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Tara Nicotra-Clemente
The Experience of Social
Workers Who Use Thought
Field Therapy or Emotional
Freedom Technique

ABSTRACT

This thesis explores social workers' experiences with their use of Thought Field Therapy (TFT) and Emotional Freedom Technique (EFT) with their clients. These techniques, which are also known as tapping, involve tapping one's own fingers in a specific sequence on specific points on the body while tuning into undesired feelings in an effort to eliminate feelings of distress.

For this study, I conducted semi-structured interviews with twelve clinical social workers. The study participants had been practicing either EFT or TFT for an average of eight years, with three years being the least amount of time that a participant had been using tapping, and 18 years being the longest amount of time that a clinician had been using it.

All of the participants strongly believed that tapping works very well and very quickly. They said that tapping works particularly well for anxiety, trauma and phobias. Some also believed that tapping is effective for treating physical pain. The participants explained that EFT and TFT are effective only when applied to a client's emotional reaction to specific situations. Most of the participants expressed that TFT and EFT are ineffective either when the client is not ready to change or when the therapist lacks skill, rather than when they are applied for specific issues.

This study brings attention to tapping so that social workers can stay informed about this technique. Practicing social workers should be aware that other practitioners in

the field experience great success with it, so that they can decide to learn about it if they choose.

THE EXPERIENCE OF SOCIAL WORKERS WHO USE THOUGHT FIELD
THERAPY OR EMOTIONAL FREEDOM TECHNIQUE

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Tara Nicotra-Clemente

Smith College School for Social Work
Northampton, Massachusetts, 01063

2009

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CHAPTER I

INTRODUCTION

The purpose of this exploratory study is to understand social workers' experiences in regards to their use of Thought Field Therapy (TFT) and Emotional Freedom Technique (EFT) with their clients. These techniques, which are also known as tapping, involve tapping one's own fingers in a specific sequence on specific points on the body while tuning into undesired feelings in an effort to eliminate feelings of distress. They are energy psychology treatment methods, which means that practitioners believe they work by making alterations in the body's energy field, though some practitioners believe that there are explanations for its efficacy that are more in line with Western science.

Researchers who promote tapping claim that it can effectively treat a wide range of issues including anxiety, post-traumatic stress, and depression among many others (Andrade & Feinstein, 2003; Folkes, 2002; Johnson, Shala, Sejdijaj, Odell & Dabishevci, 2001; Rowe, 2005; Sakai et al., 2001; Wells, Poglase, Andrews, Carrington & Baker, 2003). Some clinicians say that tapping can yield positive results in a matter of minutes, even when other traditional methods fail to work (Andrade & Feinstein, 2003; Callahan, 2001; Wells et al., 2003). Given these claims, social workers should know more about tapping methods. In the field of social work, keeping informed on interventions that may prove to be effective options for working with clients is imperative.

While the alternative nature of the treatments may discourage clinicians from taking them seriously, evidence shows that more and more clients are becoming

interested in alternative therapies. The results of one nationally representative 1997 phone survey demonstrated that 67.6% of the 2,055 participants had used complementary and alternative medicine therapies at least one time in their life (Kessler et al., 2001). This study also showed that use was considerably higher among post baby-boomers, with 7 out of 10 using these therapies, compared to 5 out of 10 baby-boomers and 3 out of 10 pre baby-boomers, indicating that the trend is increasing over time. Fortunately, considering their growing widespread use, an abundance of research supports the use of alternative methods. Research specific to tapping is still scarce at the moment, though is slowly growing. The current study adds to the literature on tapping.

As of the year 2000, thousands of therapists had been trained in Thought Field Therapy (Pignotti, 2002), and this number has undoubtedly continued to grow. Staying informed of the effective methods being applied in the field of social work is important for social workers so that they can have more options to draw from when working with clients. This study is important in adding to the literature on tapping. It provides social workers with information about a treatment technique that many others in their field have had success with. This study benefits clients by educating them about their options for therapy.

This is a qualitative thesis, which was completed by interviewing twelve social workers about their experiences using tapping with clients. Chapter two presents a literature review, which provides information on energy therapy and the origins of the two most widely used tapping techniques, EFT and TFT. The literature review also provides information on research that supports tapping, as well as research that does not support tapping. Chapter three presents the methodology of the study, detailing the

process of study recruitment and participant involvement. Chapter four reports the findings of the study, demonstrating the five most common themes that came up during the interviews as well as other findings. Last, chapter five provides a discussion of the findings.

CHAPTER II

LITERATURE REVIEW

In this literature review, I will first provide an overview of energy psychology, the theory from which tapping interventions originated. Next, I will discuss how the founders of tapping methods, Roger Callahan and Gary Craig, discovered and promoted these techniques. I will then present proposed theories on how the methods work, followed by a review of the supporting literature. Last, I will present the unsupportive literature and an overview of what tapping critics say.

Energy Psychology

Energy psychology, also referred to as energy-based psychotherapy or energy therapy, is a specialty within the field of energy medicine, a recognized domain of Complimentary and Alternative Medicine, or CAM, by the National Institutes of Health (Bains, 2007; Serlin, 2005). The theory behind energy medicine postulates that humans are made up of living energy, and that symptoms can be healed through the manipulation of that energy system (Bains). The concepts of human energy and energy healing have been present in many cultures for thousands of years (Feinstein, 2008; Gallo, 2007; Hover-Kramer, 2002b). People who are persuaded by these ideas believe that everything, including thoughts and emotions, are made up of energy and that life energy enters the human body through the breath (Gallo, 2007). Allegedly, three primary components make up the human energy system, including the human biofield, the chakras and the meridians (Hover-Kramer, 2002b). The human biofield is identified as an electromagnetic field of

energy surrounding the body. Chakras are said to be vortexes of human energy, areas in the body that allow the inflow of energy from the universe as well as the release of energy. The chakras are said to be connected to specific parts of the body and have specific emotional components. For example, the root chakra, located at the feet, is associated with safety and survival, and the throat chakra is related to self-expression and creativity (Hover-Kramer, 2002b). If energy becomes blocked in the throat area, self-expression then becomes thwarted. The other component of the human energy system, the meridian system, is said to carry energy by means of pathways throughout the body. Practitioners of energy methods believe in promoting the flow of energy and unblocking areas of stagnant energy for healing. These concepts are gradually becoming more accepted into mainstream healthcare. For example, in 1996 the term *energy field disturbance* became an official diagnosis in the nursing field (Hover-Kramer, 2002b).

Clinicians who are persuaded by energy psychology believe that psychological problems are a direct result of imbalances in the body's energy field (Andrade & Feinstein, 2003; Feinstein, 2008; Gallo, 2007; Phillips, 2000). The theory has its origins in a combination of acupuncture theory and applied kinesiology.

The first known piece of writing on the Chinese system of acupuncture, the Nei Ching, dates back to sometime between 2697 and 2597 B.C. (Gallo, 2005). Rumor credits the emperor of China as the author, though this information officially remains unknown (Gallo, 2005). According to current acupuncture theory, which has much in common with the original theory described in the Nei Ching, there are 12 bilateral meridians, lines that pass through certain organs of the body. Secondary meridians are connected to the primary 12, and all are connected in such a way to allow the flow of life energy, known

as “qi” or “chi”, throughout the body (Gallo, 2005; Wolfson, 2003). Acupuncture practitioners use needles to manipulate energy through these points in an effort to bring the body’s energy system into balance (Wolfson). According to the World Health Organization, the effectiveness of acupuncture is scientifically supported for at least 28 conditions, and though it is not scientifically proven, an additional 63 conditions appear to be helped by acupuncture (Feinstein, 2008). Considering the World Health Organization's position of international authority, this statement is quite significant.

At this time, it is unknown how the meridians were first discovered. In 1997, physicist Hiroshi Motoyama invented the Apparatus for Meridian Identification, or the AMI, a computer system that is designed to measure meridians (Hover-Kramer, 2002b). The AMI works by reading electronic signals from the body through electrodes, which are placed on meridian points. It has been used to demonstrate that meridian points on the foot, which are associated with vision, stimulate the visual cortex when touched (Hover-Kramer, 2002b). Motoyama's research demonstrated the possibility that meridian points exist in a scientific manner, and allowed for a more concrete understanding of them. In the 1960s, acupuncture theory was the inspiration for a new field known as applied kinesiology, the other area from which energy psychology originated (Gallo, 2005).

Influenced by a book on acupuncture that he read in 1966, chiropractor George J. Goodheart started to pay attention to relationships between certain muscles and body organs. As a result, he founded applied kinesiology (Gallo, 2005). Applied kinesiology, or AK, is a system that uses muscle testing as a way to understand body functioning and then utilizes muscle-strengthening techniques to improve functioning (Gallo, 2005). In

this system, weak muscles are an indication of negative emotional states of being and strong muscles indicate positive emotion (Gallo, 2005; Phillips, 2000).

