

# ATFT UPdate



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**or How Terri Perry gave Prince Charles a copy of Roger's book**

# ATFT **UPdate**



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**Association for Thought Field Therapy UPdate**

# **President's Message**

**Welcome to this edition of UPdate.**

**by Rhoda Draper**

## **TFT – A new era of professionalism**

**A**s my term on the ATFT Board of Directors, and even shorter term as President, draws to a close, I am delighted to be here to witness the recent developments and breakthroughs achieved by Thought Field Therapy, its developers and practitioners. Here are some of them.

In this issue of The UPdate you will read about ground-breaking research and humanitarian relief projects in Africa, organised by the ATFT Foundation and made possible, not only by the selfless commitment of Dr. Caroline Sakai, Suzanne Connolly and their teams, but also by the generosity of ATFT Members. You will also see how other members have harnessed the power of TFT in imaginative ways to bring relief to clients nearer home.

ATFT now has a new Code of Ethics & Practice which offers clear guidelines to all of us, irrespective of our professional background and training – it is printed here for the first time.

Medical and Allied Health Advisory Boards have been established to respond to members' health-related TFT queries. The good counsel of practising medical practitioners will be a valuable resource for therapists and there will



also be an advisory board for the complementary and alternative health perspective.

I had the privilege of attending the first Callahan Techniques Optimal Health course in London in September and would wholeheartedly recommend it to experienced practitioners as an exciting new opportunity to expand their knowledge and practice of TFT. It was also great to meet old friends and to make new ones from so many different countries across Europe and, indeed, the world.

My last piece of good news is that people in the UK and Ireland joining or renewing their membership with

*Continued on page 7*



# IT SEEMS like MAGIC but it's SCIENCE®

by EdGAR RIVERA, TFT Dx

I had a case of a 43 year old successful dentist, well natured, with a positive attitude towards life, and a very athletic sportsman. During a celebration at his home, after winning a golf tournament, he jumped into the shallow part of their swimming pool, cracked his skull and injured his spinal column. His wife, being a physician herself specializing in physical medicine, promptly took him to the hospital, where she noticed that he was not moving from the neck down.

Upon arriving at the hospital he was diagnosed with a C-6 posterior fracture with subluxation (an incomplete or partial dislocation). Immediately, he was submitted to a surgical procedure of a posterior fusion of C-3 to T-1. This procedure, initially, produced paralysis of both hands and both feet. He improved after a mega dose of steroids during the first three hours.

His left side started to move and recover first, but his right side continued without movement. He had no sensation, nor control over his right foot and right hand. All this happened on August 10, 2008. At this time I was told that his visits had been limited to his immediate family and for very limited periods of time and that he would have to stay hospitalized for a long period of time.

**“I asked him if he would allow me to work with him with TFT (Thought Field Therapy®) ..... and he agreed.”**

He was later transferred to a hospital specializing in physical rehabilitation. There he received intensive therapy from morning to four o'clock in the afternoon, and was allowed to receive visitors. It was at this stage that I went to see him at the hospital, around September 6, 2008. When I first saw him he could not hold a cup of coffee in his right hand and could

not close his fist completely. As I know him personally, I asked him if he would allow me to work with him with TFT (Thought Field Therapy) and other energy therapies that I use in my practice, and he agreed.

The first thing I did was to talk to his body/mind (subconscious mind) using Kinesiology muscle testing regarding the treatment sequence and if it was appropriate to treat with TFT. The body/mind answered me with a yes. I did TFT Dx, and almost all of his meridians were affected. We proceeded with the tapping procedure. Then we went through the Trauma procedures to release the traumatic experience that he had had. Every time he started talking about the experience tears appeared in his eyes and he had to stop. He identified this as anger. After the treatment he could talk about the experience without the effects of trauma. I proceeded with what is called the butterfly hug, which is a procedure of hugging himself and tapping bilaterally on both upper arms. At this time he could only carry his right arm with his left hand to rest it upon his chest to touch his left upper arm or bicep, but he could not yet raise it by himself since it would just drop.

He had no control over his right arm.

We did all this during my first visit. I gave

him the treatment points and the sequences developed through Dx, and advised him to repeat them while trying to move his right hand and foot. At the same time I told him to visualize himself moving his right arm, hand and foot perfectly, in his

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## ***It seems like Magic, but it's Science***

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minds eye and, left the hospital for that day.

The next day I returned with my wife to see him again, and his wife was with him. She helped him sit on a wheelchair so that he could move to the hospital solarium to take some sun. This time he was holding a cup of coffee with his right hand and he was taking it to his mouth. I was amazed. Still he could not hold a one pound weight with his right hand, but his progress surprised me the most. I left without working any further with him since he had some visitors that day, it was a Sunday.

I visited him again next Saturday. This time I worked specifically with the right triceps to unblock the energy blockage that did not permit energy to flow to strengthen it and with his right foot's hamstring muscle which was not receiving enough energy with the intention of strengthening it so that my client could move it where

he wished. The foot kept on falling down after some movement.

After Dx was performed, the bladder meridian was given as

the treatment point for the hamstring and the right leg, plus the complete sequence as before. He told me that he could barely walk because he had no sensation in his right leg and that he had to look to see where it was before trying to move it. While pressing on his toe with his eyes closed, I told him to tap at the beginning of his eyebrow. While tapping at this position he started to feel my pressure on his

right big toe. Next I asked him to move his right leg precisely where he wanted it to be, while tapping on the sequence determined with Dx. At the beginning the leg moved but dropped. Here I decided to use Kinesiology again. While pressing the acupressure points for the quadriceps/small intestine point in his arm, precisely at the elbow (S18), and the acupoint just below the knee (S36) in his right leg, it started to strengthen. Now he could move it and rest it where he wanted. Again I left the hospital asking him to continue the exercise with the tapping often.

At this meeting he could raise a one pound small weight with his right hand, something he could not do on my first visit. His recovery had been marvelous.

To tell you the truth, I was extremely surprised myself, though I have been practicing TFT for years now. Every time I am more surprised at the miracles that I see in my practice, that is why I have developed the phrase that I have regis-

***“At this meeting he could raise a one pound small weight with his right hand, something he could not do on my first visit. His recovery had been marvelous.”***

tered in my name, with the help of my daughter Alma, “It seems like magic but it is science”®. That is the result of working with TFT, and other energy procedures and why I am grateful to God, first, Roger Callahan, John Diamond, George Goodheart, Richard Bandler, John Grinder, Judith Delozier, Robert Dilts, Tapas Flemming and others that have supplied me with the tools to heal and alleviate the pain of oth-

ers fast and easy.

This time, before I left, I asked his body/mind when he could be prepared to leave the hospital, and the body told us three weeks. When I returned the next Saturday my client was not there, he had been given a home pass for that week end, and he was now walking with a walking frame. Today, Saturday, three weeks from my first visit, I called his wife first to make sure he was at the hospital before going to visit him. He had been discharged. He has to continue his physical therapy but he is making progress so rapidly that is astonishing. His body/mind knew when he could be discharged from the hospital.

His accident was on August 9. The surgery was on August 10. I was told it would take at least 18 months for his recovery. Today is September 28, and he is out of the hospital already, walking with a walking frame and with a good prognosis He has just told me that today he took a tennis racket (with his right hand), and made the movements as if he was playing. WOW. He told me further that he is reading a book about an athlete that suffered a

similar accident and it took him about four months to be able to move his fingers. DOUBLE WOW.

It took him six weeks, from his surgery date, to be discharged from the hospital and at home with his family. I don't want to credit it all to TFT. It has had a lot to do with his positive attitude, his good physical condition, the total support of his family and his physical therapies, but I am sure that if it had not

been for TFT, it would have taken much longer for the recovery to take place. It was amazing to hear him talk, because, as the mind/body knows what is needed, you could hear with your third ear that the body was asking to lift the energy blockage that was preventing the energy to flow to the different muscles that need it to be able to move. This experience made it so evident that muscle strength is not achieved by exercise alone. In fact he made a comment me that he was “amazed” how a perfectly healthy and otherwise powerful muscle, could be so limp and unable to carry simple movements. The energy which activated it, was blocked. It works the same as the neural pathways which

are strengthened with use, as energy flows thru them. In this case, as soon as we broke the blockages, tapping on different acupressure points, the energy flow was reestablished and the muscles could move easily to where my client had the intention to move them. That strengthened, too, my belief in the phrase that “energy follows intention”.

This shows me another possible use of TFT, in physical therapy to reestablish the flow of energy to the muscles and make people move easier and faster. Thanks, Roger, for your discoveries.

