13); c. may have little-or-no effect on AEs. CP-led interventions a. may have little-to-no effect on depression symptoms (2 trials, 602 participants; SMD -0.19, 95%CI -0.57 to 0.19) or on AEs; b. may have uncertain effects on recovery/symptoms (PTS)/functioning.

**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.

Yunita Sari, R., Muhith, A., Rohmawati, R., Soleha, U. ., Faizah, I. ., Afiyah, R. K., & Suryadi Rahman, F. (2021). Spiritual Emotional Freedom Technique against Anxiety and Psychological Well-being of Type 2 DM Patients during the COVID-19 Pandemic. *Open Access Macedonian Journal of Medical Sciences*, 9(G), 260–265.  
<https://doi.org/10.3889/oamjms.2021.7217>  
<https://oamjms.eu/index.php/mjms/article/view/7217>

**Background:** The COVID-19 pandemic makes patients with type 2 diabetes mellitus experience an increase in anxiety, considering that diabetes mellitus is one of the dangerous comorbidities for people infected with the COVID-19 virus so that it affects their psychological well-being. Low psychological well-being will have an impact on decreasing self-care, hereby increasing the occurrence of complications.

**Aim:** The purpose of this study was to analyze the effect of the spiritual emotional freedom technique (SEFT) on anxiety and the psychological well-being of patients with type 2 DM during the COVID-19 pandemic.

**Methods:** The research design employed is a quasi-experimental research with the untreated control group design with dependent pre-test and post-test samples. The sampling technique used is probability sampling which is a random sampling to meet the inclusion and exclusion criteria with a total sample of 110 respondents with the distribution of the intervention group consisting of 55 respondents and the control group consisting of 55 respondents. The instrument used to measure the level of anxiety is the Hamilton Rating Scale for Anxiety and psychological well-being of Ryff's psychological well-being. The statistical tests used are Paired Sample t-Test and Independent t-test with significant  $p < 0.05$ .

**Results:** The results showed that the mean level of anxiety in the intervention group before the implementation of the intervention was 21.89 (moderate), while after the intervention was 10.98 (mild) and the psychological well-being before the intervention was 147.49 (low), while after the intervention was 170.91 (moderate). Furthermore, in the case of the control group, the mean level of anxiety before the intervention was 19.16 and after the intervention was 19.11 and psychological well-being before the intervention was 146.67 while after the intervention was 146.45. Furthermore, the data analysis obtained that the SEFT affected the level of anxiety and psychological well-being of patients with type 2 diabetes during the COVID-19 pandemic with  $p = 0.00$ .

**Conclusion:** The SEFT that is routinely implemented can reduce the level of anxiety so that it can improve the psychological well-being of patients with type 2 DM during the COVID-19 pandemic.

## 2020

Alamdard, B., Mohammadtehrani, H., Behbodi, M. Kiamanesh, A.R. (2020). Comparison of effectiveness of Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, and Emotional Freedom Technique in reducing anxiety in patients

with post-traumatic stress disorder. *Journal of Applied Psychology*, 13(4), 625-650.  
<https://www.sid.ir/en/Journal/ViewPaper.aspx?ID=709138>

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

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

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

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

**Balha, S. M., Abo-Baker, O., & Mahmoud S. (2020). Effect of Emotional Freedom Techniques on psychological symptoms and cravings among patients with substance related disorders. *International Journal of Novel Research in Healthcare and Nursing*, 7(2), 30-45.**

**Background:** Numerous researchers have found a recurrent co-occurrence of craving and psychological distress among addict patients. Thus, this necessitate applying evidence-based practice like the EFT techniques that are characterized by its simplicity, and used it as a self-help tool for managing craving, and psychological symptoms like anxiety and depression.

**Aim:** This study aimed to assess the effect of emotional freedom techniques on psychological symptoms & cravings among patients with substance related disorders.

**Design:** Quasi experimental research design was used.

**Setting:** The present study was conducted at Elmaamoura Hospital for psychiatric Medicine in Alexandria. Subjects: The subjects of the study comprised of 90 patients. Tools: Three tools were used: Interview questionnaire sheet (Socio-demographic and clinical data), Substance – related disorders & Alcohol Cravings (The Penn Alcohol Craving Scale - PACS), and the Symptom Checklist 90 scale (SCL-90 R).

**Results:** Applying psycho-educational program of emotional freedom techniques (EFT) significant reducing level of craving, and All statistically significant decrease was observed in the three global indices (GSI, PSDI, PST) and all of the SCL-90 subscales nine dimensions after the sessions, indicating a reduction in psychological distress ( $p < 0.005$ ).

**Conclusion:** Applying psycho-educational program of emotional freedom techniques (EFT)

significant reducing level of craving, significant improvements in psychological symptoms among substance related disorders patients.

**Recommendations:** These results demonstrate that EFT could be an efficient adjunct tool for addiction treatment by reducing the high levels of craving and decreasing severity of the general psychological symptom distress among addict patients.

**Bilazarian, R. & Hux, M. (2020). Rapid group treatment of pain and upsets with the Brief Energy Correction. *International Journal of Healing and Caring*, 20(3).**  
<https://www.ijhc.org/september-2020>.

**Objective:** The Brief Energy Correction (BEC) is a technique for somatic rebalancing of neurological disorganization, usually employed when meridian tapping procedures (Emotional Freedom Techniques, Thought Field Therapy, and related Energy Psychology methods) are not successfully reducing discomfort intensity. This rebalance then allows the tapping to resume reducing intensity. The objective of this study was to assess preliminary efficacy of the BEC in a group setting as a solo technique in reducing physical and/or emotional pain.

**Design:** Pilot cohort study

**Study setting and participants:** 75 participants reporting current pain or psychological upset and attending a virtual, 30-minute session at an annual, meridian-based, mind-body, psychological conference.

**Intervention and Outcome measure:** The BEC technique of briefly holding a sequence of five acupoint positions while thinking of an emotional or physical pain, repeated six times (BEC-6), is described for self-administration over a virtual videoconference format. Participants reported intensity of their distress before and after each of three rounds of the BEC-6, using the subjective units of distress (SUDS) scale. Results: Seventy-five conference members participated (average age 60, 92% female). For 39, pain was the presenting issue, with average starting intensity 5.5 on a scale of 0-10. At the end of 3 rounds, average intensity was 1.56 (3.9-point or 70% reduction,  $p < 0.0001$ ). For 28 participants (72%), pain dropped below their typical pain range in this brief 90 second demonstration. Upsets, reported by 36 participants started at average current intensity of 6.1 and at the end of 3 rounds average intensity was 0.9 (5.2-point or 85% reduction,  $p < 0.0001$ ).

**Conclusion:** The Brief Energy Correction is worthy of more attention both as a solo technique and in combination with other techniques in the meridian-based psychosomatic treatment world. It is simple and can be taught as a self-help tool to manage pain and upsets. It can be applied individually and in groups. Further research is recommended to determine whether these results are replicable and durable.

**Church, D. and David, I. (2019). Borrowing Benefits: Clinical EFT (Emotional Freedom Techniques) as an Immediate Stress Reduction Skill in the Workplace. *Psychology*, 10, 941-952.**

Clinical EFT (Emotional Freedom Techniques) is an evidence-based practice that has demonstrated efficacy for anxiety, depression, and PTSD. While a literature search identifies over 100 EFT papers, none thus far report on its use with business executives. The current study assessed psychological indicators in business owners ( $N = 39$ ) over 50 years old and whose companies grossed US\$9 million or more annually. Participants attended a daylong

seminar combining psychoeducation with EFT delivered in small group format using a manualized protocol known as Borrowing Benefits. All members of each group used EFT while witnessing sessions conducted by a certified Clinical EFT practitioner. After treatment, the severity of psychological symptoms such as anxiety and depression declined by 34% ( $p < 0.0008$ ). Pain was reduced by 41%, and cravings for problem food and drink items by 50% (both  $p < 0.0001$ ). The study focused on EFT's immediate stress-reduction effects and did not include a follow-up assessment. Consistent with the literature on Borrowing Benefits, EFT produced large reductions in stress symptoms when delivered in group format. As businesses seek methods of reducing stress in professional settings, Clinical EFT groups offer a fast and effective technique to improve both the physical and psychological dimensions of employee well-being.

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

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

**Church D, Stapleton P, Sabot D. (2020). App-Based Delivery of Clinical Emotional Freedom Techniques: Cross-Sectional Study of App User Self-Ratings. *JMIR Mhealth Uhealth*. 270,4612214;8(10):e18545. doi: 10.2196/18545. PMID: 32862128; PMCID: PMC7593862.**

**Background:** The burgeoning area of mobile health (mHealth) has experienced rapid growth in mobile apps designed to address mental health issues. Although abundant apps offer strategies for managing symptoms of anxiety and stress, information regarding their efficacy is scarce.

**Objective:** This study aimed to assess the effect of an mHealth app on user self-ratings of psychological distress in a sample of 270,461 app users. The Tapping Solution App guides users through the therapeutic protocols of Clinical Emotional Freedom Techniques (EFT), an

evidence-based psychophysiological intervention that combines acupressure with elements of cognitive and exposure therapies.

**Methods:** App users provided self-ratings of emotional intensity before and after app sessions (termed "tapping meditations") using an 11-point Subjective Units of Distress scale. App user data for 23 tapping meditations, which addressed psychological symptoms of anxiety and stress, were gathered between October 2018 and October 2019, totaling 380,034 completed app sessions.

**Results:** Across 12 anxiety-tapping meditations, the difference in emotional intensity ratings from pre-session (mean 6.66, SD 0.25) to post-session (mean 3.75, SD 0.30) was statistically significant ( $P < .001$ ; 95% CI -2.92 to -2.91). Across 11 stress-tapping meditations, a statistically significant difference was also found from pre-session (mean 6.91, SD 0.48) to post-session (mean 3.83, SD 0.54;  $P < .001$ ; 95% CI -3.08 to -3.07). The results are consistent with the literature on the efficacy of Clinical EFT for anxiety and stress when offered in conventional therapeutic formats.

**Conclusions:** The findings provide preliminary support for the effectiveness of the mHealth app in the immediate reduction of self-rated psychological distress. As an adjunct to professional mental health care, the app promises accessible and convenient therapeutic benefits.

**Dincer, B., Ozcelik, S.K., Ozer, Z. & Bahcecik, N. (2020). Breathing therapy and emotional freedom techniques on public speaking anxiety in Turkish nursing students: A randomized controlled study. EXPLORE, 2020, ISSN 1550-8307.**

<https://doi.org/10.1016/j.explore.2020.11.006>.

<https://www.sciencedirect.com/science/article/pii/S1550830720303761>)

### **Background and objective**

Public speaking is a common challenge that university students have to face. This study aims to determine the effects of Breathing Therapy and Emotional Freedom Techniques (EFT) on public speaking anxiety in Turkish nursing students.

**Methods:** This randomized controlled study included 76 nursing students. Data were collected using the Descriptive Characteristics Form, Subjective Units of Disturbance Scale, The State-Trait Anxiety Inventory, and the Speech Anxiety Scale.

**Results:** Before the administration of Breathing Therapy and EFT, the students' median scores from the Subjective Units of Disturbance Scale, the State-Trait Anxiety Inventory, and the Speech Anxiety Scale were similar. However, the median scores of the Subjective Units of Disturbance Scale, the State-Trait Anxiety Inventory, and the Speech Anxiety Scale scores significantly decreased in both of the experimental groups after the interventions ( $p < 0.001$ ). EFT ( $d = 3.18$ ) was more effective than Breathing Therapy ( $d = 1.46$ ) in reducing Speech anxiety.

**Conclusion:** It was found that Breathing Therapy and EFT are effective methods to reduce stress, anxiety, and speaking anxiety.

**Eden, D. & Feinstein, D. (2020). Development of a healthcare approach focusing on subtle energies. Adv Mind Body Med., 34(3):25-36. ISSN: 1470-3556.**

Eden Energy Medicine (EEM) is a hands-on healthcare approach providing assessments and interventions that focus on the body's electromagnetic and more subtle energy systems. More than 1600 certified practitioners have completed an intensive 2-year training program in



the method, and these practitioners have brought the approach to hundreds of thousands of people in individual sessions and self-care classes. In this article, the method's founders briefly trace its development and present illustrative case histories. They then address a number of questions that are pertinent for any approach to energy medicine from the perspective of their experiences advancing EEM. Broader acceptance of energy medicine has been impeded by the field's emphasis on energies with purported properties not known in the energies that fall along the electromagnetic spectrum. Such assertions challenge conventional concepts within Western medicine. The anomalies can, however, be explained by a framework that is informed by an understanding of subtle energies as conceived in healing systems from myriad cultures dating back thousands of years. The authors present empirical evidence that supports the validity of the subtle energy concept, propose health-related implications of such energies, and present 9 discrete energy systems emphasized by EEM. They also review the clinical efficacy of energy medicine treatments. Finally, they describe 6 advantages of an energy-informed approach to healthcare. Among these are an ability to address biological activities at their energetic foundations; the regulation of physiological processes with speed and precision; and the promotion of healing and prevention of illness with interventions that can be economically and noninvasively applied.

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

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

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

Emotional Freedom Techniques (EFT), more commonly known as tapping, is an emerging, research-based intervention that has been found to be an effective stress and anxiety management tool for students and school personnel. EFT uses cognitive behavior therapy techniques, such as awareness building, imaginal exposure, reframing of interpretation, and systematic desensitization, while teaching the individual to self-stimulate protocol-identified acupoints. The use of EFT with children and adolescents is relatively new, and therefore,

research on its effectiveness is limited. Within the last decade, initial results have indicated that EFT assists students in reducing anxiety and the fear of failure and in improving self-esteem and compassion within a few sessions. This chapter examines relevant EFT research and the use of EFT with school-age children and adolescents. In addition, it discusses the importance of formal training in EFT for school practitioners and ethical considerations.

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

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

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

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

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

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

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

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

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

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

therapeutic value to patients, from both an existential and a health behaviors perspective.

**Yavari Kermani, M., Razavi, S., Shabani, M. (2020). The Effectiveness of Emotional Freedom Technique on Anxiety and Post Traumatic Stress Syndrome in Women with Spontaneous Abortion. *Journal of Applied Family Therapy*, 1(4), 53-71. doi: [10.22034/aftj.2021.266082.1050](https://doi.org/10.22034/aftj.2021.266082.1050)**

The aim of this study was to determine the effectiveness of emotional release technique on anxiety and post-traumatic stress disorder in women with spontaneous abortion. Method: The present study was a single-case experimental design of multiple asynchronous baseline that among 21 women with abortion trauma of Shahid Beheshti Hospital in Isfahan in April and May by purposive sampling and after screening using a list Spielberger (1983) Anxiety and Self-Reporting Scale of Post-Traumatic Stress Disorder Symptoms (Foa, Rigs, Dansio, & Ratbam, 1993) selected six women. These women were individually treated in twelve forty-five-minute sessions with two follow-up sessions in Church (2014) emotional release techniques sessions. Data were analyzed by visual mapping, stable change index and recovery percentage formula. Results: The results showed that the intervention of emotional release technique reduced trait anxiety among women participating in the treatment phase 38.75% improvement and follow-up phase 43.06%, state anxiety in the treatment phase 47.14% improvement and follow-up phase / 91. 47% and post-traumatic stress syndrome improved by 49.92% in the treatment phase and 50.29% in the follow-up phase. Conclusion: The results showed that the use of this treatment in cases where the person suffers from post-traumatic stress with other associated disorders, including anxiety, can help improve both problems in the person at the same time.

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

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

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

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

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

**Result:** EFT (n = 15) and PMR (n = 16) improved Hwabyung symptoms (-13.95% and -11.46%, respectively), state anxiety (-12.57% and -12.64%, respectively), and depression (-32.11% and -18.68%, respectively) (p < 0.05 for all). Trait anger improved in EFT group (-13.4%, p =

0.004). There were no significant differences between the groups ( $p > 0.05$ ) except for trait anger at post-treatment ( $p = 0.022$  for between group). No adverse events were reported during the study.

**Lambert, M. (2020). The Tapping Project: Introducing Emotional Freedom Techniques (EFT) to reduce anxiety and improve wellbeing in primary school students. Charles Darwin University (Australia), ProQuest Dissertations Publishing. 28911405.**  
[doi:10.25913/78ra-3a33](https://doi.org/10.25913/78ra-3a33)  
<https://tinyurl.com/2s3djh58>

As the rates of childhood anxiety increase and manifest at younger ages, children's mental health and wellbeing have become growing issues for primary schools. The purpose of the current study was to implement and evaluate Emotional Freedom Techniques (EFT), or tapping, as a class treatment that may support the social and emotional learning curriculum in primary schools. The Tapping Project was conducted as a longitudinal, evaluative study within a pragmatic framework, using mixed methods methodology, and assessed the effectiveness of EFT when used as a class intervention for student wellbeing. Several research questions were posed to explore the perceptions of students and teachers about using tapping as a class activity. Eight classes, consisting of 138 students and nine teachers across four schools, participated in the study. Following two 1-hour teacher training sessions and an introductory class lesson delivered by the researcher, teachers administered tapping sessions in classes 3 times a day for a period of 4 weeks. A second stage of 4-weeks tapping occurred in classes during the succeeding school term. Quantitative and qualitative measures found that EFT supports national educational social and emotional wellbeing curriculum, and may be a valuable inclusion in school programs. Results of the project revealed that both students and teachers thought tapping should be introduced to all students in primary schools. Thematic analysis was applied to both student and teacher data sets. Analyses found that tapping is a mechanism for change, tapping skills were transferable to other contexts and, similar to other interventions, tapping was not effective on each occasion. In addition to calming effects, students felt the benefits of tapping extended to focus and concentration and a reduction in physical discomfort. Students were more likely to develop intrinsic motivation for tapping when the psychological needs of competence, autonomy, and relatedness were met. The thesis presents other key findings and recommendations.

**Leskowitz, E. (2020). A cartography of energy medicine: From subtle anatomy to energy physiology. EXPLORE. PMID: 33168457 DOI: [10.1016/j.explore.2020.09.008](https://doi.org/10.1016/j.explore.2020.09.008)**

The field of energy medicine (EM) is perhaps the most controversial branch of integrative medicine. Its core concept - the existence of an invisible healing energy - has not yet been validated by Western medicine, and the mechanism(s) of action of its techniques have not been fully elucidated. This paper addresses these problems by marshalling several types of evidence: basic science research into electromagnetic fields (EMF), subjective sensations experienced when receiving EM treatments, and clairvoyant perceptions of EM in action. The latter two sources of information, while not solid enough to meet current standards of scientific rigor, can nonetheless generate important new information. A hypothesis is then developed to explain these findings. First, the main components of the human subtle energy

system are presented: the "subtle anatomy" of the meridians, of the energy centers and of the biofield. Several representative EM techniques are then analyzed to determine which specific components of that energy structure they impact. Next, EM's mechanisms of action are explored by describing how these altered energy dynamics can affect biologic processes. This subject is termed "energy physiology", in parallel with conventional medicine's foundation in anatomy and physiology. Finally, potential research into energy physiology is outlined that focuses on several common but distinctive experiences which are not fully explained by the current mechanistic biomedical model. Plausible and testable energy-based explanations are proposed for phantom limb pain, emotional entrainment in groups, unusually rapid symptom response to EM, and the invisible templates that guide cell growth and differentiation. This analysis is intended to serve as a guide to future clinical and research explorations into the multidimensional nature of human beings. As Western medicine develops technologies that can generate objective empiric evidence in these subtle domains, we will be able to more fully understand the energetic components of health and illness.

**Leskowitz, E. (2020). Phantom limb pain: The role of prana and the koshas. 18. 4.**

***Elements: Ayurveda Health and Nutrition 18(1):4, 2020.***

[https://www.researchgate.net/publication/265339050\\_Phantom\\_Limb\\_Pain\\_An\\_EnergyTrauma\\_Model](https://www.researchgate.net/publication/265339050_Phantom_Limb_Pain_An_EnergyTrauma_Model)

Phantom limb Pain (PLP) is a form of chronic post-amputation neuropathic pain that responds poorly to treatment interventions derived from the neuroanatomic understanding of pain and analgesia. However, several novel treatments that are based on an "energy medicine" or - *prana*-based model appear to be quite promising. The successful use of a form of *kosha* balancing called Therapeutic Touch to treat PLP led to the formulation of the biofield hypothesis of PLP. Similarly, an intervention called Emotional Freedom Technique (EFT), based on manual stimulation of acupuncture points (in effect, the terminal points of the *nadis*) has been effective with PLP patients. EFT works by defusing the intense emotions that usually follow traumatic amputations, but which are not typically addressed in the post-surgical phase of rehabilitation. EFT is also proving to be effective in treating post-traumatic stress disorder in other settings, even in the absence of amputation or physical injury. Finally, another energy-based therapy that is well-accepted - acupuncture - has been successful in treating PLP when the invisible phantom is needled(!). Because of energy medicine's efficacy with PLP, a speculative trauma/energy model for the etiology of PLP is proposed. By re-conceptualizing the phantom limb experience as a disturbance in the *pranamaya kosha* rather than as a defect of neuroplasticity, the efficacy of *prana*-based interventions begins to make sense. This model helps to explain several anomalous aspects of PLP, as well as the clinical efficacy of energy therapies. This is an example of how the use of an Ayurvedic conceptual model can enhance the standard bio-medical approach to this challenging clinical problem.

**Mavranouzouli, I., Megnin-Viggars, O., et al. (2020). Cost-effectiveness of psychological treatments for post-traumatic stress disorder in adults. *PloS one*, 15(4), e0232245.**

**PMID: 32353011 PMCID: PMC7192458 DOI: 10.1371/journal.pone.0232245**



**Background:** Post-traumatic stress disorder (PTSD) is a severe and disabling condition that may lead to functional impairment and reduced productivity. Psychological interventions have been shown to be effective in its management. The objective of this study was to assess the cost-effectiveness of a range of interventions for adults with PTSD.

**Methods:** A decision-analytic model was constructed to compare costs and quality-adjusted life-years (QALYs) of 10 interventions and no treatment for adults with PTSD, from the perspective of the National Health Service and personal social services in England. Effectiveness data were derived from a systematic review and network meta-analysis. Other model input parameters were based on published sources, supplemented by expert opinion.

**Results:** Eye movement desensitisation and reprocessing (EMDR) appeared to be the most cost-effective intervention for adults with PTSD (with a probability of 0.34 amongst the 11 evaluated options at a cost-effectiveness threshold of £20,000/QALY), followed by combined somatic/cognitive therapies, self-help with support, psychoeducation, selective serotonin reuptake inhibitors (SSRIs), trauma-focused cognitive behavioural therapy (TF-CBT), self-help without support, non-TF-CBT and combined TF-CBT/SSRIs. Counselling appeared to be less cost-effective than no treatment. TF-CBT had the largest evidence base.

**Conclusions:** A number of interventions appear to be cost-effective for the management of PTSD in adults. EMDR appears to be the most cost-effective amongst them. TF-CBT has the largest evidence base. There remains a need for well-conducted studies that examine the long-term clinical and cost-effectiveness of a range of treatments for adults with PTSD.