A group of researchers studying AK conducted a study with 89 healthy college students (Monti, Sinnott, Marchesa, Kunkel & Greeson, 1999). The participants were asked to make true and false statements about themselves while the researchers performed muscle testing on them. According to the results, when participants made statements they believed to be true, they demonstrated 17% more muscle force and held strong for 59% longer than they did when they made statements they believed to be false. These results, which are considered statistically significant, support the theory of AK. In this system, treatments that will strengthen the weak muscles are applied for healing. Goodheart found that tapping on certain points was an effective method. In 1974, he created a certificate program for health professionals interested in learning AK (Gallo, 2005).

At that time, John Thie, a colleague of his, felt that there was a need for non-professionals to learn about AK as well. Thie discovered Touch for Health, a method of energy balancing which was the first of many offshoots of AK, and one that could be safely used by lay people (Gallo, 2005). Shortly after its discovery, psychiatrist John Diamond received his AK certification through Goodheart's program. With his new training, Diamond began to notice associations between certain emotions and meridian points just as Goodheart had noticed associations between certain muscles and meridians. Diamond claimed that each meridian was related to a positive and negative emotional state. He maintained that an imbalance of what he coined life energy was the root cause of all psychological problems (Gallo, 2005). With these claims, Diamond became the

first person to integrate psychotherapy with AK. He stated, “When we are diseased, there will be an imbalance of chi, of life energy, of spirit, affecting a specific acupuncture meridian, leading to particular psychological and physical problems and ultimately to disease” (Diamond, 1985, p. 5). Diamond’s work marked the beginning of the field of energy psychology (Gallo, 2005).

According to the Association for Comprehensive Energy Psychology (ACEP), an international non-profit association concerned with establishing the credibility and effectiveness of energy psychology methods, energy psychology interventions address the body’s energy pathways, energy centers and energy systems (About ACEP). The three best known and most widely-used energy psychology interventions today are Thought Field Therapy (TFT), Emotional Freedom Technique (EFT) and Tapas Acupressure Technique (TAT) (Feinstein, 2008). The focus of this paper will be on TFT and EFT since these two methods are similar in that they involve tapping meridian points, whereas TAT involves placing hands on the points without moving them.

Founders of Tapping

Roger Callahan, the founder of Thought Field Therapy, was a cognitive and behavioral therapist who studied Applied Kinesiology at Goodheart’s program. He collaborated with John Diamond early on in his training, before he started to make his own contributions (Flint, Lammers & Mitnick, 2006; Gallo, 2005). Callahan discovered tapping by chance when he was working with a client, Mary Ford, on her phobia of water in 1979 (Gallo, 2005; Mollon, 2007). Callahan had been using traditional methods of therapy in their work together for 18 months before Ford could bring herself to sit by the side of Callahan’s swimming pool, though she still felt discomfort with the experience

(Gallo, 2005; Mollon, 2007). After using his knowledge of applied kinesiology to perform a muscle test with Ford, Callahan concluded that she had a problem with her stomach (Mollon). He decided to try something new with her, by asking her to tap on a meridian, a specific point on her body, which corresponded with her stomach. Callahan claims that at the very moment Ford finished tapping on the meridian, she stood up and announced that her fear of water was gone (Mollon; Pignotti, 2002). Evidently, the phobia never returned for her. Callahan was amazed at the seeming efficacy of the treatment, and consequently decided to further investigate tapping. His early findings were not supportive of the intervention. He later discovered, however, that different clients responded to different sequences of tapping. He used a technique he termed causal diagnosis, which involved muscle testing as a way to determine which body points clients should tap for successful results (Mollon). Each sequence, called an algorithm, is designed to treat specific symptoms (Flint et al.). Within a year of treating Mary, Callahan founded a method, which he claimed worked successfully for most of his clients who were experiencing anxiety, phobias and trauma. He coined the method Thought Field Therapy, or TFT, because he believed that a person's thoughts were expressed through an energy field surrounding the body and that this energy field could be altered through his technique (Mollon).

When using Callahan's (2001) technique, clinicians measure success by assessing subjective units of distress, or SUD (Bray, 2006). Before the start of the treatment session and then after each algorithm, clients are asked to state their level of distress on a scale from one to ten so that it becomes clear when the change is happening. Ideally, the clients will continue applying algorithms until their subjective units of distress are down to a

zero. In the case of someone who just experienced a traumatic event, the clinician does not assess SUD at the beginning, but assumes it to be a ten (Bray, 2006). Additionally, Callahan said that there may be several aspects of one trauma and that clients must address each individual aspect separately before they can be free of symptoms.

According to Mollon (2007), Callahan maintained that there are two ways to approach clients for whom TFT is ineffective. The first way is through *TFT diagnosis*, which involves a form of assessment that requires the client to be present, rather than in another location on the telephone (Mollon). The second way is called *Voice Technology*, or VT, and is known by only a handful of practitioners (Mollon). It is generally understood as a way of assessing voice over the phone and treating the client from a distance (Gallo, 2005). When writing about TFT, Pignotti (2005; 2007) explained that Callahan charges \$100,000 to trainees who sign up to learn VT and he requires them to sign a confidentiality agreement, stating that they will not reveal his secret. Understandably, this has been a source of controversy around Callahan's methods.

Pignotti (2007) and Gallo (2005) claimed that when clients did not respond to Callahan's methods, Callahan believed that energy toxins were present and were blocking the client's ability to receive the treatment. Toxins, Callahan claimed, can be anything from corn to cigarettes that affect the client's energy field. He used muscle testing to identify the toxins, which he believed were affecting the treatment, and then required the client to eliminate the toxins before moving on with further treatment. Other energy psychology practitioners have claimed that psycho-energetic reversals and neurological disorganization can prevent energy methods from working effectively (Feinstein, 2004; Hover-Kramer, 2002b). A psycho-energetic reversal has been described as a conflict in

the energy system which causes the person to end up with the very opposite of what they are striving for (Feinstein, 2004). Neurological disorganization is described as a situation in which the central nervous system misinterprets nerve impulses (Feinstein, 2004). Practitioners believe an *energy check* to assess if psycho-energetic reversals or neurological disorganization are present is essential, as well as correcting for psycho-energetic reversals or neurological disorganization, by means of specific energy techniques, before proceeding with the intended intervention. Practitioners also discourage the use of energy methods with people who have experienced recent trauma, people with personality disorders and people with psychosis because it may be ineffective and even detrimental to these populations (Feinstein, 2004).

Callahan was the only known practitioner and developer of therapeutic interventions involving tapping until the 1990's, when other clinicians began discovering offshoots of Thought Field Therapy (Manning, 2007). The most recognized of these clinicians, Gary Craig, coined "Emotional Freedom Technique," or EFT, for the method he founded (Manning, 2007).

EFT can be distinguished from TFT because EFT designates one specific tapping sequence for all presenting problems and it is meant to be used in combination with talking (Flint et al., 2006). The first step when using EFT is to have the client remember and focus on the distressing experience. Since EFT is an exposure-based therapy, requiring exposure to the negative event or traumatic situation to be reached, this is accomplished through actively calling it to mind (Feinstein, 2008). The client should then come up with a reminder phrase about the event so that the memory actively stays in mind during the treatment (Flint et al., 2006). The clinician then assesses the level of

emotional intensity that the client is feeling by asking the client to rate how strongly he or she feels a certain way on a scale from zero to ten, with zero being not at all and ten being very strong. The treatment begins with the client stating an affirmation before following the clinician's lead on where to tap and in what order. At the end of the treatment, another assessment of emotional reaction is made when the clinician asks the client to give another rating on the zero to ten scale. EFT is easily accessible and free to anyone interested in using it. Consequently, many clinicians around the world have incorporated EFT into their repertoire of interventions (Mollon, 2007). Furthermore, clients are able to learn the technique and apply it on their own without needing their clinician to be present for it to be effective.

How Tapping Works

Energy psychologists believe that alterations in the body's energy field are responsible for the changes that occur with tapping (Flint et al., 2006). Callahan agreed with energy psychologists that a person's thoughts are expressed through an energy field surrounding the body and that this energy field can be altered through his technique (Mollon, 2007). He claimed that perturbations which he identified as bioenergetic units of information that are contained in the thought field, are activated when the thought field is attuned and that this activation balances the body's natural energy flow (Pignotti, 2005). He believed that the perturbations, which are present when the person thinks about the trauma or emotional situation, are the cause of distress (Pignotti, 2002). Many clinicians, however, are skeptical of these claims but feel that it is not essential to believe in them to see that tapping may work.