**Edgar Rivera, BBA, NLP, TFT  
adv.dx, TAT**

*Edgar Rivera studied with Roger Callahan and started to use and teach TFT. After a heart*

*problem that kept him out of work since December 2004, he suffered two open chest heart surgeries. One in December 2004 and the other one in December 2006. The first one a four bypass intervention and the other to fix an aorta aneurysm and a valve malfunction on his heart, complicated with an atrial fibrillation. After both interventions, the doctors were surprised with his fast recovery. On the second intervention the doctor told him, during a room visit after surgery, that he could have gone home from the operation room. They asked him afterwards if he could prepare a program for surgery patients to recover fast using the techniques he used with himself. He did so and is on the way to establishing it in several hospitals in Puerto Rico. Edgar Rivera works in his spiritual path using the tools that God has provided to him and to other persons like Dr. Roger Callahan, to heal patients and provide wellbeing to all he meets in his path on this Earth.*

*He has been doing TFT & NLP trainings in Florida, USA, Spain, and Puerto Rico. His plan is to teach TFT and other energy therapies to Spanish speaking persons through the world in the near future.*

## TFT in Scandinavia

By Stein Lund Halvorsen, TFT VT

In 2005 four of the most active TFT practitioners in Norway came together and started an association; we named it OTFT: Organization for TFT in Norway. This was done with much discussion and in conjunction with the ATFT board.

Our plans for the future are to make this an organization for all the nordic/scandinavian countries as an affiliation of ATFT. This is suitable because we are small countries with almost common languages. As an affiliation of ATFT a membership in OTFT will automatically provide you a member of ATFT. For those of you interested in joining OTFT please send me an email at [ct-tft@online.no](mailto:ct-tft@online.no) : together into the future will make us stronger!



## TFT Today

with Herb Ayers



### A New 15 Second Technique Finding The Sore Spot

By Nora Baladerian, Ph.D.

I attended a conference on Fetal Alcohol Spectrum Disorder recently. Believe it or not, this is the No.1 cause of mental retardation in the western world. At break, a friend of mine complained how hard it was for her to sit for long periods of

time due to her Restless Leg Syndrome (RLS).

Alas, she forgot to bring her meds with her from Sacramento, and planned a quick escape to the

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# Treating Medical Problems with TFT



By Dr Colin M. Barron M.B. Ch.B, TFT-VT

**TFT** was originally created as a treatment for psychological problems. However, it has also been found to be helpful in the management of some physical ailments and most recently it has shown promising results with cancer and malaria cases.

However, as most TFT practitioners are not medically qualified, this has led to the possibility of resulting ethical and legal problems. With this in mind, last year the ATFT set up a medical advisory board consisting of myself plus Doctors Dipa Modi, Arthur Davis and Richard Petty.

The new Medical Advisory

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Board has two main functions. Firstly it is a reference source for ATFT members. So if any of you have any queries about medical

**“Personally I am very pleased this is now happening because for some years I have been concerned that some TFT practitioners might make outlandish claims about the efficacy of TFT in the treatment of some medical conditions, which could harm the credibility of TFT in the eyes of the medical profession.”**

matters you can refer them to the Board. Secondly, when appropriate, it can check articles prior to publication. This might include articles for “The Thought Field” and “ATFT Update” plus postings on

the ATFT list-serve.

Personally I am very pleased this is now happening because for some years I have been concerned that some TFT practitioners might make outlandish claims about the efficacy of TFT in the treatment of some medical conditions, which could harm the credibility of TFT in the eyes of the medical profession.

For example, while TFT can certainly be of great help to people with Type 2 Diabetes, it would be quite wrong to claim that it can

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“cure” Type 1 diabetes, an assertion that in the UK at least, could lead to a criminal prosecution, as I shall shortly explain.

Last year the British Thought Field Therapy Association (BTFTA) managed to get TFT accepted by the NHS Trust Association which recommends complementary health practitioners to GPs and consultants for private referral and payment from NHS funds. This was done through patient negotiation by Ian Graham who only made claims for TFT which could be backed up with a lot of evidence.

However I am aware that some TFT practitioners who lack a medical or scientific background have made claims for TFT which show a lack of understanding of normal pathological processes.

To explain further - if you treated a spider phobia with TFT and after treatment the patient could hold a spider without fear then it would be obvious that this change must have been due to your treatment. However the efficacy of TFT in the treatment of physical problems is harder to gauge because often there is no SUD and no immediate improvement and it may be some time before it is clear if the treatment has worked.

Furthermore some physical problems do get better with the passage of time without any treatment whatsoever. There is an old saying in medicine that if you treat a cold it gets better in a week and if you don't treat it, it gets better in seven days. Hippocrates himself said that “To Do Nothing is Sometimes a Good Remedy.”

There are many conditions in medicine which resolve spontaneously and the following examples

are not intended to be an exhaustive list.

### **Syncope**

This describes the syndrome of transient loss of consciousness followed by spontaneous recovery with or without treatment. It affects 30% of the population at some time in their lives and has a large number of causes, some of which are benign and some quite serious.

### **Transient Ischaemic Attacks (TIAs)**

A TIA is a temporary stroke caused by the blocking and subsequent unblocking of the blood vessels supplying the brain. It causes all the signs and symptoms of a stroke and is clinically indistinguishable from one initially. However TIAs typically resolve in 24 hours whereas strokes do not.

### **Scintillating Scotomata of Migraine**

This describes a temporary loss of vision associated with a jagged, kaleidoscopic pattern in the visual field which typically resolves without treatment in about 20 minutes. This phenomenon is caused by the constriction of blood vessels supplying the visual cortex of the brain and may be followed by a typical migraine headache when the blood vessels then dilate. However some people can get the visual disturbance without any following headache just as some people get the headache without any preceding visual disturbance.

### **Multiple Sclerosis**

In some cases of MS the disease is characterised by relapses and re-

missions during which the patient can be relatively symptom-free.

So before TFT practitioners make claims for the efficacy of TFT in medical cases it is important that they have considered the possibility of spontaneous resolution and that is where the new medical board is going to be very helpful.

### **Misdiagnosis in Medicine**

Another problem TFT Practitioners may face is misdiagnosis. This is a very common problem in medicine as even highly trained and experienced doctors occasionally make a misdiagnosis.

There was a case in Scotland recently where a middle-aged man had a supposedly cancerous lung removed to save his life. Subsequent examination of the excised lung by pathologists showed that it was not in fact cancerous.

In the world of alternative medicine there have been a number of cases over the years where practitioners have claimed to have cured cancer when in fact the true explanation has been that the patient has been suffering from some other ailment. Again this is an area where the Medical Advisory Board will be of great help to TFT Practitioners.

### **Legislation Affecting TFT Practitioners**

TFT Practitioners who treat medical problems are affected by legislation. The following remarks explain the situation in the United Kingdom. I am unaware of the exact position in the USA and other countries although I understand the legislation is similar.

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## Treating Medical Problems with TFT

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***In Britain the two main Acts of Parliament which affect TFT practitioners are the Cancer Act 1939 and The Medical Act 1953.***

The Cancer Act 1939 makes it a criminal offence for anyone other than a registered medical practitioner to claim to be able to cure cancer. This legislation particularly affects adverts but may also apply to published articles. Every year a number of alternative health practitioners are prosecuted under this legislation and some supermarket chains have fallen foul of the legislation for claiming in adverts that certain foods have cancer preventing effects.

There is also the Medical Act 1953 which makes it a criminal offence for anyone other than a registered medical practitioner to offer treatment for cancer, diabetes, epilepsy, TB and glaucoma.

TFT Practitioners have to work round this legislation. I would therefore suggest the following protocol for medical cases –

- 1) *When you are asked to work with a cancer patient you should always make it clear that you do not claim to cure cancer instead you “help” people with cancer.*
- 2) *Never ask a patient to eschew radiother-*

*apy or chemotherapy. If the patient does not want these treatments that is a different matter because that is their own decision but you should not influence them.*

- 3) *Never ask a patient to stop a drug because it is an IET. And never write to the patient's doctor to ask for a drug to be stopped because they will probably think your request is very strange.*
- 4) *Always attempt to make some kind of contact with the patient's doctor even if it just a letter notifying them that you will be treating their patient. If the patient does not want you to contact their doctor, record this fact in their case notes.*

I would also emphasise that TFT Practitioners should never attempt to medically diagnose a patient. If you are unsure of the medical diagnosis then DO NOT TREAT and contact the patient's doctor for advice before you use TFT. Before treating any medical cases with TFT myself, I always ensure that the ailment in question has been thoroughly investigated and diagnosed ( and often treated as well) by the patient's own doctor.

## Treating Medical Emergencies with TFT

Some TFT practitioners have become involved in the treatment of medical emergencies. Unfortunately there is a great risk that TFT practitioners who do this could face litigation. And this can be a problem as some Professional Indemnity

Insurance policies do not offer coverage for this kind of activity.

