

Research – Published

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Published Research Studies and Review Articles in the field of Energy Psychology

This section contains a listing of published research references with abstracts in the field of Energy Psychology, in reverse chronological order.

Revised January 2012.

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

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.

Church, D., Yount, G. & Brooks, A. (2011). The Effect of Emotional Freedom Technique (EFT) on Stress Biochemistry: A Randomized Controlled Trial. *Journal of Nervous and Mental Disease*, in press.

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 hourlong 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.

Fitch, John. (2011). The Efficacy of Primordial Energy Activation and Transcendence (PEAT) for Public Speaking Anxiety. *Energy Psychology: Theory, Research & Treatment*, 3(2).

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

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

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

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

Method: A time series, within-subjects, repeated measures design was used. Persons with psoriasis ($n = 12$) were taught EFT in a 6-hr workshop and instructed to use EFT daily. Symptoms were measured using the Skindex-29 questionnaire. Psychological conditions were assessed using the Symptom Assessment-45 (SA-45), which has 9 subscales, and two

general scales for the severity (GSI) and breadth (PST) of psychological distress. Participants were assessed pre-intervention, post intervention, and at 1 and 3 month follow-ups.

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

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

Jones, Sharon; Thornton, Jennifer; Andrews, Henry. (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, Power, McGoldrick, et al. (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 and Mental Disorders*, 199, 372-78.

?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.

Middleton, Tracey & O'Donnell, Elizabeth. (2011). The Efficacy of EFT Delivered by Phone vs Office Visits: A Randomized Controlled Trial. *Energy Psychology: Theory, Research & Treatment*, 3(2). (No abstract currently available).

Palmer-Hoffman, Julie & Brooks, Audrey. (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, Martha, Brooks, Audrey, & Rowe, Jack. (2011). The Immediate Effect of a Brief Energy Psychology Intervention (Emotional Freedom Techniques) on Specific Phobias: A Pilot Study. *Explore*, 2011; 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, Phyllis, & Brooks, Audrey. 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, Graham & Mollon, Phil. (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.

Zhang, Ying; Feng, Bin; Xie, Jian-ping; Xu, Fang-zhong; and Chen, Jiong. Clinical Study on Treatment of the Earthquake-caused Post-traumatic Stress Disorder by Cognitive-behavior

Therapy and Acupoint Stimulation. *Journal of Traditional Chinese Medicine*, March 2011; 31(1): 60-63.

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

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

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

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

Baker, A. Harvey. (2010). Emotional Freedom Techniques (EFT) Reduces Intense Fears: A Partial Replication and Extension of Wells et al. (2003). *Energy Psychology: Theory, Research, & Treatment*, (2010), (2)2.

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

In a series of studies published in 2000 and later, researchers began to demonstrate the importance of epigenetic influences on gene expression. Genes might be silenced through methylation, or their expression facilitated by 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, Dawson. (2010b). The Treatment of Combat Trauma in Veterans Using EFT: A Pilot Protocol. *Traumatology*, (2010), 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, Dawson & Brooks, Audrey. (2010a). The Effect of a Brief EFT (Emotional Freedom Techniques) Self-Intervention on Anxiety, Depression, Pain and Cravings in Healthcare Workers. *Integrative Medicine: A Clinician's Journal*, (2010), Oct/Nov.

??This study examined a cross section of 194 healthcare professionals, including physicians, nurses, psychotherapists, chiropractors, psychiatrists, alternative medicine practitioners, and allied professionals. It examined whether self-intervention with Emotional Freedom Techniques (EFT), a brief exposure therapy that combines a cognitive and a somatic element, had an effect on subjects' levels of anxiety, depression, and other psychological symptoms. The study utilizes a within-subjects, time-series, repeated measures design. It evaluates symptoms using the SA-45, a well-validated 45 item questionnaire. Besides measuring the breadth and intensity of psychological distress, this instrument has nine subscales for specific conditions, including anxiety and depression. It was administered to subjects before and after an EFT demonstration and self-application that lasted about 90 minutes. Subjects also self-

