

ATFT UPdate



OFFICIAL PUBLICATION OF THE ASSOCIATION OF THOUGHT FIELD THERAPY

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FEATURE STORIES

RWANDA:

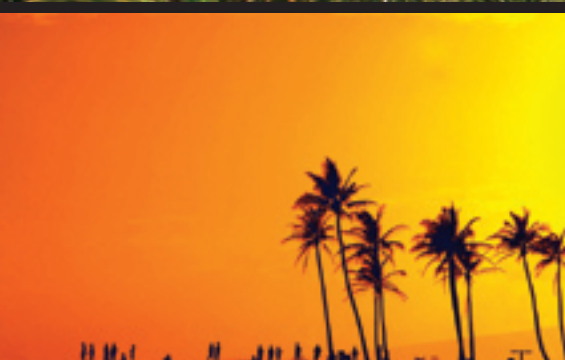
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Using TFT to Help
Their Community*

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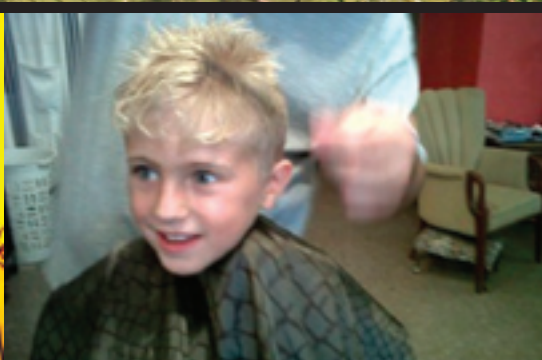
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*Work and Results
in Troubled
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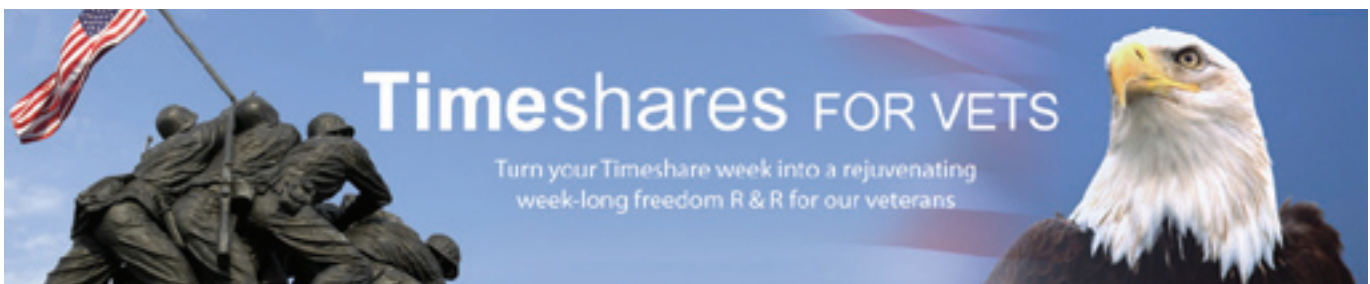
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January 30, Palm Springs, CA • March 6, London, England
• April 10, Toronto, Ontario, Canada • June 12, Sydney, Australia • July 30, San Diego, CA

PRESIDENT'S MESSAGE



RHODA DRAPER
Accredited Psychotherapist, BA,
DipC.H., TFT-Adv, TFT-RCT

I first discovered TFT in August, 1998, at an NLP training in Dublin. Some of the participants had arrived from San Francisco that day and were suffering from jetlag. The trainer went through the West-East sequence with them and the jetlag disappeared. Interesting, I thought, and would have forgotten all about it had I not arrived home that evening to find a copy of the NLP magazine, *Anchor Point*, on my doorstep with an advertisement for the CT Step A home study course on the back cover. The coincidence was striking enough to have me order the package, learn the techniques and try them out with my clients. The results were so spectacular that I decided to travel to California to do the Dx course with Dr. Roger and Joanne Callahan (there were no Dx trainings closer to home at the time).

During the ensuing years I have attended many Dx refreshers, RCT and OH courses and have presented many Algorithms trainings but, over the course of twelve years, I have seldom had the need to use TFT for myself. OK, there was a touch of vertigo

climbing up a tall tower in Italy, the odd hint of nerves before a music performance, the occasional delay in getting off to sleep – but, apart from that, TFT was an essential item in my client-work toolkit only.

This year was different! In August I had a total hip replacement. Being a healthy individual I had no previous experience of surgery or anaesthetics, so on the day before the operation I sat in my hospital room making a list of all my concerns, scoring them on a SUD scale. I must say, after I had tapped all of the fears out of existence I felt very confident about the whole procedure! Two of my kind friends had recorded CDs for me, so these also helped with the conviction that I had covered all the bases.

The following morning I was really surprised to feel no anxiety whatever, and even in the hours and days after surgery I had no need of patient controlled analgesia. The surgeon and medical staff were quite amazed at the speed of my progress and the rapid healing of the wound. Visiting friends were equally impressed!

Deepak Chopra said, in a recent television interview, that he was fascinated with how two patients with the same condition, the same staging, the same medical team and the same treatment could have vastly different outcomes. After researching this he came to the conclusion that rapid recovery was due to the total absence of fear. I would go along with that!

ATFT UPdate

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MEET YOUR ATFT MEMBERS...



ROBERT PASAHOW
PhD, TFT-Adv, TFT-RCT

Robert Pasahow, Ph.D. is a licensed psychologist in full time private practice. He is the director of Affiliates in Psychotherapy, a multidisciplinary outpatient practice. He originally trained with Roger and Joanne

Callahan in 1998 and as with other TFT practitioners, has never been the same since. His research training has been with Martin Seligman, past president of the American Psychological Association and the founder of the new mental health movement of Positive Psychology.

Dr. Pasahow has been in the fortunate position of being on the Research Committees for both ATFT Foundation and the Association for Comprehensive Energy Psychology (ACEP). His work has been devoted to having both energy psychology organizations to work more collaboratively on clinical, research and political issues.

He has published his work using TFT for the relief of pain, vertigo and

tinnitus and in the areas of depression, learned helplessness and anxiety. Dr. Pasahow's current interests are to more fully understand the interrelationship of Energy Medicine, Emotional Freedom Therapy and Thought Field Therapy. Another area of interest is in using the 7-Second Treatment (Energy Toxin Neutralization Technique). He is currently collaborating with Dr. Doris Rapp, the physician who first discovered and introduced the problems of toxins to the medical community. An additional focus has been on having the American Psychological Association be more accepting of Energy Psychology and Thought Field Therapy.

Note: See the notice in TFT Today on the American Psychological Association's allowing psychologists to indicate a preference for using TFT as a treatment.



