

## Literatuurlijst Emotional Freedom Techniques Inclusief abstracts d.d. april 2020

### Case Study:

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

Abstract: Zachery, 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.

### Uncontrolled Outcome Study:

**Patterson SL. The effect of emotional freedom technique on stress and anxiety in nursing students: A pilot study. Nurse Educ Today 2016 May;40:104–10.**

Abstract: **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.

**Randomized Controlled Study with Limited Generalizability:**

**Benor DJ, Ledger K, L, Hett G, Zaccaro D. Pilot study of emotional freedom techniques, wholistic hybrid derived from eye movement desensitization and reprocessing and emotional freedom technique, and cognitive behavioral therapy for treatment of test anxiety in university students. Explore (NY) 2009 Nov;5(6):338–40.**

Abstract: OBJECTIVE: This study explored test anxiety benefits of wholistic hybrid derived from eye movement desensitization and reprocessing and Emotional Freedom Techniques (WHEE), Emotional Freedom Techniques (EFTs), and cognitive behavioral therapy (CBT). PARTICIPANTS: Canadian university students with severe or moderate test anxiety participated. METHODS: A controlled trial of WHEE ( $n = 5$ ), EFT ( $n = 5$ ), and CBT ( $n = 5$ ) was conducted. Standardized anxiety measures included the Test Anxiety Inventory and Hopkins Symptom Checklist-21. RESULTS: Despite small sample size, significant reductions in test anxiety were found for all three treatments. In only two sessions, WHEE and EFT achieved the same benefits as CBT did in five sessions. Participants reported high satisfaction with all treatments. Emotional freedom techniques and WHEE participants successfully transferred their self-treatment skills to other stressful areas of their lives. CONCLUSIONS: Both WHEE and EFT show promise as feasible treatments for test anxiety.

**Bougea AM, Spandideas N, Alexopoulos EC, Thomaidis T, Chrousos GP, Darviri C. 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 (NY) 2013 Mar;9(2):91–9.**

Abstract: 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 emotional freedom 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.

**Connolly S, Sakai C. Brief trauma intervention with Rwandan genocide-survivors using thought field therapy. *Int J Emerg Ment Health* 2011;13(3):161-72.**

**Abstract:** 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.

**Gaesser AH, Karan OC. A Randomized Controlled Comparison of Emotional Freedom Technique and Cognitive-Behavioral Therapy to Reduce Adolescent Anxiety: A Pilot Study. *J Altern Complement Med* 2016 Sep 19.**

**Abstract:** **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 preintervention and postintervention 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.

**Salas MM, Brooks AJ, Rowe JE. The immediate effect of a brief energy psychology intervention (Emotional Freedom Techniques) on specific phobias: a pilot study. Explore (NY) 2011 May;7(3):155–61.**

**Abstract:** **BACKGROUND:** Specific phobia is one of the most prevalent anxiety disorders. Emotional Freedom Techniques (EFT) has been shown to improve anxiety symptoms; however, their application to specific phobias has received limited attention. **OBJECTIVE:** This pilot study examined whether 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. **DESIGN:** The study utilized a crossover design with participants randomly assigned to either diaphragmatic breathing or EFT as the first treatment. **SETTING:** The study was conducted at a regional university in the Southwestern United States. **PARTICIPANTS:** Twenty-two students meeting criteria for a phobic response to a specific stimulus ( $\geq 8$  on an 11-point subjective units of distress scale). **INTERVENTION:** Participants completed a total of five two-minute rounds in each treatment intervention. **OUTCOME MEASURES:** Study measures included a behavioral approach test (BAT), Subjective Units of Distress Scale (SUDS), and Beck Anxiety Inventory (BAI). **RESULTS:** Emotional Freedom Techniques significantly reduced phobia-related anxiety (BAI  $P = .042$ ; SUDS  $P = .002$ ) and ability to approach the feared stimulus (BAT  $P = .046$ ) 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. **CONCLUSIONS:** The efficacy of EFT in treating specific phobias demonstrated in several earlier studies is corroborated by the current investigation. Comparison studies between EFT and the most effective established therapies for treating specific phobias are recommended.