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

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

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

**Results:** We included 32 trials of 17 interventions and 2,260 participants. Overall, the evidence was of moderate-to-low quality. No inconsistency was detected between direct and indirect evidence. Individual forms of TF-CBT showed consistently large effects in reducing PTSD symptoms post-treatment compared with waitlist. The order of interventions by descending magnitude of effect versus waitlist was as follows: cognitive therapy for PTSD (SMD –2.94, 95%CrI –3.94 to –1.95), combined somatic/cognitive therapies, child–parent psychotherapy, combined TF-CBT/parent training, meditation, narrative exposure, exposure/prolonged exposure, play therapy, Cohen TF-CBT/cognitive processing therapy (CPT), eye movement desensitisation and reprocessing (EMDR), parent training, group TF-CBT, supportive counselling and family therapy (SMD –0.37, 95%CrI –1.60 to 0.84). Results for parent training, supportive counselling and family therapy were inconclusive. Cohen TF-CBT/CPT, group TF-CBT and supportive counselling had the largest evidence base. Results regarding

changes in PTSD symptoms at follow-up and remission post-treatment were uncertain due to limited evidence.

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

**Mayr, H., Cohen, F., Isenring, E., et al. (2020). Multidisciplinary lifestyle intervention in children and adolescents - results of the project GRIT (Growth, Resilience, Insights, Thrive) pilot study. *BMC Pediatrics*. 20(1):174. PMID: 32312241; PMCID: PMC7169025. doi: [10.1186/s12887-020-02069-x](https://doi.org/10.1186/s12887-020-02069-x).**

**Background:** During childhood and adolescence leading behavioural risk factors for the development of cardiometabolic diseases include poor diet quality and sedentary lifestyle. The aim of this study was to determine the feasibility and effect of a real-world group-based multidisciplinary intervention on cardiorespiratory fitness, diet quality and self-concept in sedentary children and adolescents aged 9 to 15 years.

**Methods:** Project GRIT (Growth, Resilience, Insights, Thrive) was a pilot single-arm intervention study. The 12-week intervention involved up to three outdoor High Intensity Interval Training (HIIT) running sessions per week, five healthy eating education or cooking demonstration sessions, and one mindful eating and Emotional Freedom Technique psychology session. Outcome measures at baseline and 12-week follow-up included maximal graded cardiorespiratory testing, the Australian Child and Adolescent Eating Survey, and Piers-Harris 2 children's self-concept scale. Paired samples t-test or Wilcoxon signed-rank test were used to compare baseline and follow-up outcome measures in study completers only.

**Results:** Of the 38 recruited participants (median age 11.4 years, 53% male), 24 (63%) completed the 12-week intervention. Dropouts had significantly higher diet quality at baseline than completers. Completers attended a median 58 (IQR 55-75) % of the 33 exercise sessions, 60 (IQR 40-95) % of the dietary sessions, and 42% attended the psychology session. No serious adverse events were reported. Absolute  $\text{VO}_2\text{peak}$  at 12 weeks changed by  $96.2 \pm 239.4$  mL/min ( $p = 0.06$ ). As a percentage contribution to energy intake, participants increased their intake of healthy core foods by  $6.0 \pm 11.1\%$  ( $p = 0.02$ ) and reduced median intake of confectionary ( $-2.0$  [IQR 0.0-3.0] %,  $p = 0.003$ ) and baked products ( $-1.0$  [IQR 0.0-5.0] %,  $p = 0.02$ ). Participants significantly improved self-concept with an increase in average T-Score for the total scale by  $2.8 \pm 5.3$  ( $p = 0.02$ ) and the 'physical appearance and attributes' domain scale by median 4.0 [IQR 0.5-4.0] ( $p = 0.02$ ).

**Conclusions:** The 12-week group-based multidisciplinary lifestyle intervention for children and adolescents improved diet quality and self-concept in study completers. Future practice and research should focus on providing sustainable multidisciplinary lifestyle interventions for children and adolescents aiming to improve long-term health and wellbeing.

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

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

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

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

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

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

**Motta, R. W. (2020). Emotional freedom techniques for PTSD. In R. W. Motta, *Alternative therapies for PTSD: The science of mind-body treatments* (pp. 143–161). American Psychological Association. <https://doi.org/10.1037/0000186-009>**

This chapter covers a relatively new alternative therapy for posttraumatic stress disorder (PTSD): EFT, or emotional freedom techniques. EFT are a form of intervention linked to acupuncture in that they focus on energy, energy blockages, meridians, and methods designed to facilitate body energy flow to facilitate health. EFT is based on the position that ill health, whether physical or emotional, results from energy blockages and imbalances in meridians, and that tapping helps releases the blockages and balances the energies. Rather than using needles as in acupuncture, EFT involves a body-tapping sequence that the trauma sufferer or client performs while making statements of self-acceptance and self-affirmation. The chapter details the mechanics of how EFT is done and also presents the empirical evidence, including meta-analyses, that support its efficacy in treating PTSD. Despite supportive evidence, EFT, much like eye-movement desensitization and reprocessing, has encountered resistance from traditionally trained clinicians and researchers.

**Nairn, C. A. (2020). From the Outside In: Incorporating the use of EFT into traditional psychotherapeutic approaches and its impact on therapeutic alliance. University of Exeter, UK. <http://hdl.handle.net/10871/122720>.**

This thesis examines the effect of the use of Emotional Freedom Techniques (EFT) on the therapeutic alliance. Sixteen therapists who had both traditional psychotherapy training and

had been trained to use EFT were interviewed in an exploration of their beliefs about whether the use of EFT enhanced, threatened or had any effect on the therapeutic alliance in their work with clients. There was no existing research in this field and due to the essential nature of the therapeutic alliance in any therapeutic modality (Bordin, 1994; Horvath, 2001; 2018) the necessity for it seemed clear, when thinking about how EFT might be incorporated into traditional psychotherapeutic work. The research arose out of an episode in the researcher's clinical work when the therapeutic alliance appeared to have been ruptured by the introduction of EFT. The methodology used for this qualitative research was Framework Analysis. This allowed the researcher to analyse the results, developing themes that emerged across all participants and simultaneously dissecting some aspects of the interviews in greater depth. The results indicate that the use of EFT appears to enhance the therapeutic alliance. However, there were also indications that the therapists participating in this study found it difficult to define the term 'therapeutic alliance' and struggled to put their conceptualisation of the phenomenon into words.

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

**Background:** 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.

**Objective:** 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.

**Measures:** 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.

**Findings:** 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, anytime, and any number of times in a day. It can be used for all emotions and body pains.

**Rostami, K., Tiznobaik, A., Maleki, L., Mirzaei, M., & Taheri, N. K. (2020). Investigating the effect of teaching eft technique on reducing anxiety of nurses during corona outbreak. *International Journal of Psychosocial Rehabilitation*, 14335-14341.**

Corona virus is a family of viruses that can cause a wide range of diseases. Nurses are among those who have to attend hospital settings due to their job nature and are exposed to suspected patients with Corona. so they experience high level of stress and anxiety. The "Emotional Freedom Technique"(EFT) is an alternative treatment for removing physical pain and emotional distress. This study was conducted to investigate the effect of using EFT on anxiety of nurses during Corona outbreak. The present study was a clinical trial. The

statistical population of the present study included all nurses working in hospitals. The data collection tool consisted of two sections demographic information and the Nursing Stress Scale NSS developed by Gray-Toft James Anderson. After entering the data into computer, they were analyzed through SPSS24 software and by paired T-tests and analysis of variance with repeated observations. It should be noted that the significance level of the study was considered at P 0.05. The independent T-test showed that the mean work stress score in the case and control groups did not differ significantly before the intervention ( $p = 0.14$ ). Analysis of variance with repeated observations showed that the mean work stress scores in the EFT training group were not the same in three times and there was a significant statistical difference among them ( $P 0.001$ ). Teaching EFT technique is very effective for nurses to reduce work stress by considering practical skills when exposed to stressful conditions.

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

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

**Stapleton, P., Clark, A., Sabot, D., Carter, B, & Leech, K. (2020). Portion perfection and Emotional Freedom Techniques to assist bariatric patients post surgery: A randomised control trial. *Heliyon*, 6(6). <https://doi.org/10.1016/j.heliyon.2020.e04058>**

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

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

**Results:** Mixed-design analyses of variances were conducted to examine the effect of the

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

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

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

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

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

**Results:** The present results indicated the EFT group experienced a significant decrease in cortisol greater than the original study (-43.24%,  $p < .05$ ), but these results were not mirrored by subjective reports of psychological distress. The EFT group reduction in cortisol was significantly different from that of the PE group (-19.67%), and as expected, the posttreatment cortisol level detected among the EFT group was lower than that of the NT group (2.02%); however, there was not a statistically significant difference between the 2 groups. Additionally, there were no significant improvements in cortisol reduction among the NT and PE groups.

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

**Stapleton, P., Lilley-Hale, E.S., Mackintosh, G., & Sparenburg, E (2020). Online delivery of Emotional Freedom Techniques for Food Cravings and Weight Management: Two Year-Follow-Up. *JACM-Paradigm, Practice and Policy Advancing Integrative Health (The Journal of Alternative and Complementary Medicine)*. 26(2), 98-106, DOI: 10.1089/acm.2019.0309.**

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



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

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

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

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

**Stapleton, P. & Stewart, M. (2020). Comparison of the effectiveness of two modalities of group delivery of Emotional Freedom Technique (EFT) intervention for food cravings: Online versus in-person. *Open Journal of Social Sciences*, 8(2), 158-181.**

Recent research has demonstrated the effectiveness of Emotional Freedom Techniques (EFT), to address overeating behaviours in obese and overweight individuals both in-person (Church & Brooks, 2010; Stapleton et al., 2011, 2012, 2016, 2017) and online (Church, Stapleton, Sheppard & Carter, 2018; Church & Wilde, 2013). The aim of the present study was to determine whether an online EFT program was as efficacious as the in-person treatment. This was achieved by comparing data from a randomized clinical trial (RCT) for an in-person EFT intervention for weight management (Stapleton et al., 2016), with an equivalent online RCT. Each program targeted food cravings, the subjective power of food, dietary restraint, body mass index, weight, somatic symptomology, anxiety, and depression. Results indicate both modalities were comparable in efficacy and both groups experienced significant reductions from pre-intervention to post-intervention, with reductions remaining significant at follow ups for food cravings, power of food, depression and weight, with minor differences observed at post-intervention or 6-month follow up for dietary restraint, somatic symptoms, anxiety and body mass index. Follow-up analyses revealed a significant effect of depression, anxiety and weight on attrition in the online treatment group.

**Taylor, E., Kalla, M., Freedom, J. & Crowley, K. (2020). The use of Emotional Freedom Techniques (EFT) in women with panic disorder: A pilot study. *Energy Psychology Journal*, 12(2). DOI: 10.9769/EPJ.2020.12.2.ET**

Panic disorder is a disabling condition associated with reduced quality of life and impaired functioning. It is one of the most common mental health conditions in the United States and several Euro- pean countries, and causes a significant burden of disease on impacted families. Typically, women have double the prevalence rate of anxiety-related disorders as

compared to men. This preliminary study aimed to explore whether Emotional Freedom Techniques (EFT) offers potential as a treatment to reduce fear of future panic attacks in women who suffer from panic attacks. Eight women participated in the study. Outcomes were measured using the Subjective Units of Distress (SUD) scale and the Panic and Agoraphobia Scale (PAS). Results indicated reductions in both SUD and PAS scores at pre- and post-intervention, though not statistically significant, likely due to the small sample size. Nonetheless, the findings of this study support preliminary evidence that EFT may offer potential as a treatment for women with panic disorder. Further research to confirm statistical significance and long-term impacts of EFT needs to be conducted.

**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.

**Wittfoth, D., Pfeiffer, A., Bohne, M., Lanfermann, H., & Wittfoth, M. (2020). Emotion regulation through bifocal processing of fear inducing and disgust inducing stimuli. *BMC neuroscience*, 21(1), 47. <https://doi.org/10.1186/s12868-020-00597-x>**

**Background:** We present first-time evidence for the immediate neural and behavioral effects of bifocal emotional processing via visualized tapping for two different types of negative emotions (fear and disgust) in a sample of healthy participants.

**Results:** Independent of stimulus type, neural activation in the amygdala is increased during regulation, while activation in the ventral anterior cingulate cortex is decreased. Behavioral responses, as well as lateral and medial occipital regions and the dorsolateral prefrontal cortex show differential regulatory effects with respect to stimulus type.

**Conclusions:** Our findings suggest that emotion regulation through bifocal processing has a neural and behavioral signature that is distinct from previously investigated emotion regulation strategies. They support theoretical models of facilitated access to and processing of emotions during bifocal processing and suggest differential neural and behavioral effects for various types of negative emotions.

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

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

## 2019

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

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

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

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

**Interventions:** EFT and hypnosis combined.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

Emotional freedom techniques (EFTs) are an innovative combined somatic and cognitive therapy. Derived from key principles within traditional Chinese medicine, they incorporate elements of exposure, cognitive and other conventional psychotherapies. Increasing evidence suggests that EFTs are effective in treating various physical and psychological conditions and across several population groups. Studies indicate that the somatic component is essential to its ease of use, rapid effect and durability of results. EFTs can be used as self-help tools or

applied therapeutically in groups or individually. There is a lack of research specifically examining its applicability to older adults, but a ground-breaking project with nurses in France suggests that EFTs may offer significant potential to moderate pain and stress levels and to improve mood, interaction and quality of life among this group, including those with multiple and complex comorbidities.

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

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

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

Energy medicine techniques, including Healing Touch, Reiki, Quantum Touch, Donna Eden Method were added to the routine medical treatment regime of cancer patients at the MD Anderson Cancer and their effects were evaluated on the most common symptoms suffered by the patients, including anxiety, pain, fatigue, nausea and insomnia. Improvements ranging from 3.4-5.8 points (on a scale of 1-10) were seen in symptoms, as rated by the patients and these were highly significant. The highest response was found in anxiety (CI 4.7-5.8), followed by pain (CI 3.4-4.5) and fatigue (CI 3.6-4.8). Our results demonstrate that energy medicine techniques provide significant symptomatic relief, as judged subjectively by the patients. Furthermore, our results indicate that energy medicine techniques can be non-pharmaceutical adjuncts in helping to control the symptoms of cancer patients, many of whom are already on multiple medications.

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

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

defined as muscular activity, potentially nonconscious, and seemingly brought about by a third-party operator. Accordingly, the aim of this study is to investigate whether the ideomotor effect is a plausible explanation of action for MRT.

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

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

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

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

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

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

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

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

**Methods :** An initial controlled trial of EFT for 2 class groups (total n = 44) is compared to no treatment for 2 class groups (total n = 43).. Standardized quantitative measures were taken of stress (Perceived Stress Scale) coping strategies (Brief COPE) and test anxiety (Westside TA), prior to Intervention; one week after the first class; and following the completion of the EFT training sessions. Following the Controlled Study and prior to Christmas exams, the “No Treatment” classes were given the same number of hours training in EFT as the Intervention Group. A fifth class which could not be used in the controlled study, was taught EFT during the initial time period. Because all students had to participate in the EFT training to get school credit, Quantitative measures were taken for all students at all time periods; including just after the EFT training of the control groups prior to Christmas break, and before Provincial Exams in January. An 18 item, anonymous, Quantitative questionnaire was administered at the conclusion of the EFT training for all Groups.

**Results:** Putting together a research proposal, designing the study; jumping through the hoops of permissions, and institution rules; carrying out the interventions; collecting the data and reporting the results are all monumental tasks. Things can go wrong at any juncture, and often do. However, the one issue I didn't think would occur was that the Quantitative Data would be virtually useless. I was also surprised by the wide range of response and results of the various Class Groups, as detailed below, given that they were all offered almost identical EFT training. Due to unfortunate circumstances, none of the Quantitative Data could be considered clearly valid. There were two main reasons. 1. The Principal Investigators were not notified that many of the students would not be taking exams during the trial period and approximately 25% of the foreign students did not have to write exams at all. This meant that collecting data on Test Anxiety was irrelevant for many. 2. Contamination of the Quantitative questionnaires occurred with some students checking off multiple choice answers in “patterns” on the answer checkboxes, and it was not clear how many other students had done this, but perhaps not in as blatant a manner as to be detected. This data loss was exceedingly disappointing for all involved. Fortunately, valuable findings were still gleaned from student responses to the 18 item Qualitative Questionnaire, submitted anonymously by all students at the end of EFT Study. Perhaps because these surveys encouraged both positive and negative feedback and could not be tracked to individuals, the students appeared to be more open and direct - (sometimes brutally). But they offered useful and constructive information on many levels. Most encouraging was that 67% of students recommended that EFT be taught in schools; 63% indicated they could benefit from learning EFT in smaller groups, and 33% indicated they would be interested in having 1:1 assistance from a Counsellor using EFT. While some students were resistant to the EFT classes, the majority shared clear examples of how they had taken their EFT skills into coping with: homework, studying, assignments, and sports and arts performances. In addition, some were able to expand their use of EFT to family and social relationships, and other issues outside the school setting, which was clear evidence of enhanced coping skills.

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

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

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

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

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

**Mavranouzouli, I. et al. (2019). Psychological and psychosocial treatments for children and young people with post-traumatic stress disorder: a network meta-analysis. *Journal of Child Psychology & Psychiatry*, 61(1). doi: 10.1111/jcpp.13094**

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

**Methods:** We undertook a systematic review and network meta-analyses of psychological and psychosocial interventions for children and young people with PTSD. Outcomes included

PTSD symptom change scores post-treatment and at 1-4-month follow-up, and remission post-treatment.

**Results:** We included 32 trials of 17 interventions and 2,260 participants. Overall, the evidence was of moderate-to-low quality. No inconsistency was detected between direct and indirect evidence. Individual forms of TF-CBT showed consistently large effects in reducing PTSD symptoms post-treatment compared with waitlist. The order of interventions by descending magnitude of effect versus waitlist was as follows: cognitive therapy for PTSD (SMD -2.94, 95%CrI -3.94 to -1.95), combined somatic/cognitive therapies, child-parent psychotherapy, combined TF-CBT/parent training, meditation, narrative exposure, exposure/prolonged exposure, play therapy, Cohen TF-CBT/cognitive processing therapy (CPT), eye movement desensitisation and reprocessing (EMDR), parent training, group TF-CBT, supportive counselling and family therapy (SMD -0.37, 95%CrI -1.60 to 0.84). Results for parent training, supportive counselling and family therapy were inconclusive. Cohen TF-CBT/CPT, group TF-CBT and supportive counselling had the largest evidence base. Results regarding changes in PTSD symptoms at follow-up and remission post-treatment were uncertain due to limited evidence.

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

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

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

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

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

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

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

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

**Background:** Stress-reduction techniques can be used in combination with each other. Two such methods are Emotional Freedom Techniques (EFT) and EcoMeditation. EFT is an evidence-



based self-help method. Reviews and meta-analyses examining more than 100 studies demonstrate the efficacy of EFT for anxiety, depression, and posttraumatic stress disorder (PTSD). EcoMeditation is a secular meditation technique that combines neurofeedback, mindfulness, and heart coherence. Studies demonstrate that EFT and EcoMeditation can improve cortisol levels, heart rate, and other health markers.

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

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

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

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

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

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

**Method:** A systematic search of the current literature was conducted in PubMed and Web of Science, from 1996 to 2017. A structured screening process in accordance with the

PRISMA-statement was used with eligibility criteria based on the modified PICOS-criteria including refugees with chronic pain and diagnosed PTSD to investigate sample size, gender, country of origin, residential status, pain locations, predictors and correlations and type and efficacy of specific interventions.

**Results:** The initial search resulted in a total of 2169 references, leading to 15 included studies. Most frequently, patients reported headaches, backaches, and pain in the arms and legs. Pain symptoms were associated with higher age, female gender, general living difficulties and PTSD symptoms. Cognitive behavioral therapy (CBT) and, Narrative Exposure Therapy (NET) with biofeedback, manualized traumapsychotherapy, Traditional Chinese Medicine (TCM) and Emotional Freedom Techniques were evaluated as specific interventions, resulting in positive outcomes for both pain severity and PTSD symptoms.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Vural, P., Korpe, G. & Inangil, D. (2019).** Emotional Freedom Techniques (EFT) to Reduce Exam Anxiety in Turkish Nursing Students. *European Journal of Integrative Medicine*. 32. 101002. <https://doi.org/10.1016/j.eujim.2019.101002>

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

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

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

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

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

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

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

**Yount, G., Church, D., Rachlin, K., Blickheuser, K., Ippolito, C. (2019).** Do noncoding RNAs mediate the efficacy of energy psychology? *Global Advances in Health and Medicine*,



8(1-8). doi: 10.1177/2164956119832500.

**Background:** There are over 100 published studies of a therapy called Emotional Freedom Techniques (EFT). This popular form of energy psychology combines elements of established methods like cognitive therapy with acupuncture. Our group reported the first evidence of its mechanisms of action at the molecular level, showing that it can influence levels of the stress hormone cortisol.

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

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

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

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

## 2018

**Armstrong, Nickolas. (2018). A Review of the Quality of Current Outcome Studies of Emotional Freedom Technique Using The PEDro Scale. Doctoral dissertation. The Chicago School of Professional Psychology ProQuest Dissertations Publishing, 2018. 10825570.**

<https://www.proquest.com/openview/86ef52ba5c963982fb1d6d8a47bdc455/1?pq-origsite=gscholar&cbl=18750>

Emotional Freedom Technique (EFT) is an alternative therapeutic intervention involving the use of acupuncture tapping in combination with cognitive rehearsal. Increasing amounts of research have been published in recent years regarding EFT as a treatment for depression, anxiety, and PTSD, reporting consistently strong treatment outcomes. The current study utilized the PEDro scale, a checklist developed to assess the key components of a quality outcome study, to analyze the current body of literature with regard to the quality of design. Results indicated a general lack of internal validity in many of the current outcome studies for EFT. In general, studies lack sufficient randomization and levels of blinding. A cursory analysis was performed between the studies more and less compliant with PEDro criteria to

assess for any differences in treatment effects reported. There were no apparent differences with strong treatment outcomes reported across both groups, indicating that strong treatment effects are being claimed in both well-designed studies and less well-designed studies. This draws into question the reliability of conclusions from the current literature. Recommendations for future research are made.

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

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

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

Clinical EFT (Emotional Freedom Techniques) is an evidence-based method that combines acupuncture with elements drawn from cognitive and exposure therapies. The approach has been validated in more than 100 clinical trials. Its efficacy for post-traumatic stress disorder (PTSD) has been investigated in a variety of demographic groups including war veterans, victims of sexual violence, the spouses of PTSD sufferers, motor accident survivors, prisoners, hospital patients, adolescents, and survivors of natural and human-caused disasters. Meta-analyses of EFT for anxiety, depression, and PTSD indicate treatment effects that exceed those of both psychopharmacology and conventional psychotherapy. Studies of EFT in the treatment of PTSD show that (a) time frames for successful treatment generally range from four to 10 sessions; (b) group therapy sessions are effective; (c) comorbid conditions such as anxiety and depression improve simultaneously; (d) the risk of adverse events is low; (e) treatment produces physiological as well as psychological improvements; (f) patient gains persist over time; (g) the approach is cost-effective; (h) biomarkers such as stress hormones and genes are regulated; and (i) the method can be adapted to online and telemedicine applications. This paper recommends guidelines for the

use of EFT in treating PTSD derived from the literature and a detailed practitioner survey. It has been reviewed by the major institutions providing training or supporting research in the method. The guidelines recommend a stepped-care model, with five treatment sessions for subclinical PTSD, 10 sessions for PTSD, and escalation to intensive psychotherapy or psychopharmacology or both for nonresponsive patients and those with developmental trauma. Group therapy, social support, apps, and online and telemedicine methods also contribute to a successful treatment plan.