Some believe that tapping works by cognitive restructuring, which involves altering thoughts and replacing them with more beneficial thoughts (Gallo, 2007). Others believe it works due to a placebo effect or due to a function of distracting people from their problems (Gallo, 2007). Clinicians who operate from a Western orientation believe there are other explanations for the efficacy of tapping and other meridian-based therapies (Becker, Reichmanis, Marino, & Spadaro, 1976; Ruden, 2005). Some researchers propose that a structure with electrical properties within the body is responsible for their effectiveness (Becker, Reichmanis, Marino, & Spadaro, 1976). In 1976, a research team examined electrical conductance on meridian points and non-meridian points on the skin in seven participants between the ages of 24 and 32 (Becker, et al., 1976). Three of the participants were male and four were female. The researchers completed ten separate conductance scans on identified meridian points on the forearms of each participant. They repeated the same procedure for each participant on an area of the skin not believed to contain meridian points. The results showed that 50% of the meridian points had statistically significant higher conductance rates than the non-meridian points did. While the researchers claim that the results were statistically significant, the researchers' theory, regarding an electrical structure in the body, would be more plausible if more participants were involved. This study also appears to be one of the only studies of its kind, which means that much more research is needed before people can confidently accept the theory. Other researchers believed that there is a neurobiological explanation, which points to increasing serotonin in the brain (Ruden, 2005). Their theory is that thinking about a traumatic or anxiety provoking thought activates the body's fear response, which is directly linked to the specific memory

(Ruden). These researchers posit that tapping, as it is a form of sensory stimulation, then increases serotonin, which starts the beginning of a chain of events that happen in the brain ultimately resulting in a disconnection between the memory and the encoded fear response (Ruden). They claim that the memory should not evoke the fear from then on (Ruden). Similar neurobiological explanations posit that neurological connections are altered in such a way that the negative responses are no longer connected to the previously distressing memory (Feinstein, 2004).

Research on Tapping

TFT and EFT have been shown to reduce levels of self-reported distress among patients suffering from a number of different emotional issues, including general psychological distress, acute stress, adjustment disorder with anxiety and depression, alcohol cravings, anger, anxiety, chronic pain, depression, fatigue, major depressive disorder, maladaptive food cravings, nicotine cravings, obsessive traits, obsessive-compulsive disorder, panic disorder, stress, PTSD, social phobia, somatoform disorders, specific phobia and histrionic traits (Andrade & Feinstein, 2003; Folkes, 2002; Johnson et al., 2001; Rowe, 2005; Sakai et al., 2001; Wells et al., 2003).

Johnson et al. (2001) researched the effectiveness of TFT on trauma. The research team made five trips to Kosovo in 2000, shortly after the citizens of that region had been exposed to extreme levels of violence due to conflict between the Albanian and Serbian people. Johnson's team treated 105 participants, equal parts male and female, ranging from ages 4 to 78, with TFT. To participate in the study, participants had to indicate the presence of emotional suffering related to exposure to traumatic events. According to the results, 103 out of the 105 participants reported complete disappearance of emotional

distress related to traumatic events after undergoing one TFT session. Furthermore, all of the 103 participants reported continued absence of emotional distress at follow-up appointments. It should be noted, however, that follow-up appointments varied from one month to nine months after treatment. It is not clear how many people were contacted at each follow-up time, therefore it is not clear if results at nine months post treatment are equivalent to results after one month. The results of this study sound impressive, however the researchers left out important information about the methods. The results could be interpreted very differently depending on what protocol was used for administering TFT. If the protocol was to work with each participant for a specific amount of time, for example, 30 minutes, the results would be quite significant. On the other hand, if the protocol was to work with participants until they reported an absence of emotional distress, the results would be far less remarkable. In the second case, participants could have feigned improvement so that they could end their sessions. Additionally, since this study did not involve a control group, we cannot determine if TFT is more effective than the use of either other treatments or no treatment. Due to these issues, the results of this study are difficult to interpret.

Callahan (2001) researched the effectiveness of TFT in lowering self-reported levels of distress with 20 participants, ranging from ages 13 to 83. The participants first reported Subjective Units of Distress (SUD) while thinking about their presenting problems during the pre-test, then they received TFT treatments. All of the participants who reported an SUD of six or higher during their pre-tests reported an SUD of one during their post-tests. Although the protocol was to work with participants until they reported only one SUD, it is notable that the longest treatment lasted only 15 minutes.

Callahan's study also showed the effects of TFT using short-term Heart Rate Variability. Heart Rate Variability, or HRV, is a number that indicates the degree of fluctuation in the length of intervals between heartbeats. Researchers have used HRV as a measurement tool in hundreds of studies, and there have been over 2,000 journal articles written about it since 1970 (Bray, 2006). According to Pignotti and Steinberg (2001), it is a strong predictor of mortality and is linked to anxiety, panic disorders, phobias, PTSD and depression. All of the participants in Callahan's study had an HRV pre-test and post-test, and the results demonstrated that they all experienced changes in HRV over 48.5%. Callahan's study makes a strong case for TFT, as it shows positive changes in both self-reported distress and HRV measurements. However, Callahan left out information on the criteria for participation in his study. Since he did not mention whether or not the participants had formal diagnoses that were addressed during the study, it is not possible to know whether TFT was effective in treating specific diagnoses.

Other studies have also demonstrated that physiological measurements of heart-rate variability improve with the use of Thought Field Therapy (Pignotti & Steinberg, 2001; Sakai et al., 2001). In a research study conducted by Pignotti and Steinberg, one HRV expert thought that his equipment was malfunctioning because he was perplexed about the significant changes that came about so quickly after participants received TFT treatments.

Clinicians who promote tapping claim that it yields results significantly faster than other treatment methods do, and some research studies appear to support this (Andrade & Feinstein, 2003; Callahan, 2001; Wells et al., 2003). For example, in one study, 96 participants with specific phobias were treated with CBT, while 94 participants

with specific phobias were treated with tapping techniques (Andrade & Feinstein). Sixty-nine percent of the participants who were treated with CBT experienced an improvement within 9 to 20 sessions, while 78 % of the participants who were treated with tapping experienced an improvement within one to seven sessions (Andrade & Feinstein). It is possible that the researchers showed more enthusiasm for the tapping treatments than they did for the CBT treatments, resulting in better outcomes for tapping. However, this is difficult to determine. If the researchers did not let bias affect the treatment, these results are important. They demonstrate that tapping can work faster than other treatments, which is one of the reasons that people who promote tapping believe it is important.

Another reason that many clinicians promote tapping is that they believe its results are long lasting. There are several studies that show that results of tapping last anywhere from 30 days up to at least one year (Andrade & Feinstein, 2003; Folkes, 2002; Johnson et al., 2001; Rowe, 2005; Wells et al., 2003). One study in particular looked at the effects of one Thought Field Therapy session 30 days after it was administered to 61 clients from five different language groups (Folkes, 2002). The results demonstrated a significant drop in all PTSD symptoms that were present before the TFT session and 79% of the participants reported improvement in their symptoms 30 days later. Similarly, another study showed that post-test results regarding any changes in psychological functioning were still significantly improved at a check-in point six months after a three-day EFT workshop (Rowe, 2005). The participants of this study were chosen because they attended an EFT workshop, and they did not present with any specific problems. In Andrade and Feinstein's 2003 study mentioned previously, researchers found that at a

one-year follow-up, participants had relapsed significantly less than the study's control group participants, who had been treated with a combination of cognitive-behavioral therapy and medication.

Energy psychology therapies have demonstrated effectiveness across ages and genders (Bray, 2006; Johnson et al., 2001; Wells et al., 2003), though no researchers have indicated the sexual orientation of the participants in their studies yet. The therapies have also shown to be effective in culturally and racially diverse populations, as well as across languages (Bray & Folkes, 2002; Folkes, 2002; Johnson et al., 2001; Mollon, 2007; Pignotti, 2002). Callahan has personally trained clinicians from England, Sweden, the Netherlands, France, Spain, Italy, Canada, Greece, Germany, Australia, Brazil, Denmark, Switzerland, Bolivia, Mexico, and Japan (Pignotti, 2002). Some researchers felt that since they did not require participants to completely divulge their trauma histories or other narratives, TFT and EFT were especially appropriate methods to use with people from cultures where talking about such topics is considered taboo or unusual (Folkes, 2002). Clinicians have successfully treated citizens in war-torn areas of Rwanda and Kosovo for PTSD (Feinstein, 2008; Johnson et al., 2001). For one study, researchers followed 29,000 participants from 11 different treatment centers in South America over a period of 14 years (Andrade & Feinstein, 2003). As part of this project, several randomized double-blind pilot studies yielded favorable results for EFT, including one in which clinicians rated the level of change they observed in participants who received a treatment. The clinicians did not know who received EFT and who was part of a control group that received a different treatment. They assessed that 90% of the EFT group improved while only 63% of the control group improved. Furthermore, they said that 76% of the EFT

group became symptom free while only 51% of the control group became symptom free. The results of this study are particularly convincing because the raters did not know which treatments the participants were receiving, and therefore the potential for bias was eliminated.