reported physical pain, emotional distress, and cravings on a 10 point Likert-type scale. The SA-45 followup was administered 3 months later, to determine whether any improvement held over time. Subjects received a single page homework EFT reminder sheet, and their frequency of practice was tracked at followup. EFT self-application resulted in statistically significant decreases in pain, emotional distress, and cravings, and improvements for all nine subscales. On the two general scales on the SA-45, symptom severity dropped by 34%, and symptom breadth by 40% relative to normal baselines (both $p < .001$). Pain scores dropped by 68%, the intensity of traumatic memories by 83%, and cravings by 83% (all $p < .001$).

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

This paper describes a novel self-intervention, Emotional Freedom Techniques (EFT). EFT is a brief exposure therapy that combines a cognitive and a somatic element, and focuses on resolving emotional trauma that might underlie a presenting condition. Prior research indicates that EFT is an effective treatment for anxiety, depression, PTSD, phobias, and other psychological disorders, as well as certain physical complaints. The present paper describes the technique, how EFT is taught in a workshop setting, and provides case examples from multiple EFT workshops. EFTs clinical benefits and future research directions are discussed.

Church, D., De Asis, M., Brooks, A. (2010) Brief Group Intervention Using EFT (Emotional Freedom Techniques) for Depression in College Students: A Randomized Controlled Trial. These data were presented at a poster session at the 12th International Energy Psychology Conference, San Diego, June 3-9, 2010. They have been submitted for publication and are in peer review.

213 first year college students were assessed using the Beck Depression Inventory (BAI). Those with clinical levels of depression were randomly assigned to either a treatment or control group. The experimental group received four sessions of EFT (Emotional Freedom Techniques), a novel treatment that combines exposure, cognitive restructuring, and somatic stimulation. Posttests were conducted three weeks later on those that completed all requirements ($N = 18$). In the no treatment group ($n = 9$), the passage of time produced no significant improvement in the (BAI total mean pre=20.33 SD ± 2.06 , post=17.44 SD ± 5.20). EFT group subjects ($n = 9$) improved significantly ($p < .05$; BAI total mean pre=23.44 SD ± 2.7 , post=6.67 SD ± 4.27). 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 but efficacious treatment for depression.

Church, Dawson, Piña, Oscar; Reategui, Carla; & Brooks, Audrey. (2010). Single Session Reduction of the Intensity of Traumatic Memories in Abused Adolescents: A Randomized Controlled Trial. In press at *Traumatology*.

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 on 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. 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.

Feinstein, David. (2010). The Case For Energy Psychology. *Psychotherapy Networker*, Nov/Dec 2010. (Review article; no abstract available.)

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, David & Church, Dawson. (2010). Modulating Gene Expression through Psychotherapy: ?The Contribution of Non-Invasive Somatic Interventions. *Review of General Psychology*, an American Psychological Association Journal.

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.

Sakai, Caroline, Connolly, Suzanne; Oas, Paul. (2010). Treatment of PTSD in Rwandan Child Genocide Survivors Using Thought Field Therapy. *International Journal of Emergency Mental Health*, Winter 2010, 12(1), 41-50.

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

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

The effects of one 60-minute treatment with thought field therapy (TFT) on public speaking anxiety with 48 participants were studied. Participants were randomly assigned to treatment or delayed-treatment conditions and to one of 11 licensed therapists trained in TFT. Participants receiving TFT treatment showed decreases in public speaking anxiety and increases in positive measures related to anticipation of future public speaking experiences.

Participants in the delayed-treatment condition showed no improvement while on a wait list, but after treatment showed similar effects on all measures.

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

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

?Stone, Barbara; Leyden, Lori; Fellows, Bert. (2010). Energy Psychology Treatment for Orphan Heads of Households in Rwanda: An Observational Study. *Energy Psychology: Theory, Research and Treatment*, 2(2).

