

## Six Investigations of Energy Psychology in the Treatment of PTSD

(2 Randomized Controlled Trials; 4 Outcome Studies Using Standardized Tests)

- Church, Hawk, et al. (2009) conducted an RCT in which 42 military veterans with PTSD were randomly assigned to a treatment group or a wait-list control group. Thirty-two of the initial participants completed the study, including 19 in the treatment group and 13 in the control group. Pre- and post-treatment assessments included two standardized self-report inventories: (a) the military version of the Post-Traumatic Stress Checklist (PCL-M; Forbes, Creamer, & Biddle, 2001), a self-inventory that correlates well with clinician-rated assessments of PTSD (Monson et al., 2006), and (b) the Symptom Assessment 45 (SA-45; Davison et al., 1997). Six hour-long sessions using an exposure/tapping protocol were administered to each participant in the treatment group. The initial mean PCL-M score was 60.5 for the treatment group and 63.5 for the wait-list group. The PTSD cutoff is 50. The mean score after six treatment sessions had decreased to 36.8, substantially below the PTSD cutoff, while it was essentially unchanged (61.4) for the wait-list group a month after the initial testing ( $p < .001$ ). The breadth of psychological distress as measured by the SA-45 had also diminished significantly at the end of treatment ( $p < .001$ ), as had the severity ( $p < .001$ ). Both measures remained stable for the control group.

Church, D., Hawk, C., Brooks, A., Toukolehto, O., Wren, M., Dinter, I., & Stein, P. (2010, April). Psychological trauma in veterans using EFT (Emotional Freedom Techniques): A randomized controlled trial. Poster session at the 31st Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, Seattle, April 7-10, 2010. Retrieved April 20, 2010, from [www.stressproject.org/documents/ptsdfinal1.pdf](http://www.stressproject.org/documents/ptsdfinal1.pdf)

- In another study of veterans and family members, pre- and post-treatment scores on the PCL-M were significantly reduced ( $p < .01$ ) after 10 to 15 hours of exposure/acupoint therapy during an intensive five-day treatment period. Participants included 11 combat veterans or family members. Nine had been diagnosed with PTSD and the other two exhibited symptoms of PTSD. Improvements held on one-month, three-month, and one-year follow-ups. A 10-minute video that includes brief excerpts from four of these treatments and of pre- and post-treatment interviews can be viewed at <http://www.vetcases.com> and may be a useful reference for readers who are not conversant with exposure/acupoint protocols in the treatment of PTSD.

Church, D. (2009). The treatment of combat trauma in veterans using EFT (Emotional Freedom Techniques): A pilot protocol. *Traumatology*, doi:10.1177/1534765609347549.

- Fifty adolescents who had been orphaned and traumatized twelve years earlier by the ethnic cleansing and warfare in Rwanda still exhibited symptoms of PTSD. Most were well above the cutoff for PTSD on two standardized measures, one a self-report inventory and the other an inventory completed by one of their caretakers at the orphanage. After a single imaginal exposure/acupoint session of 20 to 60 minutes combined with approximately six minutes learning two relaxation techniques, the average scores on both measures were substantially below the PTSD cutoff ( $p < .0001$  on each). On the caretaker inventory, only 6% of the adolescents scored within the PTSD range after treatment vs. 100% prior to treatment ( $p < .0001$ ). Interviews with the adolescents and their caretakers indicated dramatic reductions of symptoms such as flashbacks, nightmares, bedwetting, depression, withdrawal, isolation, difficulty concentrating, jumpiness, and aggression.

Post-tests and follow-up interviews one year later showed that the improvements persisted.

Sakai, C.S., Connolly, S. M., & Oas, P. (in press). Treatment of PTSD in Rwandan child genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health*.

- Twenty-nine low-income refugees and immigrants living in the United States were categorized as having the symptoms of PTSD based on exceeding a cut-off score on the civilian Posttraumatic Checklist-C (PCL-C). After one to three exposure/acupoint sessions, their PCL-C scores showed significantly less avoidance behaviors ( $p < .05$ ), intrusive thoughts ( $p < .05$ ), and hypervigilance ( $p < .05$ ) than prior to treatment.