In another study, multilingual clinicians used several languages to speak with participants of different ethnic backgrounds, including English, Spanish, Amharic (Ethiopia), Tigrina (Eritrea), Somali, French, Swahili, and Arabic (Bray & Folkes, 2002). As part of this study, 64 participants who had experienced traumatic events received between one and three TFT sessions. The participants were all elementary school students living in San Diego, California. Since the participants were children, family or other members of the community were present during the sessions. Thirty-four of the participants completed pre-tests and post-tests, which measured post-traumatic stress symptoms. Of these 34 participants, 79% reported a reduction in the frequency of traumatic stress symptoms. Furthermore, the researchers discovered an overall 40% decrease in the frequency of symptoms reported. The use of surveys in this study helped to make the results believable. Since the participants were not asked to verbally report any changes, it is less likely that they were persuaded to report positive results to appease the researchers. The results are also convincing because the participants completed the post-tests 30 days after the treatment, meaning they most likely did not remember how they filled them out the first time, which could have influenced the way they answered the second time.

In addition to published studies on TFT and EFT, there is also an abundance of anecdotal support for it in the field. Callahan cited 23 radio shows in which he treated 68

people for phobias with a 97% success rate (Hover-Kramer, 2002a). However, Callahan did not follow up with the people he treated on the radio show afterwards, failing to demonstrate the effectiveness of TFT over the long term. Also, it is important to note that Callahan's claim of 97% success is not based on empirical research, and therefore should not be used as legitimate supporting evidence for TFT (Hover-Kramer, 2002a). Similar anecdotal evidence can be found through the main EFT website, on which 165 cases of depression, 460 cases of anxiety, 102 cases of PTSD, 141 cases of weight loss, 128 cases of addiction, 90 cases of sports performance and 389 for physical pain were cited to have been successfully treated with EFT by 2008 (Feinstein, 2008). Again, is necessary to recognize that these cases are not examples of empirical research and therefore cannot be considered legitimate support for TFT.

Unsupportive Research

Despite the growing body of research supporting the use of TFT and EFT treatments, many skeptics question its validity and feel strongly that it should not be used (Gaudiano & Herbert, 2000; Kline, 2001; Lohr, 2001; Pignotti, 2007; Rosner, 2001). Some researchers maintained that energy psychology methods should not be considered safe because they are not yet well understood (Coelho, 2007). Moreover, the American Psychological Association does not allow psychologists to receive continuing education credits for attending seminars on energy psychology (Feinstein 2008). This skepticism is in part related to the alternative nature of the treatments, and the fact that they are based on a non-Western model. Furthermore, they have only recently been discovered and there is a shortage of controlled studies demonstrating their effectiveness (Herbert & Gaudiano, 2001; Kline, 2001; Lohr, 2001; Pignotti, 2007; Rosner, 2001).

In 2001, Roger Callahan, the founder of TFT, was given an opportunity to publish five non-peer reviewed articles in the Journal of Clinical Social Work (Pignotti, 2007). At that time, the editor of the journal made this offer in response to Callahan's claim that there is a bias against innovative therapies in the peer review process (Pignotti, 2007). The editor allowed Callahan to publish non-peer reviewed articles under the condition that each article would be followed by a review in the same issue (Pignotti, 2007). This was Callahan's opportunity to demonstrate that TFT is a valid and effective technique. The response articles, however, were highly critical of the studies that were published (Kline, 2001; Rosner, 2001; Lohr, 2001; Herbert & Gaudiano, 2001).

All of the writers who wrote the response articles pointed out flaws regarding the study samples, highlighting that the researchers either did not provide any description of their samples, that the samples may have been biased, or that the samples were too small or too heterogeneous (Kline, 2001; Rosner, 2001; Lohr, 2001; Herbert & Gaudiano, 2001). Furthermore, the writers criticized the lack of information about the selection process for study participation (Lohr, 2001; Rosner, 2001).

One researcher attempted to refute the effectiveness of Thought Field Therapy by conducting a research study in which 66 participants were randomly assigned to either a TFT treatment group, or a control group receiving a false TFT treatment using non-TFT points on the body (Pignotti, 2005). In both groups, 97% of the participants reported a complete disappearance of subjective emotional distress (Pignotti, 2005). The participants were all mental health practitioners attending a TFT training (Pignotti, 2005). Although the results of this study show that the beneficial results of TFT may be unrelated to the order of the algorithm sequences, the results do not have any significance

for EFT since EFT practitioners believe that the order in which meridians are tapped is unimportant.

Summary

According to energy psychology theory, disruptions in the body's energy field cause negative physical and emotional problems. In line with this theory, the way to address these issues is through manipulation of the body's energy through the use of certain methods. Thought Field Therapy and Emotional Freedom Technique, both also known as tapping, are the most commonly used methods. They involve the client tapping his or her own fingers in specific sequences on the body in an effort to eliminate emotional distress. Researchers have been demonstrating its effectiveness through a number of studies, though skeptics have also been publishing their criticisms. Nevertheless, an increasing number of social workers have been using it with clients and reporting success. For this reason, it is important for social workers to keep informed on energy psychology methods. Using the energy psychology perspective, I will examine how social workers are using tapping and learn about their experiences using it. The literature on tapping is currently scarce, and ultimately this study will contribute to the field so that social workers may learn more about it.

CHAPTER III

METHODOLOGY

In this exploratory study, I conducted semi-structured interviews with clinical social workers in an effort to learn about their experiences using tapping treatments, including Thought Field Therapy and Emotional Freedom Technique, with clients. This was a qualitative study, in which I gathered my data by using flexible methods, interviewing 11 social workers on the phone and one social worker face to face. The interview questions are in Appendix A. By using verbal interviews, I believe that I was able to gather more information than I would have if I had used a written survey. Since literature on the use of tapping is scarce, a qualitative approach was an appropriate way to learn more. Furthermore, no research to date had shown how clinical social workers specifically, rather than clinicians in general, had used tapping and what they had found when they used it.

Participants who met inclusion criteria were practicing clinical social workers who could read and communicate in English, had used Thought Field Therapy or Emotional Freedom Technique with their clients for at least six months and who currently did so at the time of the interviews. Those who did not meet these criteria were not eligible to participate, although nobody who did not meet the criteria contacted me about participating in the study. Before I started recruitment, I received written HSR approval. The HSR approval letter is in Appendix B. To find participants, I used the snowball method by sending out a recruitment email, which explained the study, to the

practitioners I knew of who used TFT and EFT. In the recruitment email, I included a line encouraging recipients to forward it along to other practitioners who may have been qualified to participate or who may have known others who were qualified. To make an effort to ensure a diverse sample, I included a line in the email, that indicated that I was looking for diversity in backgrounds and ethnicity in my sample. I also sent the email to The National Association of Black Social Workers. The email instructed interested recipients to contact me by phone or by email for more information. The recruitment email is in Appendix C.

Nineteen people contacted me to express interest in the study, and twelve of them participated. When a potential participant contacted me, I first assigned them an identification number between one and one hundred in an effort to ensure confidentiality. The numbers corresponded with the potential participant's placement among all of the people who contacted me for the study. For example, the third person that contacted me was assigned the identification number three, although caller number two did not ultimately participate. I wrote the identification numbers on each page of the informed consent forms. I also created an Excel file, which listed the identification numbers and the participants they were associated with. I added participant contact information to the spreadsheet as I received it. These were the only documents linking identification numbers to names, and the Excel file was kept confidential on my personal computer. This computer required a name and password, that only I knew.

Once I assigned the potential participants their ID numbers and recorded them in my Excel file, I provided information on the study to see if the person was still interested before I asked the screening questions. If the person indicated interest after learning

more, I made sure that they met the necessary criteria, which they all did. I then went forward with one of two procedures, determined by where the participant lived and what their preferences for interviewing were.

For those who qualified and preferred to interview on the phone, I mailed two informed consent forms with my signature along with a self-addressed, stamped envelope. The informed consent forms had a line explaining that participants could withdraw from the study at any time during the data collection process, and before March 15, 2009, when the thesis would be written. It also had a line that said participants could refuse to answer any question without penalty. All of the informed consent forms were written in English, as inclusion criteria for the study included being able to read and communicate in English. The consent form explained that the information the participants provided would remain confidential. I also included the statement “Do not include identifying information on clients” on the informed consent form to ensure that their clients were protected. The informed consent form is in Appendix D. Since no participants were under age 18, I did not provide informed consent forms for minors.

In the envelopes I sent out with the informed consent forms, I provided instructions for the recipients to sign both forms, mail one of them back to me, and keep the other for their records. When I received signed informed consent forms back from the participants in the mail, I placed them in a folder separate from all other study materials to keep for my records. I then contacted the participants to schedule times for our phone interviews. I called the participants on the individual times we agreed on and proceeded with the interview questions.

For the one participant who passed the telephone screening and preferred to meet in person, we scheduled a meeting at a mutually agreed upon location, and I brought the informed consent forms to the meeting. The participant signed the forms at the beginning of the meeting, and then I gave the participant a copy to keep. I kept the other copy for my records. Once this was done, we proceeded with the interview questions. At the beginning of the interviews, I stated the identification numbers and did not state the participant's names for the audio recordings.