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

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

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

**Results:** Repeated measures ANOVA compared scores pre- to 12-month follow-up, and significant improvements were found for body weight ( $P < .001$ ), depression symptoms ( $P = 0.010$ ), restraint ( $P = 0.025$ ), and the subjective power of food in the external environment ( $P = 0.018$ ). Weight decreased an average of 1 lb/week during the course, and 2 lb/month between pretest and one-year follow-up. On follow-up, no change was observed in PTSD symptoms measured by a brief civilian trauma checklist, or anxiety, and increases in happiness were non-significant. The results indicate Clinical EFT's utility to address the influence of food in the external environment and assist weight loss, and to promote beneficial long-term change when delivered in an online format.

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

Emotional Freedom Techniques (EFTs) combine elements of cognitive restructuring and exposure techniques with acupoint stimulation. Meta-analyses indicate large effect sizes for posttraumatic stress disorder, depression, and anxiety; however, treatment effects may be due to components EFT shares with other therapies. This analysis reviewed whether EFTs acupressure component was an active ingredient. Six studies of adults with diagnosed or self-identified psychological or physical symptoms were compared ( $n = 403$ ), and three ( $n = 102$ ) were identified. Pretest vs. posttest EFT treatment showed a large effect size, Cohen's  $d = 1.28$  (95% confidence interval [CI], 0.56 to 2.00) and

Hedges'  $g = 1.25$  (95% CI, 0.54 to 1.96). Acupressure groups demonstrated moderately stronger outcomes than controls, with weighted posttreatment effect sizes of  $d = -0.47$  (95% CI,  $-0.94$  to  $0.0$ ) and  $g = -0.45$  (95% CI,  $-0.91$  to  $0.0$ ). Meta-analysis indicated that the acupressure component was an active ingredient and outcomes were not due solely to placebo, nonspecific effects of any therapy, or nonacupressure components.

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

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

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

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

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

This study investigated changes in psychological and physiological markers during a

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

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

WHO places Major Depressive Disorder (MDD), or depression, as the fourth leading cause of mental disability world-wide. According to a survey done by WHO in February 2017, found 7.5% of Indians suffer from major or minor mental disorders requiring expert intervention. National Mental Health Survey of India in 2015-2016 reports that one in 20 Indians suffer from Depression especially women in the age-group of 40-49 years suffers more. Earlier research indicated that Cognitive Behavioural Therapy (CBT) represents a superior approach in treating mild to severe depression symptoms. Whereas Emotional Freedom Technique (EFT) has received increased attention. The present study is in line with a study conducted in Australia in 2016 by Hannah Chatwin et al. The objective of the current study is to evaluate the comparative effectiveness of CBT and EFT in the treatment of anxiety and depression in Indian adults. Random subjects ( $n = 10$ ) were selected from Ahmedabad, India who were screened positive for anxiety disorder and depression using Depression, Anxiety and Stress scale (DASS21) and Beck Depression Inventory (BDI2). These subjects were randomly assigned to an 8 week CBT or EFT treatment program with 1 session per week. All participants were screened after 3 sessions, 5 sessions, 8 sessions and after 1 month of follow up using DASS21 and BDI2. Findings of the study depict that both intervention approaches produce significant reductions in anxiety and depressive symptoms. The EFT treatment produced marked improvement in depression after 3 sessions. After 8 weeks of intervention, the CBT group reported significant improvement in depression while EFT intervention therapy showed significant results after 1 month of follow up. Examination of individual cases showed clinically significant improvement in anxiety and depression across both interventions. The results are consistent with the previous studies by Hannah Chatwin et al. (2016). Present findings suggest that EFT is of paramount importance as pivotal tool in managing anxiety and depression in Indian population.

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

The so-called tapping techniques such as Process and Embodiment Focused Psychology (PEP) or the Emotional Freedom Technique (EFT) have long been introduced into

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

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

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

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

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

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

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

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

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



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

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

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

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

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

**Participants:** The total sample size for the convenience sample was 33 students  $N = 33$ . 24% ( $n = 8$ ) of the participants were seniors. 48% ( $n = 16$ ) were juniors, while the sophomores had 27% ( $n = 9$ ) of the participants. 48% ( $n = 16$ ) of the subjects were male

while 51%(n=17) were female. The freshman athletic training students were not included in the study.

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

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

**Results:** For week 1, the difference between the aggregate pretest and posttest PSS scores for all the participants 100%(n=33) was a decrease of 0.74 points after EFT treatment. For the second week, the difference between the aggregate 100%(n=32) PSS scores before and after EFT treatment was a decrease of 0.71 points. For week 3, the difference between the pretest and posttest PSS scores for all of the subjects 100%(n=33) was a decrease of 0.71 points. When grouped by class standing, the average PSS score of the senior class 24%(n=8) during week 1 was decreased by 0.37 points. The junior class 48%(n=16) recorded a decrease of 0.5 between the pretest and posttest PSS averages. The sophomore class 27%(n=9) recorded a decrease of 1.33 points on the PSS following EFT treatment. For week 2, the senior class 22%(n=7) recorded a decrease of 0.43 points on the PSS. The junior class 47%(n=15) experienced a decrease of 1.2 points on the PSS. The sophomore class 25%(n=8) recorded a difference of 0.5 points between the pretest and posttest PSS. For the third week of the study, the senior class 24%(n=8) recorded an increase of 0.12 points on the PSS after EFT treatment. The junior class 48%(n=16) recorded a decrease of 1.37 points on the PSS. The sophomore class 27%(n=9) concluded with a difference of 0.88 points between the pretest and posttest PSS. When grouped by gender, the average PSS score for the males 48%(n=16) during the first week was increased by 0.22 points. The female subjects 51%(n=17) of the study experienced a decrease of 1.84 points on the PSS. For week 2, the males 46%(n=15) recorded a difference of 0.49 points between the pretest and posttest PSS. The females 50%(n=16) recorded a decrease of 0.88 points on the PSS. For week 3, the male students 48%(n=16) experienced a decrease of 0.46 points on the PSS. The female students 51%(n=17) recorded a difference of 0.96 points between the pretest and posttest PSS. The independent survey returned nothing of statistical significance between the Chi square and Kruskal-Wallis tests. However, the independent survey reported that over 3 weeks, 64%(n=21) of the subject agreed that they felt less stressed after EFT treatment. The average agreement for an immediate difference in stress following EFT treatment was 51%(n=17). In addition, the average disagreement for the difference in stress not being immediate was

51%(n=17). Across 3 weeks, 100%(n=33) of the subjects agreed that EFT was easy to learn. The average agreement for feeling calmer after using EFT was 79%(n=26) over 3 weeks. 47%(n=16) of the subjects on average agreed to feeling happier after using EFT. The mean for agreement that academic demands are the most stressful component of athletic training was 83%(n=28). Average disagreement that clinical demands were the most stressful component was 55%(n=19). External factors accounted for 71%(n=24) average agreement as the greatest contributor to overall stress.

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

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

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

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

This study was conducted in order to determine and compare the effects on the situational anxiety and vital signs of the breathing exercise, music therapy, and emotional freedom technique (EFT), which were administered before the OSCE (Objective Structured Clinical Exam) to nursing students. A randomized controlled experimental, classroom-based trial was conducted. The study was conducted on nursing students of one of universities in Istanbul before the OSCE exam. 120 nursing students who met the inclusion criteria were divided into four equal groups-breathing therapy, music therapy and EFT. The techniques were implemented 20 minutes before the OSCE exam. Meanwhile, the control group (n=30) was given 20 minutes of free time. Data collection was carried out using the student identification form, the situational anxiety scale and vital signs form. Before and after administering the techniques, the situational anxiety inventory was administered to students, and vital signs

were measured. The mean age of the students was 19. Before interventions, the mean anxiety scores of the students were similar ( $p>0.05$ ). After breath therapy, the mean anxiety score of the students was  $44.90\pm7.97$ ,  $45.23\pm7.56$  in the music therapy,  $43.20\pm10.60$  in the EFT and  $52.23\pm12.95$  in the control group and the difference was statistically significant ( $p<0.05$ ). The difference between the mean vital signs of the groups wasn't statistically significant ( $p>0.05$ ). The results of the study, breathing therapy, music therapy and EFT administration were found to decrease the average score of situational anxiety while not having any significant effect on vital signs before the OSCE exam.

**Warrier, A. (2018). Effect of EFT tapping on anxiety and quality of life. *Phonix International Journal for Psychology and Social Sciences (PIJPS)*, 2(2), 53–73.**

Emotional Freedom Technique (EFT) as a new therapeutic technique in energy psychology has positive effects on psychological and physiological symptoms, and quality of life. It has deep roots in modern psychology as well as the ancient science of acupuncture. It is also called tapping because EFT involves tapping with your fingertips on acupoints on your body. Studies were conducted to understand the effect of EFT Tapping on anxiety and quality of life in adults. Ethical approval was secured. Clients over the age of 20 years and staying in the Delhi NCR area were invited to participate in a two-week intervention program. At the start and end of their intervention, participants were asked to complete STAT and WHOQOL-BREF questionnaires. Sixty-five participants gave consent, 61 completed questionnaires, and 46 fulfilled the inclusion criteria. The range in age was 20-75 years. The researcher conducted three tapping sessions in a time span of two weeks. The main presenting conditions were anxiety. STAT and WHOQOL-BREF scores showed both emotionally and statistically significant improvements after the intervention. Statistically there was significant improvement for anxiety and quality of life (all  $p < 0.001$ ). Mean anxiety scores improved from 8.3250 (high) at start to 6.9750 (average). Mean quality of life scores improved from 65.5313 at start to 67.1125 (higher mean shows better quality of life) at end ( $SD = 6.81$ ,  $p < 0.001$ ). Improvements were seen in all participants. Despite the limited sample size and other limitations, significant improvements were shown. The results support the potential of EFT as a cost-effective intervention to reduce anxiety and thereby help improve quality of life. However, there were few data available comparing EFT to standard-of-care treatments such as cognitive behavioral therapy, and further research is needed to establish the relative efficacy of EFT to established protocols.

## 2017

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

By the nature of their professional training and practice placements, social work students are prone to situations provoking the onset of anxiety. A programme of academic and placement support, termed the 'Skills Lab', provides help and support for students to develop their communication skills and prepare for their practice placements and transition into professional social work practice. Skills Lab evaluations indicated a high level of appreciation, linked with a strong sense of apprehension and anxiety, which some students report has negatively affected their performance. To address student anxiety, a pilot study using Emotional Freedom Techniques (EFT) was developed. EFT is an intervention, which may potentially be effective in reducing academic anxiety and enhancing public speaking. This mixed-methods pilot study measured participants' ( $n = 45$ ) subjective distress and anxiety before and after using EFT. Subjective distress/anxiety was invoked through a 15-min assignment lecture. Twelve of the 45 students also participated in one-one interviews to elaborate on their experiences of EFT. Quantitative findings indicated participants reported significantly less subjective distress and anxiety after using EFT. Qualitative findings indicated three themes whereby participants found EFT calming, relaxing and helpful; considered the transferability of EFT in other settings; and proposed some of the mechanisms of EFT's action.

**Brown, R.C., Witt, A., Fegert, J.M., Keller, F., Rassenhofer, M. & Plener, P.L. (2017). Psychosocial interventions for children and adolescents after man-made and natural disasters: a meta-analysis and systematic review. *Psychological Medicine* 47, 1893–1905. • PMID: 28397633 [doi: 10.1017/S0033291717000496](https://doi.org/10.1017/S0033291717000496)**

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

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

**Freedom Techniques. *Medical Acupuncture*, 29(4): 249-253.**

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

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

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

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

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

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

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

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

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

**Results:** Most practitioners (63%) reported that even complex PTSD can be remediated in 10 or fewer EFT sessions. Some 65% of practitioners found that more than 60% of PTSD clients are fully rehabilitated, and 89% stated that less than 10% of clients make



little or no progress. Practitioners combined EFT with a wide variety of other approaches, especially cognitive therapy. Practitioner responses, evidence from the literature, and the results of a meta-analysis were aggregated into a proposed clinical guideline.

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

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

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

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

Based on a retrospective review of 90 case studies over nine years, this paper elucidates a discovery (2008) that supports the conclusion that Central Nervous System Sleep Apnea (CNSA) is frequently caused by Post-Traumatic Stress Disorder (PTSD) and can be cleared using Energy Psychology to address the causational traumatizing event(s). Because little is known about CNSA causation at present, sleep specialists often prescribe continuous positive airway pressure (CPAP) devices, jaw devices, or surgery for people with CNSA and offer the same incurable diagnosis as Obstructive Sleep Apnea (OSA). This perpetuates a misunderstanding: that OSA and CNSA are the same when they are not. This discovery opens up a new frontier in Psychoneurological sleep apnea research, diagnosis and treatment. Sixty-five percent of the author's 90 sleep apnea clients between 2008 and 2017 experienced partial or complete cessation of CNSA by addressing with Energy Psychology specific types of reported traumas that appear to be causally related to CNSA. The discovery redefines the diagnosis and treatment of CNSA in four ways: (1) it is completely different in causation from Obstructive Sleep Apnea; (2) a new causation category is PTSD and this has enormous potential to help people be rid of an 'incurable' diagnosis; (3) a conservative estimate is that thousands of people who have been prescribed CPAP machines (jaw devices or surgery) for apnea do not actually need them if their post-traumatic memories are properly addressed; (4) children and physically fit men and women who have CNSA are

often overlooked because they do not fit the overweight-middle-aged-male stereotype for OSA. The author postulates a deeper underlying theory explaining the success achieved in this treatment lies in the freeze aspect of the fight/flight/freeze response and the activity of the neuropeptide Orexin which was discovered in 1998. Six case studies illustrate a variety of results, or lack of results, using Beyond Talk Therapy® which includes Emotional Freedom Techniques™ and Neuro-Linguistic Programming™. While it is true that this discovery is substantiated only by anecdotal results rather than before-and-after sleep lab studies, it is deemed a necessary step to obtaining funding for further research.

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

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

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

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

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

**Han C., Seung H., Bo E.J., Jung H.L. (2017). Emotional Freedom Techniques (EFT) for Students Mental Health: A Systematic Review. *Journal of Oriental Neuropsychiatry* 2017;28(3):165-82.**

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

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

**Results:** A total of 14 clinical trials were extracted for analysis. There were 8 randomized-controlled trials (RCTs), 2 non-randomized-controlled trials (nRCTs), and 4 before-after studies. EFT have significant clinical usefulness in public speaking anxiety, test anxiety, stress, depression, learning related emotions, adolescent anxiety, and eating issues. The risk of selection bias in most studies was high or uncertain. **Conclusions:** EFT is an effective clinical technique for managing students' mental health issues. However, the included studies have been conducted with relatively poor quality and small sample size. Clinical trials with high quality study design and well-designed EFT education programs are needed to generalize clinical usefulness.

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

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

**Methods:** Seventy-two patients were randomized to CBT ( $N = 24$ ), TFT ( $N = 24$ ) or a wait-list condition (WLC) ( $N = 24$ ) after a diagnostic procedure including the MINI PLUS that was performed before treatment or WLC. Following a 3 months waiting period, the WL patients were randomized to CBT ( $n = 12$ ) or TFT ( $n = 12$ ), and all patients were reassessed after treatment or waiting period and at 12 months follow-up. At first we compared the three groups CBT, TFT, and WL. After the post WL randomization, we compared CBT ( $N = 12 + 24 = 36$ ) to TFT ( $N = 12 + 24 = 36$ ), applying the pre-treatment scores as baseline for all patients. The primary outcome measure was a symptom score from the Anxiety Disorders Interview Scale that was performed by an interviewer blinded to the treatment condition. For statistical comparisons, we used the independent sample's  $t$ -test, the Fisher's exact test and the ANOVA and ANCOVA tests.

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

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

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

**Purpose:** The objective of the present study was to explore Emotional Freedom Techniques

(EFT) practitioners' experiences of using EFT to support chronic disease patients. This was part of a larger study exploring chronic disease patients' and EFT practitioners' experiences of using EFT to support chronic disease healthcare.

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

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

#### **Implications for Rehabilitation**

Rehabilitation professionals should incorporate suitable psychological interventions (e.g., EFT) to improve coping and acceptance in physical chronic disease patients and alleviate their fears about the future.

Rehabilitation professionals are also recommended to address in chronic disease patients, long-standing or unresolved emotional issues, including past traumas from early life, using EFT or another suitable intervention.

Rehabilitation professionals should help improve patients' emotional states using EFT to enhance physical symptom management.

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

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

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

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

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

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

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

**Lipsky S., Mack M., Wilcox L. (2017). To eat or not to eat: An overview of food cravings. *Advances in Psychology Research*. 2017.**

This chapter will review the literature based on predictors of food cravings, potential health impacts, and treatment options. Most researchers define "food cravings" pragmatically, with the central factors being both strength and specificity; an intense desire to crave a particular food. The literature examining predictors of food cravings include gender, imagery, visual cues, stress, lack of emotional regulation, and environmental conditions. According to the literature, food cravings are varied and depend on gender, age, and culture. For instance, there is strong evidence that more women than men crave chocolate and other sweets. Food cravings have been linked to physical diseases such as obesity, cancer, and diabetes, therefore contributing to serious health outcomes. From researching the health outcomes, scientific literature shows a relationship between food cravings and biological variables, specifically, biochemical reactions in the dopamine receptors. Since there is a biochemical reaction, therapeutic approaches to reduce food cravings include mindfulness, Cognitive-Behavioral Therapy (CBT), cue reactivity, and Emotional Freedom Technique (EFT). Consequently, the aim of this chapter is to address the multidimensional facets of food cravings, as well as to discuss significant coping mechanisms with Evidence-Based Treatments (EBTs).

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

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

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

Biofield therapies such as Healing Touch and Reiki increase relaxation, decrease anxiety and stress, and improve mood. Understanding the efficacy of these therapies in terms of mental health wellness is important for nurses interested in complementary and integrative care. The goal of the present integrative review was to investigate the state of knowledge regarding biofield therapies and the impact on anxiety, mood, and mental health wellness. Electronic databases were searched for articles available in English and published from 2014 to 2016. Biofield therapies show safety and promise in reducing anxiety, improving mood, and cultivating mental health and wellness.

**Minewiser, L. (2017). Six Sessions of Emotional Freedom Techniques Remediate One Veteran's Combat-Related Post-Traumatic Stress Disorder. *Medical Acupuncture*, 29(4): 249-253.**

**Background:** Reports show high rates of post-traumatic stress disorder (PTSD) in Veterans who served in the Gulf Wars. Emotional Freedom Techniques (EFT) comprises an evidence-based practice that is highly effective at reducing symptom severity in Veterans with PTSD. The case report here is of one of the Veterans who participated in a replication study of the first Veteran Stress Research Study conducted by Church et al. Results of that study demonstrated that EFT was highly effective at treating the psychologic symptoms of PTSD. Similar results have been found in the replication study conducted by Geronilla et al.

**Case:** RM is a young Marine Reservist who served in Iraq and returned with PTSD. He participated in the Veteran Stress Project replication study wherein he received 6 sessions of EFT. EFT is explained and a sample treatment session is described. A discussion of some of the changes that have occurred for RM is included.

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

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

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

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

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

**Results:** Active treatments for PTSD yielded a large aggregated pre–post effect size ( $g = 1.29$ ; 95% CI = [0.99; 1.59]) and a small to medium effect size at posttreatment when compared to control conditions ( $g = 0.39$ ; 95% CI = [0.24; 0.55]). Effect sizes were similar for pretreatment versus follow-up ( $g = 1.75$ ; 95% CI = [1.17; 2.32]) and in



comparison to waitlist at follow-up ( $g = 0.93$ ; 95% CI = [0.56; 1.31]). Active treatments for depression produced large pre–post ( $g = 1.28$ ; 95% CI = [0.96; 1.61]) and controlled effect sizes (posttreatment, comparison to control conditions,  $g = 0.86$ ; 95% CI = [0.54; 1.18]).

**Conclusions:** Our findings suggest that psychological interventions can effectively reduce symptoms of PTSD and depression in LMICs. Future research needs to focus on cost-effective interventions that are likely to be disseminated to the large numbers of war survivors in LMICs. (Interventions reviewed include TFT).

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

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

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

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

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

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

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

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

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

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

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

**Background:** In academic settings, fear of failure and associated emotional difficulties are common and often result in maladaptive behaviours, which often lead to failure or

lowered scholastic achievement. Higher levels of self-esteem and resilience have been shown to protect against fear of failure and emotional difficulties, and predict improved academic outcomes in students. However, few studies have investigated the efficacy of group intervention methods aimed at improving self-esteem and resilience. We aimed to measure the effects of using Emotional Freedom Techniques (EFT), an emerging therapeutic technique that incorporates elements of acupuncture, exposure therapy, cognitive behaviour therapy, and somatic stimulation to target negative thoughts and feelings, as a universal intervention for high school and college students.

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

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

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

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

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

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

**Results:** The CBT group did not report any significant changes in anxiety scores over time, but the decrease in depression symptoms pre-to post-intervention was significant and this was maintained at 6-and 12-months. Anxiety and depression scores significantly decreased from pre-to post-intervention for the EFT group, and was maintained at 6-

and 12-month follow-up. Somatoform scores significantly decreased from pre-intervention to all follow-up points for the CBT group, while the EFT group did not report any significant changes in somatoform symptoms. Results also revealed that EFT is capable of producing reductions in anxiety and depression symptoms, and may be comparable to gold standard approaches such as CBT.

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

## 2016

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

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

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

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

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

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

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

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

Clinical EFT (emotional freedom techniques) combines acupoint stimulation with elements of cognitive and exposure therapy. Numerous studies have demonstrated the efficacy of EFT for depression, anxiety, phobias, PTSD, and other psychological conditions. The current study assesses whether acupoint stimulation is an active ingredient or whether treatment effects are due to nonspecific factors. Thirty-seven participants with “frozen shoulder” consisting of limited range of motion (ROM) and pain were randomized into a wait list, or 1 of 2 treatment groups. ROM, pain, and the breadth and depth of psychological conditions such as anxiety and depression were assessed before and after a 30-min treatment session, and 30 days later. One treatment group received clinical EFT, while the other received an identical cognitive/exposure protocol but with

diaphragmatic breathing (DB) substituted for acupoint stimulation. No significant improvement in any psychological symptom was found in the wait list. Participants in both the EFT and DB groups demonstrated significant posttest improvement in psychological symptoms and pain. Follow-up showed that both groups maintained their gains for pain, with EFT superior to DB, but only the EFT group maintained gains for psychological symptoms ( $p < .001$ ). Large EFT treatment effects were found, with a Cohen's  $d = .9$  for anxiety and pain, and  $d = 1.1$  for depression. Though EFT showed a greater trend for improved ROM in most dimensions of movement, changes were nonsignificant for most measures in all groups. Reductions in psychological distress were associated with reduced pain as well as with improved ROM. The results are consistent with 5 earlier dismantling studies showing that acupoint stimulation is an active ingredient in EFT treatment. The study adds further support to other clinical trials indicating that clinical EFT is an efficacious evidence-based treatment for pain and psychological conditions. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

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

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

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

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



(EFT).

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

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

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

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

**Measures:** Messenger RNA levels for a focused panel of 93 genes related to PTSD. The SA-45 questionnaire, Hospital Anxiety and Depression Scale, Insomnia Severity Scale, SF-12v2 for physical impairments, and Rivermead Post-Concussion Symptoms Questionnaire.