I therefore suggest that the following procedure should be followed when treating medical emergencies –

- 1) *If you are faced with a medical emergency, the first thing you should do is call for an ambulance and/or a doctor or ask someone to do this for you.*

*The reason you must do this is that if you use TFT and it doesn't work and the patient dies, you will then find yourself in a Court of Law explaining your actions to the coroner.*

- 2) *Next you should do what any competent first-aid trained person would do in that situation. When faced with a collapsed or unconscious patient often the important thing to do is the basics of First Aid. For example – A,B,C - airway, breathing, circulation. Putting an unconscious patient into the recovery position can often save their life.*

*I therefore suggest that if you think you are going to become involved in treating medical emergencies, then you should take a First Aid Course. The Red Cross holds them all over the world and in Britain they are also available from the St John's Ambulance Service.*

- 3) *Only then should you use TFT.*

***By following these guidelines you will be able to offer TFT to people with medical problems without any fear of litigation.***

***- Colin Barron 2008***

## President's Message

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of both organisations. Apart from having another excellent magazine to read, this will have the added bonus of keeping practitioners in the region up to date with professional issues and, in particular, with the rapidly changing legislation that page 7

affects the way we practice TFT (for example, the new Europe-wide Consumer Protection Regulations 2008). Other benefits include an established group insurance scheme, TFT advancement courses for continuing professional development, practitioner listings on the BTFTA website and, for the suitably qualified, in the NHSTA Directory of Complementary

and Alternative Medicine. You can read more about how it works in this edition.

Despite the constant dismal news about the worsening global economic situation, I think you will agree that, for Thought Field Therapy, the news is all positive.



# UPdate

## from the ATFT Foundation UK

by Ildiko Scurr

We have all heard about the wonderful work that has been done by volunteer TFT Practitioners in Rwanda, New Orleans, Tanzania and other countries. We have a dedicated, caring and professional group of individuals who have made and are making a real difference to the quality of life around the globe. Recently, those of you who attended the illuminating Optimal Health course heard about the secondary effect of our TFT trauma work, namely the raising of the level of consciousness. Why is this important? Because with this incredible tool we are able to eliminate feelings of revenge and replace them with feelings of forgiveness, love and peace. Revenge is what perpetuates violence and therefore leads to a great amount of trauma in our world. In a war there are many victims, those who are oppressed and those who have the difficult job of fighting on whichever side. We have seen the incredible results of what TFT can do to help the victims of the genocide in Rwanda. The ATFT Foundation UK has decided to focus on helping those who have fought. Political issues aside, the important point is that many of those who serve their country are suffering from PTSD and we know that we can help them with TFT. There are many organisations working towards the alleviation of PTSD and we intend to be a beacon showing them that there is an answer.

The ATFT Foundation UK is made of talented practitioners who want to see TFT taking central stage in the treatment of PTSD. To that end we are working on a project to bring relief from PTSD to war veterans in the UK. Returning war veterans often find it hard to integrate back into civilian life, to communicate with their families and to shut out the noise of gunfire and the horrific images they witnessed in action. Their problems impact their families and their communities. Many turn to addictions and destructive behaviour. A recent report states that one in 11 prisoners in the UK formerly



**“The ATFT Foundation UK has decided to focus on helping those who have fought. Political issues aside, the important point is that many of those who serve their country are suffering from PTSD and we know that we can help them with TFT.”**

served in the armed forces.

If you are a TFT Practitioner in the UK and you would like to help us, this is what we would like you to do. We are asking you as volunteers to donate a treatment to one war veteran suffering from PTSD in your area. Volunteers will be sent a TFT Volunteer Action Pack which will include useful information and advice on how to make contact with organisations that can put you in touch with some-

one who needs your help. The Pack includes guidelines and forms which will help you with the treatment. We intend to gather research on TFT treatments for PTSD and hope to build up a lot of data over a short space of time so we are including guidelines on how to write a case study and collect relevant information. You will also receive a ATFT Foundation UK Volunteer Certificate in recognition of your generous time and

effort. If you would like to be a volunteer for the PTSD project please send an e-mail to **Richiemoore@blueyonder.co.uk**

The ATFT Foundation UK is also supporting Howard and Phyllis Robson, a Physician and Counsellor from the UK both trained in TFT, who will be part of the team going to

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## ATFT Foundation UK

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Uganda in January 2009. If you would like to add your support to the project as a TFT Practitioner in the UK you can now donate through the ATFT Foundation UK. Through Gift Aid it is possible to really boost our funds. For every £10 that is donated we are able to claim £2.50 in gift aid from HM Revenue and Customs. For a Gift Aid form please send an e-mail to **Yvettes@parisandparks.com**

If you wish to make a donation for the Uganda project, once you have

downloaded the Gift Aid form, please send your cheque payable to: Association for Thought Field Therapy Foundation (UK) Limited, print and sign the attached Gift Aid Form adding your name and address and then send the cheque and the form to:

*UK ATFT Foundation  
C/O Yvette Lamidey  
Coppers Corner  
Five Stiles Road  
Marlborough  
Wiltshire  
England, SNB 4BG*

If you do not live in the UK and would like to make a donation to the

Uganda project, please go through the ATFT Foundation as usual.

The ATFT Foundation UK is very excited about 2009 and the great opportunities that we have to further the research and recognition of TFT.

**Best wishes to you all**

**Ildiko Scurr**

*Chair of the ATFT Foundation UK*

**ATFT Foundation UK Board**

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## TFT Today

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nearest drug store to purchase her over the counter meds that always helped her.

I then took about 15 seconds to show her where the sore spot on her chest was, along with a technique for locating it. By extending the left arm straight out from the shoulder, extending the thumb (like she is hitchhiking) but parallel to the floor, and then, without moving the arm, bending it at the elbow; where the thumb then touches the chest, she's right on the sore spot.

She immediately found her sore spot. I said "that should be quite sore there", and her eyes got real big and she said "boy, it sure is!!!".

I instructed her to think of the RLS and rub the sore spot throughout the Conference. After it ended she found me and exclaimed, "WOW! That really works! How did you know about that?" I told her it was from TFT, and to look at the benefits. It was



*Herb Ayers*

cheap, she did not have to drive anywhere (after all, the thumb is right there attached to the body!), and even better did not have to ingest anything. She was so thrilled.

Thank you, Roger Callahan, for teaching us about the Sore Spot, and thank you, Ecoee Rooney, for teaching me this very effective method of helping people immediately locate the sore spot.

## TFT Spreads In Mexico

**By Alvaro Hernandez Alvarez del Castillo**

We use TFT in our monthly meetings in Mexico. Because of radio and TV programs, many people come for therapy. The results have been amazing especially the comments of the cured persons; they can hardly believe the fast results and do not know how to express their satisfaction to us. I present reports to Dr. Lammoglia a Siquiatra, who directs the TV program, and now he is sending me patients with special problems like a woman who was expecting a baby



and he could not give her drugs for her depression. He also sent me a lady with anxiety, depression, and obesity. She came with her family and I am giving therapy to each member. As a result we have not finished organizing the committee but I already have a list of persons that want to become part of our TFT group including people from different places outside Mexico City as well as the two Mexican lady's who will be in the Optimal Health Course in Palm Springs.

Now we will have two monthly meetings. One to keep helping people and practicing, and another to discuss TFT matters. Shortly, I will be giving a workshop with Dr. Lammoglia and his wife (also a therapist) that has been announced on radio and TV and we expect a big group.

**- Alvaro and his clients**





# Assisting Aging Parents with TFT

By Katherine Bird, TFT, Dx  
Prince Albert, Sask. Canada

In 1998, one year before my first TFT diagnostic training, my mother, then 74, was assessed as having advanced Alzheimer's symptoms. The doctor confided that the average life expectancy at that stage was about 3 years, and to anticipate a rapid decline in her functioning. Mom was still active at home with her family roles; however she was experiencing episodes of confusion and delusions. It was noticeable that she sometimes couldn't remember what day it was, or that she no longer enjoyed shopping alone, and she became easily upset over small changes in her environment.

The diagnosis itself was particularly upsetting for both of my parents, who were otherwise healthy

and active. Mom became quite despondent while Dad buried his more negative feelings as he stepped up efforts to support her.

My TFT training gave me some much-needed tools to assist my parents as they embarked together on the most challenging period of their lives. A believer in alternative phe-

**“My TFT training gave me some much-needed tools to assist my parents as they embarked together on the most challenging period of their lives.”**

nomenon, Mom was quite open to trying this new technique. Dad, more the pragmatist, would either sit quietly and watch while I worked with Mom, or leave the room.