**Stapleton P, Chatwin H, William M, Hutton A, Pain A, Porter B, et al. Emotional Freedom Techniques in the Treatment of Unhealthy Eating Behaviors and Related Psychological Constructs in Adolescents: A Randomized Controlled Pilot Trial. Explore (NY) 2015 Dec 17.**

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

**Waite LW, Holder MD. Assessment of the Emotional Freedom Technique: An alternative treatment for fear. The Scientific Review of Mental Health Practice 2003;2(1):20–6.**

**Abstract:** 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.

### **Randomized Controlled Study with Potentially Strong Generalizability**

**Church D, Yount G, Brooks AJ. The effect of emotional freedom techniques on stress biochemistry: a randomized controlled trial. J Nerv Ment Dis 2012 Oct;200(10):891–6.**

**Abstract:** This study examined the changes in cortisol levels and psychological distress symptoms of 83 nonclinical subjects receiving a single hour long intervention. Subjects were randomly assigned to either an emotional freedom technique (EFT) group, a psychotherapy group receiving a supportive interviews (SI), or a no treatment (NT) group. Salivary cortisol assays were performed immediately before and 30 minutes after the intervention. Psychological distress symptoms were assessed using the symptom assessment-45. The EFT group showed statistically significant improvements in anxiety (-58.34%,  $p < 0.05$ ), depression (-49.33%,  $p < 0.002$ ), the overall severity of symptoms (-50.5%,  $p < 0.001$ ), and symptom breadth (-41.93%,  $p < 0.001$ ). The EFT group experienced a significant decrease in cortisol level (-24.39%; SE, 2.62) compared with the decrease observed in the SI (-14.25%; SE, 2.61) and NT (-14.44%; SE, 2.67) groups ( $p < 0.03$ ). The decrease in cortisol levels in the EFT group mirrored the observed improvement in psychological distress.

**Church D, Hawk C, Brooks AJ, Toukolehto O, Wren M, Dinter I, et al. Psychological trauma symptom improvement in veterans using emotional freedom techniques: a randomized controlled trial. J Nerv Ment Dis 2013 Feb;201(2):153–60.**

**Abstract:** 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.

**Church D, Piña O, Reategui C, Brooks A. Single-Session Reduction of the Intensity of Traumatic Memories in Abused Adolescents After EFT: A Randomized Controlled Pilot Study. *Traumatology* 2012;18(3):73-9.**

**Abstract:** 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, participants were reassessed. No improvement occurred in the wait list (IES total mean pre = 32 SD = 4.82, post = 31 SD = 3.84). Posttest scores for all experimental-group participants improved to the point where all were nonclinical on the total score, as well as the intrusive and avoidant symptom subscales, and SUD (IES total mean pre = 36 SD = 4.74, post = 3 SD = 2.60,  $p < .001$ ). 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. -© The Author(s) 2012.

**Gaesser AH. Interventions to reduce anxiety for gifted children and adolescents University of Connecticut Graduate School; Doctoral Dissertations, paper 377. 2014.**

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).

**Karatzias T, Power K, Brown K, McGoldrick T, Begum M, Young J, et al. 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. J Nerv Ment Dis 2011 Jun;199 (6):372-8.**

Abstract: 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.

**Kober A, Scheck T, Greher M, Lieba F, Fleischhackl R, Fleischhackl S, et al. Prehospital analgesia with acupressure in victims of minor trauma: a prospective, randomized, double-blinded trial. Anesth Analg 2002 Sep;95(3):723-7, table.**