The participants in this study answered demographic questions, and interview questions about their experiences using Thought Field Therapy or Emotional Freedom Technique with clients. My questions assessed what types of populations social workers were using tapping with, what presenting problems they were using it for, what kinds of results social workers were seeing and how they believed that it worked. The interviews lasted an average of 40 minutes, with the shortest lasting 21 minutes and the longest lasting 60 minutes. I turned on the speaker on my phone and used an audio recording program on my computer, Garage Band '08, to record all of the interviews. After each was over, I transcribed them myself. When I transcribed them, I wrote the participants' identification numbers and left out their names. I then coded participants' answers in preparation for the findings section. I identified themes in individual interviews and made note of common themes across the interviews. All audio files and written data were and will be kept secure for three years and then will be destroyed in accordance with Federal regulations.

CHAPTER IV

FINDINGS

The findings of this study demonstrate the opinions of 12 social workers regarding the use of tapping in therapy. Five major themes were present throughout most of the interviews. All of the participants strongly believed that tapping works very well and very quickly. They said that tapping works particularly well for anxiety, trauma and phobias. Some also believed that tapping is effective for treating physical pain. The participants explained that EFT and TFT are effective only when applied to a client's emotional reaction to specific situations. Most of the participants expressed that TFT and EFT are ineffective either when the client is not ready to change or when the therapist lacks skill, rather than when they are applied for specific issues. Last, some participants shared unique stories and opinions about tapping.

Twelve people participated in this study. All of the participants were clinical social workers. Eleven of them were female and one was male. They all came from the United States, and represented twelve different states in all four of the country's time zones. They had been practicing in the field for an average of 19 years, with a range of five years to 30 years. They had been practicing tapping for an average of eight years, with three years being the least amount of time that a participant had been using tapping, and 18 years being the longest amount of time that a clinician had been using it.

Effectiveness

All of the study participants spoke enthusiastically about the effectiveness of tapping. They reported that they use it with the majority of their clients, and that based on their experiences, they believe it is a highly effective tool. One participant stated, "I think of all the techniques I know, it works the best, it's the fastest and I also find it the most empowering." With regard to EFT, she said that she appreciates that the client can always leave the first session with some sense of relief rather than just providing intake information. When success was defined as an improvement in symptoms due to tapping, five participants reported a success rate between 90% and 100% for their clients, three participants reported a success rate between 80% and 89%, one participant reported a 50% success rate, and three participants did not report their success rate. When discussing her success with it, one participant said, "It's transformed my work, transformed my personal life, it is very often helpful-- sometimes in ways that talk therapy can't touch." She went on to say that she uses tapping successfully with 95% of her client base as well as with herself.

The participants claimed that when it works, tapping yields positive results significantly faster than other therapeutic techniques can. One therapist explained how she felt when she first got started with EFT. She said:

I got the manual, and I tried it with a couple clients, and it was just ridiculous the results that I got. From everything else I had done, people should not be getting over phobias that quickly, and they were!

She continued by sharing several case examples of clients who had resolved traumas and phobias in just one to three sessions, which will be discussed later in this section. When talking about how sessions usually unfold, one clinician stated:

In general, the results are startling and they're quick. The first time, I kind of get the lay of the land, the second time I teach them the EFT and the third time we talk about how well it worked. Then, we're done. That's it! The issue they actually came in with is no longer an issue.

This participant also shared examples of quick recoveries, which will be described later in this section. One therapist talked about her experience using TFT in a war torn country, in which most of the clients with whom she worked had experienced extreme traumatic exposures. She explained that she went over with a group of clinicians and together they taught TFT to the local community leaders. They treated over one hundred participants with TFT, and found that traumas were resolved in an average of 55 minutes. She explained that they measured their results by having the participants fill out the Trauma Symptom Inventory and the Modified Post-Traumatic Stress Symptom inventory both before and after the TFT treatments.

Since many of the participants have used tapping on themselves, they spoke about the effectiveness of tapping on a personal level. Several of the participants personally benefited from EFT or TFT before they introduced it to their clients. One participant explained that she first learned about EFT when she volunteered to have the technique demonstrated on her at a seminar. She relayed that she had a fear of the activity she was participating in on September 11th when she found out that the Twin Towers were hit. She stated that she realized that she paired the activity she was doing at the time with her emotional reaction to the events of September 11th. She explained that by the end of the EFT demonstration, her fear was gone and she was convinced that EFT worked. This participant said, " I'm the kind of person that if the technique works for me, and I see it work for a few other people, then I'm more likely to believe in it, and it works. I can see

how it works, I can feel how it works, I got results right away, so that made me a believer." Another participant said that someone at a workshop introduced EFT to her after he noticed that she had been singled out and humiliated by the workshop leader. She said that she used EFT for forty-five minutes and could not believe the change she experienced. She had been thinking about leaving the workshop, but after using EFT, felt confident to go back in. She stated:

I was in a situation where I had a very strong emotional reaction and I saw how it diminished it immediately, and it was the kind of thing that I thought I would hang onto for a long time. It was so interesting to experience that.

Due to how effective they believe tapping is, the participants expressed frustration that tapping is not yet taken seriously among the therapist community in general. One participant felt that therapists find it threatening to their work. She said, "I think there is a threat out there that if you can save time using EFT and similar techniques versus doing talk therapy for years, why wouldn't you?" Another participant said that the concept of energy is not accepted in conventional medicine even though she believes that therapists have energy experiences all of the time. For example, she referred to the term *use of self*, a concept used in conventional psychotherapy. She described *use of self* as what happens when a therapist picks up on the energy that the client is sending out in a session. Several participants were hopeful that tapping will eventually become more accepted. One therapist said, "I'm hoping that it will get out there into the mainstream because of how beneficial, how easy it is, and also how fun it is."

Tapping Works for Anxiety, Trauma, Phobias

Many of the participants claimed that tapping works well for anxiety, phobias and trauma. To express how strongly one therapist felt about the effectiveness of tapping for

trauma, she said, "I know that if we're really going to get that trauma off of the hard drive, we're really going to need a technique like EFT at some point." She then talked about her own experience of how she used EFT to resolve a personal trauma, as well as some clinical examples of times it has worked. Another participant said that she first learned about tapping from her neighbor who got rid of her severe phobia of spiders through tapping. The participant explained that she was so surprised to see her neighbor carrying a spider out of her house that she decided she had to learn about the technique that had helped. Similarly, another participant said that he worked with a client who had a phobia of snakes. The client rated her fear a 15 on a ten-point scale. The therapist said that after only six minutes of using EFT, her fear was gone and remained so when they tested it ten days later at a follow-up session.

One therapist said that she worked with a client who had difficulty with saying no. She explained that the client would say yes even in circumstances where she did not want to. Together, the client and therapist explored the client's history and eventually agreed that the client's trouble was related to a traumatic experience that the client had when she was two years old. In one session, she said, they tapped on the experience and afterwards the client felt that both the trauma was completely resolved and that she was able to say no.

According to another participant, EFT worked for a client who had a fear of going to work. The participant explained that every morning, this client vomited and experienced extreme anxiety for two hours. Through talk therapy, the therapist and the client came to an understanding that the anxiety was related to a specific trauma in the client's life. The client then tapped with the clinician, focusing on the memory of the

trauma, and on the Subjective Unit of Distress (SUD) scale, a rating system commonly used by EFT and TFT practitioners, her rating dropped from a seven to a four. The next day, the client called to inform her therapist that she hardly felt any anxiety in the morning.

Another participant talked about a client who had been experiencing intense anxiety and panic attacks for twenty years. In the first session, the client explained to the therapist that due to her anxiety, she had not driven on highways or freeways in ten years. The therapist introduced tapping to the client and they used it throughout the session, though at the end, the client said that she did not believe it worked. The therapist reported that two days later the client called her to say that she had driven home from the session on the highway.

Another participant talked about a client who had been experiencing nightmares in which he was reliving a traumatic experience from his childhood. The clinician said that the client reported a SUD rating of ten when he thought about the traumatic event. She explained that at the end of one session using EFT, the client reported that his SUD rating went down to a zero. She said that the next time he came back, he reported that the nightmares were gone as well.

Tapping Works for Physical Pain

Several participants spoke about the effectiveness of using EFT or TFT for physical pain or physical symptoms. For example, one participant said that EFT worked for treating anxiety as well as Tourette's syndrome symptoms in one of her clients. She explained that they were using EFT for anxiety, but the Tourette's syndrome symptoms decreased as a side effect. Another participant said that she always uses pain to

demonstrate how EFT works. She said, "I always look at physical pain because it is the easiest and takes the least amount of time to shift. In an hour presentation, if I can't get it to go away, I can at least get it to shift." One participant told a story about a client who had been in an accident five years prior to their meeting. About the client, the participant said, "When he came in, he kind of walked crab-like, he kind of walked sideways, and he was all bent over." Within one hour of using EFT, the clinician explained, the client was standing and walking straight. Another clinician said that she taught EFT to a group of nurses. At the beginning of the workshop, eleven nurses reported that they were experiencing some kind of physical pain. By the end of the workshop, only three of the nurses were still experiencing the pain they had come in with.