I first tested Mom for a variety of toxins. One of her main ones was peppermint, an item in the form of English mints to which she admitted

addiction. She also tested reactive to deodorant, her colognes, and most processed meats; items which were in daily use in her life.

Coupled with the possibility that ingested and environmental toxins had triggered development of Alzheimer's, my mother also fit the personality type shown by the Nun Study to be more prone to the disease (Lemonick & Park/Mankato, 2001). Generally pessimistic, Mom lived a generally rigid lifestyle with few creative learning experiences.

The most pressing need for TFT at this stage of illness was treatment of Mom's reaction to its existence. I treated the trauma of the diagnosis, along with individual treatments for depression, anger & rage. We treated her brain directly, correcting numerous reversals. As acceptance and family support over-rode the negative effects, Mom grew more docile and loving for over a year until further advancement of the illness brought new challenges.

My father chose, despite the misgivings of his three daughters, to care for Mom at home for as long as possible. Her illness became a barrier for his usual outdoor and creative activities which would have offered him more coping strength. Even having

home care was difficult with Mom. Dad coped as best he could, along with as-

sistance from my sisters & me. One day, Dad announced that he now had pills to take for high blood pressure – a new condition for this normally robust 82 year old. He was

*Continued on page 11*



## Assisting Aging Parents

*Continued from page 10*

finally open to a TFT stress treatment. I treated his general stress from the effect of Mom's condition and the changes it has brought to his life. He joked about the tapping, but followed my demonstration. Dad's next doctor visit was the following week. He reported that his blood pressure was back to normal, attributing it to effectiveness of the medication he was taking.

Mom grew less tolerant of being cared for by others. As a common symptom of the advancing disease, Mom began to lash out in rage with caregivers. Dad received most of the abuse, as his once moralistic wife would spew a volley of expletives toward him, along with physical attacks sparked by imagined transgressions. My normally patient father called one night to report that he was at his wit's end. Mom was upset and wouldn't settle down. Could I and my sister help?

Apparently Mom's mind carried the sound of a girl's laughter from an earlier TV show far into the night. The remembered sound borrowed aspects of Mom's imagination to become her perception of reality: a group of girls hovering and giggling around Dad. Mom's distress was bordering on rage over what she thought was happening. No amount of reassurance on Dad's part was helping. Mom was livid; red and shaking. My sister and I, both trained in TFT and Reiki, worked in tandem with her, a simple stress treatment (where I tapped directly on her body) along

with a general Reiki treatment to her head. We also had Dad tap along with Mom's treatment. Mom, once treated, was back to her normal self, wondering why she was so angry about such a thing. Within ten minutes both were calm and thankful.

After three years of caring for Mom, Dad finally chose to relinquish her to a residential nursing home. What we thought would be a time of freedom for Dad turned out to be a bigger challenge. Dad figured his ongoing exhaustion and weight loss was

“We also had Dad tap along with Mom's treatment. Mom, once treated, was back to her normal self, wondering why she was so angry about such a thing. Within ten minutes both were calm and thankful.”

due to the stress of Mom's illness, but a visit to his doctor brought the news that he had developed colon cancer. A month later, Dad was in surgery. The operation went well, however the following night I received a phone call from a nurse to come to the hospital. Dad was extremely distressed. He wanted his daughters there. It may have been the effect of anesthetic withdrawal. We found Dad in a state of panic. He felt as if he was going to die. I had him tap for reversal, then a trauma treatment for the surgery. He followed instructions and within minutes felt relaxed and ready for sleep. On visiting the next day, Dad reported that he awoke once again with the anxiety and said, “so I did the pokey-pokey thing and it went away.”

Unfortunately, despite the surgery Dad's cancer had quickly spread to his liver. TFT was invaluable for my whole family as we coped with the sad task of his palliative care at home. We were able to relax enough to grieve and laugh together in grace as Dad led

us through a beautiful and poignant experience of his death in his home, surrounded by many loving friends and relatives.

We continued to utilize TFT and Reiki with Mom in the nursing home. Although fully expecting her to rapidly decline after Dad's death, Mom's symptoms would flow and ebb, indicating perhaps degeneration, then some regeneration of neurological connections as the disease progressed.

We would often be called to be at her side as her body rallied with minor strokes, then as we worked with her she would become stable again. Mom survived another few years beyond Dad; a full ten years since

her diagnosis. We find it interesting that, even with her lack of conscious awareness, Mom would still respond to TFT treatments. She also seemed to maintain some biological sense of time. Mom finally let go of her physical life exactly five years to the day of Dad's death. We felt at peace along with her.

TFT allowed me and my family to experience this trying time of care and loss of parents in an atmosphere of love and meaning, despite all of the emotional challenges. Although at times we cannot alter what seems to be destined, we can certainly alter our abilities to respond in the most positive way possible.

Lemonick, Michael; Park/Mankato, Alice. (2001). The nun study. Time Magazine, in Time.com. May 14. Available at <http://www.time.com/time/magazine/art cle/0,9171,999867-1,00.html>.



# How I Tapped **Myself** from a

## **Size 14** to a **Size 4**

### **3 Weight Loss Secrets that May Surprise You!**

by Fränzi Ng, Ed.D., TFT-Dx, RCT • [www.DrNg.net](http://www.DrNg.net)

**I** was sitting on the sofa with my 5-year old reading stories when he suddenly exclaimed in amazement: “Mommy, how do you do that?!” He was pointing at my tummy. There it was, sticking out like a soccer ball, plump and solid. Unfortunately, it was not due to another pregnancy or bad posture. No, my son simply pointed out the obvious: mommy had a gut.

For some reason, I was not able to reciprocate my son’s enthusiasm and admiration. Instead, I felt embarrassed to see myself like that. However, I was not ready to do anything about it. Not yet. The life-changing insight did not come until about a month later when my husband and I were sitting in an

elegant Vancouver restaurant, enjoying a sumptuous lunch buffet. That’s when it hit me like a ton of bricks – or a barrel of liposuction fat: “I cannot go on living like this! I cannot go on pretending that every meal is an all-you-can-eat feast, and he or she who eats the most, wins. I don’t think this will be good for my waist line!” - What waist line?

It was on this late December morning that I found the resolve to change my ways with food. My desire to be slim, fit, and healthy was stronger than the desire to indulge myself with food all the time. This was the start of an exciting and empowering journey that would allow me to go from a size 14 to a size 4 by dropping

over 40 lbs. slowly and steadily. It is a personal transformation that changed my life in many wonderful and sometimes surprising ways.

#### **Surprise #1: Being Under the Influence – of Toxins**

The weight came off quite easily during the first couple of months. I exercised regularly, ate moderate portions, enjoyed more whole grains, fruits, and vegetables, and an adequate amount of protein. But about 20 lbs. later, my steady weight loss started to level off and then stopped all together.

*Continued on page 13*

## How I Tapped Myself...

*Continued from page 12*

It was at that time that I became aware of Dr. Callahan's work with the voltmeter. I got myself a digital multimeter at the local electronics store and started measuring the polarity on various areas of my body. I was surprised and shocked by the negative readings I

**"I was blessed that Dr. Callahan offered to work with me with Voice Technology (VT). Within 40 minutes of VT, Dr. Callahan had identified a good number of Individual Energy Toxins (IETs) that were responsible for my alarmingly low voltmeter readings."**

got, no matter where I applied the probes. While measurements in the positive range are desirable and are associated with health, my meter consistently revealed polarities in the -50 to -80 millivolt range.

I was blessed that Dr. Callahan offered to work with me with Voice Technology (VT). Within 40 minutes of VT, Dr. Callahan had identified a good number of Individual Energy Toxins (IETs) that were responsible for my alarmingly low voltmeter readings. Wheat, corn, tomatoes, garlic, onions, milk, butter, brown rice, the laundry detergent, the toothpaste, and even many of my clothes turned out to be toxic to my energy system. I had been aware of these IETs for many years, but had not been ready to sacrifice many of my favourite foods or to change my lifestyle. Now I was.

The adjustment was much easier for me than it was for my family. I was determined to get better, to bring my voltmeter readings up, but my kids suddenly had to adjust to living with a mother who no longer ate many of the same foods. My husband lost his "food buddy," who would join him for the oc-

casional midnight snack and pulled her weight during the movie popcorn binges. This was a loss he grieved for many months.

Fortunately, my husband's resentment of the changes in our family did not affect his willingness to support me in my daily, and at times, hourly toxin testing. In fact, staying on top of my many toxins was no easy feat. With a system as weak as mine, toxins were

lurking everywhere. What was fine one day, tested bad the next.

Luckily, I began to discover that most toxins could not sneak themselves into my life without making themselves noticed. Foods like garlic, dill, grapes, and certain cooking oils, for example, triggered an insatiable hunger. Eventually, I recognized that I was "under the influence" of a toxin when, after eating a reasonable meal, I was hungrier than before. In fact, almost every night over dirty dishes, I found myself obsessing about what to eat next and how to sneak it without anyone noticing.

