

Thought Field Therapy: Working Through Traumatic Stress Without the Overwhelming Responses

by Robert L Bray, PhD, LCSW, CTS, TFTdx

As a technique used in Traumatic Stress Response work, Thought Field Therapy (TFT) ends the overwhelming emotional and physical symptoms in a matter of moments, eliminates the overwhelming distress experienced and, in most cases, effects permanent change in that stimulus. TFT has applications across the entire range of traumatic stress responses from mild discomfort sensed somewhere in the background of consciousness to the completely demanding deluge of sensory overload resulting from horrifying life experiences. It works well within grief and bereavement models, brief intervention models of all types, and establishes symptom management necessary for long-term psychotherapy.

When a client is stuck in so much emotional pain he or she cannot think, act, or even respond, TFT eliminates the overwhelming distress. When a memory, or another trigger event related to the past freezes your client, TFT will get him to start thinking, responding, and acting in the ways he wants. When efforts to change the way your client sees herself are frustrated by her fear that the horrible events from her past will happen again, TFT will eliminate the fear and allow her to think of a future with different possible outcomes. By eliminating the overwhelming pain and fear, TFT allows the self-healing mechanisms of the person and the assistance offered by professional intervention to improve their lives.

This chapter provides the most basic TFT intervention for traumatic stress in a step-by-step protocol. The reader is invited to test for himself the validity and power of TFT. The process is safe with no negative side effects. Either the TFT works or it does not work. TFT will not cause harm. TFT does not require the retelling of the events; just think of the event for an instant and then proceed. TFT does not require a belief in its efficacy to work. To investigate for yourself, all that you need is a curious mind and an honest evaluation. The simplest treatment protocol presented here is only one of the many TFT treatment components and focuses on traumatic stress responses; other protocols and elements of TFT are used to relieve other conditions.

Examples of TFT applications for crisis intervention, Acute Distress disorder, Post-Traumatic Stress Disorder (PTSD), Disorders of Extreme Stress Not Otherwise Specified, and self-care for vicarious traumatization are interspersed throughout the chapter to illustrate the use of TFT in traumatic stress work. These stories of actual clients and experiences are written in the first person to portray more accurately the experience of using TFT with clients.

Example 1: Shrinking the shooter.

In April 2001 an 18-year-old former high school student came onto campus and opened fire with a shotgun. He was in a grassy area between two classroom buildings and was clearly seen by staff, teachers, and students. When he fired several shots into the administration building, a local police officer on campus immediately returned fire. The shooter retreated behind the building and, in a matter of moments, had been wounded and was apprehended by the police officer and a deputy sheriff. When school resumed three days later I was in the one of those classrooms working with the staff and students providing critical incident stress management. After working with the students in a group format, I worked with an adult one-to-one who was clearly having trouble with his emotions as he talked about his experience of the events. He described his worst memory/experience as seeing the shooter firing his weapon. He had been in the shooter's clear line of sight as he moved students out a back door into another classroom. His identified Subjective Unit of Distress (SUD) was eight on a ten-point scale (very upset) as he began to tap with his fingertips on treatment points on his body. After the first round of tapping (the technique is described later in the chapter), he was calmer and reported that the picture in his mind was changing. As we started he said that the shooter appeared to be taller than the buildings, but as we tapped, the shooter started to shrink. By the time we completed the third round of tapping, he reported his SUD at a 1 and the shooter was back to normal size. We both then returned to our duties with the students. At the end of day, his memory of the shooting included a very normal sized assailant and he was able to talk about the events with practically no effort. This example of crisis intervention was with someone who was clearly overwhelmed and upset, but still functioning. Some of the best work with TFT occurs before the symptoms have developed into impairments to functioning. This intervention took less than 5 minutes and was done in the middle of other work.

What Is Thought Field Therapy?

In this chapter, Thought Field Therapy (TFT) refers to Callahan Techniques® Thought Field Therapy (CTTFT). Over the last 25 years Roger Callahan, Ph.D. has been the driving force in the development and refinement of this revolutionary practice. All articles and studies cited have used CTTFT. All training discussed is CTFTF and approved by the Association for Thought Field Therapy (ATFTA). Since making his first foundational discoveries, many of Dr. Callahan's trainees and others have taken parts of his diagnostic and treatment protocols and have made changes and/or renamed the processes. These derivations of Dr. Callahan's work have maintained some elements, modified some elements, and added a variety of elements. They are related to Dr. Callahan's work and recognizable in that they use tapping or other stimulation of meridian treatment points in sequence, have a nine gamut series (described below), often employ muscle testing, and/or refer to Dr. Callahan's discoveries. To the extent that these other approaches use TFT elements appropriately, they are effective to some extent; however, they are not the most current or most efficient applications of TFT and should be considered lay applications with limited capacities to eliminate more serious conditions.