A team of 4 energy therapy practitioners visited Rwanda in September of 2009 to conduct trauma remediation programs with 2 groups of orphan genocide survivors with complex posttraumatic stress disorder (PTSD) symptoms. Results from interventions with the first group were reported previously (Stone, Leyden, & Fellows, 2009). This article reports results from the second group composed of orphan head of households. The authors used a multimodal intervention with 3 energy psychology methods (Tapas Acupressure Technique, Thought Field Therapy, and Emotional Freedom Techniques), with techniques selected on the basis of participant needs. Interventions were performed on 2 consecutive workshop days and were followed by 2 days of practitioners making field visits with students. Data were collected using the Child Report of Posttraumatic Stress (CROPS) to measure pre- and 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*, (2010), 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.

Baker, A.H., Carrington, P., Putilin, D. (2009). Theoretical and Methodological Problems in Research on Emotional Freedom Techniques (EFT) and Other Meridian Based Therapies. *Energy 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*, Nov/Dec2009, 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*, 2009, 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*, March 15:1.

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

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

Protocols to treat veterans with brief courses of therapy are required, in light of the large numbers returning from Iraq and Afghanistan with depression, anxiety, PTSD and other conditions. This observational study examined the effects of six sessions of EFT on seven veterans, using a within-subjects, time-series, repeated measures design. Participants were assessed using a well validated instrument, the SA-45, which has general scales measuring the depth and severity of psychological symptoms. It also contains subscales for anxiety, depression, obsessive-compulsive behavior, phobic anxiety, hostility, interpersonal sensitivity, paranoia, psychotism, and somatization. Participants were assessed before and after treatment, and again after 90 days. Interventions were done by two different practitioners using a standardized form of EFT to address traumatic combat memories. Symptom severity decreased significantly by 40% ($p < .001$), while breadth of symptoms decreased by 29% ($p < .032$). Anxiety decreased 46% ($p < .003$), depression 49% ($p < .001$), and PTSD 50% ($p < .026$). Most gains were maintained at the 90-day follow-up.

?Craig, G., Bach, D., Groesbeck, G., & Benor, D. (2009). Emotional Freedom Techniques (EFT) For Traumatic Brain Injury. *International Journal of Healing and Caring*, (2009, May), 9(2), 1-12.

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

Feinstein, David. (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*, (2009), 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, James. (2009). The Neurochemistry of Counterconditioning: Acupressure Desensitization in Psychotherapy. *Energy Psychology: Theory, Research, & Treatment*, (2009), 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.

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

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

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

This study investigated the effect on test anxiety of Emotional Freedom Techniques (EFT), a brief exposure therapy with somatic and cognitive components. A group of 312 high school students enrolled at a private academy was evaluated using the Test Anxiety Inventory (TAI), which contains subscales for worry and emotionality. Scores for 70 demonstrated high levels of test anxiety; these students were randomized into control and experimental groups. During the course of a single treatment session, the control group received instruction in Progressive Muscular Relaxation (PMR); the experimental group, EFT, followed by self-treatment at home. After two months, subjects were re-tested using the TAI. Repeated covariance analysis

was performed to determine the effects of EFT and PMR on the mean TAI score, as well as the two subscales. Each group completed a sample examination at the beginning and end of the study, and their mean scores were computed. Thirty-two of the initial 70 subjects completed all the study's requirements, and all statistical analyses were done on this group. A statistically significant decrease occurred in the test anxiety scores of both the experimental and control groups. The EFT group had a significantly greater decrease than the PMR group ($p < .05$). The scores of the EFT group were lower on the emotionality and worry subscales ($p < .05$). Both groups scored higher on the test examinations after treatment; though the improvement was greater for the EFT group, the difference was not statistically significant.?

Stone, Barbara; Leyden, Lori; Fellows, Bert. (2009). Energy Psychology Treatment