Once I became aware of this pattern, it was easy to identify the culprit, the substance that triggered the hunger and obsession, using Dr. Callahan's Toxin Protocol. The next step was to treat the effect of the substance on my system with the Seven Second Treatment. The hunger and the obsessions always disappeared within seconds, and peace of mind was re-established. Thank goodness!

Another effect of toxins on my system is the sudden onset of physical pain. Certain cheeses, whipping cream,

and cow's milk triggered a distinct tummy and backache that made breathing hard. These same foods could also bring about a profound sense of sadness, depression, and hopelessness that would cause me to want to withdraw from life. On other days, these same toxins could also turn me into an irritable and cranky complainer who was difficult to live with.

It was a tremendous relief to realize that these changes in physical comfort and personality were not who I was; rather, they were who I turned into under the influence of one or several toxins. Before I knew the Seven Second Treatment, only time and sleep were able to relieve these symptoms. Now, I can eliminate them in just seconds, thanks to Dr. Callahan's revolutionary, life- and relationship saving toxin protocols.

My overall health, however, did not change for the better quite so quickly. In fact, it took over six months before my voltmeter readings started to show consistent improvements. Also, my Heart Rate Variability (HRV), which for over eight years consistently measured at a severely depressed SDNN of 30, did not begin to climb for a long time. But fortunately, after over 12 months of diligently adhering to my toxin-aware lifestyle, my voltmeter readings are now in the +80 to +120 millivolt range, and my HRV measures in the high 70s. A truly significant improvement!

Another pleasant side-effect from staying away from toxins is that my weight started to drop again – almost effortlessly.

## Surprise #2: Recognizing the Wallpaper

When I avoided most toxins, food cravings disappeared all together. But



there was another trap that continually undermined my weight loss efforts. A force even more subtle than toxins, it turned out, were negative beliefs and fears I held about food. I came to call these limiting programs and assumptions “the wallpaper of my being.” I had very little awareness of the nature of that wallpaper, but nonetheless, it coloured my world in many significant ways.

**“With Thought Field Therapy at my side, weight loss was easy. But I accomplished much more than just shedding 40 lbs and 10 dress sizes.”**

To shed light on that wallpaper, to become aware of the negative programs and beliefs imprinted on it, I used time-tested strategies like journaling, talking to a friend, and quiet reflection. Thus, I realized, for example, that I could not discard any left over food. Instead, I felt compelled to finish not only what was in my plate, but also what was on my children’s plates – a perfect recipe for weight gain. To get rid of this compulsion, I tapped a few simple TFT Algorithms for guilt, stress, and anxiety. Now, I still don’t like wasting food, but I also know that I am worth more than the garbage can, and that if I have enough to eat, I will not force myself to finish up.

I also became aware that I often ate large portions with haste and without much enjoyment. The fear that hid behind this behaviour was the trepidation that later in the day, no food would be available. Hence, I was better off to eat well now, or I would certainly get hungry soon. I realized that my fear of experiencing hunger was rather overwhelming. Considering that I never experienced the lack of food in my life, I was surprised to find myself driven by this worry to such an extent. Again, I tapped to eliminate the

fear, the stress, and the anxiety.

I still remember working at my desk a few days later when I noticed an eerie sound. I realized that it was my stomach grumbling with hunger. This was a sound and a sensation I had not heard or felt in a very long time. I loved it, and I was fascinated by it! I felt like a little child with a new toy trying to figure out how it works. Probably for the first time since my

childhood, I was able to feel hungry without fear. I was able to just be with the sensation and eventually quench it. This was truly liberating.

Another weight loss sabotaging behaviour I recognized in myself was my habit of eating while preparing a meal. I realized that the thought of cooking while hungry horrified and appalled me. Consequently, I would constantly graze while cooking and then sit at dinner satiated in the stomach, but without having met the superseding need to feel connected with others. To meet that need for emotional closeness, I would eat another meal in the presence of my family, even though I was physically no longer hungry. As before, I applied TFT Algorithms to eliminate the compulsion to eat while cooking. I now know again what it is like to sit at the table, hungry and excited about eating the meal I prepared.

It was easy to eliminate these and many other negative and limiting beliefs, fears and programs with Thought Field Therapy. The only challenge was to recognize that these negative beliefs were not me, but that they were acquired, and as such, I no longer needed to hold on

to them. Thanks to TFT, I had the power, literally in my finger tips, to change them, and with that, my life.

### **Surprise #3: Reinventing Myself**

Now that the old wallpaper was down, it was time to redecorate. I decided to acquire some new beliefs and assumptions that would be more beneficial than the old limiting programs. I came up with statements that would be specifically helpful for weight loss, such as:

- I enjoy eating small portions.
- I enjoy leaving the table only ¾ full.
- I enjoy feeling hungry.
- I love feeling slim.
- I enjoy working out.
- I can lose this weight and keep it off.

I made these statements to myself and, using TFT Diagnostic procedures, tapped until there were no perturbations left. This way, I assured that my energy system was in complete harmony with these positive goals and affirmations. The path was cleared for continuing success.

With Thought Field Therapy at my side, weight loss was easy. But I accomplished much more than just shedding 40 lbs and 10 dress sizes. I am now healthier than I ever was before, and I am more emotionally balanced. Most importantly, however, I learned a tremendous amount about these pesky and fascinating Individual Energy Toxins. I am excited now to pass my knowledge and insights on to my TFT clients and trainees.

After months of transformation, I truly feel like a new person. Having struggled with weight all my life, I now feel young and alive, maybe for the first time ever. I am learning that it is never too late to feel 20, even when the big 4-0 is fast approaching.

# UK/ROI Committee **UPdate**

by Yvette Lamidey, TFT Dx

**T**he Committee has mainly been concentrating on three areas in the last few months – Culm Valley Integrated Health Centre, International Conference 2009 and the ATFT UK Foundation.

We were very honoured to be invited to the official opening of the Culm Valley Integrated Health Centre in Devon; the Centre was opened by HRH the Prince of Wales who was accompanied by the Duchess of Cornwall. As you will know Prince Charles is very interested in complimentary medicine and his family have practiced it for many years, in particular homeopathy and so to be able to introduce him to TFT was a great opportunity. Please see Steve McNulty's article which gives a detailed account of the visit.

The plans for the 2009 conference as moving forward and we will be able to announce the venue and the dates in November. We are securing a venue in Oxford for September. We are also mindful of the current eco-



nomie climate and so are working on making this an affordable event for as many people as possible.

Since the last edition of Update the ATFT UK Foundation has been working on a programme to support serving and ex-military UK personnel who are suffering from PTSD. We are

also developing plans for raising funds in the UK and UK tax payers can now give to the UK Foundation using gift aid which enables us to increase our funds by claiming tax relief on the donations given to us. There will be more information sent to the UK members about how they can raise funds through Payroll Giving, CAF accounts, Self Assessment Tax Returns and so on over the coming months. And don't forget that you don't have to be a member of the ATFT to donate to either the main ATFT Foundation or the UK Foundation we will happily take donations from friends, family, col-

leagues and generally any member of the public or business.

Please see Ildiko Scurr's article on the activities of the UK Foundation and how members can volunteer to take part in our PTSD project.

**Yvette Lamidey**  
*Chair UKROI Committee*

# How it all began...

By Terri Perry, TFT Dx

**A**t the beginning of 2007 I was really struggling obtaining clients – so much so that I thought I would have to give up therapy and get an office job.

I had tried everything including writing articles for various publications, networking, placing adverts etc. Finally, I met with the practice manager of a large local doctor's surgery, even treating her colleague for a phobia in front of her. The manager was enthusiastic about me starting to offer TFT at the centre (there were several other complementary therapists working there too – herbalist, osteopath etc. At last I thought this was my lucky break but then the doctors got involved and angrily rejected me and would not allow me to commence. This was the last straw, I was so angry and frustrated because they were denying help to the people who needed it most, the public, that I resolved to "go to the top".

I sat down and wrote a two and a half page letter to HRH The Prince of Wales. It was entitled New Treatment for Trauma and Stress – Soldiers returned from War Zones. In the letter I explained how TFT had a success rate unprecedented among other therapies in the field of mental health.

I explained that it was also not counselling. I had seen many clients who had come to me following many months of counselling to no avail but after one session of TFT their problem was eliminated.



These clients had said "why don't the doctors know about this?", "why can't we get it on the NHS?". All I can say to them is that I continue to try, but it seems impossible to get to meet doctors or they are dismissive of the therapy without knowing about it and they refuse to meet with me to discuss it.