In simple terms, it appears that the control mechanism of the emotions and all physiology of a person is accessible through the energy systems of acupuncture. By simulating meridian treatment points (sites where needles or pressure are applied in Chinese medicine), TFT makes subtle changes in this control mechanism. TFT activates these points by having the client tap on the points with their fingertips. The order of tapping provides information to change the coding in the control mechanism that prompts the negative emotions. By making subtle changes in the coding on the control mechanism through the meridian system there are rapid and blatantly discernable changes in the emotional and physiological systems of the person. The formal definition of TFT follows: "Thought Field Therapy is a treatment for psychological disturbances which provides a code, that when applied to a psychological problem the person is focusing on, will eliminate the perturbations in the thought field, the fundamental cause of all negative emotions. This code is elicited through TFT's causal diagnostic procedure, through which the TFT algorithms were developed" (Callahan & Turbo Trubo 2001 p4). Dr. Callahan has written much on the application, theory, and other aspects of TFT. The best source for a comprehensive discussion of the current TFT theory is found in Dr. Callahan's books (Callahan & Callahan 2000, Callahan & Trubo 2001). A full discussion on TFT theory is beyond the scope of this chapter is not required at this time. Just as a belief in TFT's efficacy is not necessary for TFT to work, a full understanding of the mechanism of action is not necessary for a practitioner be successful in the application of TFT.

Over five thousand people have completed TFT workshops and thousands more have used it. Within the psychological and counseling professions, TFT has been used effectively to treat a broad range of conditions. For example, one study involving 714 patients from a behavioral medicine services and behavioral health services were treated with TFT for 31 categories of problems or symptoms (Sakae Sakai et al 2001). In all 1,594 applications showed statistical significance for in-session reductions in self-reported distress. Conditions treated included trichotillomania, nicotine and alcohol cravings, Obsessive –Compulsive Disorder, depression, chronic pain and variety of stress related conditions. Often TFT will provide relieve relief when traditional psychological approaches have failed. James Schaefer's describes in his book (Schaefer 2002) his personal struggles with Obsessive-Compulsive Disorder and anxiety and how these problems were corrected after more than 20 years of other forms of treatment.

Beyond psychological services TFT is now used in many other professional settings, such as physical medicine where it is been used to improve a number of conditions. Most notably, TFT will change improve heart rate variability (HRV). Established by basic research to be a stable and placebo-free measure, HRV is considered as the best predictor of morality after a cardiac event (Tsuji et al., 1996). HRV is changed improved by TFT (Callahan, 2001a, 2001b; Pignotti & Bray, 2000; Pignotti & Steinberg, 2001). Nursing (Cooper 2001), psychiatry, chiropractic medicine, education, religion, sports psychology, acupuncture, physical therapy, and many other healing settings are using TFT as reported by practitioners in the Callahan Techniques newsletter the "Thought Field".

TFT is one of the most effective means of controlling symptoms of traumatic stress in a matter of moments, and, in most cases, that change with that particular stimulus is permanent (Bray, 2000, Folks, 2002; Figley, 1997; Figley & Carbonell, 1999; Edwards, 2000, Johnson et al. 2001). . In Kosovo, TFT has been so effective that it has been adopted on a national level by the Surgeon General of Kosovo. . In a letter, dated 01/11/2001, to Dr. Callahan from Dr. Shkelzen Sylja, Chief of Staff of the Medical Battalion with authority for all medical decisions in Kosovo, it was announced that a national program using TFT has been ordered to treat PTSD. In some cases, all the symptoms related to a critical incident may be resolved in one treatment sequence. It is also possible that each aspect of a memory or other related triggers provoking the negative responses may need to be addressed as they arise one at

a time. If that happens, TFT can be repeated for that new trigger. TFT provides for quick and complete symptom elimination rather than “management.” This allows the therapy to focus on other aspects of traumatic stress recovery work such as re-working the trauma or integrating the trauma, as it is needed.

Example Two: Sexual assault.

Jean was referred by the local prosecutor’s office to help her prepare for a preliminary hearing for the man who assaulted her. As session began, she was unable to do anything other than cry as she began to respond to the question, “What happened?” At my direction she began TFT to help her reduce her upset and help her talk. In a minute, she was able to tell me what happened. As she described the events she again became upset to the point that she had to stop talking. She was able to report that this upset had to do with the anger and rage she was feeling as she remembered what happen, a different focus than when she started the session. During the first tapping sequence, she was thinking about how much pain she had felt when she was assaulted. The second tapping sequence was for the anger and rage. She then finished telling the story of the assault.