COLIN BARRON
MB Ch B, TFT-VT

Dr. Colin Barron, 54, is well known in the United Kingdom as a VT (Voice Technology) Practitioner and trainer.

He was born in Greenock, Scotland in 1956 and educated at Greenock Academy and Glasgow University where he graduated M.B. Ch.B in 1979. Both his parents were doctors, his mother being a Consultant Ophthalmologist and his father a General Practitioner.

"I was always a bit of a bookworm when I was a teenager," said Colin,

"and when I was in my teens I read a number of classic books on psychology plus a number of my father's books on Psychiatry and Hypnosis. When I started Medical School I expected to become a psychiatrist."

However some negative experiences while working in a Scottish psychiatric hospital lead to Colin training as an Ophthalmologist instead. However after a few years some problems with his own vision forced Colin to give up Ophthalmology and he spent the next 15 years as the owner/manager of a private nursing home in Callander, Perthshire.

In 1997 Colin decided to re-train as a hypnotherapist and in 2000 he learned TFT with Ian Graham, who was the first British TFT Practitioner and trainer.

In 2001 Colin became the first British person to learn Voice Technology TFT with Dr. Roger Callahan, and since 2009, has been teaching the Diagnostic TFT and TFT "Optimal Health" Courses, which he greatly enjoys.

"Mark Twain once said that the secret of happiness is to make your vocation a vacation and that is how I feel about my work. I regard my work as an enjoyable hobby which pays the bills," said Colin.

"Many people have had their lives transformed by TFT. I remember one former patient, aged 71, who had a social phobia for 60 years, which meant he could not look other people in the eye. After just one session of TFT he was able to live a normal life. It is just such a pity he couldn't have received such an effective treatment 60 years earlier".

Colin also serves the ATFT membership as a member of the ATFT Medical Advisory Board.

"TFT has been shown to be useful in the treatment of medical conditions. However, it is important that non-medically qualified practitioners be aware of the legal and ethical issues surrounding the treatment of medical problems with TFT, which is why it is so essential that we have a Medical Advisory Board to give good advice to our members."

RWANDANS HELP EACH OTHER RECOVER

2010 ATFT Foundation Deployment to Byumba and Kigali in Rwanda

By CAROLINE SAKAI, PhD, TFT-VT



The Rwandan community leaders in Byumba who were trained as TFT therapists in 2009 and 2010 have treated over 2000 people in their community. The Izere Center has established an ATFT Rwanda branch, and TFT treatment offices that are manned by volunteers and part-time practitioners twice a week treat an average of 30 people a day with TFT on those treatment days. During Bishop Servilien Nzakamwita of Byumba Diocese's opening reception, a government official noted that traveling down the streets he noted that the people of the sector had changed from depressed and not working, not smiling, not waving—to being productive and positive, smiling and waving and greeting each other since the ATFT team had been there the previous year and the TFT treatments for trauma had commenced.

This year the ATFT Foundation team led by Suzanne Connolly, MSW of Sedona, Arizona included Caroline Sakai, Ph.D. and Cyndie Quinn and Gary Quinn of Oahu, Hawaii. Caroline Sakai and the team did a review and abbreviated diagnostic training for the 33 therapists trained in 2009. Suzanne Connolly led an algorithm training

for 34 new therapists. The 2009 and 2010 therapists were all community leaders selected from orphanages, education, clergy, social work, psychology, business, police, nursing, government service, and others by Father Jean Marie Vianney Dushimiyimana of Izere Center, principle priest of Nyinawimana Parish and by Brother Augustine Nzabonimana.

Then both the previously trained and the newly trained Rwandan therapists treated 603 people from the community who were suffering from 667 traumas and related issues. For the 667 traumas and related issues the mean Subjective Units of Distress scale (SUD) before treatment was 8.4, and the mean SUD after treatment was 0.2. The median SUD pre-treatment was 9, and the median SUD post-treatment was 0. There were 518 females and 82 males treated. The major problems treated were trauma, anger, rage, fear, sadness, grief, pain, anxiety, depression, guilt, shame, and phobia. For a few of the people who were treated that had more complex issues that algorithms did not fully address, the Rwandan therapists who had the diagnostic level training treated them with supportive supervision. The ATFT Foundation team provided supervision as needed. Additionally some villagers who were treated the year before just came by to express their

Bottom Photo: Caroline Sakai and Suzanne Connolly with Rwandan group.



A Rwandan TFT class with Gary Quinn in the background.

appreciation for having TFT in their lives, as they were no longer suffering from trauma, rage, anger, fear, guilt, and pain symptoms.

In Kigali previously trained therapists did a review, and new therapists were trained. Also many of the participants of the PTSD research project done in 2008 returned to do a two year follow-up on the same assessment measures. Many of the participants spontaneously shared about their progress over the past two years since treatment of their

traumas and related issues.

As the forgiveness and reconciliation efforts to reintegrate the Rwandan community have been in progress for a few years now, a number of Rwandans mentioned wishing that they had had the tools of TFT earlier to help with healing the wounds of trauma, calming and fears and anxiety, and working through the rage, resentment and anger that many harbored deep within despite their many attempts to think, talk, wish and pray them

HELPING EACH OTHER

away. They expressed their gratitude at having more means of healing the hurts, resolving the rage, facilitating the restitution and reconciliation efforts, reaffirming their faith, and restoring their hope. For the ATFT team, it further encouraged our convictions voiced so clearly by the Rwandans one after another, that TFT must be made more widely available to help all genocide survivors, all who have suffered from large-scale trauma.



HAWAII TRAINING PROJECT FOR ATFT RWANDA:

By CAROLINE SAKAI, PhD, TFT-VT Thought Field Therapy, Inc.

ANN S. YABUSAKI, PhD, TFT-Dx Coalition for a Drug-Free Hawaii

BACKGROUND

Thought Field Therapy (TFT) is a self-treatment that combines tapping of acupuncture treatment points with mental focusing on the targeted symptoms or traumatic memories. It was developed by clinical psychologist Roger Callahan over 30 years ago and has had no reported negative side effects. It has been found to be effective in treatment of posttraumatic stress disorder (PTSD) with adults and adolescents, including recently completed randomized controlled studies with genocide survivors in Rwanda. It is helpful in alleviating anxiety, anger, phobia, rage, excessive guilt, grief, depression, addictive urges, and chronic pain management.

For the past five years, the Association of Thought Field Therapy Foundation has sent teams of TFT practitioners to Rwanda to treat and train Rwandan genocide survivors in using TFT. At the Izere Center in Byumba, a TFT treatment center office was recently opened. It treats about 30 people a day, two days a week.

There are still hundreds of thousands of yet untreated genocide survivors who suffer from PTSD in Rwanda. The Rwandans need to be trained as TFT trainers so they can train others to use TFT in their homeland.