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

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

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

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

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

**de Wit, E. E., Bunders-Aelen, J. G. F., & Regeer, B. J. (2016). Reducing Stress in Youth: A Pilot-Study on the Effects of a University-Based Intervention Program for University Students in Pune, India. *Journal of Educational and Developmental Psychology*, 6(2). <https://doi.org/10.5539/jedp.v6n2p53>**

Mental health problems among youth have become important public health concern for many low & middle- income countries. As part of a research program to improve mental wellbeing in Pune, India, a university-based intervention was developed for students of

two educational institutes. In one month, 33 students (age 18-22) participated in a series of 2-hour sessions in which they were stimulated to learn better coping skills to deal with stress and anxiety. The interactive sessions were facilitated by a psychologist and volunteers of a suicide prevention NGO. Rational Emotive Behaviour Therapy (REBT) approaches were used to help students identify stressors and find alternative thought patterns towards the stressor. Playful exercises, such as theatre, dance and poetry, were used to develop self-esteem, self-expression and a better sense of control in students. Throughout the program, relaxation methods, such as **Emotional Freedom Technique (EFT)**, were practiced to help reduce stress in students. To study the impact of the intervention, data were collected, before- and after the intervention and in an eight month follow-up with the Perceived Stress Scale (PSS), in combination with open questionnaires and field notes. Preliminary results show a significant decrease in average stress scores in students after the program in comparison to before the intervention ( $p\text{-value is } 0.044 < 0.05$ ). Students reflect upon the program as helpful and specifically emphasize the role of poetry, dance & EFT as main contributors. In follow-up tests perceived stress scores remained lower than at base-line, although not significant. Booster sessions are suggested to sustain the benefits. Overall, the results of this pilot study show that low threshold, university-based interventions, could be useful in stimulating psychosocial well-being in youth.

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

An online survey of the members of the Association for Comprehensive Energy Psychology (ACEP) was completed by 294 of the organization's 1,220 members (24%) in March 2016. The majority of respondents reported using acupoint tapping protocols as a core component in the successful treatment of generalized anxiety disorder, posttraumatic stress disorder (PTSD), phobias, and depression. All 106 of the respondents who had applied acupoint tapping for facilitating "peak performance" in contexts such as business, education, and sports reported the approach to have been "of great value" (68%) or "moderate value" (32%) for this objective, with none of the respondents having reported it to be of "little value." The survey also asked participants to estimate the number of sessions that are typically required to achieve each of seven "process outcomes" that are shared among various clinical approaches. For instance, the elimination of an unwanted physiological/emotional reaction to a specified trigger could typically be achieved in three or fewer acupoint tapping sessions according to 94% of the respondents, and within a single session according to 71% of the respondents. Two thirds of the licensed mental health professionals who reported that they use acupoint tapping protocols said they integrate them into existing therapeutic frameworks rather than use acupoint tapping as an independent modality. This finding suggests that the approach is portable and is being applied within the context of established therapeutic systems with the intention of more rapidly facilitating targeted neurological, emotional, and cognitive changes. In brief, the practitioner reports generated in the survey corroborate clinical trials and meta-analyses that suggest acupoint tapping protocols are rapid and effective with a range of conditions.

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

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

**Design:** Randomized controlled study.

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

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

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

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

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

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

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

Posttraumatic stress disorder (PTSD) is a common condition among veterans and is often regarded as treatment-resistant. Emotional Freedom Techniques (EFT) combines brief exposure therapy with acupressure and has demonstrated efficacy for PTSD in other trials and meta-analyses. This study recruited 58 veterans who scored 50 or greater on the military PTSD checklist (PCL-M), indicating clinical symptom levels. Participants were randomized into a Treatment As Usual (TAU) wait-list group (n = 26) and an experimental group (n = 32), which received six one-hour EFT sessions in addition to TAU. The mean pretreatment PCL-M score of participants was  $66 \pm 7.4$ , with no significant difference between groups. The EFT group demonstrated a significant reduction in PCL-M score from  $65 \pm 8.1$  to  $34 \pm 10.3$  (p < 0.001), while subjects in the TAU group showed no significant change. The TAU group was then treated with EFT and groups were combined for analysis using linear mixed effects modeling. In the combined EFT

group, posttreatment PCL-M scores declined to a mean of 34 (–52%,  $p < 0.001$ ). Participant gains were maintained at three and six-month follow-up, with mean six-month PCL-M scores of 34 ( $p < 0.001$ ). Psychological conditions such as anxiety and depression also declined significantly, as did physiological markers of insomnia and pain. An effect size of Cohen's  $d = 3.44$  indicates a large treatment effect. These results replicate those obtained in an earlier investigation, and indicate that EFT is an evidence-based practice that is highly effective at reducing symptom severity in veterans with PTSD.

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

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

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

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

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

**Results and conclusion:** This article presents two super-ordinate themes which explore

application of EFT for addressing emotional issues faced by chronic disease patients, and for management of physical symptoms, respectively. Chronic disease patients may benefit from a holistic biopsychosocial, patient-centered healthcare approach. EFT offers potential as a technique that may be used by health practitioners to support the psychosocial aspect of chronic disease healthcare.

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

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

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

**Kim, J.H., & Oh, P.J. (2016). Effects of Non-pharmacological Interventions on Primary Insomnia in Adults Aged 55 and Above: A Meta-analysis. *Korean Journal of Adult Nursing*, 28, 13-29. [doi:10.7475/KJAN.2016.28.1.13](https://doi.org/10.7475/KJAN.2016.28.1.13)**

**Purpose:** This study was performed to evaluate the effects of non-pharmacological interventions on sleep disturbance amongst adults aged 55 and above.

**Methods:** PubMed, Cochrane Library, EMBASE, CINAHL and several Korean databases were searched. The main search strategy combined terms including non-pharmacological interventions and presence of insomnia. Non-pharmacological interventions included cognitive behavioral therapy, auricular acupuncture, aromatherapy, and emotional freedom techniques. Methodological quality was assessed using Cochrane's Risk of Bias for randomized studies and Risk of Bias Assessment tool for non randomized studies. Data were analyzed by the RevMan 5.3 program of Cochrane Library.

**Results:** Sixteen clinical trials met the inclusion criteria with a total of 962 participants. Non-pharmacological interventions were conducted for a mean of 5.5 weeks, 7.7 sessions,

and an average of 70 minutes per session. The effects of non-pharmacological interventions on sleep quality (ES=-1.18), sleep efficiency (ES=-1.14), sleep onset latency (ES=-0.88), awakening time after sleep onset (ES=-0.87), and sleep belief (ES=-0.71) were significant, and their effect sizes were ranged from moderate to large.

However, the effects on total sleep time and insomnia severity were not significant.

**Conclusion:** The findings of the current study suggest that non-pharmacological interventions have a positive impact on attitudes and beliefs about sleep, sleep quality, sleep duration, and sleep efficiency. Therefore, the findings of the study provide evidence to incorporate various non-pharmacological interventions into nursing practice to improve both sleep quality and quantity in patients with insomnia.

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

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

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



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

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

**Maharaj, M. E. (2016). Differential gene expression after Emotional Freedom Techniques (EFT) treatment: A novel pilot protocol for salivary mRNA assessment. *Energy Psychology: Theory, Research, and Treatment*, 8(1), 17–32. doi:10.9769/EPJ.2016.8.1.MM**

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

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

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

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

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

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

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

**Conclusion:** The results show that EFT is effective in reducing depression in a variety of

populations and settings. This meta-analysis extends the existing literature through facilitation of a better understanding of the variability and clinical significance of depression improvement subsequent to EFT treatment.

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

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

**Objective:** The purpose of this study was to determine the efficacy of EFT in decreasing anxiety and stress as a potential intervention to assist students in stress management. Design: The study used a mixed method design of both qualitative and quantitative measures. Quantitatively, in a one group pretest–posttest design, participants received group instruction in the technique and were encouraged to repeat it daily. Self-reported anxiety was measured at baseline, and then weekly for four weeks using the Perceived Stress Scale (PSS) and the State–Trait Anxiety Inventory (STAI). The qualitative survey was completed by participants at the end of the study in order to capture a more subjective experience.

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

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

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

**Porpiglia T. (2016). Using emotional freedom technique to treat veterans with PTSD. *Veterans: Political, Social and Health Issues*. 75-94.**

Post Traumatic Stress Disorder (PTSD) in veterans is a major concern for our communities. Not only does it affect the veteran, it affects everyone around the veteran. This is also true for First Responders and anyone who has been traumatized from experiencing highly stressful, abnormal events, either once or multiple times. Time has

proven that currently used treatment modalities are ineffective and insufficient. Cognitive therapies only boast a 40%, short-term success, taking at least twice as long as Emotional Freedom Technique (EFT/Tapping). EFT demonstrated a sustainable 85% success, averaging a 63% reduction in PTSD symptoms, including Traumatic Brain Injury symptoms. 22 veterans commit suicide each day because of the emotional pain they continue to experience due to their traumatic experiences. This is due to a number of factors: 1) ineffective treatments, 2) veterans avoiding getting assistance from any helpful source, 3) aversion to talking about their painful experiences for multiple reasons, 4) not wanting the diagnosis on their record for multiple reasons. Spending time in a combat zone affects individuals in many ways and often creates unpleasant changes in an individual. A tour of duty in Vietnam in a highly stressful communications position created a personal experience of delayed on-set PTSD, triggered by the start of the Persian Gulf War. Traditional therapies were beneficial in bringing issues into awareness; however, they did not resolve the memories and feelings at a deeper level, leaving a residue of guilt, shame, anger, and fear. This experience created a quest to find a better solution, a better technique, to offer anyone affected by trauma and PTSD an opportunity to create deeper, lasting healing. Learning and using EFT helped release the stuck emotions at a much deeper, more permanent level. There were dozens upon dozens of anecdotal reports of people healing from PTSD and without scientific research data, the Veterans Administration, and other agencies would not consider EFT as a treatment for PTSD. In order to demonstrate the effectivity of using EFT on veterans with PTSD, a research facility, The National Institute for Integrative Health Care, founded a 501c3 organization, The Veterans Stress Project (VSP), to document the outcomes using standardized protocols, measures, and control groups. The VSP recruited qualified EFT clinicians/coaches and more than 100 veterans to complete an initial study and then a replication study. We were all quite impressed with the outcomes. The purpose of this article is to present the research parameters, outcomes and case studies of several veterans personally worked with as one of the coaches and founding member of the VSP, that demonstrate the outcomes, with the goal of moving EFT from evidence informed to an evidence based treatment.

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

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

approaches for the healing of a wide variety of psychological and physical conditions. A conceptual framework, mechanisms of action, evidence of safety, literature review, and case studies are also included.

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

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

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

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

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

Chronic pain is associated with a range of physical, psychological, and social risk factors, and successful treatment aims to reduce pain and improve function and quality of life for patients. In order to explore the impact, challenges, and current experience of chronic pain sufferers, an anonymous online open-ended qualitative survey was developed and analyzed for manifest and latent content. This then informed a brief four-hour therapy session using Emotional Freedom Techniques (EFT), a brief cognitive intervention with a somatic component. The qualitative study highlighted issues sufferers had with employment, interpersonal relationships, and emotions. An overwhelming 82% discussed the stigma they experienced from health professionals not believing the extent of their pain, and only 4% indicated they received any pain relief from psychological treatment. Paired samples t-tests revealed a significant decrease in the severity (–12.04%,  $p = 0.044$ ) and impact (–17.62%,  $p = 0.008$ ) of participants' pain from pretest to posttest, and a significant improvement in their overall psychological distress from pretest to posttest (–36.67%,  $p < 0.001$ ). There was also a significant improvement in participants' depression (–29.86%,  $p = 0.007$ ), anxiety (–41.69%,  $p < 0.001$ ), and stress (–38.48%,  $p = 0.001$ ) from pretest to posttest. A significant association was found between pain and psychological distress. Finally, a significant overall main effect of time was found at six-months' follow-up, although pairwise comparisons did not indicate any significant results across all time points. Findings are consistent with other research indicating the effectiveness of brief and group-delivered EFT and are discussed in terms of psychological treatment for chronic pain. Future research is proposed.

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

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

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



While there is a great deal of research into various Energy Psychology (EP) methods, the subjective experience of the client has not yet been investigated. In this self-study, the Tapas Acupressure Technique (TAT) Protocol for Stressful Events was used for 10 sessions over a period of 3 weeks to explore whether TAT would be an effective tool for managing stress and increasing feelings of self-worth. The Sorensen Self-Esteem Test was used as a baseline self-esteem pre and post test to measure self-worth and positive and negative emotional states. A list of 10 free association words was collected before and after each treatment session and at the end of the treatment period. Quantitative analysis showed an increase in overall sense of self-worth and an increase in positive states. Negative and positive states varied throughout the treatment period while self-worth increased, suggesting that TAT enabled increased emotional self-regulation when dealing with stressful situations. Scores on the Sorensen Self-Esteem Test improved by 28% on follow-up. A qualitative analysis of the free association words suggests an increase in feelings of balance and calm and a decrease in negative self-image.

**Suh H-W, Choi E-J, Kim S-H, Kim DH, Kim L-H, Kim J-W, et al. (2016). Current Trends in Intervention Studies of Hwabyung in Korean Medicine. *Journal of Oriental Neuropsychiatry*,;27(4):261-74.**

**Objectives:** To determine the general characteristics of clinical studies about Hwabyung and assess their limitations and alternatives.

**Methods:** Clinical studies that examined the effects of traditional Korean medicine intervention on Hwabyung were included in this study. A systematic search of English, Chinese, Japanese, and Korean databases was performed. The characteristics of included articles were described and those articles were assessed by Risk of Bias (RoB) tool or Risk of Bias for Nonrandomized Studies (RoBANS) tool. Results: Sixteen articles were selected from 1,826 articles. Most clinical studies about Hwabyung were published in Korea. The number of conducted trials was insufficient. The prevailing study design was randomized controlled trial. Traditional Korean medicine intervention used in the trials were acu-puncture, herbal medicine, counselling, meditation, **emotional freedom technique (EFT)**, music therapy, art therapy, and multi intervention program. Herbal medicine study used placebo as control while non-pharmacological intervention study mostly used no treatment as control. Most of the trials were supported by the government. Therefore, financial conflict of interest might not exist for results. We judged that some studies had a high risk of bias. In general, most of the studies with a high risk of bias were non-pharmacological intervention studies, and the risk of bias was mainly due to lack of blinding.

**Conclusions:** More clinical studies of Hwabyung are needed. There are some issues about a suitable comparison and effective blinding strategy for non-pharmacological study. Improving methodological quality is required.

## 2015

**Al-Hadethe, et al. (2015). Randomised controlled study comparing two psychological therapies for posttraumatic stress disorder (PTSD): Emotional**

**Freedom Techniques (EFT) vs. Narrative Exposure Therapy (NET).** *J Trauma Stress Disor Treatment*, 4(4). <http://dx.DOI.org/10.4172/2324-8947.1000145>

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

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

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

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

Emotional Freedom Technique (EFT) as a new therapeutic technique in energy psychology has positive effects on psychological and physiological symptoms, and quality of life. In this research we studied the effect of this treatment on immunological factors. This study tested whether 8-week group sessions of EFT (compared to a wait-list control group) with emphasis on patient's respiratory, psychological and immunological problems in chemically pulmonary injured veterans (N=28) can affect on immunological and psychological factors. Mixed effect linear models indicated that EFT improved mental health ( $F=79.24$ ,  $p=0$ ) and health-related quality of life ( $F=13.89$ ,  $p=0.001$ ), decreased somatic symptoms ( $F=5.81$ ,  $p=0.02$ ), anxiety/insomnia ( $F=24.03$ ,  $p<0.001$ ), social dysfunction ( $F=21.59$ ,  $p<0.001$ ), frequency and severity of respiratory symptoms ( $F=20.38$ ,  $p<0.001$ ), and increased lymphocyte proliferation with nonspecific mitogens Concanavalin A (Con A) ( $F=14.32$ ,  $p=0.001$ ) and Phytohemagglutinin (PHA) ( $F=12.35$ ,  $p=0.002$ ), and peripheral blood IL-17 ( $F=9.11$ ,  $p=0.006$ ). This study provides an initial indication that EFT may be a new therapeutic approach for improving psychological and immunological factors.

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

Adverse effects associated with tamoxifen and aromatase inhibitor use are the most common reason reported by women with breast cancer for discontinuing hormonal therapies. Poor compliance is associated with an increased risk of mortality and early recurrence. The primary aim of this study was to evaluate Emotional Freedom Techniques (EFT) for improving mood state, and secondarily, menopausal symptoms, fatigue, and pain experienced by women with breast cancer receiving hormonal therapies.

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

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

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

**Brodie E. (2015). Treating Trauma Using Shamanic and Non-local Methods: Theory, Mechanisms, and Relevance to Current Clinical Practice. *Energy Psychology: Theory, Research, and Treatment* 2015;7(2):45-56.**

Many leading doctors and psychologists now speculate that unresolved trauma is responsible for many of the chronic diseases of Western populations. The body learns and then defaults to a maladaptive reaction to stress and becomes unable to maintain normal homeostasis. Trauma also leads to dissociation as a survival mechanism and a splitting of the psyche. Shamanic healers have had their own way of dealing with trauma, which they call "soul loss," for hundreds of years. One of their techniques is the process of soul retrieval, in which they journey into the "underworld" to access the "lost soul part." Accessing and using altered states of consciousness is now gaining credibility through the quantum physics of non-locality and its many scientific spin-offs, including work with near-death experiences and holonomic brain models. This article reviews the current thinking on trauma and non-locality; describes how soul retrieval can be used to help effect a rapid change in the long-standing limiting beliefs held by distressed clients, assisting them to regain a sense of purpose and direction in their lives as their psyche becomes more complete; and relates ancient shamanic concepts such as soul loss to modern psychological concepts such as dissociation.

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

Emotional Freedom Techniques (EFT) is a relatively new based on stimulating acupoints on the body while talking about a distressing situation. This qualitative study used semi-structured interviews to look at the experiences of EFT practitioners. Thematic analysis was used to produce an insight of what it is like to be an EFT practitioner. The main findings are that EFT is a spiritual practice; the mind–body connection is very important in healing work; a practitioner's way of being is important; EFT usually works. The area of experiences of EFT practitioners has not been studied in this way before; this study should provide a useful addition to the literature on EFT.

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

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

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

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

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

**Gurda, Kjerstin. (2015). Emerging trauma therapies: Critical analysis and discussion of three novel approaches. *Journal of Aggression, Maltreatment and Trauma*, 7.**  
<https://doi.org/10.1080/10926771.2015.1062445>

Trauma-related disorders and treatment have gained increasing attention in the last 3 decades, spurring the development of novel treatment approaches. Many of these are incorporated into clinical practice despite lacking a solid evidence base or unbiased analyses to facilitate interpretation of existing information. Although treatments might draw on elements from validated therapies, questions regarding the incremental efficacy of new approaches persist. Three novel therapies that might warrant further examination

include energy psychology, yoga, and brainspotting. The emergence of novel, trauma-related therapies is examined, and the history, theory, practice, and evidence base of these 3 specific therapies are outlined. Directions for future work are discussed. Expositions such as this might serve as a helpful resource for clinicians seeking discernment regarding treatment for posttraumatic stress disorder.

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

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

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

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

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

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

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

Research indicates that the current standard of care for combat-related stress disorders and related conditions is not maximally effective, nor does it fully address the biopsychosociological aspects, complexity, and overlap of precursors and comorbidities characteristic of posttraumatic stress disorder (PTSD). There is a need for comprehensive interventions based upon both neuroscientific information and new integrative care models. The Warrior Combat Stress Reset Program (Reset), an innovative intensive outpatient behavioral health program at the Carl R. Darnall Army Medical Center at Fort Hood, Texas, provided integrative care for active-duty service members for the treatment of PTSD symptoms from 2008 to 2015. The Reset protocol combined trauma-focused behavioral health techniques with complementary and alternative medicine (CAM) modalities including acupuncture, massage, Reiki, reflexology, and yoga. A

retrospective, observational, quasi-experimental design was employed to determine the change in health outcomes from pre- to posttreatment. Treatment outcomes were analyzed for 764 service members who attended the 3-week behavioral health program between 2008 and 2013. Results indicate significant reductions in PTSD symptoms (PTSD Checklist–Military version;  $p < .001$ ), anxiety (Beck Anxiety Inventory;  $p < .001$ ), depression (Beck Depression Inventory II;  $p < .001$ ), and pain (Oswestry Pain Index;  $p < .001$ ) from pre- to posttreatment. Outcome analysis by year indicates steady improvements in treatment gains for these major outcomes over time. Advancement is occurring in the search for effective, evidence-based treatments for PTSD. Reset demonstrated promise for reducing symptoms of PTSD, anxiety, and depression through its integrative approach combining traditional and trauma-focused psychological therapy with CAM treatments.

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

Psychological trauma in the aftermath of sexual violence is a persistent problem in both developing and developed nations, and appropriate treatment techniques are needed to address the special needs of this population. The objective of this study was to assess whether two evidence-based therapeutic methods for PTSD, Cognitive Behavioral Therapy (CBT) and Emotional Freedom Techniques (EFT), are efficacious for sexual gender-based violence (SGBV). Participants were 50 internally displaced female refugees who had been victims of SGBV in the Democratic Republic of Congo (DRC). They were assessed using the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist–25 (HSCL-25), which measures general mental health. Participants received two 2-1/2 hour treatment sessions per week for 4 consecutive weeks (eight sessions total). Assessments occurred before and after treatment, and 6 months later. Participants demonstrated significant posttest improvement in both groups on both measures. Follow-up assessments showed that participants maintained their gains over time whether treated with EFT or CBT. The results are consistent with earlier trials, and indicate that both EFT and CBT are efficacious when delivered in group format, as well as being effective treatments for SGBV in the setting of a developing nation.