As she talked about why she was in my office she became overwhelmed at the thought of having to be in the same room as the perpetrator during the hearing. She then tapped for the associated anxiety. Once she was able to visualize herself testifying, her upset returned as she saw her husband and parents in the courtroom. She acknowledged that her feeling of guilt for putting her loved ones through the hearing was unreasonable and knew she had done nothing wrong. Yet she could not tolerate the feeling that she was hurting people she loved. Within her family culture it was not acceptable for her to ask them to not attend court to support her. Next, we tapped for this irrational guilt.

Then, Jean reported she was finished with our session and knew what she had to do to finish her preparation for the next day. She decided she would go home and tell her husband and her parents what had happened to her because she wanted them to hear the facts from her in a safe place before they heard it in open court. Jean did not request further assistance. Once she managed her overwhelming feelings, Jean was able to make sense out of what happened to her and what it meant in her life using her natural support systems. Before she left, she was given a written tapping pattern to use if the feelings became overwhelming again.

This is a good example of how an overwhelming thought or memory was treated with TFT. After each tapping sequence, it became possible to think about what had happened and what will happen in a new way. In a new thought there may be another layer of overwhelming emotions. In this example TFT was used to eliminate each layer as it occurred.

What TFT is Not

TFT does not directly change values, beliefs, knowledge, or aesthetics. These are fundamentally cognitive functions and are the result of complex processes in the mind. Value and belief systems are extensive and form over years during the development of the person. There are no demonstrations of TFT changing a person’s belief or value structure by tapping. After tapping, persons do not have access to factual information not already held. However, when TFT is used to reduce stress and anxiety there is improved performance on intellectual tasks, such as reading or learning. (Blaich 1988). Increased stress impedes cognitive functioning in a variety of ways. By reducing these stress responses and/or eliminating other disturbances a person’s functioning will improve there by accounting for noticeably enhanced performance on familiar tasks that may appear to be a change in intelligence. The same, perhaps, is true for memory. By removing barriers such as unneeded fear or anxiety, it is possible to improve focus and be capable of providing more detailed reports. Memory is mastered more quickly, and access to memories is increased when the fear and pain is reduced or eliminated.

TFT does not change reality. TFT does not divorce people from fundamental human processes. We will experience loss and integrate it into our being as it fits our nature, no matter what we do. We will grieve and experience bereavement even when we have eliminated the overwhelming emotions or recurrent intrusive images.

Since TFT does not directly change values or beliefs, it is not possible to tap away personality disorders. Personality disorders are descriptions of sets of individual traits developed over years that result in dysfunctional coping and relationship patterns. They are not the result of one event, tendency, or characteristic. Values, beliefs, knowledge, and aesthetics concerning oneself impact the development and maintenance of personality. In the same ways that TFT may improve cognitive functions, TFT can ease and speed personality change. TFT makes

reconsidering or changing personality patterns much less stressful. However, it is not, however, possible to 'tap in a trait'.

Changing life long patterns requires conscious repeated efforts in new thinking and behavior. If these new thoughts and behaviors trigger overwhelming upset, it is unlikely the person will practice and incorporate these new thoughts and behaviors. TFT can help in this process of change by removing the overwhelming upset. For example, stating a positive self-affirmation can be the first step to changing negative self-talk. But if a person becomes overwhelmed making such a statement because of prior conditioning, no cognitive reframing occurs. By eliminating the upset, TFT makes it possible to change self-talk quickly. The work of making cognitive and behavioral change is accelerated with TFT.

Those who are trained in Eye Movement Desensitization and Reprocessing (EMDR) and TFT understand that they are completely different interventions and approaches. EMDR sometimes has the client track in their mind tapping on alternating palms of the hands as part of their protocol to make bilateral shifts in the brain. This tapping is not related to TFT in any way. EMDR is primarily a cognitive technique and an informational processing model with a physiological component (Sapriro, 1995). TFT is based in a completely different paradigm and is not a cognitive technique.

Example Three: Stuck with the symbol-- When other tapping does not work.