Abstract: Untreated pain during the transportation of patients after minor trauma is a common problem in emergency medicine. Because paramedics usually are not allowed to perform invasive procedures or to give drugs for pain treatment, a noninvasive, nondrug-based method would be helpful. Acupressure is a traditional Chinese treatment for pain that is based on pain relief followed by a short mechanical stimulation of specific points. Consequently, we tested the hypothesis that effective pain therapy is possible by paramedics who are trained in acupressure. In a double-blinded trial we included 60 trauma patients. We randomly assigned them into three groups ("true points," "sham-points," and "no acupressure"). An independent observer, blinded to the treatment assignment, recorded vital variables and visual analog scales for pain and anxiety before and after treatment. At the end of transport, we asked for ratings of overall satisfaction. For statistical evaluation, one-way analysis of variance and the Scheffe F test were used.  $P < 0.05$  was considered statistically significant. Morphometric and demographic data and potential confounding factors such as

age, sex, pain, anxiety, blood pressure, and heart rate before treatment did not differ among the groups. At the end of transport we found significantly less pain, anxiety, and heart rate and a greater satisfaction in the "true points" groups ( $P < 0.01$ ). Our results show that acupressure is an effective and simple-to-learn treatment of pain in emergency trauma care and leads to an improvement of the quality of care in emergency transport. We suggest that this technique is easy to learn and risk free and may improve paramedic-based rescue systems. **IMPLICATIONS:** We tested, in a double-blinded manner, the hypothesis that acupressure could be an effective pain therapy in minor-trauma patients. Our results show that acupressure is an effective and simple-to-learn treatment of pain in emergency medical care and can improve the quality of care.

**Stapleton P, Crighton G, Sabot D, O'Neill HM. Reexamining the effect of emotional freedom techniques on stress biochemistry: A randomized controlled trial. Psychol Trauma 2020 Mar 12.**

**Abstract:** **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. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

**Stapleton P, Roos T, Mackintosh G, Sparenburg E, Sabot D, Carter B. Online Delivery of Emotional Freedom Techniques in the Treatment of Food Cravings and Weight Management: A Randomised Controlled Trial. OBM Integrative and Complementary Medicine 2019;4(4):31.**

**Abstract:** **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 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. delivery of EFT intervention on food cravings and weight management.

**Stapleton P, Lilley-Hale E, Mackintosh G, Sparenburg E. Online Delivery of Emotional Freedom Techniques for Food Cravings and Weight Management: 2-Year Follow-Up. J Altern Complement Med 2019 Nov 25.**

Abstract: 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, 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, Bannatyne A, Chatwin H, Urzi KC, Porter B, Sheldon T. Secondary psychological outcomes in a controlled trial of Emotional Freedom Techniques and cognitive behaviour therapy in the treatment of food cravings. Complement Ther Clin Pract 2017 Aug;28:136–45.**

Abstract: OBJECTIVE: Examining the effectiveness of psychological interventions in treating secondary psychological outcomes of obesity has become prioritized in recent times. The objective of the present study was to compare an eight-week Cognitive-Behavioural Therapy (CBT) and Emotional Freedom Techniques (EFT) intervention program, in the treatment of food cravings and secondary psychological outcomes among overweight or obese adults (N = 83). METHOD: A controlled non-inferiority trial was performed comparing group-delivered CBT to group-delivered EFT. Participants completed the Patient Health Questionnaire at pre- and post-intervention, and at six and 12-months follow-up. RESULTS: The CBT group did not report any significant changes in anxiety scores over time, but the decrease in depression symptoms pre-to post-intervention was significant and this was maintained at 6- and 12-months. Anxiety and depression scores significantly decreased from pre-to post-intervention for the EFT group, and was maintained at 6- and 12-month follow-up. Somatoform scores significantly decreased from pre-intervention to all follow-up points for the CBT group, while the EFT group did not report any significant changes in somatoform symptoms. Results also revealed that EFT is capable of producing reductions in anxiety and depression symptoms, and may be comparable to gold standard approaches such as CBT. CONCLUSION: The current study supports the hypothesis that psychological intervention is beneficial for treating psychological comorbidities of obesity and points to the role mental health issues may play in this area.

**Stapleton P, Sheldon T, Porter B, Whitty J. A randomised clinical trial of a meridian-based intervention for food cravings with six-month follow-up. Behav Change 2011;28(1):1–16.**

Abstract: 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.