Two participants gave personal examples of what EFT had done for them physically. One of them explained that she had been experiencing intense physical pain without relief for six years. She said that when she used EFT, the pain disappeared for the first time in six years and was completely gone for six full weeks. The other participant who gave a personal example explained that she had a neurological problem that caused a weakness on her right side and had prevented her from walking without assistance for two years. Due to this neurological problem, she experienced recurrent painful episodes. She said that tapping first dramatically reduced the frequency and intensity of the episodes she experienced, and then eventually eliminated them entirely. She reported that now she has not had an episode related to the problem in seven to ten years. Another participant reported that she encourages her client to tap on colds. She said that she tapped with one client, and the client woke up the next day with all of her cold symptoms completely gone.

EFT was successful according to a participant who used it with a client who had high blood pressure. He said that the client used EFT in the waiting room of his doctor's office, and when he went in, he did not have high blood pressure for the first time in his life. The same participant talked about a client who had back and shoulder pain that his primary care doctor and physical therapy could not improve. He said that within a half an hour of EFT, the client's pain completely vanished.

One participant talked about a client who had carpal tunnel syndrome and had developed trigger finger, a condition that causes the fingers to lock when extended, as a result of his diabetes. He said that this client's hand was affected to the point where he could not open it or close it, and he rated the pain a seven on the SUD. The participant said that he introduced EFT to the client, and within one session, the pain was gone. He said that when he saw the client two months later, his carpal tunnel syndrome was gone, he was able to close his hand firmly and he had cancelled a surgery he had previously scheduled to treat it. Similarly, another participant talked about a client who was experiencing pain in her fingers, which she rated a ten on the SUD scale. She said that she had tried several medications but never improved. When the therapist used EFT with the client, her pain level went down to a six.

Tapping Is Effective When Applied to Specific Emotional Reactions

Several of the participants emphasized that tapping is only effective when applied in a very specific manner. They explained that it only works for treating specific issues when those exact issues are correctly identified, and that it does not work for treating more general issues. They explained that tapping quickly decreases distress levels related to specific aspects of situations, but that each aspect of a situation must be addressed

individually in order for all of the stress associated with it to disappear. For example, one participant said that she uses something that she calls the "movie technique" with her clients. She explained that she asks her clients to identify a traumatic incident and then give the incident a title, such as that of a film. She then asks the client to break up the incident into different parts, or scenes. Through tapping, she and the client address the client's emotional reaction to all the different parts of the incident, one by one, until the entire incident has been dealt with. She said, "You want to tap it down until you can remember the scene, but when there is no emotion attached to it."

Another participant talked about a client who had a traumatic experience when she had her tonsils removed. She said that they tapped on the trauma until the client reported a SUD rating of zero. She stated:

We got her down to a zero, and then she said "is this gone forever?" and I said "well, I really don't know because there could be other aspects to this, but at least part of it is a zero."

She explained that she could not be entirely confident that all of the client's emotional response to the event was gone because she did not know if there were other aspects of the event that they had not specifically tapped on. She stated, "The thing about EFT is that I think you have to apply it exactly where the resistance or the pain or the trauma is, but sometimes it takes time to find where that is."

Similarly, the participant who talked about the client who experienced anxiety related to going to work said that EFT was effective for that client because they had tapped on the exact issue it was related to. She said, "We had really captured the specific situation, which is how EFT works. It really needs to be specific, a specific focus, and it needs to be really relevant to the client's experience."

Another participant emphasized the need to identify a specific issue to focus on when tapping. She said, "You've got to be very, very specific on the issues you're working on. If you get too general, then it gets very muddled and you might still be making progress but you can't measure it." As an example, she went on to talk about a client whose presenting problem was that she apologized too much in circumstances when she was not at fault. She explained that together they tapped on specific instances of the client apologizing, and therefore they were able to uncover the core issues that were at the root of the client's tendency to apologize. She said that within two sessions of tapping, the client stopped apologizing excessively.

Another participant talked about a client who experienced distress related to several traumas from his childhood. She said that she told him to identify one specific trauma to tap on. He chose to tap on a time that he had nearly died after falling out of a tree but was saved by his abusive father. The therapist explained that his distress related to this specific trauma went from a seven to a three on the SUD scale, but that his distress levels associated with other traumatic experiences were unaffected.

Another participant emphasized that it is essential for the person to be experiencing the exact emotion that they want to treat while they are tapping in order for a shift to occur. She stated, "If you're not having a strong feeling, then when you tap on those acupressure points, there's nothing that I can imagine being released very significantly." She talked about one client who had experienced a lot of disappointment and distress in the context of his relationship with his sibling. She explained that he was largely unaware of his own feelings and was therefore unable to benefit from tapping.

She said that he was not in touch with his feelings enough during the tapping to allow for a shift.

Other participants talked about the importance of using a set-up statement that specifically addresses the issue being treated with tapping. A set-up statement is a phrase that some clinicians state during tapping. For example, one participant stated:

What I've learned with EFT is that it's almost a skill you develop over time in getting to the root because you can be tapping on a phrase, they call it the set-up phrase, you can be tapping on a phrase that is not quite it. The client might think it's it, and you might think it's it but it's not really it, and the mind-body knows that, so you kind of are off the mark.

She told a story about a client who had a trauma history and was addicted to opiates. She said that they worked together for a while before they were able to zero in on the root cause of the client's behavior. She explained that when they finally figured it out, and tapped on it, the client vomited violently in front of her. According to the therapist, it was a turning point for the client. Since then, he has continued to use EFT in therapy and has not used substances in one year. She said, " It's shocking, and he still struggles, but you know, he's been clean."

Another participant talked about a client who was very enthusiastic about EFT and was always eager to start with it at the beginning of the sessions. The participant explained that she always took some time before they started to tapping to make sure that they were focusing in on the right issue. She said:

We go over what her primary issues are at the moment, and that's when you, as the practitioner, if you're really listening and paying attention to what they're saying and where their emotion is, it helps you then pin-point a much better set-up statement.

One therapist explained that tapping quickly takes care of specific problems, but that treatment could still continue for a long time because most people come in with more than one problem. She said, "It takes a commitment for people with a long, complicated history of stuff. It could take a while, but for treating any one incident or issue, that only takes minutes."

To illustrate the need to focus on a specific issue, one participant said that she does not use tapping for depression. She explained that depression is too general to tap on, but that she treats the issues that are feeding into depression one by one. She stated, "I don't think you can knock down depression. I think you can knock down the stuff that is feeding depression."

When Tapping Does Not Work

Several of the participants had a similar way of explaining why tapping does not always work. They expressed that tapping's ineffectiveness either has more to do with the particular client or the therapist administering it than ineffectiveness has to do with the treatment itself or the issue being treated. One participant stated "I don't know that you're going to be able attach what it doesn't work for to an issue. It seems like it's more idiosyncratic with that person, like anything." In other words, tapping can work effectively for one person's issue but not necessarily for another person with the same issue. Specifically, eight of the participants said that tapping does not work when the client is not ready for a change. They felt that certain clients might respond more positively if they tried tapping at other times in their lives when they are more open to personal growth.

Other participants felt that clients do not respond to tapping when they're not ready to change. One participant said:

That might be what their identity has been based on, so to take that away from them can be scary. So, I don't think it's that EFT doesn't work, it's that people are in different stages of readiness to heal at a given time.

She said that the client could have secondary gains that are getting in the way of healing.

Another participant talked about a client who suffered from complex trauma. She explained that the client would sometimes benefit from EFT, though at other times, she would become angry after using it and experience panic attacks. The clinician believed that this was related to the client's resistance to getting better. She stated, "She would feel almost lost without the trauma, and then be angry. We protect our defenses and our neuroses pretty well sometimes. We don't know who we'll be without them."

Another participant told a story about one of her clients who received disability benefits. The clinician believed that the client did not benefit from EFT because she wanted to hold onto her symptoms so that she would continue to receive her monthly disability checks. The clinician explained:

There are some people who want to hold onto their stuff. They think, "who am I going to be if I'm not angry or anxious? If I'm not, then I'm really going to have to move forward in my life."

One participant talked about a client who had experienced a lot of trauma and untimely loss in her life yet did not feel any relief after using EFT. To explain why EFT did not work with her, the clinician said, "My guess is that her resistance is because I told her that it worked well, and there is some fear there that she is going to uncover things that she is not ready to." Similarly, another participant talked about a client whose test

anxiety did not decrease with tapping. She said that the client made up her mind that it was not going to help her, and so it didn't. Another therapist said:

I mean you can tap forever, and if you don't want a shift to happen, I don't think it will. You know, we can't override somebody's choice, and sometimes people need a symptom or something to stay in place because it's balancing something else.