I also explained to H.R.H. Prince Charles how TFT has been used in the USA to treat Vietnam War Veterans, the success of TFT in Kosovo, Rwanda and Congo (quoting the statistics we had from those situations, about the recent success in treating malaria and the fear of AIDs in Tanzania).

I pointed out that if the Callahan Techniques was available through referral on the NHS in the UK it would reduce NHS costs (a reduction in medication and reduce the amount of counselling or psychi-

atric help required).

The main point was that I thought it was criminal that emotionally distressed people in the UK and, particularly, the military and Emergency Service personnel, are not offered this amazing treatment.

-I posted the letter and forgot about it for a little while. Then, a few weeks later I received a reply from Clarence House and "the rest is history", as they say. Meetings were attended and Steve McNulty, Donna Bond and myself were invited to treat five patients at the health centre in Cullompton – all with successful outcomes. The new Culm Valley Centre for Integrated Health was being built at the time and we hoped we would have the chance to be involved when it was finished. With the help and dedication of the 'TFT team' this became a reality.



# Culm Valley Centre for Integrated Health

## “A wonderful achievement” - HRH Prince Charles or *How Terri Perry gave Prince Charles a copy of Roger’s book*

by Steve McNulty TFT-RCT

After five years of extremely hard work, total dedication and excessive amounts of love and attention to detail from a large and committed team; on Friday 12th September, 2008 Dr. Michael Dixon’s dream of an integrated centre for health was finally realised when HRH Prince Charles and HRH Camilla, Duchess of Cornwall formally opened the Culm Valley Integrated Centre for Health in Culmpton, Devon in the United Kingdom.

The Centre houses professionals from all disciplines. The General Practitioners (MD in the USA), Chiropractors, Chiropractists, Massage, Reflexology, Counselling, Organic Café, Chemists shop (Pharmacy) and many more...all under one roof. Plus of course our very own TFT is available to local people every Tuesday.

Finally, we have every form of healthcare in a truly holistic centre there, ready and waiting to help local people in need as and when they need it.

How did it all start? Well, make yourself comfortable and prepared to be amazed.....

In early 2007 Terri Perry TFT-Dx wrote a letter to HRH Prince Charles and suggested that, in the



nicest and politest way possible of course, he should investigate and get to know the power and efficacy of TFT. Well done to Terri for having not only the gumption to write to him but also the bravery. Well, what do you know...suddenly she had a reply! HRH wanted her to meet his main man who deals with these things. His name.....Dr Michael Dixon OBE, Chairman of the National Health Service Alliance, Trustee of the Prince of Wales Foundation for Integrated Health and visiting professor at a number of prestigious universities.

A meeting was set up and Terri went to meet Dr. Dixon accompanied by Steve McNulty TFT-RCT (who was then the President of ATFT). They agreed a strategy and decided that the outcome they needed was to be able to convince Dr. Dixon that they should be allowed to physically demonstrate the power of TFT to him and any other people who may be interested. The meeting was held mid-summer 2007 at the National Liberal Club in London on the banks of the River Thames. It was a very good meeting.

It was agreed that Terri and Steve would present TFT to Dr Dixon and his team at his surgery (offices) in Devon. This was set for October 2007 and duly happened. While Steve was organising it with Dr. Dixon, it was agreed that the TFT team would demonstrate the power of TFT on a number of Dr. Dixon's most difficult patients while in Devon for the presentation.

The day arrived finally and the TFT team of Steve McNulty, Terri Perry and Donna Bond took their places in front of the assembled medicos. Steve presented TFT for 30 minutes and then the team gave demonstrations that included Donna getting rid of long held claustrophobia for one of the Doctors.....right there in front of all his peers.

The team then treated five of the most difficult patients in a proper practitioner/patient environment. It is a year down the line now and Dr. Dixon has recently said to Steve that all patients treated have shown sustained long term good effect. That's another way of saying that the TFT worked.

The new Centre for Integrated Health was due to start treating patients in May 2008 and, after seeing TFT in action (equal credit is due here to the professional and expert practitioners using this wonderful therapy of ours) it was agreed that TFT should be part of the Centre.

Steve liaised with Dr. Dixon and his team for some months, making sure TFT stayed at the forefront of his mind. With the advent of the UK & ROI Countries Committee, under the guidance of Yvette Lamidey, Steve and Yvette requested volunteers from the UK & ROI ATFT community to join the team to deliver the TFT services.

By May 2008 the team comprised Terri Perry, Yvette Lamidey, Gillian Harvey-Bush, Stephen Lim, Richie Moore, Andy Woodward and Steve McNulty.

Andy Woodward took over the responsibility for local liaison and organisation as he lives the nearest to the centre. Andy has done a wonderful job and has struck up great communication channels with the centre and built wonderful rapport with the staff there.

Once opened for business in June 2008 (not the official opening) the team took it in turns to be at the centre for the day. At the beginning the patients were few and far between but the team knew it would take time to build up. The total team funded the operation and delivery of TFT from their personal pockets and deserve a lot of praise for this.

So we came to the big day...the official opening. Every other therapy got to send one representative but we wangled three invites. Andy got one as local organiser. Terri got one because she wrote to HRH Prince Charles initially and knows Dr. Dixon very well now. Steve got one because he was seen as heading the team and is also involved with Dr. Dixon in new ways to get TFT into every areas of influence in the UK on an ongoing basis.

When we arrived we were told we would have to squeeze the three of us into a space meant for one. We ignored that of course when the time came.

The Royal party arrived and were welcomed by school children from two local schools. They were then shown around the centre by Dr Dixon and stopped and talked to a number of people along the way. We were there and ready to

pounce.....

The Duchess of Cornwall came to me first but as planned we all cornered her. She was genuinely interested and left us smiling and wanting to know more about TFT.

Then it was time to meet HRH Prince Charles. He again came to me first and again we surrounded him. We had more than our fair share of his time and spoke at length about TFT and about Terri writing to him. He was really interested and expressed an interest in learning more.

After he had passed by and was talking to a group of Doctors, Terri produced a copy of 'Tapping the Healer Within' from her bag and Andy very cleverly delivered it to the Prince's support staff. Dr. Dixon recounts that when he had a private few moments with the Royal party, they talked mainly about 'this tapping thing - TFT'. So, success all round - we had got Roger's book delivered, they were talking about TFT and Dr. Dixon was pleased with the outcome. It was also a very special day for the three of us.

A lot of very hard work, long hours, personal expense and dedication to TFT were given by the total TFT team to make this happen. Moving on from here.....

Steve is developing a Press pack for people to use to help promote TFT. Press releases have been issued promoting TFT and the Prince's visit.

Terri is about to realise one of her greatest lifetime ambitions.....and is shortly moving to Italy to live. We wish her and Mike well in this new venture.

The rest of the team are busily

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## A Wonderful Achievement..

*Continued from page 18*

beavering away to build up the TFT business at the centre at the same time as building their own businesses. Andy is representing us at a meeting in a few days time to chart

use of TFT with Dr. Dixon and works with him in areas of development that are still under wraps for the moment but as soon as they are ready for public consumption, the TFT community will be the first to know.

It took a long time and many hours of concentration, hard work

had the courage to yet. Talk to the person you want to talk to but are worried they won't listen to you. Just do it.....the worst response you can get is....no.....and that won't hurt you.

Finally, a big THANK YOU to Roger for the wonder of TFT. We love it, we love you and we love telling everyone about you and TFT.

My mother has the picture of me with HRH on her living room wall..... aaaaah

Steve McNulty for and on behalf of the Culm Valley Centre for Integrated Health

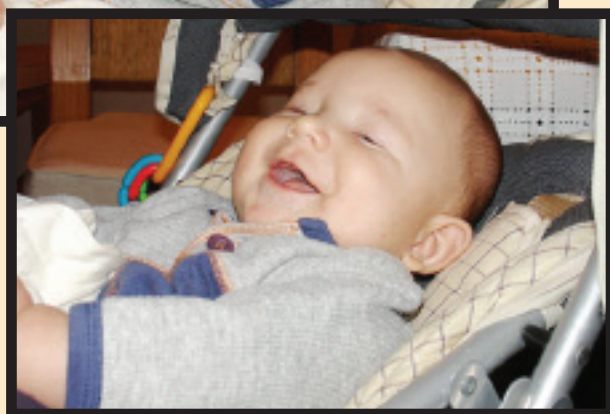
team of Terri Perry, Andy Woodward, Yvette Lamidey, Gillian Harvey-Bush, Stephen Lim, Richie Moore and Steve McNulty.