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

Challenges with dementia caregiving, including caregiver stress/role strain continues to be a concern in long-term care settings. This is because residents with dementia have impairments in memory, concentration, reasoning, and judgment, creating difficulties for the provider in anticipating the needs of the individual. The challenges and role strain increase for the individual and caregiver as the resident's cognitive condition diminishes [1]. Examples of caregiver challenges include caring for patients with behavioral issues such as agitation, aggression, delusions, hallucinations, and wandering. Increased emotional empathy translates into increased patient responsiveness to the expressions,



words, and behaviors of the caregivers [2]. This phenomenon is commonly referred to as emotional contagion and can be defined as “a process in which a person or group influences the emotions or behavior of another person” [3]. Emotional contagion may lead to worsening both behaviors and caregiver strain for healthcare professionals who work with persons with dementia. According to authors [4], this contagion effect may also translate into an increased risk for caregiver burnout, decreased empathy, and negative attitudes toward the patients and families they serve. The ability to empathize with patients is a key component of dementia care because caregivers’ emotional states can directly influence their patients. The symptoms of caregiver role strain include anxiety, depression, heightened irritability, hopelessness, anger, exhaustion, hypertension, gastrointestinal complaints, insomnia, and headaches [5]. Relieving stress and improving the resilience of caregivers should translate into improvements in quality of care and clinical outcomes and an increased sense of well-being for both patients and caregivers [6]. Self-regulation techniques such as meditation, breathing exercises, and focused intention are gaining interest among healthcare professionals [7]. Specifically, self-nurturing techniques such as mindfulness and meditation practices have been shown to prevent and treat caregiver role strain or burnout. This self-nurturing strengthens compassion, resilience, awareness, focus, and caring behaviors [6]. Decreasing stress and enhancing mindfulness and self-compassion are especially important for healthcare providers who work with patients with dementia. A study that investigated the links between nurse burnout and nurse-rated quality of patient care in 53,846 nurses in six countries revealed that U.S. nurses had the second highest reported levels of emotional exhaustion and depersonalization [8]. Given these results, the researchers suggested that interventions that increase self-compassion and mindfulness have the potential to reduce stress and burnout in healthcare workers and improve patient outcomes [8]. Mindfulness-based stress reduction (MBSR) techniques show promise as an approach to decreasing both caregiver strain and behavioral symptoms. Challenges in implementing MBSR in the LTC-based dementia caregiving include time constraints, high dropout rates, and training necessary to perform the MBSR technique. For example, traditional MBSR interventions require the attendee to complete one week of training and practice meditation for a minimum of 45 minutes per day. Fortney, Luchterhand, Zakletskaia, Zgierska, and Rakel [9] viewed the amount of time as a limitation, citing studies that had high dropout rates due to this time commitment. In response, the researchers developed an abbreviated protocol and requested attendees to complete 18 hours of training and practice MBSR 10-20 minutes per day for eight weeks. The sample included primary care clinicians working in the departments of family medicine, internal medicine, and pediatrics (N=30). Scores on burnout were compared during and after the study period and at nine months post intervention. At nine months, attendees had significantly better scores on all Maslach Burnout Inventory burnout subscales (Maslach et al., as cited in Fortney et al.), including emotional exhaustion ( $p=0.009$ ), depersonalization ( $p=0.005$ ), and personal accomplishment ( $p<0.001$ ). Likewise, the depression ( $p=0.001$ ), stress ( $p=0.002$ ), and anxiety ( $p=0.006$ ) subscales were significantly lower. In a six-week pilot study of HAT-SR conducted at a Continuing Care Retirement Community, Diepold et al. (2014) randomized geriatric subjects ( $n=19$ ) to an intervention or control group and administered pre- and post-intervention surveys. The Cognitive and Affective Mindfulness Scale-Revised [8,9] was used to measure four aspects of trait mindfulness: attention, awareness, acceptance, and present focus. Separate paired t tests were conducted to compare CAMS-R scores pre- and post-intervention for the placebo and

intervention groups. Results revealed a statistically significant increase from pre- (M=36.75 ± 6.90) to post intervention (M=38.76 ± 6.59) in CAMS scores for the intervention group,  $t(N=7)=-2.43$ ,  $p<0.05$ , but not for the placebo group,  $t(N=6)=0.47$ ,  $p=0.65$ . After conducting a pilot study, the authors gained additional knowledge on the benefits of HAT-SR and were inspired to move forward with teaching caregivers of patients with dementia about stress reduction and the HAT-SR mindfulness enhancing technique. Therefore, the primary aim of this project was to teach HAT-SR to long-term care staff in a continuing care retirement community (CCRC) and evaluate the effectiveness of HAT-SR as an intervention to improve care for patients with dementia. The authors' secondary aim was to assess baseline knowledge related to mindfulness and caregiver challenges and to evaluate the effectiveness of the HAT-SR teaching session at increasing the participant's awareness of these two aspects of dementia care.

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

EFT (Emotional Freedom Techniques) has been the subject of much research over the past decade, with many studies of conditions such as PTSD, anxiety, and depression showing significant treatment effects. In addition to elements drawn from established cognitive and exposure therapies, EFT uses the manual stimulation of acupuncture points (acupressure) through fingertip tapping. This study investigated the utility of EFT to address professional burnout in a population of school teachers. Participants were K–12 full time, public school teachers. They were assessed using the Maslach Burnout Inventory, which has three scales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. EFT was compared to a control condition that used sham tapping on a location on the forearm that does not include any acupuncture points. To reduce the possibility of cross-contamination between the two conditions, the study did not randomize participants within a single population. Instead, to minimize contact between experimental and control participants, the two samples were drawn from different school districts with similar demographic profiles in the same county. One hundred teachers were randomly selected from each district, of which 126 completed all assessments. Data analysis revealed that on all three indicators of burnout measured, EFT was significantly superior to the sham tapping control ( $p > .05$ ). The results are consistent with earlier dismantling studies and indicate that acupoint tapping is an active ingredient in the therapeutic results obtained from EFT and not a placebo. EFT is inexpensive, easy to administer, and could be added to teacher mentor and retention programs to improve resiliency. A positive impact on teachers whose level of burnout is either negatively affecting the educational environment or has caused them to consider leaving the profession will help nurture and retain valuable assets for student learning.

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

Previous studies have demonstrated that Clinical EFT (Emotional Freedom Techniques) is an evidence-based method that relieves stress and a variety of psychological conditions.

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

**Sabathy, M. (2015). Proposition for the implementation of coping strategies (SE and EFT) into secondary classrooms based up on the analysis of emotional reactivity and its effects on adolescent resiliency. Unpublished Master's Thesis.**  
<https://doi.org/10.13140/RG.2.1.1959.5288>

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

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

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

**Wauthier-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 analysing the accounts of three experienced psychotherapists. Interpretative phenomenological analysis (IPA) was applied to the central research question: How does Energy Psychology impact and inform the life and work of experienced psychotherapists who use Energy Psychology in the treatment of trauma? Four themes emerged: transformation; paradigm shift; state of presence; and spiritual realization. The participants attributed significant changes in their understanding of psychotherapeutic change, personal philosophy, and overall contentment in life to their experience of using energy psychology, leading to the central hypothesis of this study – energy psychology has the potential to catalyse a process of transformation that results in a lived experience of serenity and flourishing. Two new understandings of underlying mechanisms that contribute to the efficacy of energy psychology are theorized: 1) energy psychology shares mechanisms in common with meditative practices that may contribute to positive impacts on autonomic dysregulation; 2) energy psychology provides a manual technique that supports the process known as focusing. Non-specific factors that are common to many forms of psychotherapy also contribute to efficacy. Energy psychology is a suitable treatment in evidence based practice for clients presenting with trauma who: 1) do not favour or may experience

re-traumatization during exposure or reliving experiences; 2) are at risk of decompensation due to flooding of traumatic material in the early stages of treatment.

## 2014

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

Anxiety in mathematics is a critical challenge facing secondary school students in Nigeria. Previous studies with focus on the improvement of this challenge are scarce. Specifically, there is a paucity of studies using numerical cognition and Emotional Freedom Techniques (EFT) in solving the above challenges. This study therefore investigated the effects of numerical cognition and EFT on mathematics anxiety among non-science students with pseudo-dyscalculia in Oyo State. Pretest, posttest, control group quasi-experimental design was adopted for the study. One hundred and two students were sampled through simple random sampling. Mathematics Anxiety Scale ( $\alpha = 0.89$ ), Mathematics Efficacy ( $\alpha = 0.86$ ), and Pseudo-Dyscalculia Scale ( $\alpha = 0.93$ ) were administered to obtain data for the study. Therapeutic packages used for the intervention were numerical cognition and EFT. Seven hypotheses were tested at 0.01 level of significance. Data were analyzed using analysis of covariance (ANCOVA). The study revealed main effect of treatment on mathematics anxiety;  $F(2, 109) = 173.020, p < 0.01$ . Meridian-based intervention (EFT) was more effective (mean = 33.78) than numerical cognition (mean = 45.35) in the reduction of mathematics anxiety. There was a significant main effect  $F(1, 109) = 21.00, p < 0.01$ , interactive effect  $F(2, 109) = 6.116, p < 0.01$ , of mathematics efficacy and treatment of mathematics anxiety of the participants. The two packages were effective in reducing mathematics anxiety among the participants. Based on the findings, educational psychologists, counseling psychologists, and other educational related bodies could adopt the packages for educational diagnosis to improve academic performance of students with academic phobia.

**Benor, D. (2014). Energy psychology practices and theories of new combinations of psychotherapy. *Curr. Res. Psychol.*, 5: 1-18.**

<http://thescipub.com/abstract/10.3844/crpsp.2014.1.18>

Energy Psychology (EP) includes a spectrum of practices in which people tap on their bodies while focusing their minds on problems they want to change. EP therapies often are very rapidly effective. This article examines varieties of explanations for how EP works, including: Cognitive changes, psychological conditioning, expectation effects, distraction techniques, tapping on acupuncture points, shifts in other biological energies, wholistic healing, alternating stimulation of right and left sides of the body (presumably producing alternating stimulation of left and right brain hemispheres) and nerve conduction speeds.

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

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

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

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

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



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

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

Clear and transparent standards are required to establish whether a therapeutic method is “evidence based.” Even when research demonstrates a method to be efficacious, it may not become available to patients who could benefit from it, a phenomenon known as the “translational gap.” Only 30% of therapies cross the gap, and the lag between empirical validation and clinical implementation averages 17 years. To address these problems, Division 12 of the American Psychological Association published a set of standards for “empirically supported treatments” in the mid-1990s that allows the assessment of clinical modalities. This article reviews these criteria, identifies their strengths, and discusses their impact on the translational gap, using the development of a clinical innovation called Emotional Freedom Techniques (EFT) as a case study. Twelve specific recommendations for updates of the Division 12 criteria are made based on lessons garnered from the adoption of EFT within the clinical community. These recommendations would shorten the cycle from the research setting to clinical practice, increase transparency, incorporate recent scientific advances, and enhance the capacity for succinct comparisons among treatments.

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

A group of 59 veterans with clinical levels of posttraumatic stress disorder (PTSD) symptoms received Emotional Freedom Techniques (EFT) coaching in a randomized controlled trial. A significant percentage dropped below the clinical threshold after 6 sessions of EFT (86%,  $p < .0001$ ) and remained subclinical at 3-month and 6-month follow-ups. Traumatic brain injury (TBI) and somatoform symptoms isolated from the data set for detailed analysis are presented in the current paper. Compared with pretest, significant reductions in TBI symptoms were found after 3 sessions, with a further reduction after 6

months ( $-41\%$ ,  $p < .0021$ ). Participant gains were maintained on 3-month and 6-month follow-up ( $p < .0006$ ). These results point to the poorly defined distinction between TBI and PTSD symptoms, the potential for partial TBI rehabilitation as a sequel to successful PTSD treatment, and the possibility of long-term maintenance of clinical gains.

**Dunnewold, A.L. (2014). Thought field therapy efficacy following large scale traumatic events. *Curr. Res. Psychol.*, 5: 34-39.**

<http://thescipub.com/abstract/10.3844/crsp.2014.34.39>

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

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

Anxiety can cause many concerns for those affected, and previous research on anxiety and gifted students has been inconclusive. This study examined the anxiety levels of gifted students, as well as the effectiveness of two interventions: Cognitive-Behavioral Therapy (CBT) and Emotional Freedom Technique (EFT). Using the Revised Children's Manifest Anxiety Scale-2 (RCMAS-2) to measure students' anxiety levels, Phase I of this study examined anxiety in gifted youth ( $n = 153$ ) participating in private and public gifted education programs, grades 6 -12, in two Northeastern states. ANOVAs were used to assess differences in the anxiety levels, and results indicated that gender ( $F [1, 149] = 13.52$ ,  $p < .001$ ,  $\eta^2 = .08$ ) and school setting ( $F [2, 149] = 21.41$ ,  $p < .001$ ,  $\eta^2 = .23$ ) were significant factors in the anxiety levels of the gifted students in this study. In Phase II, a randomized controlled research design was used to investigate the effectiveness of CBT and EFT interventions for gifted adolescents. Utilizing permuted randomized assignment, participants ( $n = 63$ ) identified with moderate to high levels of anxiety on the pre treatment RCMAS-2 were assigned to one of three treatment groups: a) CBT, the current gold standard of anxiety treatment, b) EFT, an innovative modality presently showing increased efficacy in anxiety treatment, and c) a wait-listed control group. Students assigned to CBT or EFT treatment groups received three individual sessions of the identified therapy from upper-level counseling, psychology, or social work students enrolled in graduate programs at a large Northeastern research university. Treatment outcomes were measured by administration of the RCMAS-2 post treatment and analyzed using ANCOVA with pre treatment RCMAS-2 scores serving as the covariate. Using a Bonferroni correction of  $p = .016$ , EFT participants ( $n = 20$ ,  $M = 52.163$ ,  $SE =$

1.42) showed significant reduction in anxiety levels when compared to the control group ( $n = 21$ ,  $M = 57.93$ ,  $SE = 1.39$ ,  $p = .005$ ). CBT participants ( $n = 21$ ,  $M = 54.82$ ,  $SE = 1.38$ ) did not differ significantly from either the EFT or control groups ( $p = .12$  and  $p = .18$ , respectively).

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

Chronic diseases are a major cause of death and illness in the world and diabetes is in sixth rank. As Harati (2009) noted the prevalence of 2nd type diabetes in Iran has accelerated so that more than 1 percent of Iranians over age 20 are affected by it each year. The present study is done in order to improve glycemic control in diabetic patients, reducing the need for costly medical services and enhance their mental health and remove the burdens of the patients and the community. The research method selected 30 diabetic patients of Imam Hossein in Tehran with testing (pretest - posttest of control group) and sampling method in 2012 and randomly classified them into two groups : group1 (treated with EFT- method by Gary Craig , 1995) and the control group. Testing of blood glucose, HbA1C was used as a tool for gathering information for one - way analysis of covariance univariate. The results ( $F_{(7,24)} > F_{(4,22)}$ ) showed that EFT method was effective in controlling blood glucose levels in diabetic patients.

**Kalla, M. (2014). The effectiveness of Emotional Freedom Techniques (EFT) for improving the physical, mental, and emotional health of people with chronic diseases and/or mental health conditions: a systemic review protocol. *JBI Database of Systemic Reviews and Implementation Reports*, 12(2). <http://joannabriggslibrary.org/index.php/jbisrir/article/view/1153/1861>**

The purpose of this systematic review is to: Identify, summarize and synthesize evidence on the uses and perceived benefits of a meridian-based energy psychology intervention, Emotional Freedom Techniques (EFT) for enhancing physical, mental and emotional health of people with chronic diseases and/or mental health conditions. Specifically, this systematic review will examine the available Level 1 scientific literature in order to examine the effectiveness of Emotional Freedom Techniques, as a tool to assist with improving people's health. These will include: 1) Specific changes occurring in the physical body, as a result of administering EFT to a subject; for example, changes in cortisol levels, reduced clumping in blood cells, or a reduction in somatization; 2) Emotional and mental health benefits reported immediately and at a later follow-up time by subjects. Studies involving chronic disease/mental health patients of all age groups and backgrounds will be considered. This review will consider studies that involve people suffering from a mental or physical health condition, such as fibromyalgia, obesity, anxiety, depression and post-traumatic stress disorder. Studies which clearly state that subjects are receiving other treatments apart from just EFT, i.e. EFT is used as a supportive care method, will be excluded. This will enable better insight into EFT's effectiveness as a treatment method for health conditions. The intervention of interest is Emotional Freedom Techniques (tapping). Studies involving Thought Field Therapy,

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

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

The personal, social, and economic burden of human suffering related to PTSD are major issues facing society. Conventional pharmacotherapy and psychotherapy reduce the severity of some PTSD symptoms; however, their effectiveness is limited, and many patients discontinue these pharmacological and psychotherapeutic treatments before achieving full remission. The limited effectiveness of conventional approaches and unmet treatment needs of patients provide compelling arguments for effective conventional and complementary and alternative medicine (CAM) interventions aimed at preventing PTSD and treating chronic PTSD.

<http://www.psychiatrictimes.com/integrative-psychiatry/review-select-cam-modalities-prevention-and-treatment-ptsd#sthash.dZtcl8Eb.dpuf>

**Lee, S-W., Lee, Y-J., Yoo, S-W., Lee, R-D., Park, S-J. (2014). Case series of panic disorder patients treated with Oriental Medical treatments and EFT. *Journal of Oriental Neuropsychiatry*, 25(1), 13-28. doi:10.7231/jon.2014.25.1.013.**

**Objectives:** The purpose of this study was to evaluate the effects of EFT on panic disorder patients.

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

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

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

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

Phantom limb pain (PLP) is a form of chronic neuropathic pain that responds poorly to treatment interventions derived from the neuroanatomic understanding of pain and analgesia. Several new psychological and behavioral treatments that have proven more effective have been explained by invoking neural plasticity as their mechanism of action.

Other novel treatments that are based on an "energy medicine" model also appear to be quite effective, especially when addressing the psychological trauma of the amputation itself, a factor that is generally overlooked in the standard surgical approach to limb amputation. A speculative trauma/energy model for the etiology of PLP is proposed. This model is developed in some detail, and its utility in explaining several anomalous aspects of PLP, as well as the clinical efficacy of energy therapies, is outlined. This model is proposed as a step in the development of simple and effective energy/trauma treatment protocols for this widespread and largely treatment-resistant disorder.

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

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

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

There are many reasons a person may fail a high stakes test such as the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). Sleep deprivation, illness, life stressors, knowledge deficit, and test anxiety are some of the common explanations. A student with test anxiety may feel threatened by this evaluation process. This reaction causes the students to become self-absorbed with altered cognitive abilities such as reduced ability: to concentrate, to remember, and/or to retrieve information, thus lowering the students' performance. This research study explored the correlation among factors such as stress, test anxiety, and student expectations that may be predictive of success or failure in passing the NCLEX-RN® exam. This study also compared the methods of Emotional Freedom Techniques (EFT) to Guided Imagery regarding the reduction of test anxiety and success in passing the NCLEX-RN® exam. Emotional Freedom Techniques, a form of energy psychology, works by having an individual concentrate on a specific psychological issue while simultaneously tapping on specific meridian points. Guided Imagery, a well-respected form of meditation, utilizes directed and focused thought and imaginations. The participants of this quantitative study were nursing students enrolled in a NCLEX Review course at a university in the Midwest. Randomized groups received two treatment sessions. The students completed the Test

Anxiety Inventory (TAI), Westside Test Anxiety Scale, Stress Vulnerability Questionnaire, Subjective Units of Disturbance Scale (SUDS), and had their blood pressure taken before and after treatments. The students also completed the SA-45 Symptom Assessment (SA-45(TM)), a Personal Profile Data Sheet, and three Student Perception Surveys. The results of the study showed scoring below an 80% on the HESI Exit Exam and obtaining a lower score on a retake of the HESI Exit Exam was associated with the pass rate of the NCLEX-RN® exam. There was a statistical significant difference in the SUDS rating recorded pre-treatment versus post-treatment which indicated the treatment lowered distress levels in both groups. The systolic and diastolic blood pressure showed a statistical significant decrease in Group 1 (Guided Imagery) after the second treatment. The diastolic blood pressure showed a statistical significant decrease after the second treatment in Group 2 (EFT). There was a statistical significant difference in the Westside Test Anxiety incapacity (memory) subscale before treatments and after treatments in Group 2 (EFT). On Student Perception Survey 3, at the end of the study, Group 2 (EFT) reported a decrease in test anxiety while Group 1 (Guided Imagery) conveyed a slight increase. Both groups reported they thought the treatment were effective. Emotional Freedom Techniques did reduce test anxiety in high stakes testing.

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

In recent years, the field of energy psychology has opened up hitherto unimaginable realms of psychotherapeutic healing of astonishing depth and speed. The claims of unusual success, by enthusiastic pioneers and 'early adopters' have been fully vindicated as research has accumulated. So what is energy psychology (or EP, as it is often abbreviated)? It is a family of therapeutic methods that involve [1] tapping or holding acupuncture meridians, or chakra energy centers, whilst [2] the client thinks of a target troublesome thought or memory. In DOing this, the emotional distress is dissipated (provided the internal objections to resolving the distress have been addressed). Practitioners and clients find that these approaches are rapid, nondistressing, and can address deeper issues than talk based therapy (when used with knowledge and skill).

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

This pilot study examined the effects of Emotional Freedom Techniques (EFT) on pain reduction in adults with chronic pain. A brief exposure therapy that combines cognitive and somatic elements, EFT has previously been found to be effective in the treatment of a number of psychological conditions, including depression, anxiety, phobia, and posttraumatic stress disorder. Research into EFT's effect on the treatment of physical pain and somatic complaints is less well established. In the present study, 50 adults with chronic pain participated in a 3-day workshop to learn how to use EFT. Pain was measured on the Pain Catastrophizing Scale (PCS) and the Multidimensional Pain



Inventory (MPI) immediately before and after treatment and at 1-month and 6-month followups. Significant reductions were found on each of the PCS item scores (rumination, magnification, and helplessness) and on the PCS total score (–43%,  $p < .001$ ). On the MPI, significant improvements were observed in pain severity, interference, life control, affective distress, and dysfunctional composite. At 6-month followup, reductions were maintained on the PCS (–42%,  $p < .001$ ) but only on the life control item for the MPI. Findings suggest that EFT helps immediately reduce pain severity while also improving participants' ability to live with their pain. Although reductions in pain severity were observed at 1-month follow-up but not maintained in the long-term, participants continued to report an improved sense of control and ability to cope with their chronic pain. The results of this pilot study are consistent with the literature and suggest directions for further research.

**Song, S-Y., Lee, J-H., Suh, J-W., Kwon, C-Y., & Kim, J-W. (2014). Qualitative analysis of the influence of an Emotion Freedom Techniques (EFT) group treatment program for Hwa-Byung (suppressed anger) patients. *Journal of Oriental Neuropsychiatry*, 25(1), 29-38. doi: 10.7231/jon.2014.25.1.029.**

**Objectives:** The objective of this study was to examine the effects of Emotion Freedom Techniques (EFT) group treatment program for Hwa-byung (suppressed anger) patients.

**Methods:** Thirteen Hwa-byung patients participated in a four week program of EFT group treatment. One-hour sessions were administered weekly. Between sessions, participants self-administered EFT in order to control their symptoms. Four weeks after the program ended, we interviewed the participants using a semi-structured interview. Data collected was summarized using qualitative analysis.

**Results:** The EFT group treatment program produced positive effects in physical, cognitive and emotional symptoms. Most of the participants experienced relief from Hwa-byung symptoms like chest tightness, hot flashes, and insomnia. Their ability to cope with stress improved and their re-experiencing of past memories decreased. Their distorted self-images were improved. A decrease in negative emotions and an increase in positive emotions was noted. Participants were able control their symptoms between sessions with EFT. In addition, the group therapy format helped participants to develop social support.

**Conclusions:** An EFT group treatment program can relieve the physical, cognitive and emotional symptoms of Hwa-byung. This program can be applied in psychotherapeutic treatment of Hwa-byung.

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

The purpose of this study was to investigate the feasibility of using Clinical Emotional Freedom Techniques (EFT) to treat Major Depressive Disorder in an adult population by way of a therapeutic group setting. Adults were assigned to EFT group treatment for a period of eight weeks. Diagnostic assessment was completed immediately pre and post treatment using the Mini International Neuropsychiatric Interview. In addition to this, self-

report assessments measuring symptomatic evidence of depression were completed by the participants before the treatment, after the treatment and at three month follow-up. Comparisons with a community group were made at pre and post intervention and three month follow-up. The results indicated a change in diagnosis in each of the participants, with data indicating an overall improvement for the treatment group for depressive symptoms. Study implications and limitations are discussed.

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

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

## 2013

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

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

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

**Methods:** Classical theories of TCM that pertain to psychiatric conditions are reviewed, focusing on concepts of energetic imbalance, the implications of mind-body-spirit connections, and treatment strategies that involve TCM modalities. An example of correlation between TCM patterns of disharmony and the Western diagnosis of

generalized anxiety disorder (GAD) is given, along with an illustrative case in which counseling, medications, and acupuncture were combined in treatment. TCM principles are incorporated in certain energy psychology modalities, such as Emotional Freedom Technique (EFT). A case is presented demonstrating the integration of energy psychology with acupuncture, Qigong and hypnosis as an avenue for releasing pathogenic emotions. In classical TCM theory, assessing and treating spiritual disharmonies is fundamental for dealing with emotional disorders. Practical application in a clinical case is described.