Folkes, C. (2002). Thought Field Therapy and trauma recovery. *International Journal of Emergency Mental Health*, 4, 99-103.

- In an RCT with 16 abused male adolescents in Peru, which like the Rwanda study used only a single exposure/acupoint session, 100% in the treatment group ( $n = 8$ ) went from above to below PTSD thresholds thirty days after treatment while none in the wait list control group ( $n = 8$ ) showed significant change.

Church, D., Piña, O., Reategui, C., & Brooks, A. (2009, October). Single session reduction of the intensity of traumatic memories in abused adolescents: A randomized controlled trial. Paper presented at the Eleventh Annual Toronto Energy Psychology Conference, October 15 - 19, 2009. Retrieved October 27, 2009, from <http://soulmedicineinstitute.org/children.pdf>

- Seven veterans (four who had been deployed in the Iraq war, two in Vietnam, and one who suffered from PTSD after sexual assaults) completed a well-validated pre-treatment inventory that detects the presence and severity of a range of psychological symptoms. Following six exposure/acupoint treatment sessions focusing on combat and other traumatic memories, the severity of symptoms decreased by 46% ( $p < .001$ ) and the PTSD scores decreased by 50% ( $p < .016$ ). Gains were maintained at three-month follow-up.

Church, D., Geronilla, L., & Dinter, I. (2009). Psychological symptom change in veterans after six sessions of Emotional Freedom Techniques (EFT): An observational study. [Electronic journal article]. *International Journal of Healing and Caring*, 9(1). Retrieved April 5, 2009, from <http://www.patclass.com/Marshall%20Published.pdf>

## THREE PAPERS PROVIDING AN OVERVIEW OF ENERGY PSYCHOLOGY

### Rapid Treatment OF PTSD

#### Why Psychological Exposure with Acupoint Tapping May Be Effective

David Feinstein, Ph.D.

#### Abstract

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.

Citation: Feinstein, D. (in press). Rapid treatment of PTSD: Why psychological exposure with acupoint tapping may be effective. *Psychotherapy: Theory, Research, Practice, Training*. Full manuscript available from [www.EnergyPsychEd.com/mechanisms](http://www.EnergyPsychEd.com/mechanisms).

### Energy Psychology in Disaster Relief

David Feinstein, Ph.D.

#### Abstract

Energy psychology utilizes cognitive operations such as imaginal exposure to traumatic memories or visualization of optimal performance scenarios—combined with physical interventions derived from acupuncture, yoga, and related systems—for inducing psychological change. While a controversial approach, this combination purportedly brings about, with unusual speed and precision, therapeutic shifts in affective, cognitive, and behavioral patterns that underlie a range of psychological concerns. Energy psychology has been applied in the wake of natural and human-made disasters in the Congo, Guatemala, Indonesia, Kenya, Kosovo, Kuwait, Mexico, Moldavia, Nairobi, Rwanda, South Africa, Tanzania, Thailand, and the U.S. At least three international humanitarian relief organizations have adapted energy psychology as a treatment in their post-disaster missions. Four tiers of energy psychology interventions include 1) immediate relief/stabilization, 2) extinguishing conditioned responses, 3) overcoming complex psychological problems, and 4) promoting optimal functioning. The first tier is most pertinent in psychological first aid immediately following a disaster, with the subsequent tiers progressively being introduced over time with complex stress reactions and chronic disorders. This paper reviews the approach, considers its viability, and offers a framework for applying energy psychology in treating disaster survivors.

CITATION: Feinstein, D. (2008). Energy Psychology in Disaster Relief. *Traumatology*, 14, 124-137. Full manuscript available from [www.EnergyTraumaTreatment.com](http://www.EnergyTraumaTreatment.com).

## **Energy Psychology: A Review of the Preliminary Evidence**

**David Feinstein, Ph.D.**

### **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.

CITATION: Feinstein, D. (2008). Energy Psychology: A Review of the Preliminary Evidence. *Psychotherapy: Theory, Research, Practice, Training*. 45(2), 199-213. Full manuscript available from [www.EnergyPsychologyResearch.com](http://www.EnergyPsychologyResearch.com).