At a conference workshop on self-care, I asked for a volunteer to demonstrate TFT. A woman who had already shared some of her history came forward. She was a well-trained professional with extensive experience in traumatic stress recovery work in many roles. Two years earlier, she had coordinated an extensive response to multiple-line-of-duty deaths. She clearly had done a very good job in providing for the survivors, families, employees, responders, and her own staff. She had even sought out a therapist to help her work through her own responses to this once in a lifetime set of circumstances. The current problem was that, years after the event, she still encountered symbolic triggers in her daily life that would stimulate overwhelming emotional responses. Her responses were wearing on her in a chronic way. She had stopped seeing her therapist after a year because there had been little improvement in managing the symbolic triggers. While she was still functional, she acknowledged she was at high risk for both burnout or compassion fatigue. When I suggested we try some tapping to relieve the overwhelming feelings associated with these symbolic triggers, she stated that she was familiar with tapping, as her therapist had used it with her. However, she reported that it had not worked on this issue. Her description of the tapping patterns and procedures used, made it clear her therapist had not used current TFT, even though it had some TFT components. Using the TFT trauma protocol, she was able to end her emotional upset in a matter of moments. Several other professionals in the workshop verified an observable change in her physical appearance, as well as in her subsequent discussions of the event and the symbol. The next day, she reported that her fiancée said, that for the first time, he could see a physical change in her when as she discussed these issues. This example illustrates it is imperative that one uses the correct tapping protocol to achieve the predicted results.

The Evolution of TFT

It is important to review the rigorous methods used to develop TFT if one is to make sense of this fast and effective new approach. Without this frame of reference, it is all too easy to dismiss TFT. TFT is not magic, nor was it revealed in a moment of cosmic attunement. EXCELLENT! Dr. Callahan was a radio operator and aerial gunner in on a B-24 bomber in WWII before obtaining his Ph.D. in clinical psychology from Syracuse University in 1955. He worked for years as a therapist, educator, and researcher before his first experiences with what lead to TFT. From the beginning of his career, his inquisitive mind and his commitment to finding ways to help individuals with anxiety and other debilitating disorders motivated him to explore approaches to helping that were outside the mainstream. He evaluated many techniques on their own merits; as a result, he became a fellow in clinical hypnosis in the early 1950's; he was a trainer for Albert Ellis and established the first Rational Emotive Therapy Center outside of New York; and he was an author in the first double blind study of psychiatric medications (1958 Callahan). His list of accomplishments and affiliations in his first fifty years of life before TFT is impressive.

About twenty-five years ago Dr. Callahan, while in private practice treating anxiety disorders, continuing with his exploration of what helps those who suffer, was introduced to muscle testing. Intrigued, he took formal training in Applied Kinesiology and began to experiment with applications of this chiropractic approach for healing in the psychological realm. Dr. Callahan was the first person to use muscle testing to develop a reliable and valid way to causally diagnose the treatments needed to dramatically help and eliminate psychological problems. This led to

finding specific treatments for a large number of psychological problems including depression, phobias, anxiety, panic, guilt and trauma. Each advancement in TFT techniques was first an experience in making a positive change in an individual. Careful examination and experimentation led to expanded diagnostic and treatment protocols that formed the basis of Causal Diagnosis. Causal Diagnosis is what makes TFT different from other psychological approaches. Theory was developed out of experience as a way to make sense of the reality revealed by the successful treatments. Inductive reasoning underlines all of TFT development (Association for Thought Field Therapy, 2003)

One of the most significant ways TFT is a different approach is that treatment is precise and specific. There is no guesswork. In all other psychological approaches, the therapist gathers the history and current signs and symptoms to place the person's condition in a category of disorder. Then, based on that best assessment, the treatment generally used for that category occurs. With TFT Causal Diagnosis, the person's specific needs and problems are addressed. . The relationship between emotional states and meridian treatment points is specific and precise, as demonstrated with muscle testing. The required treatment is also specific and precise. After observing thousands of cases using Causal Diagnostic, Dr. Callahan identified recurring patterns that provided the basis for the standard patterns of treatments. These patterns are extremely effective in resolving the overwhelming states, and are called TFT Algorithms. Experiences of TFT trained interventionists of all professional types generally find that the algorithms are about 80% effective in eliminating all traumatic stress symptoms.

When one algorithm does not work to eliminate the distress, other algorithms may. Within an hour session, a professional trained at the Algorithm Level can easily explore all the possible algorithms and other standard components of TFT to find an algorithm that works or identify a need for more advanced Causal Diagnosis. A practitioner trained in Causal Diagnosis is able to discern the exact tapping sequence to help the client. At this level, most survivors will be helped to deal with their symptoms. Practitioners trained in Causal Diagnosis find 3-5% of the general population need to make additional changes in some aspects of their food choices or other lifestyle elements to achieve long-term cures. These changes can be identified by Causal Diagnostics and are particular to the individual. There are no general prohibitions regarding foods or lifestyle in TFT. The full explanation of the necessity for these changes is well developed elsewhere and it is sufficient for the novice TFT practitioner to be aware of expected results and additional elements when needed.