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

**Beatty L, Lambert S. (2013). A systematic review of internet-based self-help therapeutic interventions to improve distress and disease-control among adults with chronic health conditions. In: Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]. York (UK): Centre for Reviews and Dissemination (UK); 1995-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK133505/>**

**CRD summary:** The authors concluded evidence demonstrated that Internet-based self-help interventions had guarded promise in the improvement of distress and disease-control among adult patients with chronic illnesses. The authors' conclusions reflect the data presented but limitations in the analysis mean their reliability is uncertain.

**Authors' objectives:** To assess the efficacy of Internet self-help interventions for distress and disease control among adult patients with chronic illnesses

**Searching:** EMBASE, CINAHL, MEDLINE and PsycINFO were searched for published or in-press articles in English in peer reviewed journals to December 2011. Search terms were reported. Reference lists of included studies were also searched.

**Study selection:** Eligible were studies of self-help Internet-based psychosocial therapeutic interventions for adults (18 years and older) with a chronic physical health condition. Outcomes of interest were distress, quality of life or well-being measured using an appropriate tool. Randomised controlled trials (RCTs), quasi-randomised trials or feasibility RCTs were eligible. Studies that provided information or education only without a therapeutic component were excluded as were studies of health conditions in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders), including eating disorders and insomnia, were excluded. Studies of chronic health conditions included chronic pain, diabetes, irritable bowel syndrome, tinnitus, fatigue, epilepsy and breast cancer. Most studies had a high female bias. Most studies were conducted in the USA, with others conducted in Sweden, Netherlands and Australia. Half of studies were cognitive behavioural therapy (CBT) interventions while the remaining studies used CBT as part of a multi-component intervention; **one studied used Emotional Freedom Techniques.** Most studies used the Internet on personal computers as a treatment modality, others used a CD-ROM or personal digital assistants. Interventions were largely self-help, others included a moderated or guided component. Intervention duration ranged from four weeks to six months and from four to eight modules. Comparison groups varied, most were treatment as usual, wait-listing or no treatment, some studies used a placebo condition or active treatments.

Titles and abstracts were selected by one reviewer, with a second reviewer independently examining studies from one randomly selected database. Two reviewers independently screened full papers for inclusion with disagreements resolved by discussion.

**Assessment of study quality:** Study quality was first assessed by two independent reviewers using methods by Chambless and Hollon. The criteria used were: appropriate control condition; adequate sample size; sufficient power to detect moderate differences; specified inclusion criteria; and reliable and validated outcome measures. The quality of reporting was assessed using some criteria from the Cochrane Collaboration Risk of Bias tool including: allocation and concealment, blinding of assessors and management of incomplete outcome data.

**Data extraction:** One reviewer extracted data on the effects of self-help on psychosocial and disease outcomes. Data were checked by a second reviewer.

**Methods of synthesis:** Studies were combined in a narrative synthesis grouped by health condition.

**Results of the review:** Twenty-four studies were included in the review. Sample size ranged from 43 to 958 participants. Only four studies met all the combined quality assessment criteria specified by Chambless and Hollon and the Cochrane Collaboration. Most studies reported sample sizes larger than 25 participants per group. All studies clearly reported inclusion criteria and used reliable and well-validated measures. Five studies reported adequate allocation concealment. Most studies reported adequate blinding of assessors. Strategies to manage incomplete data were reported in 11 studies. Chronic pain (nine studies): Three of eight studies using CBT reported statistically significant reductions in depression, anxiety, stress or distress compared with control, and two studies reported statistically significant reductions in catastrophising. Six out of nine studies reported statistically significant improvements in participants' pain levels compared with control groups. One study found no difference between Internet CBT with or without telephone support on number of headaches. Type 2 diabetes (five studies): There were no statistically significant improvements in distress outcomes between treatment and control groups. Three studies reported improvements in physical health measures. Irritable bowel syndrome (four studies): Statistically significant improvements were reported for anxiety (two studies), quality of life (three studies), and depression (one study). Significant reductions were also reported in irritable bowel symptom severity (two studies), and abdominal pain (one study). Tinnitus (two studies): One study reported treatment was superior to control groups in reducing tinnitus-distress, depression and annoyance. The follow-up study reported that benefits were maintained at 12 months follow-up. One study reported interventions were superior to control for tinnitus-specific physical outcomes, while one study found they were equivalent to the control group. There were no significant differences between intervention and control groups for psychosocial outcomes for epilepsy (one study), fatigue (one study), or cancer (one study), however each of these reported some improvements in disease control outcomes.

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

**Objectives:** Previous research has shown Emotional Freedom Techniques (EFT) to be

effective in reducing presentation anxiety in student populations. Generalizability is a critical issue in research, and this study compared whether EFT is as effective in a cohort of younger, predominantly male students undertaking a sports science degree as in a cohort of all female, predominantly older complementary therapy students undertaking a foundation degree in complementary therapy.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Emotional Freedom Techniques (EFT) has moved in the past two decades from a fringe therapy to widespread professional acceptance. This paper defines Clinical EFT, the method validated in many research studies, and shows it to be an “evidence-based” practice. It describes standards by which therapies may be evaluated such as those of the American Psychological Association (APA) Division 12 Task Force, and reviews the studies showing that Clinical EFT meets these criteria. Several research domains are discussed, summarizing studies of: (a) psychological conditions such as anxiety, depression, phobias and posttraumatic stress disorder (PTSD); (b) physiological problems such as pain and autoimmune conditions; (c) professional and sports performance, and (d) the physiological mechanisms of action of Clinical EFT. The paper lists the conclusions that may be drawn from this body of evidence, which includes 23 randomized controlled trials and 17 within-subjects studies. The three essential ingredients of Clinical EFT are described: exposure, cognitive shift, and acupressure. The latter is shown to be an essential ingredient in EFTs efficacy, and not merely a



placebo. New evidence from emerging fields such as epigenetics, neural plasticity, psychoneuroimmunology and evolutionary biology confirms the central link between emotion and physiology, and points to somatic stimulation as the element common to emerging psychotherapeutic methods. The paper outlines the next steps in EFT research, such as smartphone-based data gathering, large scale group therapy, and the use of biomarkers. It concludes that Clinical EFT is a stable and mature method with an extensive evidence base. These characteristics have led to growing acceptance in primary care settings as a safe, rapid, reliable, and effective treatment for both psychological and medical diagnoses.

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

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

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

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

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

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

This study examined the effect of Emotional Freedom Techniques (EFT), a brief exposure therapy combining cognitive and somatic elements, on posttraumatic stress disorder (PTSD) and psychological distress symptoms in veterans receiving mental health services. Veterans meeting the clinical criteria for PTSD were randomized to EFT ( $n = 30$ ) or standard of care wait list (SOC/ WL;  $n = 29$ ). The EFT intervention consisted of 6-hour long EFT coaching sessions concurrent with standard care. The SOC/WL and EFT groups were compared before and after the intervention (at 1 month for the SOC/WL

group and after six sessions for the EFT group). The EFT subjects had significantly reduced psychological distress ( $p < 0.0012$ ) and PTSD symptom levels ( $p < 0.0001$ ) after the test. In addition, 90% of the EFT group no longer met PTSD clinical criteria, compared with 4% in the SOC/WL group. After the wait period, the SOC/WL subjects received EFT. In a within-subjects longitudinal analysis, 60% no longer met the PTSD clinical criteria after three sessions. This increased to 86% after six sessions for the 49 subjects who ultimately received EFT and remained at 86% at 3 months and at 80% at 6 months. The results are consistent with that of other published reports showing EFT's efficacy in treating PTSD and comorbid symptoms and its long-term effects.

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

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

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

The LIFE study was a randomized controlled trial assessing the impact of a self-acupressure intervention, Tapas Acupressure Technique® (TAT®), on weight-loss maintenance. The primary analysis showed no significant difference between TAT and social support (SS) for weight-loss maintenance, while exploratory *post hoc* tests suggested that, among participants with highest initial weight-loss, those in the TAT condition regained less weight than those in the SS condition. The aim of the current study was to assess adherence to, and satisfaction with, the experimental self-acupressure intervention in the LIFE weight loss maintenance trial. This was a secondary analysis of adherence and satisfaction patterns in a large randomized controlled trial. This study involved 142 obese participants who had lost >10 pounds in a conventional weight-loss program and who were randomized to the experimental acupressure intervention. The experimental intervention ( $n=142$ ) arm consisted of instruction and application of a self-acupressure

intervention, the Tapas Acupressure Technique® (TAT®). The outcome sought was self-reported satisfaction and frequency of TAT practice.

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

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

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

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

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

EFT or Emotional Freedom Techniques is the most widely used energy psychology method. It combines psychological exposure with the stimulation of acupuncture points (acupoints). This study used 2 conditions—EFT and a control group—to assess emotional self-report and mindfulness. The sample consisted of 20 undergraduates; 8 study-related emotions and mindfulness were measured immediately before and 7 days after each 40-min intervention with the Achievement Emotions Questionnaire and Philadelphia Mindfulness Scale. Mixed analysis of variance with paired-sample *t* tests

showed that EFT participants experienced significantly greater increases in enjoyment ( $p < .005$ ) and hope ( $p < .05$ ) and significantly greater decreases in anger ( $p < .05$ ) and shame ( $p < .05$ ) than did the control group. When data from all emotion-dependent variables were grouped together, analysis showed that EFT participants experienced a significantly greater increase in “positive emotions” ( $p < .01$ ) and significantly greater decrease in “negative emotions” ( $p < .01$ ) than did the control group. No significant change was found for mindfulness. Tapping on acupoints, combined with the vocalization of self-affirming statements, appears to be an active ingredient in EFT rather than an inert placebo. The results were consistent with other published reports demonstrating EFT’s efficacy for addressing psychological conditions in students.

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

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

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

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

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

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

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

technique.”

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

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

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

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

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

**Objectives:** The purpose of this study is to investigate the researches about regarding Emotional Freedom Technique (EFT) and to understand the trends of Meridian-based Psychotherapy.

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

**Results:** 1) 5 reviews, 11 randomized controlled trials, 3 controlled trials, 1 single group comparative study and 4 case studies were searched. 2) Anxiety disorders were most frequently studied with EFT. Other studies included insomnia, depression and pain symptoms. EFT interventions were attempted in many different protocols and assessed with various tools. 3) Review articles indicated that meridian-based psychotherapies,

such as EFT, are based on the meridian theory of oriental medicine. They evaluate EFT positively for its effectiveness on psychiatric diseases.

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

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

Ninety-six overweight or obese adults were randomly allocated to a four-week EFT treatment or waitlist condition. Waitlist participants crossed over to the EFT group upon completion of wait period. Degree of food craving, perceived power of food, restraint capabilities, and psychological symptoms were assessed at pretreatment, posttreatment and at 12-month follow-up for combined EFT groups. Significant improvements in weight, body mass index, food cravings, subjective power of food, craving restraint and psychological coping for EFT participants from pretreatment to 12-month follow-up ( $P < 0.05$ ) were reported. The current paper isolates the depression symptom levels of participants, as well as levels of eight other psychological conditions. Significant decreases from pre- to posttreatment were found for depression, interpersonal sensitivity, obsessive-compulsivity, paranoid ideation, and somatization ( $P < 0.05$ ). Significant decreases from pretreatment to 12-month follow-up were found for depression, interpersonal sensitivity, psychoticism, and hostility. The results point to the role depression, and other mental health conditions may play in the successful maintenance of weight loss.

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

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

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

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

**Method:** Over a 15-month period, the study followed clients accessing the service for a range of emotional conditions. At the start and end of their treatment, clients were asked



to complete the CORE-10 (psychological distress; main outcome variable), Warwick-Edinburgh Mental Well-Being Scale (WEMWBS; mental well-being), Rosenberg Self Esteem and Hospital Anxiety and Depression Scale (HADS; anxiety and depression) measurement scales.

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

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

**Stewart A., Boath E., Carryer A., Walton I., Hill L. (2013). Can Emotional Freedom Techniques (EFT) be effective in the treatment of emotional conditions? Results of a service evaluation in Sandwell. *Journal of Psychological Therapies in Primary Care* 2:71-84.**

EFT (Emotional Freedom Technique) is a new and emerging complementary therapy. It is a gentle therapy that can be used for a variety of issues. Subjects gently tap with their fingertips on acupressure points (mainly on the head and hands) and relate this to the voicing of specific statements (Callahan & Trubo 2001; Craig 2011). Research to date has indicated that EFT (Craig 2011), and its predecessor Thought Field Therapy (TFT; Callaghan & Trubo 2001) has been used in treating a wide range of conditions and phobias such as needle phobia (Darby 2001), claustrophobia (Lambrou et al 2003), fear of small animals and insects and other phobias (Wells, 2003, Salas 2010), fibromyalgia (Brattberg 2008), weight loss maintenance (Elder et al 2007), food cravings (Stapleton et al 2011), social phobia and agoraphobia (Irgens et al 2007). EFT has also been used to treat teacher burnout (Reynolds & Walden 2010), anxiety (Andrade & Feinstein 2004), presentation anxiety (Boath et al 2012A) and post traumatic stress disorder (Karatzias et al 2011). EFT is currently the subject of several ongoing trials and studies, including one addressing the effects of EFT on Stress Hormones (Cortisol) and the impact of EFT on depression (Soul Medicine Institute 2011). A recent editorial also suggests that EFT may have the potential to lower healthcare costs by a significant amount (Church 2010). A review of the preliminary evidence for EFT and TFT has been carried out (Feinstein 2008). This review included a range of evidence from anecdotal reports to randomized clinical trials and highlights the preliminary nature of the current evidence base for EFT and TFT, as well as the limitations of the research to date. A more recent review (Feinstein 2012) critically evaluated 18 randomised controlled trials and concluded that therapies involving the tapping of acupuncture points demonstrated strong effect sizes and positive statistical results in relatively few treatment sessions. Another recent review (Boath et al 2012B) reviewed a number of randomised controlled trials of EFT for a variety of conditions; it concluded that EFT may be an efficient and effective intervention for a range of psychological disorders, but highlighted methodological limitations of the RCTs, and recommended further good quality research on EFT. Sandwell, an urban district in the West Midlands introduced the EFT service in November 2010, though EFT

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

**Yount, G. (2013). Energy Healing at the Frontier of Genomics. *Energy Psychology: Theory, Research, & Treatment* 2013;5(2).**

Modern genomics has revealed that the biological source of human complexity is in the regulation of gene expression, or the process of turning genes "on and off" and modulating their products. This chapter describes molecular road maps that could potentially link the effects of healing energy interventions with recently discovered molecules that are potent regulators of gene expression, called microRNAs. Since there are more than a thousand human microRNAs and each of them is believed to be able to regulate the expression of hundreds of target genes, these molecules have wide-ranging influence in biological processes. As an example, molecular routes are described that start with EFT-induced changes in cortisol levels and follow various established signaling pathways leading to the modulation of gene expression that contributes to cancer biology.

## 2012

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

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

**Methodology:** A literature search was carried out of CINAHL, Cochrane Library, MEDLINE, PsycINFO, PsychARTICLES, Proquest, PubMed, Sciencedirect, SPORTdiscus, Swetswise, Web of Knowledge, Web of Science and ZETOC, using the key terms EFT and energy psychology. Calls for published, unpublished and ongoing RCTs of EFT were sent to Newsletters and to the Association of Energy Psychology and the Foundation for Epigenetic Medicine. Contact was made with researchers and practitioners in the field. Conference proceedings and reference lists of retrieved articles were hand searched. Abstracts of articles were reviewed and full copies acquired if they

title and/or abstract identified the paper as an RCT of EFT. Two authors independently rated and assessed the quality of each trial using the Critical Appraisal Skills Programme (CASP) for randomised controlled trials and the Jadad Scale.

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

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

Presentation anxiety is one of the most common fears that people express. Emotional Freedom Technique (EFT) which is also known as tapping is an emerging complementary therapy that has been used to treat a variety of phobias. Participants were a convenience sample of 25 3rd year Foundation Degree level complementary therapy students undertaking a Research Module. The module included an assessed presentation, which was known to generate anxiety among students. The students were given a 15 minute assignment workshop. They then received a 15 minute lecture introducing EFT and were then guided through one round of EFT focussing on their fear of public speaking. The students were assessed using the Subjective Units of Distress (SUDs) and the Hospital Anxiety and Depression Scale (HADS) pre and post EFT. Immediately following their presentation, the students were invited to take part in a brief face to face interview to explore their use of and feelings about EFT. Twenty one of the total sample of 25 students (84%) participated in the research. There was a significant reduction in SUDS ( $p=0.002$ ), HAD ( $p = 0.048$ ) and HAD Anxiety Subscale ( $p=0.037$ ). There was no difference in the HAD Depression Subscale ( $p=0.719$ ). The qualitative data were analysed using a framework approach which revealed 3 themes: nerves, novelty and the practical application of EFT. Despite the limitations of the study, the results suggest that EFT may be a useful addition to curricula for courses that include oral presentations.

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

Two hundred thirty-eight first-year college students were assessed using the Beck Depression Inventory (BDI). Thirty students meeting the BDI criteria for moderate to severe depression were randomly assigned to either a treatment or control group. The treatment group received four 90-minute group sessions of EFT (Emotional Freedom Techniques), a novel treatment that combines exposure, cognitive reprocessing, and

somatic stimulation. The control group received no treatment. Posttests were conducted 3 weeks later on those that completed all requirements (N = 18). The EFT group (n = 9) had significantly more depression at baseline than the control group (n = 9) (EFT BDI Mean = 23.44, SD = 2.1 vs. control BDI Mean = 20.33, SD = 2.1). After controlling for baseline BDI score, the EFT group had significantly less depression than the control group at posttest, with a mean score in the “non-depressed” range (p = .001; EFT BDI Mean = 6.08, SE = 1.8 vs. control BDI Mean = 18.04, SE = 1.8). Cohen’s d was 2.28, indicating a very strong effect size. These results are consistent with those noted in other studies of EFT that included an assessment for depression, and indicate the clinical usefulness of EFT as a brief, cost-effective, and efficacious treatment.

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

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

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

**Methods:** Female college athletes (N = 10) with traumatic memories were assessed on three self-reports and one objective measure (pulse rate). Subjective measures were the State Sport Confidence Inventory, Subjective Units of Distress (SUD), and the Critical Sport Incident Recall (CSIR) questionnaire, which measured both emotional and physical forms of distress. Subjects received a single 20-min EFT session. Baseline values were obtained, as well as pre-, post-, and 60-day follow-ups.

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

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

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

Energy Psychology (EP) protocols use elements of established therapies such as exposure and cognitive processing, and combines these with the stimulation of acupuncture points. EP methods such as EFT (Emotional Freedom Techniques) and TFT (Thought Field Therapy) have been extensively tested in the treatment of post-traumatic stress disorder (PTSD). Randomized controlled trials and outcome studies assessing PTSD

and co-morbid conditions have demonstrated the efficacy of EP in populations ranging from war veterans to disaster survivors to institutionalized orphans. Studies investigating the neurobiological mechanisms of action of EP suggest that it quickly and permanently mediates the brain's fear response to traumatic memories and environmental cues. This review examines the published trials of EP for PTSD and the physiological underpinnings of the method, and concludes by describing seven clinical implications for the professional community. These are: (1) The limited number of treatment sessions usually required to remediate PTSD; (2) The depth, breadth, and longevity of treatment effects; (3) The low risk of adverse events; (4) The limited commitment to training required for basic application of the method; (5) Its efficacy when delivered in group format; (6) Its simultaneous effect on a wide range of psychological and physiological symptoms, and (7) Its suitability for non-traditional delivery methods such as online and telephone sessions.

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

Cortisol is a physiological marker for stress. Elevated cortisol levels are associated with accelerated aging, many organic diseases, and psychological conditions such as depression and anxiety. This study examined the changes in cortisol levels and psychological symptoms of 83 non-clinical subjects receiving a single hour-long intervention. Subjects were randomly assigned to either an EFT group, a psychotherapy group receiving a supportive interview (SI), or a no treatment (NT) group. Salivary cortisol assays were performed immediately before, and thirty minutes after the intervention. Psychological conditions were assessed using the SA-45. The EFT group showed clinically and statistically significant improvements in anxiety (-58.34%,  $p < .05$ ), depression (-49.33%,  $p < .002$ ), the overall severity of symptoms, (-50.5%,  $p < .001$ ), and symptom breadth across conditions (-41.93%,  $p < .001$ ). There were no significant changes in cortisol levels between SI (-14.25%, SE 2.61) and NT (-14.44%, SE 2.67); however cortisol in the EFT group dropped significantly (-24.39%, SE 2.62) compared to SI and NT ( $p < .01$ ). The reduced cortisol levels in the EFT group correlated with decreased severity in psychological symptoms as measured by the SA-45. These results suggest that salivary cortisol tests may be useful not only for assessing stress physiology, but also as an objective indicator of the impact of mental health treatments in reducing psychological symptoms. In the current study, EFT was shown to significantly improve both cortisol-related stress levels and self-reported psychological symptoms after a single treatment session.

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

This randomized waitlist control study examined the efficacy of Thought Field Therapy (TFT) in reducing Posttraumatic Stress Disorder symptoms in survivors of the 1994 genocide in Rwanda. Participants included 145 adult genocide survivors randomly assigned to an immediate TFT treatment group or a waitlist control group. Group differences adjusted

for pretest scores and repeated measures anovas were statistically significant at  $p < .001$  for 9 of 10 TSI trauma subscales and for both severity and frequency on the MPSS, with moderate to large effect sizes. Reduced trauma symptoms for the group receiving TFT were found for all scales. Reductions in trauma symptoms were sustained at a 2-year follow-up assessment. Limitations, clinical implications, and future research are discussed.

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

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

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

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

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

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



showed a significant interaction between treatment and initial weight loss ( $p < .036$ ), with exploratory post hoc tests showing that greater initial weight loss was associated with more weight regain for SS but less weight regain for TAT.

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

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

Energy psychology is a clinical and self-help modality that combines verbal and physical procedures for effecting therapeutic change. While utilizing established clinical methods such as exposure and cognitive restructuring, the approach also incorporates concepts and techniques from non-Western healing systems. Its most frequently utilized protocols combine the stimulation of acupuncture points (by tapping on, holding, or massaging them) with the mental activation of a targeted psychological issue. Energy psychology has been controversial, in part due to its reliance on explanatory mechanisms that are outside of conventional clinical frameworks and in part because of claims by its early proponents—without adequate research support—of extraordinary speed and power in attaining positive clinical outcomes. This paper revisits some of the field's early claims, as well as current practices, and assesses them in the context of existing evidence. A literature search identified 50 peer-reviewed papers that report or investigate clinical outcomes following the tapping of acupuncture points to address psychological issues. The 17 randomized controlled trials in this sample were critically evaluated for design quality, leading to the conclusion that they consistently demonstrated strong effect sizes and other positive statistical results that far exceed chance after relatively few treatment sessions. Criteria for evidence-based treatments proposed by Division 12 of the American Psychological Association were also applied and found to be met for a number of conditions, including PTSD. Neurological mechanisms that may be involved in these surprisingly strong findings are also considered.

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

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

established scientific knowledge while accounting for the anomalies. Three premises about the role of energy are delineated in this working model, and potential strengths of the model for practitioners and researchers are discussed.