DESCRIPTION OF THE PROJECT

In September 2011 four Rwan-

dan TFT practitioners from Byumba and Kigali will come to Hawaii for a month of intense training. They will review TFT skills and learn to train others to use it. As part of their training, the Rwandans will train 8-12 trainees in Hawaii for 2 days and then supervise them in clinical practice.

With the help of the Coalition for a Drug-Free Hawaii, we are establishing free clinics for field training in areas of high need throughout Oahu for the newly trained local TFT practitioners and Rwandan trainers. We would like at least two days at each site. Ideally, each of the 8-12 trainees would treat 3 people in the morning, and 3 people in the afternoon under the supervision of the Rwandan trainers. For example, if there are 8 trainees, 24 people would be treated in the morning, and 24 people treated in the afternoon each day. Supervision of the Rwandan trainers will be provided by TFT practitioners in Hawaii who are also licensed psychotherapists. We will also provide training on recognizing and addressing high-risk situations (e.g., substance abuse, trauma, mood disorders, suicidal risks).

All of the trainings will be provided free of charge. The TFT training will be limited to 8-12 trainees, but the training on high-risk situations is open to other practitioners. We are asking all who would like to sponsor a free clinic to help provide water, lunch for the Rwandans and trainees, and water and light snacks for the clients.





HAWAII TRAINING

and subcommittee meetings will be held over the course of the next several months.

BENEFITS

1) Rwandans moving to self-sufficiency by continuing to train, treat and follow-up on their TFT treatments of wide-scale trauma, and empowered to expand geometrically the benefits of TFT across Rwanda and to neighboring countries.

2) Free treatment for the homeless, veterans, people in recovery

and many others who do not have access or the means to obtain treatment.

3) Locally trained TFT practitioners prepared to work with the people with high needs and limited resources in Hawaii. An explanatory presentation of the work with wide-scale trauma and the model for community treatment with TFT was given in September 2010. The invitation was sent out to community agencies and interested individuals in the community working with the homeless, populations in areas that have high needs and very limited resources, etc.

Thought Field Therapy, Inc. and ATFT Foundation, Coalition for a Drug Free Hawaii, and Santas by the Sea / Sugarcane Shack Productions collaborated to put together the initial plans for September 2011, in conjunction with ATFT Rwanda, Izere Center, Bishop of Byumba, Father JMV, with a follow-up initial planning meeting of those interested in participating in this collaborative effort held in October 2010. Regular planning



HAITI 2010: TFT MISSION TO HAITI

By PHYLLIS ROBSON, TFT-Adv

HOWARD ROBSON, MD, TFT-Algo

When we heard of the disastrous earthquake that struck Haiti on 12th January 2010, we immediately thought that TFT would have much to offer to the traumatised population following the initial rescue and emergency interventions.

Haiti has a troubled history; It was occupied by European colonists. The native population died out and African slaves were used to replace them.

Plantations and logging provided great economic benefit for the colonists, but at a critical cost to later generations of Haitians. Deforestation caused soil erosion and mudslides. Despite achieving independence over 200 years ago, the country has been marred by violence, instability, poverty and corruption. There is a lack of infrastructure and a susceptibility to hurricanes.

When the opportunity to visit Haiti came later in the year, on behalf of ATFTFoundation, we were in a position to volunteer. We were to be part of a mission led by Dr. Jean-Murat Carolle (Angels for Haiti), which was part of a larger medical mission led by Dr Charles René. We immediately thereafter began collecting supplies for the visit, especially as part of the project was to enable the children to express themselves through arts. These supplies included pens, paints, brushes, books and paper, as well as some medical and dental supplies and toiletries. We were particularly grateful for the help of our dentist and family and friends. We were

also grateful for the provision of the TFT algorithm manual in French from Suzanne Connolly, which we modified slightly for the local requirements, and printed sufficient copies for our expected training sessions. We managed to obtain a reasonable rate from the airlines for our considerable luggage excess. Essential to visiting a country such as Haiti is to understand the local culture and attend to personal safety and health (vaccinations and anti-malarial drugs). We attended to these issues as much as possible, to maximise our contribution to the mission and not be a burden.

We left home in the early hours of 1st July, 2010, via Newcastle, London, Miami and Port-au Prince for La Vallee de Jacmel in Haiti. La Vallee is a mountain village serving a rural population in southern Haiti, 11 miles from the coastal city of Jacmel. The primary occupation is farming; there is economic hardship, and lack of resources and infrastructure. Although some distance from the epicentre of the earthquake, there had been ten deaths within the region of La Vallee Jacmel which also had suffered considerable structural damage. The experience of the earthquake and after-shocks had affected many local people. There had also been an influx of people from more affected areas. These people had lost homes, possessions and whole families.

International arrivals in Port-au-Prince were welcomed on leaving the aircraft by local musicians, which typified the welcome we received throughout the country. Due to structural damage, an old hangar served as the arrivals hall. Views of Port-au-

Prince on landing and subsequent take-off, and whilst transferring to our domestic flight, gave us our first glimpse of life in Haiti. We especially noticed the notable number of amputees without prostheses.

We met some other members of the team for the first time whilst in the airports, and met others at the hotel in La Vallee. Our first TFT client was at the domestic terminal in Port-au-Prince. A young team member suffered from nausea due to travelling and the oppressive heat; following TFT she completely recovered and completed the rest of the journey uneventfully. A short flight took us to Jacmel, and thence by road to La Vallee. The 11-mile journey took an hour and a half due to the poor condition of the unpaved mountain road.

No formal training had been planned for the weekend of our arrival, so we joined some members of our group visiting local schools, to meet the children and review their art projects. Our group included a lecturer in art and Ally, who at ten years old, was a United Nations "Art Miles Mural Project and Shoes of Hope Ambassador". During the weekend however, we offered the team an opportunity to learn something about our work with TFT, and encouraged them to treat any anxieties that they might have. This program was so popular, that two nurses, a doctor and an artist attended our subsequent two-day algorithm training.

The formal TFT training took place as a two-day course commencing on

HAITI



On subsequent days, we attended the hospital in La Vallee, a fifteen-minute walk from our accommodation, with the medical, surgical and paediatric team. Howard undertook medical clinics and calibrated basic equipment. With the lack of interpreters and drugs, TFT was particularly valuable, especially for treating palpitations, anxiety and pain.

The trainees were invited to attend the hospital with Phyll, to experience supervised practice treating local people and staff suffering from a variety of problems, including pain, anxiety, anger, frustration and traumatic stress. Most of them harboured fears of dying should there be another earthquake, and a fear of living in their home. Quite a few had lost some or all of their family members. The trainees who attended the hospital demonstrated enthusiasm and the pleasure of experiencing the power of TFT for the first time. Dr Carolle has subsequently obtained testimony from some of the trainees and clients, attesting to the benefit of the training to themselves and the communities they serve.