Once the immediate symptoms are relieved, it then becomes possible to identify and address other issues. Bereavement, family of origin issues, previous traumas, dysfunctional coping patterns, substance abuse, self-esteem, problem solving and decision-making, and/or relationships are some of the areas to address as necessary. For some clients, once their primary symptoms are eliminated managed, they can take on other issues in their lives. Regardless of the psychotherapeutic approach used, TFT allows quicker and more focused work.

Example Four: Just Giving the Guy a Chance

Joe was referred by his EAP about two months after completing a 12-week cognitive therapy outpatient treatment program for depression. While the treatment had been successful in greatly reducing the suicidal risk for this 50 year old firefighter, he was still miserable and knew he could again slip back to taking out his gun. He now knew that he was suffering from PTSD, had put some important pieces together, and now understood the impact of over 25 years in the fire service.

The problem, as he related it, started when he worked for 15 years in a low income, diverse neighborhood. His duties included daily medical runs for domestic violence, gang related shootings, criminal victimization, and responding to calls related to all the other suffering that comes from extreme poverty. As a young white firefighter, he welcomed the opportunity to make a difference in people's lives and rose quickly to leadership roles. It was in these roles, that the constant threat of violence to him, and his fellow firefighter, became the stressor that eventually pushed him over the line. After his truck responding to the shooting death of a police officer, he really felt the risk he and the crew were facing. After a few more similar events, he lost any sense of security. No longer did he feel as if the people he served welcomed his presence. More and more he felt that everyone was a threat.

The final blow came when he requested assistance to deal with overwhelming feelings after another threat had been made while they responded to a police shooting. The department sent a senior officer who blamed the those working the scene for the problem. This client then left that community after 15 years of service because he could not stand the stress of not being wanted or supported by the community and the department. After the transfer to a

quiet duty station, he lost interest in his job and just “put in his time”. However, the feeling of being unsafe did not go away.

Joe became more and more unhappy, and more and more afraid. He started carrying a gun everywhere, only answered the door when he had his gun, and worried constantly about the safety of his wife and son. He stopped going out in public with them because he was afraid of what he would have to do to protect them. He was no longer comfortable when he was alone in public places. When he perceived himself to be in a crowd, his anxiety went up. When the crowd appeared to focus on him, his fear overtook him and he had to get out or somehow take control, yet he was afraid of what he might do to take that control; all the while getting more and more depressed.

He could not explain his feelings or behavior to wife. When he put the gun to his head and talked about shooting himself, his wife demanded he seek help. The initial help taught him how to express some of what he was feeling and how to make sense out of those feelings. This, of course, brought some relief. He felt less crazy and gave up carrying the gun. He began medication, yet he was still very unhappy, was still afraid for his family in public, and still could not go out with them. He still was not sleeping well or enjoying life. The PTSD, recognized as a co-morbid condition in the depression treatment, became the primary concern as he more fully disclosed many of his symptoms and details of his exposures.

Within three sessions, using TFT to resolve the PTSD symptoms, Joe reported a lifting of the depression. It was not difficult to convince him that he needed to continue see me. He was impressed that he laid to rest haunting incidents that occurred twenty years earlier in our first session.

As soon as he learned he could let himself remember what had happened to him, could feel the feelings, and would not get overwhelmed, he started talking about all the critical incidents in his career. He shared the stressors from the community and from the department. When he felt his upset as he told the stories, we tapped, and he then shared more. For the first time in his life, he felt safe with himself and with another human being. Very quickly he began to address his fears about being in public and within a few weeks he was able to go out by himself. He gained confidence that it was safe “out there” as he took the time to test, step by step, how it felt to move back into the world. Within 4 months he was comfortable in going out by himself or with his family.

His wife and their marriage had suffered terribly over the years. They had been in couples counseling for several months. Although it was helpful to his wife to have someone with whom to talk, neither his wife nor the counselor understood what was going on with him and he often came away from the couple’s sessions feeling blamed as his wife tired to explain the damage she had suffered while he was experiencing the depression and PTSD. Six months after starting therapy-using TFT, the PTSD symptoms were gone and the depression was lifting, but he and his wife had separated. He was back into his hobbies; was looking forward to retiring from the fire department, and had no plans for advancement. Sessions using TFT now focused on what had happened to him as a child. Primarily, he had been emotionally neglected and abused with interspersed incidents of physical violence. This early trauma was the basis of problems with his current family. Using TFT to manage the very uncomfortable feelings that accompanied looking at his family of origin. It allowed him to recognize and to understand the power of these early events in shaping his self-identity and his relationship patterns. For the first time in his life, he felt he had a chance to get something he wanted. He was not clear yet about what it was he wanted, but there was a sense he could get it.