**Feinstein, D., Moore, D. & Teplitz, D. (2012). Addressing Emotional Blocks to Healing in an Energy Medicine Practice: Ethical and Clinical Guidelines. *Energy Psychology Journal* 4(1). doi: 10.9769/EPJ.2012.4.1.DF.DM.DT**

As the impact of emotional factors on physical health is being increasingly recognized, energy medicine practitioners (e.g., acupuncture, acupressure, applied kinesiology, Barbara Brennan energy healing, Eden Energy Medicine, Healing Touch, medical qi gong, Reiki, Shiatsu, Therapeutic Touch, Touch for Health, etc.) are addressing this dimension of healing in a variety of ways. One that appears particularly promising involves the stimulation of acupuncture points and other energy centers, a strategy derived from the discipline of energy psychology. Having tools that directly impact the emotional aspects of physical health and healing enhances a practitioner's effectiveness and provides an integrated approach to energy healing. This development has, however, raised important practical, ethical, and legal concerns regarding the scope of practice for energy medicine practitioners who are not trained or licensed to provide mental health services. This article addresses these issues, offering ethical and clinical guidelines for responsibly integrating tools from energy psychology into an energy medicine practice. The discussion focuses on when introducing these protocols may be appropriate, considerations for formulating such interventions, and guidelines on when a referral to a licensed mental health professional is required. Steps to ensure that these choices are made within an appropriate ethical framework are also delineated. The article concludes with a case history illustrating the effective integration of energy medicine and energy psychology protocols for a client with a serious illness, including a description of the techniques used and the clinical and ethical choices implemented by the practitioner.

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

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

**Harper, M. (2012). Taming the amygdala: An EEG analysis of exposure therapy for the**

traumatized. *Traumatology*, 18(2), 61-74. doi:10.1177/1534765611429082.

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

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

Telephone-mediated psychotherapy is a resource for persons who have difficulty accessing office visits because of geography, economic restrictions, or fear of stigma. In the present report, phone-delivered Emotional Freedom Techniques (EFT) was compared with EFT provided in a therapy office while subjects in both conditions also received concurrent standard care. Forty-nine veterans with clinical PTSD symptoms were treated with 6 one-hr sessions, either in an EFT coach's office (n = 25) or by phone (n = 24). In each condition, some subjects were treated immediately, whereas others received delayed treatment after a 1-month waiting period. No change in PTSD symptom levels was reported by either the phone or office delayed-treatment group following the wait period, whereas both groups improved significantly after EFT treatment. Differences in benefit were found between phone and office delivery methods. Significant improvement in PTSD symptoms was found after 6 phone sessions but after only 3 office sessions. A 6-month posttreatment assessment indicated 91% of subjects treated in the office and 67% of those treated by phone no longer met PTSD diagnostic criteria ( $p < .05$ ). Results suggest that although less efficacious than in-person office visits, EFT delivered via telephone is effective in remediating PTSD and comorbid symptoms in about two thirds of cases.

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

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

**Design:** Forty-five patients were randomized to either TFT (N=23) or a waiting list (N=22)

condition. The wait-list group was reassessed and compared with the TFT group two and a half months after the initial evaluation. After the reassessment, the wait-list patients received treatment with TFT. All 45 patients were followed-up one to two weeks after TFT treatment, as well as at three and 12 months post-treatment.

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

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

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

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

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

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

Test anxiety causes, effects and interventions have been widely studied. This study seeks to determine the efficacy of a single brief intervention—Emotional Freedom Techniques (EFT)—to support the ability to shift attention appropriately to achieve optimal levels of both test anxiety and test performance. The sample consisted of 150 undergraduates from three universities in the Inland Northwest USA with debilitating test anxiety who were randomly assigned to 3 different groups. Group 1 learned EFT, Group 2 learned Diaphragmatic Breathing (DB), and Group 3 served as a no-treatment control. Participants in the two experimental groups received two 2-hour lessons. The Sarason RTT, SA-45 and Westside instruments were administered as pre- and post- measures, with a second follow-up at the end of the semester. Subsequent ANOVAs revealed significant improvements in both the diaphragmatic breathing and EFT groups on most measures, with gains maintained on follow-up.

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

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

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

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

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

**Lee, K-S. (2012). The effect of EFT (Emotional Freedom Techniques) on students' video game addiction. Unpublished Master's Thesis, Korea National University of Education.**

Abstract not available.

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

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

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

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

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

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

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

**McCallion, F. (2012). Emotional Freedom Techniques for Dyslexia: A Case Study. *Energy Psychology Journal*, 4(2). doi: 10.9769/EPJ.2012.4.2.FM**

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

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

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

**Rotheram, M., Maynard, I., Thomas, O., Bawden, M., & Francis, L. (2012). Preliminary evidence for the treatment of type I 'yips': The efficacy of the Emotional Freedom Techniques. *The Sport Psychologist*, 26, 551-570.**

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

situation on the golf course. It is possible that significant life events may be a causal factor in the 'yips' experience and that EFT may be an effective treatment for the 'yips' condition.

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

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

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

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

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

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



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

## 2011

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Method:** A time series, within-subjects, repeated measures design was used. Persons with psoriasis (n = 12) were taught EFT in a 6-hr workshop and instructed to use EFT daily. Symptoms were measured using the Skindex-29 questionnaire. Psychological conditions were assessed using the Symptom Assessment-45 (SA-45), which has 9 subscales, and

two general scales for the severity (GSI) and breadth (PST) of psychological distress. Participants were assessed pre-intervention, post intervention, and at 1 and 3 month follow-ups.

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

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

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

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

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

The present study reports on the first ever controlled comparison between eye movement desensitization and reprocessing (EMDR) and emotional freedom techniques (EFT) for posttraumatic stress disorder. A total of 46 participants were randomized to either EMDR ( $n = 23$ ) or EFT ( $n = 23$ ). The participants were assessed at baseline and then reassessed after an 8-week waiting period. Two further blind assessments were conducted at posttreatment and 3-months follow-up. Overall, the results indicated that both interventions produced significant therapeutic gains at posttreatment and follow-up in an equal number of sessions. Similar treatment effect sizes were observed in both

treatment groups. Regarding clinical significant changes, a slightly higher proportion of patients in the EMDR group produced substantial clinical changes compared with the EFT group. Given the speculative nature of the theoretical basis of EFT, a dismantling study on the active ingredients of EFT should be subject to future research.

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

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

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

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

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

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

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

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

**Results:** Insomnia severity was significantly improved by EFT-I(In Korean Sleep Scale, before EFT-I: 30.10 $\pm$ 5.59, after EFT-I: 44.60 $\pm$ 10.96). Life satisfaction was significantly improved by EFT-I(In Life Satisfaction scale, before EFT-I: 14.90 $\pm$ 9.50, after EFT-I:

24.70 $\pm$ 10.96). Depression was significantly improved by EFT-I (In SGDS, before EFT-I: 9.10 $\pm$ 3.96, after EFT-I: 4.90 $\pm$ 2.33), State-anxiety was significantly improved by EFT-I (in STAI, before EFT-I: 51.70 $\pm$ 12.42, after EFT-I: 36.90 $\pm$ 4.58).

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

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

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

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

A study by J. E. Rowe (2005) examined the effects of Emotional Freedom Techniques (EFT) on psychological conditions such as depression and anxiety. The sample (N = 102) consisted of participants at a weekend workshop taught by Gary Craig, the originator of EFT. Rowe found significant improvements in psychological symptoms from pre- to post-workshop assessments, with significant participant gains maintained on follow-up. The current study examined whether the improvements were attributable to Gary Craig alone or whether similar effects are noted when EFT is delivered by others. This study

examined samples of participants at 4 different conferences, in which EFT was taught by others (N = 102). In all 4 conferences, there were significant improvements in the severity and breadth of symptoms pre- and post-workshop ( $p < .001$ ), and following 3 of the 4 conferences there were significant long-term gains ( $p < .001$ ). The results indicate that EFT may be effective at reducing psychological symptoms when delivered by individuals other than the method's founder and that EFT may reliably improve long-term mental health when delivered in brief group treatments.

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

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

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

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

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

**Results:** Results are based on post-intervention data from the combined EFT and WL groups. Significant declines in the percent meeting PTSD diagnostic criteria were seen after 3 sessions of EFT with 47% of coach and 30% of LMP participants still meeting PTSD diagnostic criteria. Improvements continued to be seen after 6 sessions (17% coach, 10% LMP) and were sustained at 3 months (17% coach, 11% LMP). Although

the percent meeting clinical PTSD criteria increased slightly at 6 months (24% coach, 17% LMP), the overwhelming majority of vets with PTSD treated with EFT remained free of clinically-defined PTSD. The trend for better outcomes for LMP did not reach statistical significance.

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

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

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

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

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

**Method:** After a thorough literature review in major databases (MEDLINE, Scopus, Science Direct) the following techniques were identified and are presented and briefly discussed here: progressive muscle relaxation, autogenic training, relaxation response, biofeedback, guided imagery, diaphragmatic breathing, transcendental meditation, cognitive behavioral therapy, mindfulness-based stress reduction and emotional freedom technique.

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

## 2010



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

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

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

Baker and Siegel inserted a no-treatment control condition in this new study and also changed the comparison condition used. In the Wells study, Diaphragmatic Breathing (which turned out to be quite similar to EFT in its effects on small animal phobias, although not as effective as EFT) was used as the sole comparison. In the Baker-Siegel study, a Supportive Interview condition in which participants were given an opportunity to discuss their fears in a respectful, accepting setting was used. It is quite similar to Rogerian Nondirective Counseling. When Baker and Siegel compared their three groups, the results strongly supported the Wells study. As in the latter, EFT participants improved significantly from pre- to posttest in their ability to walk closer to the feared animal after having received EFT, while the other two conditions showed no improvement in this respect. With respect to the subjective measures used in the new study, EFT participants showed significant decreases on the two SUDS measures of fear, on the Fear Questionnaire, and on a special new questionnaire devised for this study (the FOSAQ). Participants in the other two conditions, Supportive Interview and No Treatment Control, showed no decrease in fear whatsoever on these subjective measures. As in the Wells study, only heart rate showed large but equal changes for each condition. A minor drawback of the Wells study was that participants rated their expectations of success for the intervention to be used with them before they had actually been assigned to a specific intervention. This detail was corrected in the new study, where participants were told which of the 3 conditions they would receive and after the condition had been described to them only then were they asked to rate the degree to which they thought this described condition would help to reduce their fear. The results? EFT and Supportive Interview did not differ significantly in their mean expectation scores (i.e. participants thought each might help them) but despite equal expectations they did differ markedly in outcome, with EFT superior in terms of results.

The Interview and No Treatment control conditions did differ significantly in terms of expectation however —participants didn't expect that the no-treatment condition where they would sit and read for 45 minutes would help them very much. Yet despite this, the Supportive Interview did no better than the no-treatment control condition in terms of results. This shows that expectation of the participant cannot explain the superior results obtained by EFT. Baker and Siegel conducted a follow-up study after a 1.4 years lapse between the time of the original testing and the follow-up. On most measures, the significant effects for the single session of EFT still persisted after this considerable lapse of time and were superior to the results for the two comparison conditions. It is striking that only one session of EFT could still show effects almost one and half years later. This can be said of very few interventions in the field of psychology.

**Burk, L. (2010). Single Session EFT (Emotional Freedom Techniques) for Stress-Related Symptoms After Motor Vehicle Accidents. *Energy Psychology: Theory, Research & Treatment*, 2(2), 65-72.**

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

**Church, D. (2010a). The Treatment of Combat Trauma in Veterans Using EFT: A Pilot Protocol. *Traumatology*, 15(1), 45-55.**

With a large number of U.S. military service personnel coming back from Iraq and Afghanistan with posttraumatic stress disorder (PTSD) and comorbid psychological conditions, a need exists to find protocols and treatments that are effective in brief treatment time frames. In this study, a sample of 11 veterans and family members were assessed for PTSD and other conditions. Evaluations were made using the SA-45 (Symptom Assessment 45) and the PCL-M (Posttraumatic Stress Disorder Checklist–Military) using a time-series, within-subjects, repeated measures design. A baseline measurement was obtained 30 days prior to treatment and immediately before treatment. Participants were then treated with a brief and novel exposure therapy, EFT (Emotional Freedom Techniques), for 5 days. Statistically significant improvements in the SA-45 and PCL-M scores were found at posttest. These gains were maintained at both the 30- and 90-day follow-ups on the general symptom index, positive symptom total, and the anxiety, somatization, phobic anxiety, and interpersonal sensitivity

subscales of the SA-45, and on PTSD. The remaining SA-45 scales improved posttest but were not consistently maintained at the 30- and 90-day follow-ups. One-year follow-up data were obtained for 7 of the participants and the same improvements were observed. In summary, after EFT treatment, the group no longer scored positive for PTSD, the severity and breadth of their psychological distress decreased significantly, and most of their gains held over time. This suggests that EFT can be an effective postdeployment intervention.

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

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

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

This study examined a cross section of 194 healthcare professionals, including physicians, nurses, psychotherapists, chiropractors, psychiatrists, alternative medicine practitioners, and allied professionals. It examined whether self-intervention with Emotional Freedom Techniques (EFT), a brief exposure therapy that combines a cognitive and a somatic element, had an effect on subjects' levels of anxiety, depression, and other psychological symptoms. The study utilizes a within-subjects, time-series, repeated measures design. It evaluates symptoms using the SA-45, a well-validated 45 item questionnaire. Besides measuring the breadth and intensity of psychological distress, this instrument has nine subscales for specific conditions, including anxiety and depression. It was administered to subjects before and after an EFT demonstration and self-application that lasted about 90 minutes. Subjects also self-reported physical pain, emotional distress, and cravings on a 10 point Likert-type scale. The SA-45 followup was administered 3 months later, to determine whether any improvement held over time.


Subjects received a single page homework EFT reminder sheet, and their frequency of practice was tracked at followup. EFT self-application resulted in statistically significant decreases in pain, emotional distress, and cravings, and improvements for all nine subscales. On the two general scales on the SA-45, symptom severity dropped by 34%, and symptom breadth by 40% relative to normal baselines (both  $p < .001$ ). Pain scores dropped by 68%, the intensity of traumatic memories by 83%, and cravings by 83% (all  $p < .001$ ).

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

This paper describes an intervention called Emotional Freedom Techniques (EFT). EFT is a brief exposure therapy combining cognitive and somatic elements and focuses on resolving emotional trauma that might underlie a presenting condition. Research indicates that EFT is an effective treatment for anxiety, depression, posttraumatic stress disorder, phobias, and other psychological disorders, as well as certain physical complaints. This article describes the techniques, how EFT is taught in a workshop setting, and provides case examples. The clinical benefits of EFT and future research directions are discussed.

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

Combining brief psychological exposure with the manual stimulation of acupuncture points (acupoints) in the treatment of post-traumatic stress disorder (PTSD) and other emotional conditions is an intervention strategy that integrates established clinical principles with methods derived from healing traditions of Eastern cultures. Two randomized controlled trials and six outcome studies using standardized pre- and post-treatment measures with military veterans, disaster survivors, and other traumatized individuals corroborate anecdotal reports and systematic clinical observation in suggesting that (a) tapping on selected acupoints (b) during imaginal exposure (c) quickly and permanently reduces maladaptive fear responses to traumatic memories and related cues. The approach has been controversial. This is in part because the mechanisms by which stimulating acupoints can contribute to the treatment of serious or longstanding psychological disorders have not been established. Speculating on such mechanisms, the current paper suggests that adding acupoint stimulation to psychological exposure is unusually effective in its speed and power because deactivating signals are sent directly to the amygdala, resulting in reciprocal inhibition and the rapid attenuation of maladaptive fear. This formulation and the preliminary evidence supporting it could, if confirmed, lead to more powerful exposure protocols for treating PTSD.

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

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

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

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

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

The psychological healing process often starts with surface-level problems, and emotional layers are peeled away until the core issue surfaces. When integrating energy psychology (EP) with dreamwork, however, it is possible to begin at a deeper level. Dreams focus on the more salient unprocessed emotional issues of the day; thus,

dreamwork can quickly bring to consciousness an issue that a person is dealing with on a subconscious level. On the other hand, dreamwork alone—in the absence of other therapies—is not necessarily effective in reducing the emotional stress that may surface or in moving through the emotional impasses. EP, in turn, complements dreamwork by providing a method for reducing emotional stress and reducing the emotional barriers to healing once an issue is identified. Combining the 2 disciplines integrates the primary benefits of both into 1 technique, which is useful for self-help or in a therapeutic setting. The Dream to Freedom technique combines a deep and rapid Gestalt-based approach for surfacing the emotional issues that the subconscious is working on with the rapid and highly effective Emotional Freedom Techniques for quickly reducing emotional stress surrounding those core issues. The protocol also provides a technique for closure that uses the dream's natural tendency for projection to provide insight.

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

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

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

Thought Field Therapy (TFT), which utilizes the self-tapping of specific acupuncture points while recalling a traumatic event or cue, was applied with 50 orphaned teens who had been suffering with symptoms of PTSD since the Rwandan genocide 12 years earlier. Following a single TFT session, scores on a PTSD checklist completed by caretakers and on a self-rated PTSD checklist had significantly decreased ( $p < .0001$  on both measures). The number of participants exceeding the PTSD cutoffs decreased from

100% to 6% on the caregiver ratings and from 72% to 18% on the self-ratings. The findings were corroborated by informal interviews with the adolescents and the caregivers which indicated dramatic reductions of PTSD symptoms such as flashbacks, nightmares, bedwetting, depression, isolation, difficulty concentrating, jumpiness, and aggression. Following the study, the use of TFT on a self-applied and group utilized basis became part of the culture at the orphanage, and on one-year follow-up, the initial improvements had been maintained as shown on both checklists.

**Schoninger, Beverly, and Hartung, John. (2010). Changes on Self-Report Measures of Public Speaking Anxiety Following Treatment with Thought Field Therapy.**

*SEP Energy Psychology: Theory, Practice, Research, 2(1), May 2010.*

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

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

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

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

A team of 4 energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with 2 groups of orphan genocide survivors with complex



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

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

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

**Williams C, Dutton D, Burgess C. (2010). Communicating the Intangible: A Phenomenological Exploration of Energy Healing. *Qual Res Psychol* 2010 Feb 23;7(1):45-56.**

The field of energy medicine is showing high levels of growth in the West in spite of the controversial nature of psychic or subtle energy. Proponents of energy medicine contend that techniques such as Thought Field Therapy (TFT) and Emotional Freedom Technique (EFT) have been shown to be particularly efficacious in treating phobias, post traumatic stress and influencing physiological processes (e.g., Callahan 2001a). Counter-advocates (e.g., Pignotti 2007) argue that these techniques have not been tested adequately and take a-priori positions on the philosophical impossibility of energy medicine. We suggest that the indeterminate and intersubjective nature of the therapeutic process in these encounters may be best captured through phenomenological approaches which ground experience in embodiment (e.g., Shapiro 1985). Drawing on the approach Csordas (1997) has used with charismatic healers we explore the interactions between such an energy therapist and his clients, analysing the techniques used, identifying the conceptual frameworks underpinning these, and describing the pragmatic and imaginative maneuver for consistency involved in energy therapy.

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

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

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

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

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

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

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

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

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

This study investigated whether the most widely practiced form of Energy Psychology, called Emotional Freedom Techniques (EFT), could affect athletic performance. It evaluated whether a single brief EFT treatment for performance stress could produce an improvement in two skills for high-performance men's and women's college basketball teams at Oregon State University. The treatment group received a brief EFT session while the control group received a "tips and techniques reading" (TTR). Performance was measured on free throws and vertical jump height. Basketball players who received the EFT intervention scored an average of 21% better individually in free throws after treatment than the control group, while the control group scored an average of 17% lower ( $p < 0.028$ ). However, there was no statistically significant difference between the groups in their percent change in jump height. When analyzed separately, there was a trend for females in the EFT condition to have better performance on both free throws and jump height than females in the control group. These findings suggest that EFT performed as an intervention during the course of an athletic event may reduce performance stress, and improve individual player function for free throws, and is thus worthy of further study.

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

A six session protocol of a brief and novel exposure therapy, EFT (Emotional Freedom Techniques) has been efficacious in reducing PTSD and co-occurring psychological symptoms in a within-subjects time series trial. The current study uses a randomized design and a wait list control group ( $n=13$ ). Experimental group subjects ( $n=19$ ) received six hour-long EFT coaching sessions, with pretest and posttest evaluations, as well as intermediate tests after three sessions. PTSD was assessed using the PCL-M (Posttraumatic Stress Disorder Checklist – Military), on which the lowest possible score is 17, and a score of 50+ is clinical. The severity and breadth of psychological distress was measured using the SA-45 (Symptom Assessment 45), a short form of the SCL-90. Neither symptoms nor PTSD scores declined in the wait list during the passage of time. The breadth of psychological distress diminished highly significantly in the EFT group, as did the severity (both  $p < 0.001$ ). In examining the EFT treatment results for the WL and EFT groups combined, after 3 sessions 70% scored PTSD-negative, with mean scores going from 62 pre ( $SE \pm 1.63$ ) to 44 ( $SE \pm 2.83$ ) after 3 sessions (both  $p < 0.001$ ). After 6 sessions of EFT, 87% were PTSD-negative, with a mean score of 35 ( $SE \pm 2.68$ ,  $p < 0.001$ ). Thirteen subjects completed a 3 month follow-up, and all scored PTSD-negative (mean=31,  $SE \pm 2.77$ ,  $p < .001$ ). The results are consistent with other published reports showing EFTs efficacy at treating PTSD and co-morbid symptoms.

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

Protocols to treat veterans with brief courses of therapy are required, in light of the large numbers returning from Iraq and Afghanistan with depression, anxiety, PTSD and other conditions. This observational study examined the effects of six sessions of EFT on seven veterans, using a within-subjects, time-series, repeated measures design.

Participants were assessed using a well-validated instrument, the SA-45, which has general scales measuring the depth and severity of psychological symptoms. It also contains subscales for anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychotism, and somatization. Participants were assessed before and after treatment, and again after 90 days. Interventions were done by two different practitioners using a standardized form of EFT to address traumatic combat memories. Symptom severity decreased significantly by 40% ( $p<.001$ ), while breadth of symptoms decreased by 29% ( $p<.032$ ). Anxiety decreased 46% ( $p<.003$ ), depression 49% ( $p<.001$ ), and PTSD 50% ( $p<.026$ ). Most gains were maintained at the 90-day follow-up.

**Connais, C. (2009). The effectiveness of emotional freedom technique on the somatic symptoms of fibromyalgia, 3372777 Psy.D. United States e Colorado: The University of the Rockies. Retrieved from <http://0-search.proquest.com.prospero.murdoch.edu.au/docview/305082332?accountid%412629>. ProQuest Dissertations & Theses.**

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

**Craig, G., Bach, D., Groesbeck, G., & Benor, D. (2009). Emotional Freedom Techniques (EFT) For Traumatic Brain Injury. *International Journal of Healing and Caring*, 9(2), 1-12.**

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

**Dinter, I. (2009). Working with military service members and veterans: A field report of obstacles and opportunities. *Energy Psychology Journal* 1(1). doi: 10.9769/EPJ.2009.1.1.ID**

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

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

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

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

Three forces have dominated psychology and psychological treatment at different times since the early 1900s. The first force was Freudian psychoanalysis and its offshoots that focus on unconscious psychodynamics and developmental fixations, with principal therapeutic techniques including free association, dream analysis, interpretation, and abreaction. Second came behaviorism, spearheaded by Pavlov, Watson, and Skinner, which emphasized environmental stimuli and conditioning—its techniques including respondent and operant conditioning, exposure, desensitization, schedules of reinforcement, modeling, and more. The third force involved humanistic and transpersonal approaches that attend to values and choice, including client-centered

therapy, gestalt therapy, phenomenology, and cognitive therapy, some of the principal leaders being Rogers, Maslow, Perls, Rollo May, Binswanger, and Ellis. Recently the new paradigm of energy psychology has emerged, which may be considered psychology's fourth force. The earliest pioneers included Goodheart, Diamond, and Callahan. This theoretical and practice approach offers the field some unique findings, as it views psychological problems as body–mind interactions and bioenergy fields, providing treatments that directly and efficiently address these substrates. Some of energy psychology's techniques include stimulating acupoints and chakras, specific body postures, affirmations, imagery, manual muscle testing, and an emphasis on intention. This review covers energy psychology's historical development and experimental evidence base. Case illustrations and treatment protocols are discussed for the treatment of psychological trauma and physical pain, two of the most important and ubiquitous aspects common to rehabilitation conditions. Additionally, the research on energy psychology is highlighted, and the distinction between global treatments and causal energy diagnostic-treatment approaches to treatment is addressed.