We travelled home by the same route as we came. TFT treatment continued right up to departure from Jacmel airstrip. We arrived home on the 13th July. The weather had been kind to us during our visit, enabling us to have the good fortune to appreciate the beauty of a country, largely unknown to the rest of the world. We are also enriched by the great friendliness and resilience of the people of Haiti, and our thoughts remain with



the Monday at a training centre in the countryside some distance from our accommodation. The building was an unfinished concrete shell, but at least it had a roof. Thirty-two people attended training, including the four members of our team. The local trainees were mostly professionals (teachers, nurses, community leaders and medical and nursing students). Many travelled for several hours by foot or motorcycle to attend, some from as far as Port-au-Prince, although none

stayed overnight. Beverages were available during training and a hot lunch provided each day. Each participant was provided with a training manual. Although we were often able to communicate with a mixture of French and English, Haitian Creole was the local language, and a Creole speaking interpreter (Dr Carolle) was essential. Phyll was lead trainer for the attentive and enthusiastic group. Certificates of attendance were distributed at the end of training.

HAITI

them. A large number of physical and mental problems consequent to the earthquake remain, compounded by the continued poor governance, lack of infrastructure, hurricanes, and now severe water-borne infections. Meanwhile, the International community interest turns to fresh crises elsewhere.

Acknowledgements:

We are grateful to all who supported us, especially the people of Haiti who welcomed us; Suzanne Connolly for the French version of the algorithm training manual; Dr Jean-Murat Carolle for inviting and supporting us; Beate Berman-Enn for assisting with translation during training and supervision; Guy Marriott and Anisa Toscano for supplying contact details and security advice; Joanne Callahan for support and encouragement.

A letter from Dr. Carolle sent September 20, 2010.

Dear Joanne,

Once again, please receive my heartfelt thanks from me as well as those who were trained in the TFT techniques, those who have received and continue to receive such invaluable tool to help them mitigate their suffering following the earthquake.

I finally had a chance to post something on the Angels for Haiti blog. Here is the link [Haiti Trip](#). Here is what I said about our experience with TFT:

The ATFT Foundation (charitable arm of the Association for Thought Field Therapy) provided a generous grant and the gracious help of a husband and wife team Dr. Howard and

Nurse Phyll Robson, both TFT trainers from England. We provided a 3-day training involving 30 Haitian teachers, nurses, community leaders, medical and nursing students, from as far as Port-au-Prince. The training not only helped them personally but also gave them the opportunity to help relieve the trauma of as many earthquake survivors as possible. Even more importantly, trainees learned techniques on how to relieve pain, which would be beneficial in an area when medical personnel and pain relief medications are scarcely available.

I have talked to some of the attendees in Haiti for these past few days. Here is what they had to say:

"In a culture where a mental illness is frowned upon, the TFT training gave us a new perspective on how we humans work. This tool is a lifetime gift. Many of us now see our fellow human being in a different light."

"After taking the training, it has helped me improve my communication with those I serve."

"After losing everything including my home, family members, and everything I worked for, participating in the TFT training gave me a new lease on life. I am now a healthy citizen who is using the tools I have learned to help those who were suffering just like me."

"As a teacher, I use these techniques with my students; their attention span in the classroom has greatly improved."

"It was such a great gift that we received from the Robsons – who taught from the heart."

Many community leaders also asked me to convey their heartfelt thanks to the TFT team. Please feel free to use my name and any of the quotes.

With Love and Gratitude,
Dr. Carolle
Jean-Murat Carollw, M.D.

Dear Joanne:

As you may have heard, hurricane Thomas hit Haiti Friday before last. Unfortunately, the county of La Vallee de Jacmel – where the training took place located at 3,000 feet above sea level was in his path.

The high winds wiped out most of the agricultural crop and brought down many homes that were previously damaged by the earthquake.

I just got a phone call letting me know that many of the rescue volunteers were those who attended the TFT training. They were mentally strong to rise up to the occasion.

Without the training, a second blow could have been deadlier.

Thanks again to you, your organization, and the Robsons.

With love and gratitude,
Dr. Carolle





“HEY, MOM! I NEED A HAIRCUT!”

By HELEN SUGARMAN SCHICKETANZ

Daughter of Lois Sugarman, PhD, RN, TFT-Adv, TFT-RCT

My four-year-old son Max has always been a very happy, outgoing child whom nothing can phase; nothing, that is, except getting a haircut or getting his fingernails or toenails cut. When he was a baby, my husband would literally have to hold him down while I cut his nails, and he would be screaming the entire time. Not only was I afraid that I would traumatize him for life (clearly something already had, but we had no idea what it was), but I was half-afraid that someone would hear the screaming and call Child Protective Services on us. When I took him to the barber shop, he would have to sit on my lap while the barber (who was very patient) used the scissors or the clippers. He alternated, hoping that something would make the experience less traumatic. During every hair cut, my son would scream and I would cry. It was horrible.

We tried different barbers, different places, and were told by one barber (who told me when we arrived that he had never had a child whose hair he couldn't cut, regardless of the child's anxiety) that my son's hair was impossible to cut. I finally gave up on his nails, relying instead on his daycare provider to do it. After he had been going to her house for about nine months, she greeted me at the door to tell me that he had let her cut one toenail. Things seemed to be looking up—but they weren't. It was traumatic for her to cut his nails too because he was so squirmy. She was afraid she was going to hurt him by mistake. Of course, not being a hair-

stylist, she didn't cut hair at all.

This situation continued for several months until my parents came to visit us. My mom, Dr. Lois Sugarman, immediately started TFT with us. At first it was not clear that the treatment was helping Max, although I felt less anxious. We agreed to leave it for a while and see what happened. It finally got to the point where it was getting difficult for my son to see because his hair was so long. I had to bite the bullet and take him to the barber. This time, it was a little better but not as good as we (Dr. Sugarman and I) had hoped it would be. Mom treated us again and the next time we went for a haircut it was great! Max played happily with some cars while the hair stylist cut his hair.

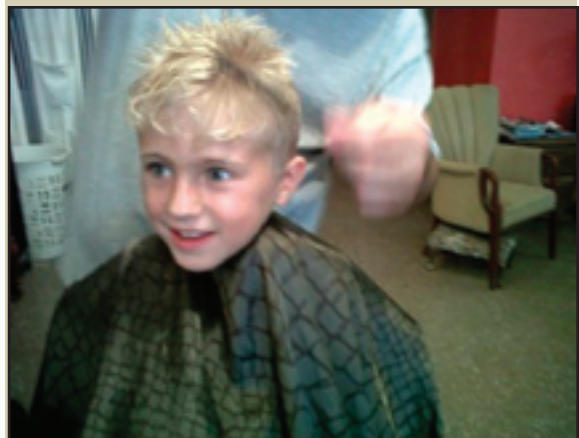
...the next morning, my son came to me and asked me to cut the corner of a toenail that was digging into the toe next door.