Over the next six months, he came to sessions once or twice a month when he needed to talk about his feelings or his plans. His family of origin work was greatly accelerated by the use of TFT. He gained insight into his behavior and his coping patterns. His mother was dead and his father unknown to him until very late in his life. After about a year of work, he knew how to tap for himself when the feelings started to become upsetting and could make sense of his behavior, so he stopped sessions. He no longer had to wait until feeling completely overwhelmed and dysfunctional to help himself or to ask for help. He knew his limitations in relationships and promised to come back when he decided to get serious about a relationship again.

When he started with me, Joe’s condition was very serious and he was still very much at risk. His abuse as a child and the lack of fulfillment of his basic needs in his development was substantial. In less than a year he accomplished what would have taken years before TFT. As I was writing this chapter, he called and requested a session for himself and his wife. They are trying again to reconcile. He had kept his promise to seek more help before getting into a serious relationship. Furthermore, tapping is a big part of what allows him to manage his feelings about himself around his wife.

Verifying TFT's Effectiveness

In TFT, the most important measure of clinical change comes from the person making the changes; i.e. the patient's experience determines the effectiveness of the treatment. Saying that a procedure works just because the theory predicates change, or the clinician has had success with a particular treatment before, or a patient hopes that change has occurred is meaningless unless the change is substantiated in reality. In TFT, people use a one to ten scale to describe their Subjective Units of Distress (SUD) as they progress through the protocols. Standardized self-report scales have proven to be valid and reliable evidence of the changes in feelings and behaviors. SUD scales avoid confusion about when change is occurring. With each TFT algorithm intervention the person's SUD report determines the next action.

Clinical observation of facial expressions, posture, eye contact, other body language, skin color, respiration rates, levels of motor activity, vocal tone, and other items found in a standard mental health assessment provide another check on the clients condition pre and post TFT. Assessment of cognitive function, such as clarity of thought, expression of ideas, ability to take in new information, acceptance of reframing of events, and access to and mastery of memory provide windows into the change that happens with TFT. Changes in behavior occurring within sessions after using TFT; e.g. a client's engaging with a spouse or family member, addressing subjects never before addressed, or letting go of an issue, are powerful demonstrations of TFT. Also, changes in behavior outside of sessions (such as stopping self-destructive behavior or doing what was precluded by phobic responses) are for clinicians the acid tests of change.

These direct observations of the impact of TFT do not require special equipment. Other ways of verifying the changes made by TFT are available with additional tools. Changes in the physical body as measured by heart rate, temperature, blood sugar levels, blood pressure and heart rate variability (HRV) have substantiated TFT's powerful impact (Callahan 2001, Pignotti 2001, Pignotti 2002). HRV as discussed earlier sets TFT apart from other therapies. Originally a cardiac diagnostic tool, HRV has been used as a measure in hundreds of studies. There are over 2000 journal articles, chapters, or books written on HRV over the last 35 years (Huikuri, Makikallio, et al. 1999). This placebo-free measure of change has been recently used in studies on PTSD (Cohen et al. 1998) and anxiety (Kawachi, Sparrow, Vokonas & Weiss, 1995). No matter how the change is measured, TFT produces improvements that can be seen both by the client and the practitioner.

To experience TFT yourself use the following protocol, when provides a sense of how TFT changes the subjective response to traumatic memories. As with all TFT, it will help to reduce you SUD related to the memory or it will do nothing. It will not make it worse and you can continue to use any other coping technique available to you. Focus on a memory of an event in the past that evokes some discomfort. Something that will be rated at about a six on the ten-point scale is all that is required.

Extended Trauma Protocol

Step 1. **Rate the Upset** on a One to Ten Scale as you think of situation (1= no upset, 10=worst)

Step 2. **Tap: Side of Hand, under nose, beginning of eyebrow, under eye, under arm, under collarbone, little finger, under collarbone, index finger, and under collarbone.**

Do the 9 Gamut series. While continuously tapping the gamut spot:

1. Close eyes
2. Open eyes
3. With your eyes look down and left
4. With your eyes look down and right
5. Whirl your eyes in a complete circle in one direction
6. Whirl your eyes in a complete circle in the other direction
7. Hum a couple bars of any tune
8. Count to five
9. Hum again.