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**“The Duchess of Cornwall came to me first but as planned we all cornered her. She was genuinely interested and left us smiling and wanting to know more about TFT.”**

out the future of the centre and he will make sure TFT is properly represented at these discussions and in any future plans for the centre. Steve is working hard progressing the

and dedication to get us to this point but it didn't need rocket scientists or wealth to do it. If we can do it.....so can anyone. Come on.....write the letters you want to write but haven't



# TFT for All Ages

Alvaro Hernandez's, TFT Dx

New Grandson

Goes from tears to Joy  
with TFT..



# ASSOCIATION FOR THOUGHT FIELD THERAPY CODE OF ETHICS & PRACTICE

*For TFT Practitioners & Therapists (American Version)*



## 1. Introduction

**1.1** The purpose of this Code is to establish and maintain standards for TFT practitioners / therapists who are members of the Association for Thought Field Therapy and / or affiliated bodies and to inform and protect members of the public seeking and using their services. All levels of membership are governed by this code. Members who are licensed and / or accredited with other professional bodies consent to be governed by this Code of Ethics and Practice when they practice Thought Field Therapy (TFT).

**1.2** The Association for Thought Field Therapy (ATFT) recognizes that its practitioners come with a wide range of qualifications, experience and backgrounds and from many countries in the world, so this code must be adapted as needed to the laws prevailing in the country where the practitioner resides. It is the duty of all practitioners to familiarize themselves with their local laws and guidelines in relation to healthcare, where these exist, and to abide by them. In the process of making decisions regarding their conduct, practitioners must maintain this Code of Ethics in addition to any professional board regulations to which they are subject.

**1.3** A lack of awareness or misunderstanding of any part of this code is not a defense for unethical conduct. If the meaning of any part of this document is unclear to an individual, it is the responsibility of that Member to contact the Board for clarification.

**1.4** The term 'client' refers to the recipient of TFT. The terms 'practitioner' and 'therapist' are interchangeable.

**1.5** Whilst this Code cannot take into account all ethical and practical related issues, it aims to provide a framework for addressing these matters and to encourage optimum levels of practice.

## 2. Thought Field Therapy

**2.1** Thought Field Therapy is a powerful intervention that enables the therapist to work in a different and often dramatically faster way than with the practice of conventional psychotherapy or counseling.

**2.2** The scope of work undertaken will vary according to the individual client's needs and the experience of the practitioner. The primary aim of TFT is to empower clients to take control of their lives and enhance their wellbeing.

## 3. Responsibility to the Client

**3.1** The nature of the therapy and the terms upon which it is being offered should be made clear to clients before the work commences. It is the client's choice whether or not to participate.

**3.2** Except in the case of emergency, where TFT is used by people trained in first aid, therapists must ensure that clients are attending of their own volition and not at the behest of a partner, a family member or other third party of any kind.

**3.3** If a practitioner wishes to obtain or issue a report relevant to the client, consent from the client and other parties, if applicable, such as parent or guardian, should also be sought and recorded.

**3.4** Therapists in practice are responsible for establishing and monitoring boundaries of the therapeutic relationship and making these explicit to the client.

**3.5** Clients should be offered privacy for therapy sessions. If therapists are seeing fee-paying clients in the therapists' own homes, they are responsible for providing a professional environment which assures safety and privacy.

**3.6** Clients should not be observed or overheard by anyone other than their therapist without having given informed consent. This consent also applies to audio/video taping of sessions.

**3.7** Therapists should take all reasonable steps to ensure that clients suffer neither physical nor psychological harm during therapy.

**3.8** Practitioners/therapists must not exploit their clients either financially, sexually, emotionally or in any other way.

**3.9** At the conclusion of therapy, practitioners must ensure that their clients are satisfied with the outcomes achieved, or they must provide referral to more suitably qualified therapists. If this is not an option, then clients should be advised to consult their primary care providers.

**3.10** It is important to maintain and respect professional standards in any relationship following the agreed-upon ending of therapy.

## 4. Advertising Thought Field Therapy

**4.1** Any promotional and / or advertising material, including all written and oral information, should accurately reflect the nature of the service offered and the training, qualifications and relevant experience of the psychotherapist. In addition, such material should conform to the statutes and regulations, if any, that exist for the regulation of advertising and / or consumer protection prevailing in the country where the practitioner resides.

**4.2** When advertising TFT, therapists should limit the information to a description of the services offered together with contact details and relevant qualifications, including the level of the practitioners' TFT certification. All such announcements should be accurate in every detail. They should refrain from making exaggerated or unverifiable claims for the effectiveness of their methods and from advertising services in a way likely to encourage unrealistic expectations.

*Continued on page 21*

**4.3** Therapists/practitioners should not display an affiliation with an organization in a manner which falsely implies the sponsorship or verification of that organization.

## **5. Contracting**

**5.1** TFT therapists are responsible for communicating to the client the terms upon which psychotherapy is being offered, including availability, fees and cancelled appointments.

**5.2** It is essential to keep accurate and legible records of all client sessions. Entries for each session should be dated and signed by the therapist.

**5.3** At the client's request, information should be given about records kept, access to these records, and their availability to other people, including the degree of security with which they are kept.

**5.4** In some jurisdictions, clients have the right to read their therapists' notes. Care must be taken to avoid putting remarks on paper that might cause hurt or offence.

**5.5** Thought Field Therapy practitioners have a responsibility to establish with clients whether they, the clients, are currently working with any other therapeutic, medical or helping professionals. If the therapist wishes to confer with other professional care providers, the client's permission must first be obtained in writing. This action may involve a decision on the part of the therapist whether or not to engage in work with the client, or the client with the TFT practitioner or therapist.

**5.6** It is unethical to denigrate other therapies that the client may have attempted or other therapists with whom the client may have been engaged. It is equally unethical to guarantee or claim, by statement or implication, a successful outcome for your own modality, unless the word 'guarantee' means an explicit undertaking to refund the fee paid for a session should the client be unhappy with the result.

## **6. Confidentiality**

**6.1** Where necessary, therapists are responsible for the secure transit, storage, retrieval and disposal of records both written and electronic. It is also important for TFT therapists to leave written instructions concerning transfer or disposal of client records in case of their sudden demise or incapacitation.

**6.2** The therapist is responsible for indicating clearly the limitations on confidentiality offered. Confidential information concerning a client is not to be divulged to others except in the following circumstances:

- When working in partnership with the client's primary care-giver or a multi-disciplinary medical or mental health team where information is shared.
- In supervision, consultation, or for teaching purposes where the client's identity is protected and to which the client has given written consent. Care must be taken to ensure that personally identifiable information is not transmitted through any overlapping networks of confidential relationship. For this reason, it is good practice to avoid identifying specific clients during supervision or other consultations, unless there are sound reasons for doing so.
- In transfers and referrals, mutually agreed upon with the client, information may be shared, with the client's permission;
- When a report is requested by others e.g. doctors, probation officers, courts, etc., a mutual agreement is sought with the client and a signed consent is obtained; (See also Section 7)
- When a video or audio tape is made, a signed, freely given consent is obtained from the client specifying the agreed-upon audience. Examples of such audiences could include the public, trainees, or other professionals. There is also agreement as to if and when the tape will be erased.
- Where clear evidence that serious harm to a client or others is likely, and there is a belief that this can be averted by such action. It is well to note that this is particularly applicable in a circumstance where the clients are believed to represent a danger to themselves or to other persons. Prior consent should be obtained from clients unless there is good reason for believing they are no longer able to take responsibility for their own actions. In these instances the advice of the client's primary care provider should be sought.

**6.3** Special care is required when writing about specific psychotherapeutic situations for case studies, reports or publications. It is important that the client's valid consent is obtained or that his or her identity is effectively disguised.

**6.4** Every possible care should be taken to protect the rights of children in situations where a therapist has knowledge or suspicion that a child is being abused or is at risk of abuse. It is important that all TFT therapists & practitioners are obliged to be informed of their legal responsibility toward children and minors in the country where they practice.

**6.5** Whenever possible, the decision to break the confidentiality agreed between therapists and clients should be made only after consultation with a clinical supervisor or an experienced therapist/practitioner. Therapists have an obligation to keep up to date on legal and ethical practices as well as social issues.

**6.6** Agreements about confidentiality continue after the client's death, unless there are overriding legal or ethical reasons.

**6.7** Where it is deemed desirable to break confidentiality, the minimum necessary information should be revealed to as few people as possible. The aim is to enable clients to resume taking responsibility for their actions.

## **7. Confidentiality and the Legal Process**

**7.1** Sometimes there is a legal duty to reveal client information, for instance, if the therapist is summoned with a subpoena from a court of law.

**7.2** TFT Therapists/Practitioners should seek legal advice and contact their supervisors if they are in any doubt about legal rights and obligations, before risking acting in ways which conflict with their agreement with clients.

## **8. Competence**

**8.1** Therapists should actively monitor the limits of their own competence through therapy supervision and/or consultative support.