He wasn't crazy about the hair stylist trimming around his ears, but he put up with it. He didn't even cry—and I didn't either!

Now it was time to tackle the toenails. Having witnessed Max's toenail fear, Mom agreed that something must be done, so she treated us with Voice Technology. When she finished, we cut the very longest toenails. Again, no trauma and no anxiety for either Max or me. The thing that truly amazed me, though, was that the next morning,

my son came to me and asked me to cut the corner of a toenail that was digging into the toe next door. If I had realized that the issue was so easy to resolve I would have made time to work with Mom on this issue much earlier! (Clearly the moral of the story here is to listen to your mother!)

Mom was able to treat us without knowing why the hair- and nail-cutting was an issue, and she was able to treat Max while he was sitting on my lap, using me as a surrogate. It would have been impossible to treat a high-energy four-year-old otherwise because his attention span is too short. All I had to do was hold him and concentrate on the problem. Now, however, Max has become so confident about cutting his toenails that he uses it to stall before bed. If he's not quite ready to go to bed he asks me to cut his toenails—or, even better from his point of view—he does it himself!



Max getting his hair cut following TFT treatment.

TFT TODAY

By HERB AYERS
MA, LMHC, TFT-Dx



POSITIVE DRINKING

A New Book By Kevin Laye

This is a book about taking control of alcohol, before it can take control of you, and therefore it is not a book for anyone currently diagnosed as alcoholic. I should point out that some of the techniques contained within this book, may assist someone undergoing a programme to wean themselves off alcohol, and I have used many of the techniques within to treat clients who come to me with alcohol addiction issues.

This book contains techniques, which will enable the reader to have more control over alcohol and in many cases other addictive substances, such as legal drugs like chocolate and cigarettes, and also some illegal and more pernicious drugs. The techniques contained within are simple to apply and rapid in their outcome. They break the old behaviour and enable you to install newer, better, more productive behaviours. I find it odd that when we feel out of control, mostly due to stress, we then fill ourselves with a drug (in this instance alcohol) and usually end up making ourselves totally out of control.

The book is not meant to counsel you or to be empathetic, but to give you some very direct, simple and proven techniques which will allow

you to have total control in many situations and not just those where alcohol is your 'quick fix' or your chemical 'comfort zone'.

.....

Ayame Morikawa reports from Japan:

1. The three books of TFT were published there;
2. Suzanne Connolly's book will be translated to Japanese and will be published by a major company that publishes only in psychology field.
3. They will have the JATFT conference next July and will invite her for the presenter.

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LOIS SUGARMAN, PhD, RN, TFT-Adv, TFT-RCT, recently had an article about TFT published in

Health & Healing in the Triangle, Vol. 13, No. 3, Health & Healing, Inc., Chapel Hill, NC, publishers. To read a copy of Lois' article, go to: <http://healthandhealingonline.com/2010/10/tft-power-therapy/>.

.....

St. Patrick's Catholic Church in Pasco, Washington asked Herb Ayers recently to sponsor a display during a workshop held in their community center. The display focused on services provided to veterans and their families using TFT.

Several organizations showed an interest in learning more about TFT due to this event.

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Greg Nicosia (ACEP President) kindly let me know of a recent addition to the American Psychological Association's practice listings that includes TFT. It is great progress for licensed psychologists and toward mainstream acceptance. He also included an announcement that we first learned about at the ACEP conference, that there is an effort going on to establish a Division of Energy Psychology within APA. If you are an APA member, you may wish to support that effort as well. I believe



it will benefit all practitioners in the future.

Joanne Callahan

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Efforts continue to bring TFT to the attention of the Red Cross, Red Crescent, and Magen David Adom because of its effectiveness in alleviating suffering of victims of war, genocide, and disaster. In many countries other than the United States, Red Cross volunteers are "first responders" and often have to help people who are refugees and who lack needed food, water, medical and psychological assistance. There are 176 member states in the Federation of Red Cross Societies, and it is the enduring hope of the ATFT Board of Directors that someday Red Cross volunteers everywhere will utilize the healing found in TFT.

One such effort was undertaken by Gary and Cyndie Quinn of Hawaii during their recent mission to the Phillipine Islands. Just back from a TFT mission in Rwanda, they travelled to the Phillipines. Through a former Phillipine Red Cross volunteer referred by Herb Ayers, they were able to make contact with a Red Cross official in Manila and a TFT training will take place in the

Spring, 2011.

ATFT members around the world are encouraged to speak with their Red Cross, Red Crescent, and Magen David Adom representatives and help them understand the value TFT can be to the many people who are suffering that they help as well as to the volunteers who need support as helpers.

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LETTERS TO ATFT

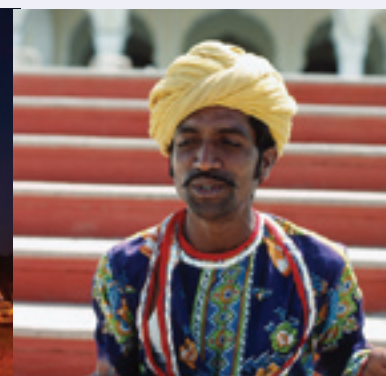
Timeshare Appreciated

I am sorry that it has taken so long to send this. I would like to start by saying that my wife and I are deeply thankful for your donating your timeshare. Your generosity has reflected in many positive ways since we had arrived to Snowater on 16 Oct 2009. I would also like to tell you that by your donation, you and your family had given my wife and I the time to get married, which we did in the cabin located not far from the unit. It is the kindness that you have displayed that has helped me begin overcoming many hardships that without the peace and solitude that Snowater provided, I may not have began to address. Thank you very much for having the compas-

sion for our military. Many say that our men and woman of our Armed Forces are the heroes, but it is you and many others like you who are the true heroes. Your kindness has made a major difference in my life and on behalf of my wife, we are deeply honored and grateful that you would give us the opportunity to begin a new life. Again, I am sorry that it has taken so long to send a thank you letter. There hasn't been a day that has gone by that I have not forgotten your act of kindness and an act of kindness that I will remember forever. Please know that you have changed our lives in many ways that will forever have a lasting effect.

Thank you very much.

N. Duane Smith



PROJECT TURNING POINT

By METTE ROSSELAND, TFT-Dx



In August 2006, I received a most unexpected phone call from Runar Bergstrom, a project manager for "The Center For Prevention of Substance Abuse," in my local municipality of Drammen, Norway. He heard about me from a colleague of mine who is an acupuncturist and he thought TFT would be an interesting addition to his project.