Repeat tapping: Side of Hand, under nose, beginning of eyebrow, under eye, under arm, under collarbone, little finger, index finger, and under collarbone.

Step 3. Rate the upset:

If upset is *two or less* on the ten point scale — **go to step 4.**

If upset is *not changed or has changed but has not dropped to two points* on the ten point scale — **repeat steps 2 and 3.** Stop if the upset is not dropping after repeating this several times.

Step 4. Do the floor to ceiling eye roll. While continuously tapping the gamut spot and holding your head level, rotate your eyes on a vertical line from the floor to the ceiling over 6-7 seconds.

TFT Algorithm Treatment Points

- Side of hand (below the little finger)
- Beginning of eyebrow (where the eyebrow begins above the bridge of the nose)
- Under arm (about 4" down from the arm pit; at the bra line for women)
- Under eye (in line with the pupil, just below the rim of the eye socket bone)
- Collarbone (1" down from the V of the neck and 1" over, either left or right)
- Index finger (beside the nail, on the thumb side)
- Little finger (beside the nail on the thumb side)
- Gamut spot (between the knuckles of the little and ring fingers, and about 1/2" toward the wrist)

Those of you already trained in TFT will recognize the above protocol as the Complex Trauma with anger and guilt with corrections for psychological reversal at the beginning. While this is not a standard Algorithm taught in approved workshops it provides the untrained person an excellent success rate. Standard algorithms are shorter and more precise in their application.

TFT in Traumatic Stress work

With TFT, traumatic stress response symptoms are most often resolved quickly and do not return. However, it is not unusual for the person to feel some upset if he/she thinks of another aspect of the event or recalls a different memory associated with the event. As the person clears away the overwhelming distress associated with one memory, he often has an awareness of a distress related to the new thoughts or memories. The rule is to use TFT on each disturbance as it appears. Often treating one aspect of a traumatic event generalizes to the whole event and no other treatment for overwhelming emotions is necessary. Until a therapist receives additional training, it is best to use the extended trauma protocol with clients as a self-help technique. When TFT works, the therapist can give clients a copy of the protocol to use later if they need it.

Using TFT in **Crisis Intervention.** An interventionist may use the TFT trauma protocol at the scene of a crisis or immediately after to help the person recover functioning. When someone has just directly witnessed a life-threatening event or an event that has impacted a loved one and that person is apparently upset, you do not ask for a SUD. Assume it to be a 10 and have the person mirror tapping the **Extended Trauma Protocol.** As the person settles down, apply other TFT algorithms and other crisis intervention steps as required or appropriate. After making sure the person is safe; restoring functioning is the next step in crisis intervention. TFT helps the person by reducing the overwhelming emotional responses and can move to the next steps in your crisis intervention model.

TFT is unparalleled in its effectiveness to resolve **Acute Stress Disorder** symptoms occurring 3 to 30 days after the event. As distress associated with telling the story arises, use the appropriate algorithm to eliminate that distress. When the person can tell the whole story, or can think through the whole story with appropriate (not overwhelming) affect, other concerns about the changes that have occurred as a result of the traumatic events may be addressed. For example, after the sudden death of a loved one, more than a one-time TFT session is often required, as there are usually many facets involved. Refer a client to any needed specialist to assist in making life changes. In fact, many grief specialist and spiritual counselors have received training in TFT.

TFT may be used to resolve **Post Traumatic Stress Disorder** symptoms as they present. Getting to the thought field that needs attention is generally not an issue. The core of the problem is the on-going overwhelming thoughts, sensations, emotions, and memories associated with the events that are beyond the person's control. The person often develops avoidant or addictive behaviors to cope with these symptoms and those symptoms related to depression, rage, addiction, or pain related to the original trauma. A therapist may need to address more complex problems/symptoms with a variety of algorithms or with Causal Diagnostic treatments.

Complex and Complicated Disorders of Extreme Stress, the result of many years of overwhelming physical, emotional, or sexual abuse, as well as exposure to violence, both threatened and actual, over extended periods, can cause destruction of core functions and or development of extreme coping mechanisms. It is important to use caution while assisting these individuals in managing the overwhelming distress. Respect personal limitations in both TFT treatment and traumatic stress recovery knowledge and skills. If a client changes thought fields at rapid rates, does not slow down, or gets triggered into a more excited state, or shuts down as they discuss their problems, ensure safety before continuing any treatment.