**Stapleton P, Church D, Sheldon T, Porter B, Carlopio C. Depression symptoms improve after successful weight loss with emotional freedom techniques. ISRN Psychiatry 2013;2013:573532.**

Abstract: 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, Bannatyne AJ, Urzi KC, Porter B, Sheldon T. Food for Thought: A Randomised Controlled Trial of Emotional Freedom Techniques and Cognitive Behavioural Therapy in the Treatment of Food Cravings. Appl Psychol Health Well Being 2016 May 3.**

Abstract: 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 were collected at baseline, post-intervention, and at 6- 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 that 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 that 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.

### Theoretical and Review Articles

**Boath E, Stewart T, Carryer A. A narrative systematic review of the effectiveness of Emotional Freedom Technique (EFT). 1-19. 2012. Stoke-on-Trent, Staffordshire University. CPSI Monograph. Ref Type: Serial (Book, Monograph)**

**Abstract:** 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 good quality research on EFT is warranted.

**Clond M. Emotional Freedom Techniques for Anxiety: A Systematic Review With Meta-analysis. J Nerv Ment Dis 2016 Feb 18.**

**Abstract:** Emotional Freedom Technique (EFT) combines elements of exposure and cognitive therapies with acupuncture for the treatment of psychological distress. Randomized controlled trials retrieved by literature search were assessed for quality using the criteria developed by the American Psychological Association'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% confidence interval, 0.82–1.64; p < 0.001), whereas the effect size for combined controls was 0.41 (95% confidence interval, 0.17–0.67; p = 0.001). Emotional freedom technique treatment demonstrated a significant decrease in anxiety scores, even when accounting for the effect size of control treatment. However, there were too 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.

**Church D. Clinical EFT as an Evidence-Based Practice for the Treatment of Psychological and Physiological Conditions. Psychology 2013;4(8):645–54.**

**Abstract:** Emotional Freedom Techniques (EFT) has moved in the past two decades from a fringe therapy to wide-spread 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: 1) psychological conditions such as anxiety, depression, phobias, and posttraumatic stress disorder (PTSD); 2) physiological problems such as pain and autoimmune conditions; 3) professional and sports performance; and 4) 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 EFT's 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, Feinstein D. The Manual Stimulation of Acupuncture Points in the Treatment of Post-Traumatic Stress Disorder: A Review of Clinical Emotional Freedom Techniques. Med Acupunct 2017 Aug 1;29(4):194-205.**

**Abstract:** 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, Stapleton P, Yang A, Gallo F. Is Tapping on Acupuncture Points an Active Ingredient in Emotional Freedom Techniques? A Systematic Review and Meta-analysis of Comparative Studies. J Nerv Ment Dis 2018 Oct;206(10):783-93.**

**Abstract:** 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. Energy psychology: Efficacy, speed, mechanisms. LID – S1550-8307(18)30351-3 [pii] LID – 10.1016/j.explore.2018.11.003 [doi].(1878-7541 (Electronic)).**

**Abstract:** 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

**Feinstein D. Energy Psychology: A Review of the Preliminary Evidence. *Psychotherapy* 2008;45(2):199–213.**

Abstract: 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. –© 2008 American Psychological Association.

**Feinstein D. Facts, Paradigms and Anomalies in the Acceptance of Energy Psychology: A Rejoinder to McCaslin's (2009) and Pignotti and Thyer's (2009) Comments on Feinstein (2008A). *Psychotherapy* 2009;46(2):262–9.**

Abstract: Allegations of selection bias and other departures from critical thinking in Feinstein (2008a), found in the Pignotti and Thyer, and the McCaslin commentaries (2009, this issue), are addressed. Inaccuracies and bias in the reviewers' comments are also examined. The exchange is shown to reflect a paradigmatic clash within the professional community, with energy psychology having become a lightning rod for this controversy. While postulated "subtle energies" and "energy fields" are entangled in this debate, the most salient paradigm problem for energy psychology may simply be that accumulating reports of its speed and power have not been explained using established clinical models. –© 2009 American Psychological Association.