When I was introduced to the project called, "Turning Point", it utilized group sessions twice a week together with activities and physical training for a period of 8 weeks. Mr. Bergstrom's model is based on a Cognitive Solution Focused Approach. The group sessions and activities as well as the physical training are a part of the consciousness-raising work with the model. Mr. Bergstrom also integrated a therapy called "Mindfulness" in the group sessions before he found out about TFT, and he had tried out several alternative treatments in the project without achieving the results he wanted.

Mr. Bergstrom and I agreed to meet for an hour to talk, but we ended up talking for three hours which resulted in an agreement for testing Thought Field Therapy in the project. I would start with treating 5 clients for 5 hours and then evaluate the results. We started up in September 2006. I remember the first client I treated with Mr. Bergstrom as a spectator, and I am sure he does as well! It was a man at the age of 40 and he suffered from severe anxiety.

After the group session, the client was wet with sweat, and you could see that he was struggling. He wanted to try TFT and, with what I had overheard in the group, I asked him one question, "What do you feel when thinking about your father?" He felt a panic fear and we tapped for almost 45 minutes before he suddenly went totally calm. Mr. Bergstrom asked him what was going on now, and he answered "I have no idea. This is the weirdest thing I have ever experienced, but I feel totally calm and have no anxiety at all." This participant did not get his anxiety back. He said he no longer had the need for alcohol and took up his relation with his two sons and got back to work again after a while.

The results for the first five participants were striking. They experienced a huge relief from the feelings that they thought had been the cause of their abuse. TFT was integrated in the model and Mr. Bergstrøm had to "restructure his approach" now that it was possible to eliminate or reduce the problem quicker than before.

I continued to treat 5 clients for every new group that started until we evaluated the results again in December 2007.

In the evaluation the clients had to state 4-5 of their major problems and then answer 8 questions related to the TFT treatment. Some of the problems that appeared were stress, anxiety, social phobia, gambling addiction, self-image misinterpre-

tation, fear of height, and pain. In this first evaluation 22 participants answered the questionnaire. Here are some of the results. On a scale of 1 to 6:

1 = limited extent and 6 = large extent:

1. Q. To what extent does this problem(s) inhibit in your daily life?

Average Report: 5.75

2. Q. Has the TFT treatment helped you with your problem(s)?

Average Report: 4.4

3. To what extent do you experience any effect after the treatment?

Average Report: 5.1

4. Q. Can you grade the importance of the change?

Average Report: 5.2

Notice to what extent the clients say that the problem(s) inhibit their daily life (5.75 of 6) and to what extent the TFT treatment has helped them with the same problem(s) (4.4 of 6).

The same clients also commented after the treatment:

- "At last I receive help with what is the actual problem."
- "TFT focuses on the cause of the addiction. The abuse is not the actual problem."
- "I wouldn't believed this if I hadn't experienced it myself, unexpected positive!"
- "Came with unrest, left with



PROJECT TURNING POINT

rest.”

- “After a night with nightmares all I could think of were drugs. Now this is not in my thoughts anymore.”

Because of the results, I was offered a 40% position on a temporary basis in the project. This made it possible to treat more clients and follow them for a longer period of time than the first five hours.

The “Turning Point” project was unfortunately finished in January, 2009, despite very good results and feedback. Luckily for the clients, and me, The Center For The Prevention Of Substance Abuse wanted to continue to offer Thought Field Therapy techniques as a permanent service and I continued in a 40% position. I have really enjoyed the experience this has given me both interpersonally and professionally. This has given me inside information concerning a wide range of issues, emotions and people in various life situations. We have also opened up for working with relatives and juveniles as well as the addict. This has been part of a rethinking that the Center

has been willing to do -- embracing the relatives of clients into the care services. Many of the relatives are exhausted and they are not able to support the addict any more, and in some cases they need to let go of that responsibility but cannot manage to do so. This work has been innovative within the field and has turned out to be of great benefit for both the relatives and the addicts.

STORIES

I often teach the clients to tap on themselves for the addiction, but in sessions we focus on solving all the feelings/situations that are influencing the abuse.

I remember I was asked to visit one of the clients at home together with a contact person at the Center. She was soon to be travelling to an institution for help and it was of great importance that she remained clean. This day she had a strong need for substance and I tried to calm her with TFT.

I asked her what she would achieve if she got the substance? She answered “a little rest”. I asked

if she was troubled with unrest and she confirmed. I asked her to focus on the unrest she felt in her body, and I asked, “When was the first time you could remember having this feeling that you now placed in your stomach?” She went back to Christmas Eve at the age of 5. She and her 3 year old little brother were locked out of the apartment by her mother who was drunk. She was looking for somewhere to go to spend the evening in safety with her brother. We treated a lot of feelings attached to this episode and when we were finished she felt completely calm and had no need for any substance. I think this history shows us what I often experience with most of the addicts: there is always a reason for the abuse. It is either a feeling they do not want, or a feeling they want to achieve by adding substance. In my eyes there are many kinds of addictions, from workaholics, exercise junkies to alcoholics. The big difference is the huge consequences of the addiction to a substance.

I would like to share one other story that really touched me. This person came to me in late October in despair because of his gambling addiction. He had managed to be without drugs for several months now, but was heavily troubled by his gambling problem. The treatment went like this:

M: Mette and C: Client

M: What is the worst thing about

PROJECT TURNING POINT

gambling?

C: The thought of having to borrow money

M: What is the worst thing about thinking about borrowing money?

C: That is not to be able to pay it back

M: What is the worst thing about that?

C: I would be feeling very small

M: Have you ever felt small before?

C: Yes

M: When is the first time that you remember have felt small?

C: That is when I first was abused.

Note: We treated all the emotions that were associated with the trauma, and when the issue did not trigger any bad feelings I went back to the problem he came for.

M: What is your worst thinking about the gambling right now?

C: I get really really stressed

M: Where in the body do you feel the stress?

C: In the stomach

M: If you should describe the feeling you have in your stomach, what would it be like?

C: It's a lot of butterflies with all sorts of colours, just like the colours on the slot machine.

Here I use the pain algorithm focusing on the sensation in the body. The butterflies changes at the end to one big black butterfly that disappears together with the stress

feeling.

M: Now, imagine that you pass a slot machine right now, what do you feel?

C: Nothing. I feel that I just can pass it and have no wish at all to play

In December, a little more than a month after the treatment, the same person came into my office and with a big smile he said: "Mette, for the first time for as long as I can remember I am looking forward to Christmas. This is the first Christmas that I remember having money to buy presents for my family!"