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

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

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

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

**Methods:** We treated the patient diagnosed with Schizophreniform Disorder, whose chief complaint was auditory hallucination, with herbal medicine and acupuncture.

Improvement in her clinical symptoms were recorded daily. We also used Emotional Freedom Techniques to control her anxiety.

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

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

**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 of Emotional Freedom Techniques (EFT) from an EFT practitioner, with a three session supplement one month later. Emotionally-triggering events, and the degree of intensity associated with them, are self-identified before and after EFT. Underlying core beliefs and values are also identified. In this report, the EFT protocol and considerations specific to this population are discussed. Prisoner statements are included, to reveal self-reported changes in their impulse control, intensity of reaction to triggers, somatic symptomatology, sense of personal responsibility, and positive engagement in the prison community. Future research is outlined, including working within the requirements specific to a prison population in a manner that permits the collection of empirical data.

**Pignotti M, Thayer BA. (2009). Use of Novel Unsupported and Empirically Supported Therapies by Licensed Clinical Social Workers: An Exploratory Study. *Social Work Research*, 33(1):5-17.**

**Abstract:** In recent years, evidence-based practice (EBP) has been a major focus in the social work profession. Concern has been expressed regarding licensed clinical social workers (LCSWs) using novel unsupported interventions, especially those that made claims of efficacy in the absence of empirical evidence. The present exploratory study



surveyed 191 LCSWs from 34 different states with diverse clinical specialties who advertised their services on the Internet. Participants were asked about specific supported and unsupported interventions used in their practices and the reasons for their choices and attitudes toward EBP. It was found that the majority reported using interventions that had empirical support. However, three-fourths of the sample also reported using at least one novel unsupported intervention in their practice. The use of novel unsupported interventions was found to be statistically more likely among women. The entire sample scored above the midpoint on the Evidence-Based Practice Attitude Scale (EBPAS), indicating an overall positive attitude toward EBP. Moreover, the present study found a weak but significant positive correlation between number of novel unsupported interventions used and EBPAS score. It appears that a positive attitude toward EBP and the use of novel unsupported interventions are not mutually exclusive.

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

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

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

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

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

This study evaluated the experiences of 12 therapists who integrated energy psychology (EP) into their treatments for adult survivors of childhood sexual abuse. Participants

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

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

This study investigated the effect of Emotional Freedom Techniques (EFT) and Progressive Muscular Relaxation (PMR) on test anxiety. A group of 312 high school students enrolled at a private academy were evaluated using the Test Anxiety Inventory (TAI), which contains Worry and Emotionality subscales. Scores for 70 students demonstrated high levels of test anxiety; these students were randomized into control and experimental groups. During a single treatment session, the control group received instruction in PMR and the experimental group in EFT, which was followed by self-treatment at home. After 2 months, subjects were retested using the TAI. Repeated covariance analysis was performed to determine the effects of EFT and PMR on the mean TAI score, as well as the 2 subscale scores. Each group completed a sample examination at the beginning and end of the study, and their mean scores were computed. Thirty-two of the initial 70 subjects completed all the study's requirements, and all statistical analyses were done on this group. A statistically significant decrease occurred in the test anxiety scores of both the experimental and control groups. The EFT group had a significantly greater decrease than the PMR group ( $p < .05$ ). The scores of the EFT group were lower on the Emotionality and Worry subscales ( $p < .05$ ). Both groups scored higher on the test examinations after treatment. Although the improvement was greater for the EFT group, the difference was not statistically significant.

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

A team of four energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with 2 groups of orphan genocide survivors with complex posttraumatic stress disorder (PTSD) symptoms. Results from interventions with the first group were reported previously (Stone, Leyden, & Fellows, 2009). This article reports results from the second group composed of orphan head of households. The authors used a multimodal intervention with 3 energy psychology methods (Tapas Acupressure Technique, Thought Field Therapy, and Emotional Freedom Techniques), with techniques selected on the basis of participant needs. Interventions were performed on

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

**Swack, J. (2009). Elimination of Post Traumatic Stress Disorder (PTSD) and Other Psychiatric Symptoms in a Disabled Vietnam Veteran with Traumatic Brain Injuries (TBI) in Just Six Sessions Using Healing from the Body Level Up Methodology, an Energy Psychology Approach. *International Journal of Healing and Caring*, 9(3).**

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

## 2008

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

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

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

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

The aim of this study was to examine if self-administered EFT (Emotional Freedom Techniques) leads to reduced pain perception, increased acceptance, coping ability and health-related quality of life in individuals with fibromyalgia. 86 women, diagnosed with fibromyalgia and on sick leave for at least 3 months, were randomly assigned to a treatment group or a waiting list group. An eight-week EFT treatment program was administered via the Internet. Upon completion of the program, statistically significant improvements were observed in the intervention group (n=26) in comparison with the waiting list group (n=36) for variables such as pain, anxiety, depression, vitality, social function, mental health, performance problems involving work or other activities due to physical as well as emotional reasons, and stress symptoms. Pain catastrophizing measures, such as rumination, magnification and helplessness, were significantly reduced, and the activity level was significantly increased. The number needed to treat (NNT) regarding recovering from anxiety was 3. NNT for depression was 4. Self-administered EFT seems to be a good complement to other treatments and rehabilitation programs. The sample size was small and the dropout rate was high. Therefore the surprisingly good results have to be interpreted with caution. However, it would be of interest to further study this simple and easily accessible self-administered treatment method, which can even be taught over the Internet.

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

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

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

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

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

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

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

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

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

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

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

**McCarty, W. A., (2008). Clinical Story of a 6-Year-Old Boy's Eating Phobia: An Integrated Approach Utilizing Prenatal and Perinatal Psychology with Energy Psychology's Emotional Freedom Technique (EFT) in a Surrogate Nonlocal Application. *Journal of Prenatal & Perinatal Psychology & Health*, 21(2), 117-139.**

This article presents a clinical story of a one-session therapeutic intervention for a young boy's lifelong eating phobia as an example of an integrated therapeutic approach utilizing prenatal and perinatal psychology (PPN) understanding of early experiences as potential origins for life patterns and an energy psychology healing modality

intervention—emotional freedom technique (EFT). Key principles of the Integrated Model and corresponding elements of an integrated therapeutic approach are presented. The session took place without the child present. Nonlocal intuitive perception, mind-to-mind communication, and a nonlocal application of EFT are discussed as integral aspects of the therapeutic approach.

## 2007

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

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

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

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



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

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

**Wooten HR. Healing into life after sport: Dealing with student-athlete loss, grief, and transition with EFT. *J Creat Ment Health* 2007;1(3-4):89-102.**

Abstract: Student athletes are some of the most highly trained and celebrated groups in our society. However, for as highly prepared as they are for athletic competition, they are often unprepared for life after sport. The goal of this manuscript is to present a brief overview of the context and developmental anomalies experienced by many athletes, difficulties in dealing with loss and grief, and the alternative therapy Emotional Freedom Technique (EFT) as an approach to effectively deal with student athletes experience of loss.

## 2006

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

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

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

# 2005

**Devilly GJ. Power Therapies and possible threats to the science of psychology and psychiatry. *Aust N Z J Psychiatry* 2005 Jun;39(6):437-45.**

**Objective:** Advocates of new therapies frequently make bold claims regarding therapeutic effectiveness, particularly in response to disorders which have been traditionally treatment-refractory. This paper reviews a collection of new therapies collectively self-termed "The Power Therapies", outlining their proposed procedures and the evidence for and against their use. These therapies are then put to the test for pseudoscientific practice.

**Method:** Therapies were included which self-describe themselves as "Power Therapies". Published work searches were conducted on each therapy using Medline and PsychInfo databases for randomized controlled trials assessing their efficacy, except for the case of Eye Movement Desensitization and Reprocessing (EMDR). Eye Movement Desensitization and Reprocessing has more randomized controlled studies conducted on its efficacy than any other treatment for trauma and thus, previous meta-analyses were evaluated.

**Results and Conclusions:** It is concluded that these new therapies have offered no new scientifically valid theories of action, show only non-specific efficacy, show no evidence that they offer substantive improvements to extant psychiatric care, yet display many characteristics consistent with pseudoscience.

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

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

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

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

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

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

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

Previous research (Salas, 2000; Wells, et al., 2003), theoretical writings (Arenson, 2001, Callahan, 1985, Durlacher, 1994, Flint, 1999, Gallo, 2002, Hover-Kramer, 2002, Lake & Wells, 2003, Lambrou & Pratt, 2000, and Rowe, 2003), and many case reports (www.emofree.com) have suggested that energy psychology is an effective psychotherapy treatment that improves psychological functioning. The purpose of the present study was to measure any changes in psychological functioning that might result

from participation in an experiential Emotional Freedom Techniques (EFT) workshop and to examine the long-term effects. Using a time-series, within-subjects repeated measures design, 102 participants were tested with a short-form of the SCL-90-R (SA-45) 1 month before, at the beginning of the workshop, at the end of the workshop, 1 month after the workshop, and 6 months after the workshop. There was a statistically significant decrease ( $p < .0005$ ) in all measures of psychological distress as measured by the SA-45 from pre-workshop to post-workshop which held up at the 6 month follow-up.

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

A new therapy for phobias, PTSD, addictive behaviors and other psychological issues was first described by Dr. Roger Callahan and involves thought activation of the problem followed by tapping on certain acupoints in a specific sequence. In addition, a gamut procedure involving further tapping, eye movements and following simple commands is used. He calls his method Thought Field Therapy. In most cases, the problems were reportedly cured in a matter of minutes. We theorize about the neuroanatomical and neurophysiological mechanisms underlying the success of this technique. We propose that tapping and other sensory stimulation procedures globally increase serotonin. The important structures specifically involved in this therapy are the prefrontal cortex and the amygdala. The success of this technique requires that glutamate first be increased in the circuit that involves the conditioning stimulus and the unconditioned stimulus. This analysis does not define sequences for tapping. We suggest the name 'Psychosensory Therapy' to encompass this specific treatment as well as to define a broader new paradigm for the treatment of these problems.

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

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

## 2004

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

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

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

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

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

This study investigated the effects of one 60-minute Thought Field Therapy (TFT) session on 48 participants with public speaking anxiety. Within that group, 38 were women and 10 were men, ranging in age from 27 to 59. Their education varied from some high school to individuals who had doctoral degrees. Participants were randomly assigned to a treatment group or a delayed treatment group. There were 28 participants in the treatment group (5 males and 23 females) and 20 participants in the delayed treatment group (5 males and 15 females). They were randomly assigned to one of 11 therapists

(3 men and 8 women). All therapists were licensed and trained in TFT, level II. The measurements administered by an independent assessor were subjective units of disturbance (SUD), (Wolpe, 1958), Speaker Anxiety Scale (SA Scale), (Clevenger & Halvorson, 1992) and The State-Trait Anxiety Inventory (STAI) (Spielberger, 1983). Post-treatment SUD scores decreased significantly ( $p \leq .000$ ). In analyzing the 9 dependent measures of the SA Scale for both groups, posttreatment scores showed a significant decrease in anxiety ( $p \leq .01$ ) and an increase in positive factors significant at the ( $p \leq .000$ ) level except for "Wants More" ( $p \leq .03$ ). Despite the brevity of the treatment, treatment effect sizes in this study range from .71 to 1.58. The mean effect size on overall anxiety was 1.75. Results support the effectiveness of TFT in reducing public speaking anxiety and increasing participant's positive anticipation of future public speaking experiences.

## 2003

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

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

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

Personality change in victims of trauma has been demonstrated by key researchers in the field of trauma. This research explored this area further by studying if problem personality patterns can improve to healthier levels by processing trauma symptoms with new rapid trauma techniques. This research provides new information in trauma and personality, as well as offers links to possible new treatment methods. The hypothesis tested in this research was that significant change in problem personality patterns would occur in trauma subjects whose symptoms were processed through a multi-impact therapy that included Eye Movement Desensitization and Reprocessing (EMDR), building ego structure through Resource Installation and Development and reducing physiological stress through the use of Emotional Freedom Techniques, as compared to

subjects in the control group who received talking therapy. A sample of ten female participants was selected that had traumatic backgrounds and posttraumatic symptoms. All subjects received the Millon Clinical Multiaxial Inventory III (MCMI III) as a pre and a post test, and the Personality Assessment Screener (PAS) throughout 14 weeks of treatment. The PAS provided a means to measure subjects through descriptive statistics and the MCMI III measured the three highest clinical personality scales and the changes that occurred after the treatment. Within the two groups, the results of the PAS showed that talking therapy may be extremely helpful for personality improvement for some individuals processing trauma issues, but not all. The MCMI III results showed that the multi-impact group appeared to be somewhat more stable, meaning that the multi-impact treatment appeared to aid improvement on all three personality scales. The talking treatment group showed improvement on the most problematic personality scale, minimal increase on the second highest personality scale, and the third highest personality scale became significantly worse as compared to the multi-impact treatment group. This confirmed the hypothesis that there would be significant change in clinical personality scores. This implies that the multi-impact treatment helped individuals in a more efficient manner, in that improvement on personality syndromes or disorders was global.

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

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

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

This study explored whether a meridian-based procedure, Emotional Freedom Techniques (EFT), can reduce specific phobias of small animals under laboratory-controlled conditions. Randomly assigned participants were treated individually for 30 minutes with EFT (n = 18) or a comparison condition, Diaphragmatic Breathing (DB) (n = 17). ANOVAS revealed that EFT produced significantly greater improvement than did DB behaviorally and on three self-report measures, but not on pulse rate. The greater



improvement for EFT was maintained, and possibly enhanced, at 6 - 9 months follow-up on the behavioral measure. These findings suggest that a single treatment session using EFT to reduce specific phobias can produce valid behavioral and subjective effects. Some limitations of the study are also noted and clarifying research suggested.

## 2002

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

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

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

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

**Green, M.M. (2002). Six Trauma Imprints Treated with Combination Intervention: Critical Incident Stress Debriefing and Thought Field Therapy (TFT) or Emotional Freedom Techniques (EFT). *Traumatology*, 8(1), 18.**

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

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

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

**Wooten, H. R, (2002). Using Heart-Centered Hypnotherapy and Emotional Freedom Technique in dealing with chronic pain.**  
<https://www.thefreelibrary.com/Using+Heart-Centered+Hypnotherapy+and+Emotional+Freedom+Technique+in...-a085880847>

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In this article I report a case that uses a combination of two novel forms of psychotherapy, Heart-Centered Hypnotherapy (HHC) and the Emotional Freedom Technique (EFT), to treat chronic pain. Hypnotherapy has a long history in treating chronic pain. The results of this case also suggests considering acupressure meridians as an adjunct treatment with chronic pain conditions. The patient was a 45 year-old female who was referred for pain management. She had complained of excruciating lower and middle back pain for the past two years. As a result of the pain she was unable to work consistently and reported having trouble in her marital relationship. She had not responded well to medical treatment and the physician felt hypnosis and therapy would be appropriate. At the initial interview I found that the patient had apparent high level of intellectual and psychological functioning. She stated that she was occasionally mildly depressed and anxious. Depression and anxiety corresponded to the back pain and accompanying stress. She reported no other psychiatric disorder. As a part of her pain management program she agreed to Heart-Centered Hypnotherapy (HCH). During the induction

phase of the hypnotherapy she became visibly upset. She stated that the pain was spreading from her lower back down to her buttocks, upper back, and reported pain sensations in her hands. She reported that it was a 10 (on a scale from 0-10 highest). We went to the working phase of the session where she regressed immediately to a scenario when she was a child (5-6 years of age) being beat with a leather strap by her raging alcoholic father. The patient quickly gathered herself emotionally and reported in a small yet stern voice that she continued to experience intense back pain. When queried further she reported excruciating pain and injunctions from her father that she "would get it worse the more she cried or complained." The patient froze and stated that she could not do any release work because of the pain. She immediately went to an anchored safe/relaxing place. During the respite she agreed to a trial of what was characterized as acupressure desensitization to help ally the intense pain and fear she was experiencing and enable her to get some energetic movement. After finger tapping activations of her acupressure meridians, she reported a shift in her pain that allowed her to return to the scenario and begin the release work. Following brief release work she reported some minor relief in the back pain but complained that she might not be able to move forward in the process. Another series of taps created a shift in her pain and she again continued with the release part of the therapy. Several more rounds of acupressure desensitization helped facilitate more release until she came to resolution and relief from back pain with this particular scenario. The patient followed up for more sessions of Heart-Centered Hypnotherapy and reported tremendous relief from back pain, lowered anxiety and depression, and has worked consistently at her job.

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

This study explored how thought field therapy (TFT) was used in educational settings by students and adults, its effects, and possible difficulties. TFT is a self-help technique developed by Dr. Roger Callahan for the treatment of traumas, phobias, and the psychological pain caused by other upsetting experiences (Callahan & Callahan, 2000). Studies have shown that students and educators are challenged by the myriad of difficulties with which they must deal in the process of teaching and learning (Bell, 1998; Carter, 1994; Darling-Hammond, 1990). A qualitative methodological approach that included in-depth interviews and a focus group was utilized. In-depth interviews were carried out with adult participants by telephone and through the use of electronic e-mail. The adult participants were chosen because they have been trained in TFT, and because they use TFT with students. They lived in the United States, the United Kingdom, Canada, and Mexico. The focus group participants were middle-school students between the ages of 11 and 14 who attended a community program in the northeastern part of the United States. The students met prior to the focus group meeting for instruction in TFT. After using TFT for a week, they met in a focus group to discuss how, when, and why they used it and their feelings about using TFT. The findings from the student group showed that students used TFT (a) when confronted with violent situations and when they became angry, (b) when dealing with difficulties in relationships with friends and family, and (c) to help them to be better students in school. Students also reported that they liked TFT and found it easy to use. The adults indicated that they used TFT (a) with students to help them reduce stress, improve test scores, improve relationships with family and peers, reduce their feelings of violence, and

improve their self-confidence; and (b) for themselves, their families, and friends to relieve stress and reduce tension.

## 2001

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

This clinical report presents some of the findings in Thought Field Therapy (TFT) that show both raising and lowering of heart rate variability (HRV). TFT algorithms are effective, but the specificity of diagnosed treatment gives results that are superior to algorithms. Some TFT treatments take only seconds to yield improved results on HRV. Toxins can undo a cured problem and lower HRV. TFT can overturn the effect of some toxins. It is hypothesized that TFT works by inputting a specific code that addresses and effects the healing system. HRV may be a measure of general physical and mental health.

**Callahan, R. (2001). The impact of Thought Field Therapy on heart rate variability. *Journal of Clinical Psychology*, 57(10), 1153-1170.**

Thought Field Therapy (TFT) is a rapid treatment for psychological problems typically taking only minutes. HRV has been shown to be a strong predictor of mortality and is adversely affected by such problems as anxiety, depression, and trauma. Interventions presented in the current literature show modest improvements in HRV. Twenty cases, treated by the author and other therapists with TFT, are presented. The cases include some with diagnosed heart problems and very low HRV, which is ordinarily more resistant to change. The degree of improvements that are registered on HRV as a result of TFT treatment exceeds reports found in the current literature. There is a close correspondence between improved HRV and client report of reduced degree of upset. HRV may prove to be an appropriate objective measure of psychotherapy efficacy, given the correspondence between client report and HRV outcome. Further research in TFT and HRV is encouraged by these results.

**Johnson, C., Shala, M., Sejdijaj, X., Odell, R., & Dabishevci, D. (2001). Thought Field Therapy: Soothing the bad moments of Kosovo. *Journal of Clinical Psychology*, 57(10), 1237-1240.**

Trauma in Kosovo was treated with Thought Field Therapy (TFT) during five separate trips by members of the Global Institute of Thought Field Therapy, in the year 2000. Clinicians from Sweden, the United Kingdom, and the United States were joined in Kosovo by four physicians who transported them to remote war-torn villages where patients with severe trauma were treated. Treatment was given to 105 patients with 249 separate traumas. Total relief was reported by 103 of the patients, and for 247 of the separate traumas. Follow-up data averaging five months revealed no instance of relapse.

**Pignotti, M., & Steinberg, M. (2001). Heart rate variability as an outcome measure for Thought Field Therapy in clinical practice. *Journal of Clinical Psychology*, 57(10), 1193-1206.**

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

**Sakai, C., Paperny, D., Matthews, et al. (2001). Thought Field Therapy clinical applications: utilization in an HMO in behavioral medicine and behavioral health services. *Journal of Clinical Psychology*, 57(10), 1229-35.**

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

## 1999

**Carbonell, J.L., & Figley, C. (1999). A systematic clinical demonstration project of promising PTSD treatment approaches. *Traumatology*, 5(1); [http://dx.DOI.org/10.1177/153476569900500106](http://dx.doi.org/10.1177/153476569900500106)**

Traumatic Incident Reduction, Visual-Kinesthetic Disassociation, Eye Movement Desensitization and Reprocessing, and Thought Field Therapy were investigated through a systematic clinical demonstration (SCD) methodology. This methodology guides the examination, but does not test the effectiveness of clinical approaches. Each approach was demonstrated by nationally recognized practitioners following a similar protocol, though their methods of treatment varied. A total of 39 research participants were treated and results showed that all four approaches had some immediate impact on clients and appear to also have some lasting impact. The paper also discusses the theoretical, clinical, and methodological implications of the study.

## 1995

**Carbonell, J.L. (1995). An experimental study of TFT and acrophobia. *The Thought Field*, 2(3).**

This study assessed the effectiveness of TFT with acrophobia, or fear of heights. The 49 participants took the Cohen acrophobia questionnaire, were rated on their behavioral response to their phobia, and were randomly assigned to treatment or placebo groups. The placebo groups tapped on random parts of their bodies, while the experimental group received Thought Field Therapy® treatments. Carbonell found statistically significant differences between members of the experimental group and members of the placebo group.

## 1990

**Wade, J. F. (1990). The effects of the Callahan phobia treatment techniques on self-concept. Unpublished doctoral dissertation. The Professional School of Psychological Studies, San Diego, CA.**

This study employed the Tennessee Self-Concept Scale and the Self-Concept Evaluation of Location form. One month after the participants in the experimental group (28) had filled out the instruments, they received treatment with Thought Field Therapy®. The members of the control group (25) received nothing. Sixteen of the participants in the experimental group dropped four or more points in their Subjective Units of Distress scale (SUD), while just four members of the control group decreased two or more points. Two months after the treatment, all participants filled out the instruments again. Participants in the experimental group showed significant improvements on three of the subscales.

*If you have any additions or corrections, please contact*  
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