**Feinstein D. Acupoint stimulation in treating psychological disorders: Evidence of efficacy. *Rev Gen Psychol* 2012;16(4):364–80.**

Abstract: 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 51 peer-reviewed papers that report or investigate clinical outcomes following the tapping of acupuncture points to address psychological issues. The 18 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 anxiety-based conditions, including PTSD. Neurological mechanisms that may be involved in these surprisingly strong findings are also considered. –® 2012 American Psychological Association.

**Gaudiano BA, Brown LA, Miller IW. Tapping their Patients' Problems Away?: Characteristics of Psychotherapists Using Energy Meridian Techniques. ResSocWork Pract 2012;22(6):647–55.**

**Abstract:** Objective: The objective was to learn about the characteristics of psychotherapists who use energy meridian techniques (EMTs). Methods: We conducted an Internet-based survey of the practices and attitudes of licensed psychotherapists. Results: Of 149 survey respondents (21.4% social workers), 42.3% reported that they frequently use or are inclined to use EMTs. EMT therapists reported higher use of a number of techniques from different theoretical orientations, reliance on intuition in decision making, positive attitudes toward complementary and alternative treatments, erroneous health beliefs, and importance placed on the intuitive appeal of evidence-based treatments. EMT therapists also had lower scores on a test of critical thinking. Conclusions: Results suggest that a number of characteristics differentiate therapists who are inclined to use EMTs, which can aid in future educational efforts. –® The Author(s) 2012.

**Gilomen SA, Lee CW. The efficacy of acupoint stimulation in the treatment of psychological distress: A meta-analysis. J Behav Ther Exp Psychiatry 2015 Mar 31;48:140–8.**

**Abstract:** 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  $g = -0.66$ : 95% CI:  $-0.99$  to  $-0.33$ ) and significantly high heterogeneity ( $I^2 = 80.78$ ) across studies was found using a random effects model indicating that EFT, even after removing outliers (decreases in  $I^2 = 72.32$  and Hedge's  $g = -0.51$ :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.

**Harper M. Taming the Amygdala: An EEG Analysis of Exposure Therapy for the Traumatized. Traumatology 2011 Dec 15.**

**Abstract:** 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 amygdala memory networks is discussed.

**Lake J. The integrative management of PTSD: A review of conventional and CAM approaches used to prevent and treat PTSD with emphasis on military personnel. Adv Integr Med 2015.**

**Abstract:** Post-traumatic stress disorder (PTSD) may be the most urgent problem the U.S. military is facing today. Pharmacological and psychological interventions reduce the severity of some PTSD symptoms however these conventional approaches have limited efficacy. This issue is compounded by the high rate of co-morbid traumatic brain injury (TBI) and other medical and psychiatric disorders in veterans diagnosed with PTSD and unresolved system-level problems within the Veterans Administration and Department of Defense healthcare services that interfere with adequate and prompt care for veterans and active duty military personnel. This paper is offered as a framework for interdisciplinary dialogue and collaboration between experts in biomedicine and CAM addressing three primary areas of need: resiliency training in high risk military populations, prevention of PTSD following exposure to combat-related trauma, and treatment of established cases of PTSD. The evidence for widely used conventional pharmacological and psychological interventions used in the VA/DOD healthcare systems to treat PTSD is reviewed. Challenges and barriers to adequate assessment and treatment of PTSD in military personnel are discussed. A narrative review of promising CAM modalities used to prevent or treat PTSD emphasizes interventions that are not widely used in VA/ DOD clinics and programmes. Interventions reviewed include virtual reality graded exposure therapy (VRGET), brain-computer interface (BCI), EEG biofeedback, cardiac coherence training, EMDR, acupuncture, omega-3 fatty acids and other natural products, lucid dreaming training, and energy therapies. As meditation and mind-body practices are widely offered within VA/DOD programmes and services addressing PTSD the evidence for these modalities is only briefly reviewed. Sources included mainstream

medical databases and journals not currently indexed in the mainstream medical databases. Although most interventions discussed are applicable to both civilian and military populations the emphasis is on military personnel. Provisional integrative guidelines are offered with the goal of providing a flexible and open framework when planning interventions aimed at preventing or treating PTSD based on the best available evidence for both conventional and CAM approaches. The paper concludes with recommendations on research and policy within the VA and DOD healthcare systems addressing urgent unmet needs associated with PTSD.