One of the participants who spoke about clients' reluctance to change also acknowledged that the clinician's lack of skill with using EFT or TFT might be related to the failure of tapping in some circumstances. When talking about the three percent of his clients for whom EFT does not work, he said, "Really what's wrong is I just don't know enough about it yet. In most cases, it's a lack of knowledge and expertise on my part when I have the problem with the three percent." Three other participants gave a similar explanation to account for tapping's ineffectiveness in some circumstances, indicating that their own inability to administer it properly has hindered clients' progress. Some said that their own astonishment with the technique hinders the process. For example, one participant explained, "It can be amazing, and I think there is a part of my mind that resists it, to be honest, and then I'm not as effective about whatever, and then I'm sure I communicate that to the client." Similarly, another participant said, "I think that they sense my own hesitation with it or potential skepticism, or whatever is coming out, whatever they're seeing, which I suppose is an uncertainty in me and then they become uncertain."

Other Findings

Some less common themes came up in the interviews. For example, some of the participants discussed tapping as a tool that can be used at home. They expressed that tapping is an empowering tool because clients can use it on their own without necessarily

requiring the clinician to be present. They give their clients homework assignments that involve tapping between sessions, and find that their clients benefit from them. The participants spoke enthusiastically about clients being able to tap on their own. For example, one participant said:

The best thing about it is you can use this with a therapist and it is very effective, but if the therapist is doing a good job, you learn how to do it for yourself. So, that's the best teaching of all, when we can take care of our own issues and lead a more functional life.

One clinician said that she liked that clients can use tapping on their own because they sometimes feel self-conscious doing it in front of the clinician, and that can hinder their progress. She talked about a client who said that he felt silly doing it in front of her, and did not benefit.

While some participants spoke positively about clients using tapping on their own, others demonstrated concern about it. They talked about the importance of having a trained clinician present in order for it to be most effective. When talking about the times that EFT or TFT does not work, one participant said, "That's where I think the skills of a good therapist come in. You know, we're listening and we're finding out why that isn't releasing yet." Another therapist said:

I have mixed results with how people do on their own, and I don't know if it's because people maybe aren't always skillful with their language or if they're not as focused. There is just something about the energy of the two people being there together.

One clinician expressed concern about non-clinicians using it. She explained that she believes tapping can leave people feeling worse if they don't know what to do without their symptoms. She said:

You can get into trouble when you don't know what you're doing, and you take away people's defenses. EFT can very quickly get people to the heart of the matter, and if you get them there, and you don't know what to do with it, that's where you can get in trouble.

One therapist spoke about her success with using EFT for clients with addictions. She worked with one client, with a trauma history and depression, who had been addicted to heroine and other drugs for almost 15 years. She explained that the client had tried AA and other similar programs, but nothing had worked for him until he tried tapping. She also described another clinical case of a woman who was addicted to alcohol and cocaine. Together, they identified that the client felt triggered by critical remarks that her family members would make about her. She said that tapping was successful in helping the client to feel less triggered by her family's remarks and therefore helped her to drink less.

While many participants talked about the importance of language and creating an appropriate set-up statement when tapping, one participant said that she liked tapping because it does not necessarily require the use of language. She talked about a client who was from a country where talking to a non-family member about personal issues was not culturally acceptable. She said that the client was able to tap on what she was feeling without ever saying what it was. Apparently, tapping helped her so much that her psychiatrists were perplexed. She stated, "One of the psychiatrists came in and said 'what did you do to her? She's so much better. Tell us. We can't help asking what happened.'"

Three therapists talked about a concept they referred to as "borrowing benefits." They explained that this happens when people tap on themselves but other people in their lives experience a shift in symptoms. For example, one participant said that she does group work where everybody in the group taps as if they were one selected group

member. She said that typically by the end, the selected group member has an SUD of zero, and everyone else in the group has experienced a decrease in their own symptoms. Another participant talked about one of her clients who was using EFT to treat test anxiety, which she believed was related to a domestic violence incident that had happened in her life. The participant said that the client did not benefit from tapping, but the client's mother, who came to a session with her, experienced relief from her own emotional distress related to the domestic violence. She said, "The daughter didn't like EFT, didn't feel it doing anything for her, meanwhile the mother was in a session too and she was borrowing benefits. The mother was getting huge healing of that trauma for herself." Another therapist talked about a client who came in because she was unhappy in her marriage. He said that when she started tapping, she noticed positive shifts in her husband's behavior. To make sense of this, the therapist said:

You have an energy field about twelve feet in all directions. You have a big glow of energy, which I think goes on indefinitely, I just don't think they have it measured. So, when you shift your energy field, you will notice a shift in other peoples' energy fields and you'll notice a shift in their behaviors.

Other participants used the term "surrogate tapping" to describe this phenomenon. They explained that when people surrogate tap, they tap on themselves with the specific intention of treating someone else's symptoms. For example, one participant said that she taps on herself as though she was her partner tapping on her partner's work related stress. She said that she notices a difference in her partner's stress level afterwards. The participant stated:

It seems to me to alleviate some of the stress, but if I am wrong, if I'm incorrect in interpreting it this way, I figure I am relieving some of my own stress which has got to relieve some of his stress.

Last, one client had a unique explanation for why tapping works. She provided me with a list of several well-known therapeutic techniques, all of which EFT incorporates. The list demonstrates that EFT involves the use of positive affirmations. It also demonstrates that EFT incorporates desensitization, as it requires the client to think about a distressing event while using a relaxation technique. In doing this, the distressing event gets paired with the feeling of relaxation. The list showed that EFT involves aversion therapy, by requiring the client to focus on a distressing memory and face it head on. Another item on the list was that EFT is a form of behavior modification because it can encourage the client to replace undesirable behavior with the new behavior of tapping. All of the explanations the participant provided were generally accepted mainstream techniques, which did not involve anything about energy theory.

CHAPTER V

DISCUSSION

In this study, I conducted semi-structured interviews with clinical social workers in an effort to learn about their experiences using tapping treatments, including Thought Field Therapy and Emotional Freedom Technique, with clients. The social workers that participated in this study reiterated much of what the published literature on tapping includes, though some also offered new information that was not present in the literature.

How Findings Relate to the Literature

One of the findings confirmed by the literature was the importance of administering EFT in a specific way. As EFT is considered an exposure-based therapy, the literature stressed that in order for EFT to work, clients must focus on the distressing event and tune into the emotion that they wish to take the charge off of before they start tapping. As mentioned in the findings chapter, many of the clinicians spoke about the necessity of following this protocol to maximize effectiveness. However, I had not gathered from the literature that tapping is meant to treat only the emotional reactions that clients have to very specific events. Several of the participants made a point of explaining that tapping works for treating emotional reactions to specifically defined stressors, rather than more general issues. In the literature, this message was not emphasized as much.

As I had anticipated, all of the participants spoke enthusiastically about tapping. Since the participants were all current practitioners of tapping, I expected that they would speak positively about it. It was interesting to hear from the participants who were

skeptical at first, but then later were convinced that tapping works because they were awed by a particular experience with it. It was also not surprising that many of the participants talked about the effectiveness of tapping in the context of trauma, anxiety and phobias. In particular, I was very impressed by the clinical example of the client who had avoided driving on highways for twenty years due to anxiety, yet drove home from her first EFT treatment on the highway. Much of the literature on tapping confirms that therapists have found success with similar issues.

On the other hand, I did not anticipate hearing so many stories about the effectiveness of tapping for physical pain and other physical symptoms, as this theme was not present throughout the literature. It was fascinating to hear this especially because physical symptoms seem more concrete to measure than emotional ones do. Among many others, I thought that the story about the participant who treated her neurological problem and has therefore not experienced symptoms in seven to ten years was particularly striking.

One of the common themes that came up in the interviews, though not in the literature, was that social workers believed that tapping was not effective either when the practitioner lacked skill or when the client was not ready to make a change. To me, this demonstrated the practitioners' confidence in the treatment, as they were unwilling to attribute any failure to the method itself. These also seemed like theories that could be easily applied to any other types of treatment. While these ideas came up frequently in the interviews, they were not mentioned in the literature.

The literature discussed ineffectiveness in the context of certain conditions not responding to EFT and TFT, and accordingly this is what I had expected to hear from the

participants. Specific to TFT, the literature also attributed its ineffectiveness at times to psycho-energetic reversals or neurological disorganization. Psycho-energetic reversal was described as a conflict in the energy system, which causes the person to end up with the very opposite of what they are striving for (Feinstein, 2004). Though none of the participants mentioned this concept, the idea sounds similar to what many of them did speak about when they talked about clients who were not ready to change and subconsciously wanted to hold onto their symptoms. Neurological disorganization was described in the literature as a situation in which the central nervous system misinterprets nerve impulses (Feinstein, 2004). While not a single participant offered this particular concept as reason, one participant did talk about toxins in the body as something that hinders TFT's success. This was consistent with the literature that referred to Roger Callahan's explanation for TFT failures (Gallo, 2005; Pignotti, 2007).