Now, after 4 years at the Center, I have worked with more than a hundred different users. Some have been clean for awhile before coming, others are using heavily before starting TFT treatment. Almost every single one of them reports back that TFT has had a positive effect on them and has given them a higher quality of life. Some of the clients have stayed "clean" and have made for themselves a much better life, and some report that their emotional life is much better but the system that should help them with housing and job training is not working properly. Many of the clients have more than one diagnosis, but I choose to work with their bad emotions independently of the diagnosis. I do not know why some people get addicted to substance and others to food, exercise or other things, but in my opinion there is no difference working with a drug addict or an alcoholic or an exercise addict. If you

find the emotions that they want to suppress and eliminate them with TFT, the need or addiction will be much easier to work with, or in some cases will be gone altogether with the reduction of negative feelings. The big differences in the various addictions are the consequences they have for the individual and the society.

I would like to finish with a reference from one of my clients. This story is one of many, and I feel so much gratitude and humility for giving TFT and relief to this group of people. Addiction is often connected to prejudice and stigmatizing. Working with TFT has given me a real life insight into people's inner feelings and given me a completely different understanding of people and their problems. "I am a man at the age of 52 who has struggled with alcohol problems since the teens. Since then I have tried a variety of different treatments. Even if the treatments didn't give permanent results, I am today eternally grateful for the existence of these services. All the wonderful people within the alcohol care, have given me advice and inspiration not to give up the fight against "king alcohol".

After endless defeats I have long ago realized that there is no way around total AVHOLDENHET(abstinence), which is my primary goal. My desire and longing for this goal, has been and is so strong that I have been willing to try virtually everything to achieve it. This has made me

PROJECT TURNING POINT

very curious and interested in new and alternative treatments. I have a number of times found various articles and shown these to my clinicians. A new hope was lit when I read about the new treatment at the Center For Prevention Of Substance Abuse, Thought Field Therapy. I was even more excited when I read a brochure that TFT is a treatment that works with my own thoughts about my own issues. Basically I am quite skeptical, but the desire of being free from alcohol was so strong that I quickly contacted Mette Rosseland for an appointment.

My drinking pattern has through all these years been quite the same. My dry periods have almost never

been more than 2 month before I gave in to the strong urge within me.

It was in relation with this craving I noticed THE DIFFERENCE after being treated with TFT.

After following the treatment for 2 months, I thought of course, that the usual feelings would come back, but the urge still was absent. It still was absent after 4 months and half a year. This lead led me to a point, that today I have realized some of my dreams, which couldn't be realized before this type of treatment. If this treatment turns out to be the main cause of my healing, it may also help others with simi-

lar problems. I am very happy to have access to this treatment, and I am very satisfied with Mette as a therapist."

To all of you Thought Field Therapists who hesitate to treat drug addicts: treat their emotions as you do with every other client - and you will succeed! All my best to you.



I LEARN HOW TO HELP OTHERS EVERY DAY!

By JACKIE RIOUX, TFT-Dx



My day job for the last 20 years has been working for a corporate company in Canada. I have always had an interest in psychology and human nature. Now that my kids have grown up, I started back to school with a goal of getting a degree. Last fall I was introduced to TFT and was intrigued enough that I have taken the Algorithm training and also attended the Callahan Boot Camp in Vancouver, B.C.

TFT is right in line with all the things that interest me, and even better too!! My co-workers have had to put up with me chattering about all the interesting things I have been learning. Some showed an interest in all the TFT stuff I have shown them. We have health and safety meetings once a week and they are often boring and repetitive but necessary, based on whatever the supervisor finds it necessary to talk about, e.g., How to lift properly, how to avoid falls, etc.

I sort of harrassed my supervisor for an opportunity to do a TFT mini seminar at one of the meetings. Since this was the day they changed my shift, I could do a presentation for both the day and afternoon shifts. I basically gave my coworkers an introduction to what Thought Field Therapy is, what kinds of things it can be used for, told them about the overseas missions, and that it has been also used at a local rehab centre to help people overcome addictions. I also showed my colleagues

how to do a simple stress/ anxiety algorithm. My mini seminar went over so well that I had coworkers asking a lot of interesting questions, and I AM BOOKED TO DO IT AGAIN FOR THE OTHER STATIONS IN TOWN!

I thought this was a pretty good start to getting the word out around work. The company's charity of choice is Mental Health, so with that in mind, I have also written to the CEO to see if they would be willing to look into sponsoring TFT somehow. One of the questions I received was whether or not our employer would cover TFT in their medical coverage. I think it would be a good idea to look into that further!

I have since had a reply from the CEO who told me they don't use TFT through the Employee assistance program "because it requires too much training." I have written back with a clarification that extended training is only necessary for those who want to work with clients. It is the vision of Roger and Joanne Callahan to keep TFT open to the general public and that it can be done by anyone simply by following the algorithms in the book.

My union representative has mentioned that our contract is renewing soon and there were changes made in the last contract that allowed for some alternative healing modalities, so there may be hope there as well!

Here's another example of how I used TFT to help a friend.

One of my girlfriends was in town for a family function and only had a few minutes to visit with me. Because we are friends, I know more details than I need to about a car accident she had four years ago. Her dog died, plus three close friends passed away. She has had several medical issues plus psychological issues going on since then.

She was interested in trying TFT so I asked her what was the most pressing of the issues she wanted to work on first. She responded, after four years she still couldn't talk about her dog without bursting into tears. So, that was her choice to work on first. The dog had been left at a kennel, got sick and died. She experienced guilt, shame, anger, trauma and grief. Her SUD (Subjective Units of Distress) was at a 10, crying. I tapped with her, showing her the algorithm for trauma and grief, shame, anger, and guilt. We tapped through about 5 minutes then she had a really puzzled look on her face with her shoulders relaxing. She told me "its gone". She was so amazed that she called me next day excited saying that she was able to tell family and friends about her dog but not end up in tears. She's now interested in taking the course because she is a teacher's aide working with special needs kids and knows TFT might also benefit them.

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ATFT FOUNDATION: 2010 AND BEYOND

By Joanne M. Callahan, MBA, President, ATFT Foundation



This year, 2010, has been a year of growth, expansion, reconciliation and healing for the ATFT Foundation's both in the USA and the UK. We have had some changes of directors on both boards with new leadership and direction. Our research committee is working with others to expand our research capabilities and coordinating with ACEP's research committee. Our first Rwandan study was published and two follow-up studies were completed. Our first deployment to Haiti was a joint project from both foundations and a great success. We have new research proposals and grant writing projects as well as new fund raising ventures planned. And, we are seeing the IZERE Center for Peace and Reconciliation, in Byumba, Rwanda, as an affiliate to ATFT, become the first African ATFT Center and serving an ever expanding number of peo-

ple. I am excited and gratified to see our growth and evolution.