**Mason E. Energy psychology and psychotherapy: A study of the use of energy psychology in psychotherapy practice. *Couns Psychother Res* 2012;12(3):224–32.**

**Abstract:** 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 semi-structured 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. –© 2012 Copyright British Association for Counselling and Psychotherapy.

**McCaslin DL. A review of efficacy claims in energy psychology. *Psychotherapy (Chic )* 2009 Jun;46(2):249–56.**

**Abstract:** In a recent article in this journal, Feinstein (see record 2008–07317–008) cited evidence that he claimed shows the efficacy of the emotional freedom technique and the Tapas acupressure technique, 2 energy psychology therapies. Further investigation into these claims reveals serious flaws in the methodology of the research cited by Feinstein. The small successes seen in these therapies are potentially attributable to well-known cognitive and behavioral techniques that are included with the energy manipulation. Psychologists and researchers should be wary of using such techniques, and make efforts to inform the public about the ill effects of therapies that advertise miraculous claims. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

**Metcalf O, Varker T, Forbes D, Phelps A, Dell L, DiBattista A, et al. Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review. *Journal of Traumatic Stress* 2016 Jan 1;n/a.**

**Abstract:** 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. A systematic review and meta–analysis of randomized and non–randomized trials of Emotional Freedom Techniques (EFT) for the treatment of depression. Explor J Sci Heal 2016.**

**Abstract:** Background: Among a group of therapies collectively known as Energy Psychology (EP), Emotional Freedom Techniques (EFT) is the most widely practiced. Clinical EFT is an evidence– based practice combining elements of cognitive and exposure therapies with the manual 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 Clinical EFT treatment.

**Methods:** All studies (2005–2015) evaluating EFT for sufferers of depression were identified by electronic search; these included both outcome studies and randomized controlled trials (RCTs). Our focus was depressive symptoms as measured by a variety of psychometric questionnaires and scales. We used meta–analysis to calculate effect sizes at three time points including posttest, follow–ups less than 90 days, and follow–ups greater than 90 days. **Results:** Twenty studies qualified for inclusion, 12 RCTs and 8 outcome studies. The number of participants treated with EFT included N = 461 in outcome studies and N = 398 in RCTs. Clinical EFT showed a large effect size in the treatment of depression in RCTs. At posttest Cohen's d for RCTs was 1.85 and for outcome studies was 0.70. Effect sizes for follow–ups less than 90 days was 1.21, and for  $\geq 90$  days was 1.11. EFT was more efficacious than DB (Diaphragmatic Breathing) and SI (Supportive Interview) in posttest measurements ( $p = 0.06$  vs DB;  $p < 0.001$  vs SI), and SHE (Sleep Hygiene Education) at follow–up ( $p = 0.036$ ). No significant treatment effect difference between EFT and EMDR (Eye Movement Desensitization and Reprocessing) was found. EFT was superior to TAU (treatment as usual), and efficacious in treatment time frames ranging from one to 10 sessions. The mean of symptom reductions across all studies was –41%.

Conclusion: The results show that Clinical EFT is highly effective in reducing depressive symptoms in a variety of populations and settings. EFT was equal or superior to TAU and other active treatment controls. The posttest effect size for EFT ( $d = 1.31$ ) was larger than that measured in meta-analyses of antidepressant drug trials and psychotherapy studies. EFT produced large treatment effects whether delivered in group or individual format, and participants maintained their gains over time. 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.