Self care with TFT. When a therapist has heard a story that touches him or her in a way that triggers his or her own experiences, or when a story is too overwhelming, use of the extended trauma protocol or other TFT removes the overwhelming distress and allows the therapist to process a day's work on his/her own. The best self-care for providers comes with competence. If you know what you are doing and can do it well you have much less chance of hurting others or yourself. Knowing the TFT algorithm for trauma does not make a therapist a competent trauma recovery specialist. The Association of Stress Specialist (ATSS) requires training in specific knowledge areas and extensive experience to meet certification criteria for that designation. It is the practitioner's responsibility to have the assessment skills and knowledge to assure survivors get appropriate help. It is also the practitioner's responsibility to know his or her own limits and capacities to manage the stress of continual exposure to vicarious trauma that is inevitable when experiencing secondarily the horror of critical incidents. The final examples of TFT applications presented here demonstrate the value of TFT in self care for the therapist doing traumatic stress recovery work.

Example Five: Engaging Clients Fearlessly

A client in her forty's once was sharing an experience that happened to her at about age eight. The level of violence and pain that the eight-year-old child suffered was horrible. She had been sexually, physically, and emotional brutalized while being forced to watch and participate in similar assaults on others. At some point in the telling of her story, I began to cry, not unusual behavior (my rule is: if I will laugh with a client, I will cry with them). But, in this situation, my own upset continued to increase as the details of her horrific suffering became too much and I was no longer able to listen. I stopped her recounting the events and treated myself with TFT. Once I had reduced my own upset from this vicarious traumatization, she continued to tell the rest of the details of this event. TFT then helped her with her overwhelming feelings. I was also able to help her by being a witness to the violence she experienced and guide her in making sense of these events and her life. This is a beautifully expressed story. GREAT JOB!! In the past, before I learned TFT, I would have stopped her from telling me that story. I know that even as skilled and committed as I am to helping others I would have found a reason to avoid these powerful feelings and protect myself. My excuse may have been that it was too much for her to continue. Or, I might have suggested she needed to process these events piece by piece and we should stop and process each part before going on. Through my emotional responses she may have gotten the message that she was not permitted to hurt me with this story and stop. Thanks to TFT we continued to the end.

The big pay off for the client came the next week. When I asked, "What stuck with you from the previous session?" She replied, "That in all my life, it was the first time anyone had ever cried about what happened to me as a child." This meant a great deal to her and to me. Our professional relationship has continued to grow. She now trusts that it is safe for her to share her experiences, a first for her in several ways. It is the first time she has been safe enough in a relationship with another person, a man, and/or an authority figure to reveal her story. She knows she does not have to take care of the therapist and that therapist will be there to help her.

A Final Example: Staying available to heal ourselves and help others.

The speed with which TFT relieves traumatic stress symptoms under any conditions is impressive, and the role of the interventionist is minimal, as long as the correct sequence is tapped. At the worst moment of my life, I offered TFT to someone in need. I was attending a memorial service for Trey, an eleven-year-old boy, who had died a week earlier. He holds a special place in my life as the son of my and my wife's oldest and dearest friends. Trey was at a birthday party for a friend when a strong wind broke a large redwood tree branch that fell on him as he was running by causing a head injury which left him unconscious. As his mother put it, this was a blameless event. EMS arrived in a timely manner; Trey was life-flighted to an ER that did more than standard protocols before declaring him dead. Seven days later, about five hundred people attended the memorial service at a junior high school. Before the service his mother greeted friends and family. As she hugged a woman she mouthed the words "help her" to me. I was an emotional wreck. When the woman stepped back, I saw she was in uniform. She was the first EMT on scene and was having a very hard time coping. I identified myself as an International Critical Incident Stress Foundation approved instructor for critical incident stress debriefing and a Certified Trauma Specialist. The

woman explained that although she had been to a debriefing, she was unable to get the picture of Trey out of her mind for the last week. On a one to ten scale, the picture in her mind was vivid, disturbing, and a level ten. In the middle of this very crowded room, I led her through one extended trauma algorithm, and then she reported the picture gone. I had treated my elf with TFT many times throughout the week. Without it, I do know that I would not have been available for that EMT or friends. TFT does not change reality nor interfere with grieving. The loss of Trey continues to be painful, however TFT gives us a way to keep functional and available for our own healing and for helping others.

Conclusion

Only through personal investigation and practice is it possible to appreciate fully the extraordinary help available for therapist and clients with TFT. Being fully trained in TFT requires reading several books on TFT and related subjects, studying audiotapes and videotapes, reading manuals, attending training workshops, and practicing to gain experience. More information about advanced training is available through the Association for Thought Field Therapy (ATFT) or Callahan Techniques web sites (www.atft.org or www.tftrx.com).

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