I would like to thank Richie Moore and Yvette Lamidey for their hard work and efforts over the last few years for the ATFT Foundation UK. John McLaughlin has joined our board and has agreed to serve as Chair and Dr. Howard Robson has joined us and agreed to serve as Treasurer. We are so very pleased to have them aboard. Our board, UK foundation, now consists of John McLaughlin – Chair, Phyll Robson – Secretary, Dr. Howard Robson – Treasurer, Ildiko Scurr and myself, Joanne Callahan, as directors. John has been reaching out to work with the local organizations and has met with the BTFTA asking for their support on our UK projects.

Dr. Robson has just completed, in French, a proposal which I will be submitting to an individual well versed in EU fund raising. She has offered to help us raise the funds for this project which we hope to be able to start in 2011. We are very grateful for his help as we have not been able to reach out in this direction in the past due to the language barriers. He will also be the lead investigator in the study. Howard and Phyll Robson have recently retired and we have been able to enjoy the benefits of their time and expertise in TFT and Foundation work. I want to thank them both for their efforts and dedication. They funded their own expenses for the Haiti mission. Their

generosity made this trip possible, because of the limited funds from both foundations. Please read the article included in this edition, along with the followup letter from Dr. Carolle about the results from the trip.

The UK foundation has also just been completing their new web site, www.UKATFTF.org. This site will be set up to increase the visibility for the foundation as well as educate the public and potential donors and partners about our research and humanitarian relief work.

On the US side, I wish to thank Franzi Ng of British Columbia, for her hard work and dedication on behalf of TFT and the ATFT Foundation. Mary Lou Dobbs has just joined the board and we welcome her participation and marketing expertise. Our current board consists of: myself, Joanne Callahan - President, Mary Cowley – Secretary/Treasurer, and Jenny Edwards is chair of the Research Committee. Bruce Paton and Darla Ausmann are co-chairs of the Fund Raising committee, Suzanne Connolly is currently chair of the Trauma Relief Committee (however they are trying to find a new chair as she will be stepping down) and Mary Lou Dobbs is our new director.

The Haiti mission was a joint project, with the US providing the funds for the trainees, transportation, food and water during the training. Howard and Phyll, from the UK foundation were the team on the ground. Please read their excellent article. I just received a thank you note from Dr.

FOUNDATION NEWS



Carolle, saying Hurricane Thomas just hit Haiti and many of the newly trained TFT leaders have been able to put their new skills to use helping those around them and to stay mentally strong themselves.

This year our US ATFT Foundation had its first ever Strategic Planning Retreat, inspired and brilliantly orchestrated by Bruce Paton. Suzanne Connolly generously provided her office building for the weekend project. We were all inspired and amazed at how much in tune we are with our goals and plans for the future. Each board member took on projects and responsibility for specific goals and is moving forward. Bruce described it, saying "Objectives were twofold...get to know one another better (teambuilding) and to create a strategic plan (increase foundation effectiveness)".

ATFT Foundation's US board's top priority item, is to create a powerful PR and Marketing campaign which will include a documentary. This project will increase awareness and educate the public of the important work being done. Part of this marketing plan includes a new web site, which has just been completed, www.ATFT.org. Please visit it and let us know what you think. We will be adding to this site, coordinating it with our Trauma Relief Blog site, www.TFTTraumaRelief.wordpress.com.

Our free trauma relief blog is very exciting and has had consistent

growth both in views and in new languages. We have had over 16,500 views and provide trauma relief procedures in both video and print in many languages, including our latest edition, sign language.

The close second priority was to continue to validate TFT as an accepted model for trauma relief and to develop and get accepted a TFT model for malaria. Both models will require research and publications as well as continued humanitarian projects. Additionally, we all agreed on the necessity to get TFT accepted for PTSD treatment in the US military. Everyone has stepped forward to do their part in reaching these goals.

We are all very excited about the recent publication of our first 2006-7 PTSD study with the orphans of El Shaddai. It was just published in the International Journal of Emergency Mental Health. I want to thank Caroline Sakai and Suzanne Connolly for their perseverance and dedication to make this happen.

They are now busily at work writing up the two follow-up PTSD studies. They completed a one year follow-up for the 2009 PTSD study in Rwanda and a two-year follow-up for the 2008 PTSD study. The results are amazing and we are looking forward to seeing them published as well.

With the help of your donations, the ATFT Foundation has sponsored several part-time therapists to work

at the IZERE Center. They currently are providing TFT for 30 people a day, two days per week. We hope to help them increase this next year. This coming year, we will be working with the leaders of the IZERE Center to train TFT trainers for the center and surrounding areas. Caroline Sakai has arranged for and organized this plan. We will train four trainers and help surrounding Hawaiian free clinics while providing supervision for the new trainers and practitioners. It is really a win-win project for all. Dr. Callahan and I will be participating with this project and will enjoy the opportunity to meet our Rwandan leaders. Please read Caroline's project description article in this issue.

Next year has much in process and planned. We are reaching out with TFT trauma relief to make it available to more and more. Years of hard work and sacrifice from our researchers and trauma relief team are beginning to come to fruition. Your support and contributions are serving so many, and it continues long after our teams leave.

Thank you all for your continued support and sharing of TFT with our world. Remember to visit our new web site, www.ATFTFoundation.org and our trauma relief blog www.TFTTraumaRelief.wordpress.com and watch for the new UK foundation's site www.UKATFTF.org.

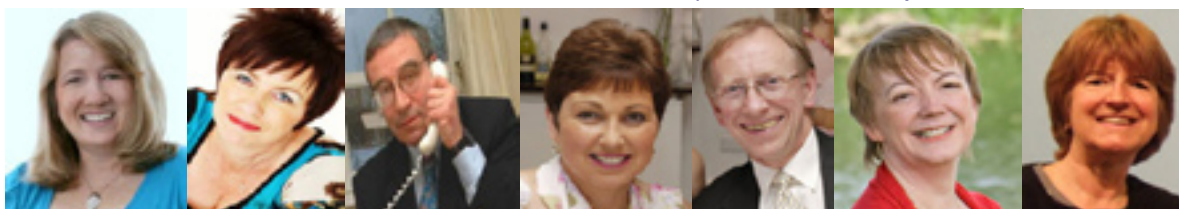


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We've worked very hard to make this event as **cost effective** as possible as we know times are challenging. To thank you for committing early we're offering a further **£10 discount** when you book by 31st December making this **full day just £65** for BTFTA members and £85 for non-members. (If you have let your membership lapse why not renew now and save the £20?).

FREE GIFT - Janet Thomson's book, "Tapping For Life" for the first 6 to book!

What's more we've negotiated **free parking** for delegates, based it near Heathrow to make it accessible to international visitors and those furthest away in the UK and included a **two course lunch & refreshments**, so the price is genuinely the cost for the day. Book early if you need an overnight stay as accommodation starts at just **£44 a night** subject to availability - **£29.00 currently!**

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