**Pignotti M, Thyer B. Some Comments on “Energy Psychology: A Review of the Evidence”: Premature Conclusions Based on Incomplete Evidence? *Psychotherapy* 2009;46(2):257–61.**

Abstract: A review of the evidence on energy psychology (EP) was published in this journal. Although Feinstein's stated intention of reviewing the evidence is one we support, we noted that important EP studies were omitted from the review that did not confirm the 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 American Psychological Association, 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. –© 2009 American Psychological Association.

**Rometsch-Ogioun El SC, Windthorst P, Denkinger J, Ziser K, Nikendei C, Kindermann D, et al. Chronic pain in refugees with posttraumatic stress disorder (PTSD): A systematic review on patients' characteristics and specific interventions. *J Psychosom Res* 2018 Jul 30.**

Abstract: **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 trauma psychotherapy, 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.

**Sebastian B, Nelms J. The Effectiveness of Emotional Freedom Techniques in the Treatment of Posttraumatic Stress Disorder: A Meta-Analysis. Explore (NY) 2017 Jan;13(1):16-25. RefID:237 Reprint: Not in File**

Keywords:analysis/Anxiety/article/Behavior/behaviortherapy/Cognitivetherapy/complications/Depression/Efficacy/EFT/emdr/emotionalfreedom/emotionalfreedomtechnique/Emotional freedom techniques/Emotions/eye movement desensitization and reprocessing /Freedom/Humans/methods/Mind-BodyTherapies/Movement/posttraumaticstressdisorder /Psychotherapy/PTSD/randomizedcontrolledtrial/review/safety/selfhelp/Self-help/stress /StressDisorders,Post-Traumatic/systematicreview/technique/therapy.

**Abstract:** **BACKGROUND:** Over the past two decades, growing numbers of clinicians have been utilizing emotional freedom techniques (EFT) in the treatment of posttraumatic stress disorder (PTSD), anxiety, and depression. Randomized controlled trials (RCTs) have shown encouraging 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 published 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 treatment effect was found, with a weighted Cohens  $d = 2.96$  (95% CI: 1.96-3.97,  $P < .001$ ) for the studies that compared EFT to usual care or a waitlist. No treatment effect differences were 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). **CONCLUSIONS:** The analysis of existing studies showed that a series of 4-10 EFT sessions is an efficacious treatment for PTSD with a variety of populations. The studies examined reported no adverse effects from EFT interventions and showed that it can be used both on a self-help basis and as a primary evidence-based treatment for PTSD.

**Wahbeh H, Senders A, Neuendorf R, Cayton J. Complementary and Alternative Medicine for Posttraumatic Stress Disorder Symptoms: A Systematic Review. J Evid Based Complementary Altern Med 2014 Mar 27.**

**Abstract:** Objectives.To (1) characterize complementary and alternative medicine studies for posttraumatic stress disorder symptoms, (2) evaluate the quality of these studies, and (3) systematically grade the scientific evidence for individual CAM modalities for posttraumatic stress disorder. Design. Systematic review. Eight data sources were searched. Selection

criteria included any study design assessing posttraumatic stress disorder outcomes and any complementary and alternative medicine intervention. The body of evidence for each modality was assessed with the Natural Standard evidence-based, validated grading rationale. Results and Conclusions. Thirty-three studies (n = 1329) were reviewed. Scientific evidence of benefit for posttraumatic stress disorder was strong for repetitive transcranial magnetic stimulation and good for acupuncture, hypnotherapy, meditation, and visualization. Evidence was unclear or conflicting for biofeedback, relaxation, Emotional Freedom and Thought Field therapies, yoga, and natural products. Considerations for clinical applications and future research recommendations are discussed.

**Wells S, Polglase K, Andrews HB, Carrington P, Baker AH. Evaluation of a meridian-based intervention, Emotional Freedom Techniques (EFT), for reducing specific phobias of small animals. J Clin Psychol 2003 Sep;59(9):943-66.**

Abstract: 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 min 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 six- to nine-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 also are noted and clarifying research suggested.

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