**8.2** TFT therapists/practitioners should not practice when their professional judgment is impaired by excessive stress caused by factors such as drugs, alcohol, or illness. Where they become aware of personal problems that may affect their competence they shall seek appropriate professional assistance to determine whether they should limit, suspend or terminate their professional activity.

**8.3** Competent therapists recognize their lack of training, expertise or experience to work with highly complicated or high-risk situations and make appropriate referrals

**8.4** Therapists shall have regard for clients' moral and cultural values and shall not allow their services to clients to be affected by any bias regarding gender, sexual orientation, race, age, nationality, politics, social status or class. Where therapists believe their impartiality is compromised by such factors, they shall refer their client to another competent colleague.

**8.5** Therapists should have received adequate, ATFT-approved training before commencing to practice Thought Field Therapy. They should hold membership of ATFT or other affiliated body; hold adequate professional indemnity & public liability insurance; maintain ongoing professional development, keep up to date with new knowledge and procedures and engage with a clinical supervisor for support (See Section 9).

**8.6** The training offered at all levels of TFT is oriented to providing skills in the rapid treatments developed in Thought Field Therapy. It is not intended to provide comprehensive training in the treatment or assistance of those with the problems addressed in this training, nor specialized training in the field of psychology, psychotherapy, or the proper care of patients. It is therefore the responsibility of the practitioner / therapist to ensure that, in addition to their TFT training, he/she has undertaken adequate training in matters concerning the proper care of emotionally vulnerable clients including issues regarding professional consultation, confidentiality, the law, and consumer protection.

**8.7** Therapists should take all reasonable steps to ensure their own physical safety.

**8.8** Members of ATFT should not conduct themselves in their therapeutic activities in ways which undermine public confidence in Thought Field Therapy.

**8.9** Members of ATFT and affiliated bodies are required to adhere to this Code of Ethics. Where professional misconduct by a member is suspected, there is a responsibility to ensure necessary steps are taken to resolve the matter. This may involve implementing the Complaints Procedure (See Section 11).

## **9. Clinical Supervision/Consultative Support**

**9.1** Clinical supervision/consultative support describes a formal arrangement which enables therapists to discuss their work regularly with one or more practitioners who are competent to provide this service. It is a confidential relationship.

**9.2** Therapists should practice with regular supervision and consultative support.

**9.3** The volume of supervision should be in proportion to the volume of client work undertaken. The ratio of supervision to client hours is determined by the ATFT Board of Directors and is subject to revision as required.

## **10. Research**

**10.1** The use of personally identifiable material gained from clients or by observation of Thought Field Therapy should be used only after the client has given written consent, taking care to ensure that consent was freely given.

**10.2** Therapists conducting research should use their data accurately, restricting their conclusions to those compatible with their methodology.

## **11. Inquiries into allegations against members**

- The ATFT has a Complaints, Fitness to Practice and Appeals Board (hereinafter Complaints Board) which looks into allegations against members.
- Every complaint is considered in line with the ATFT Complaints Procedure which is available to all members.
- The Complaints Board decides whether there is a case to answer and if there is, deals with the complaint according to the Complaints Procedure. If it is found that a case against a member is well founded, the ATFT can take appropriate measures against a member as necessary and this can include expulsion from membership.
- When an allegation is made against a member, the ATFT will always take account of these standards when it decides whether to uphold the allegation. It has set generic standards of conduct, performance and ethics and there are profession-specific standards of proficiency, education and training. All of these standards can be relevant.
- The ATFT may uphold an allegation against a member even if this document has not specifically mentioned the details of the issues that arise in the particular case. Because of this, the ATFT will always consider every case referred to it individually.
- If you are not sure how to interpret or apply the statement, you should contact any ATFT Board member.

## **In Summary**

- Act always in the best interests of your clients.
- Respect the confidentiality of your clients.
- Maintain high standards of personal conduct.
- Provide to the ATFT any important information about conduct, competence or health.
- Keep your professional knowledge and skills up to date.
- Maintain regular contact with a clinical supervisor/consultant.
- Act within the limits of your knowledge, skills and experience and, if necessary, refer on to another member practitioner or healthcare professional.
- Maintain proper and effective communications with clients, users, carers and professionals.
- Effectively supervise tasks you have asked others to carry out for you.
- Obtain informed consent to provide treatment (except in an emergency).
- Keep accurate client and user records.
- Limit your work or stop practicing if your performance or judgment is affected by your physical, emotional or mental health.
- Carry out your duties in a professional and ethical way.
- Behave with integrity and honesty.



# ATFT Foundation – Looking Ahead to 2009

by Joanne Callahan

**The** ATFT Foundation welcomes our new officers for 2008-2009; **Mary Cowley** will be our treasurer and **Franzi Ng** our secretary. **Jenny Edwards** will be heading up our new Research Advisory Committee and will be looking for volunteers to assist on this committee. **Suzanne Connolly** will be continuing her hard work as chair of our Trauma Relief Committee and getting the recent Rwandan PTSD study published. **Bruce Paton** will be chairing our Fund Raising Committee. I will remain as our president.

We all would like to express our sincere thanks to **Paul Oas, PhD** for his past dedication and service on our board and his excellent team leadership on our first Rwanda PTSD study. The difference this work made in the lives of the Kigali orphans brought tears to the eyes of many during our conference, Healing the World with TFT, last year. Paul has taken on the monumental task of raising the funds to build a new orphanage for these children. We wish him the very best in these efforts.

Our PTSD study this year, April 2008, led by Suzanne Connolly and Caroline Sakai, in conjunction with Arizona State University was nothing short of amazing. The stats were so startling that the researcher thought there must have been an error and had them rerun two more times. There was no error, just the power of TFT. We are looking forward to seeing these phenomenal results published in a respected journal by spring 2009.

Each project the ATFT Foundation takes on is larger than the previous, helping more people, educating more, and producing more TFT research. The projects have not only grown in size and results but in the funds needed to support them.

We have accomplished much on a shoestring budget. Our first Tanzania mission was accomplished for under \$10,000, training and treating many suffering from malaria and giving us an interesting pilot study.

Our first Rwanda PTSD study treated the orphans of El Shaddai. The success was wonderful and provided so much relief and new hope for these children. The research will be submitted for publication soon. This project was funded for only \$18,000.

The second PTSD study with genocide victims in Rwanda, April 2008, trained local community leaders to help their fellow Ugandans. They achieved spectacular results, and gave them a tool

***“All of these projects could not have been undertaken without the dedicated, hard-working volunteers and the support of our members.”***

for the future. This project was accomplished for \$30,000.

And now, we have our largest project yet. For only \$47,350 we are going to train 300 Ugandan community leaders, treat 100's, do another malaria study and replicate the PTSD study. This project will provide the Ugandans the tools for tremendous self-help and relief.

All of these projects could not have been undertaken without the dedicated, hard-working volunteers and the support of our members. This year's team will be another international group of healthcare professionals and educators; **Dr. Howard Robson** and **Phyllis Robson** from the UK, **Stein Halvorsen** and **Erling Skagseth** from Norway, and **Robert Bray** from the USA.

This mission is so timely and in synch with the world's greatest needs. The entire world is coming together, searching for ways to cure, eliminate and otherwise reduce malaria.

PTSD has fast become a worldwide issue. A recent study quoted in a

London paper said, Uganda has the highest rate of post-traumatic stress and depression ever recorded, following extremely high of civilian exposure to violence and poor healthcare, a study published in BMC Psychiatry says today. The study, conducted by the London School of Hygiene & Tropical Medicine and Gulu University has found that 54% of those interviewed met symptom-criteria for post-traumatic stress disorder, while 67% showed signs of depression.

Bayard Roberts, lead author of the study at LSHTM says, "Many of the people interviewed experienced ill health without medical care, experienced rape or sexual abuse, lack of food and water as well as higher rates of trauma exposure."

Source: London School of Hygiene & Tropical Medicine.

The ATFT Foundation has also directed their efforts to help the victims of natural disasters from New Orleans, Katrina and the massive flooding in Tabasco, Mexico. There is an on-line application form for volunteers to fill out on our web site, [www.ATFTFoundation.org](http://www.ATFTFoundation.org) on the Trauma Relief Committee page.

We have been invited back to teach and train in New Orleans and we always want to be prepared to help when a disaster occurs. Please go to our web site and become a volunteer.

All of these projects need your support, as volunteers, grant writers, fund raisers, donors, mileage and administrative work. You can volunteer or give a donation on-line, on the web site or send it to: ATFT Foundation, PO Box 1220, La Quinta, CA 92247. UK members can donate thru the UK foundation (see article in this issue).

Remember, we need all of your help to continue and expand our work, sharing TFT with the world.