While they were discussed by a small number of participants, borrowing benefits and surrogate tapping were not mentioned in the literature. The participants explained that surrogate tapping allows one person to tap on herself to create a shift in another person's symptoms, while borrowing benefits is what happens when another person experiences a shift from someone else's use of tapping. As mentioned in the findings chapter, one of the participants described this phenomenon as the result of alterations in a person's energy field. It seems plausible that when a person benefits from her own tapping, she may act differently and consequently bring about altered behavior in the people around them. Therefore, I think it is possible to partly accept the participant's proposed explanation without necessarily having to believe in energy theory. At any rate,

it is noteworthy that the clients who talked about borrowing benefits and surrogate tapping likely experienced a considerable shift in their own symptoms.

One issue that was not entirely confirmed from the participants in the study was the effectiveness of EFT and TFT over the long term. Many of the participants talked about clients who resolved issues within one or a small number of sessions; however, the clients often did not come back because of the reported success. It would be beneficial to find out how those clients were doing one month or longer after treatment. A few participants did share that clients either called them or came in for one time follow-ups a while after their successful treatments, though not all did.

Applications for Social Work

At this time, only a small percentage of clinical social workers use EFT or TFT. This is most likely because many social workers do not know about tapping, and those who do know about it are skeptical because the research is lacking and there is no scientifically sound explanation for why it works. While it works anecdotally, it is not considered evidence-based practice. To make it more evidence-based, social work researchers can continue to conduct quantitative research on tapping. With more research demonstrating effectiveness, EFT and TFT will likely become more accepted in the mainstream, which will allow more social workers to use it. Ideas for further research will be included in the last section of this chapter.

This study brings attention to tapping so that social workers can stay informed about this technique. Practicing social workers should be aware that other practitioners in the field experience great success with it, so that they can decide to learn about it if they choose. Tapping is not currently widely used or accepted in the field of social work,

though this study adds to the literature that shows that it should be taken more seriously. Social workers should have the option to learn more about tapping in educational settings, including in graduate schools and in continuing education programs. Having more tools to draw from can be very beneficial for therapists and their clients. Just as many of the participants in the study have, other social workers may find that tapping works at times when other techniques do not work as well. Clinicians can use tapping in a variety of ways, such as utilizing it as their main treatment modality or using it as an adjunct treatment to the work they already do. Furthermore, clients should have the option of using EFT or TFT with the guidance of their therapists.

Social workers who are interested in being trained in EFT have several options for learning it. Most of the social workers I spoke with explained that the first step they took towards learning EFT was reading the manual. Anyone can visit Gary Craig's EFT website (<http://emofree.com/>) and download the free EFT manual offered there. The comprehensive manual provides a list of the tapping points, and includes all of the basic procedures. For practitioners who would like to learn more, training DVDs and audio CDs are also available on Gary Craig's website. According to the website, this is how most people become trained in EFT. The set of DVDS that most beginners start with costs \$150, and includes 14 hours of video, 3 hours of audio and the EFT manual on CD. The DVDs offer viewers the opportunity to learn EFT and to watch practitioners successfully using EFT for a range of issues. Last, live EFT training workshops are offered throughout the world. Workshops tend to be less comprehensive than the videos since they are shorter and they vary widely in content since they are not monitored by

Gary Craig's organization. The best way to find an EFT workshop is to use an Internet search engine.

Limitations and Suggestions for Further Research

Certain limitations of this study need to be acknowledged. One of the limitations of this study was the small sample size. Since only 12 participants were interviewed, the findings cannot be generalized to therapists as a group. Furthermore, only social workers were interviewed, and therefore the opinions of therapists with other degrees were not considered. This study also required that interviews were conducted with social workers that were currently using either EFT or TFT. Consequently, social workers that at one point used these techniques but had stopped doing so were not included, which likely promoted a positive biased for tapping in the sample.

As mentioned in the previous section of this chapter, more research on tapping is needed in order for techniques like EFT and TFT to become more widely accepted. One idea for further research could be a qualitative study similar to this study, which would include a larger number of therapists and therapists with different degrees. It would also be interesting to interview therapists who no longer use EFT or TFT to gain an understanding of the reasons why they have decided to stop using the techniques. More quantitative research is also needed in this area to measure the actual effectiveness of EFT and TFT. For example, a study that demonstrates the effectiveness of tapping for veterans with posttraumatic stress disorder would likely draw attention. One idea would be to do more single blind controlled studies in which large numbers of participants are randomized into two different treatment groups and the changes in the groups are

measured. One of the treatment groups would use tapping and the other would use a different technique that is better researched and more used.

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Appendix A

Interview Questions

1. How long have you been a clinical social worker?
2. What type of setting do you work in?
3. What is your theoretical orientation?
4. Tell me about your experience with EFT or TFT
5. Tell me about how you first got started with EFT or TFT
6. Tell me about the situations in which you believe it to be effective.
7. Tell me about a time when it worked well.
8. Tell me about the situations in which you believe it to be ineffective.
9. Tell me about a time when it did not work.
10. How often would you say it has worked for your clients?
11. How do your clients receive your suggestion of using EFT or TFT?
12. How do you believe EFT or TFT works?

Appendix B
HSR Approval Letter

December 31, 2008

Tara Nicotra

Dear Tara,

Your revised materials have been reviewed and all is now in order. Your review of the literature very much strengthens your application. We are glad to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Mary Beth Averill, Research Advisor

Appendix C

Recruitment Letter

Dear Clinical Social Worker,

My name is Tara Nicotra, and I am a graduate student pursuing my master's degree at the Smith College School for Social Work.

I am looking for participants for a study I am conducting on the use of tapping, specifically Thought Field Therapy and Emotional Freedom Technique. The purpose of the study is to explore clinical social workers' experiences using these methods with clients. This research will be used for my MSW Thesis and for future presentation and publication on this topic.

To participate in this study, you must be a practicing clinical social worker who can read and communicate in English. You must also be a clinician who has used either Thought Field Therapy or Emotional Freedom Technique with clients for at least six months and currently does so.

Participants will partake in interviews either on the phone or in person, which will last approximately forty-five minutes. The questions will explore the types of situations in which these methods are used, and will address the clinician's perceptions regarding their use and effectiveness. As a participant, you will contribute to a potentially important area of study, which is currently lacking in research.

If you are interested in participating or would like to learn more, please call me at (203) 494-0405, or email me at tnicotra@smith.edu at your earliest convenience. Please also forward this email to other practitioners who may be qualified to participate or who may know others who are qualified. With your help, I hope to interview social workers with a diverse range of backgrounds.

Thank you,
Tara Nicotra

Appendix D

Informed Consent Form

Dear clinical social worker,

I am Tara Nicotra, a second year MSW student in the Smith College School for Social Work. The present study involves research with human participants. The purpose of the study is to explore social workers' experiences with the use of Thought Field Therapy and Emotional Freedom Technique with clients. The data I collect will be used for my thesis at Smith, as well as for future presentation and publication on this topic.

As a participant in this study, you will complete an interview about your use of Thought Field Therapy or Emotional Freedom Technique with clients. You will either answer the interview questions in person or on the phone. The interview will take approximately 45 minutes. During the interview, do not include identifying information on clients. People who qualify to participate in this study include practicing clinical social workers who can read and communicate in English, have used Thought Field Therapy or Emotional Freedom Technique with their clients for at least six months and who currently do so. Anyone who does not meet these criteria is not allowed to participate. I will be audio recording the interviews and then transcribing the recordings into a written document myself.

The risks associated with participation in this study are minor. You may experience slight discomfort when talking about your experience with the use of Thought Field Therapy or Emotional Freedom Technique, particularly if you were originally introduced to tapping for personal reasons.

By participating in this study, you may benefit from having the opportunity to share your experiences related to tapping with me, as I am interested to hear about them. You may also benefit society by contributing to research, which may result in more practitioners learning about tapping and potentially deciding to use it to help future clients. Monetary compensation will not be provided for your participation.

I will be unable to promise anonymity for local participants who choose to conduct their interviews in person, as it is possible that a person who knows about my research will see me meeting with participants. I do, however, promise anonymity for people who are participating by phone. I will assign each participant an identification number, which only I will have access to. All of the data I collect will be labeled with participant identification numbers, rather than participant names. My thesis advisor will have access to materials that identify participants by identification numbers only. All of the data, including electronic data, will be kept in a secure location for a period of three years in accordance with Federal guidelines. Should I need the materials beyond the three year period, they will continue to be kept in a secure location and will be destroyed when no longer needed. In my final paper and in public presentations, I will carefully disguise

vignettes and comments to protect confidentiality, though it is possible that a person reading the final paper or listening to a public presentation will be able to identify a participant despite the disguised information.

Participation in this study is voluntary. You may withdraw from the study at any time during the data collection process and may refuse to answer any question without penalty. Should you decide to withdraw from the study, all materials relating to your participation will be immediately destroyed. Should you have any questions or concerns about your rights or about any aspect of the study at all, I encourage you to call me at (203) 494-0405 or to call the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature _____

Date _____

Signature _____

Date _____