

THE ATFT UPdate

OFFICIAL PUBLICATION OF THE ASSOCIATION FOR THOUGHT FIELD THERAPY



ISSUE 17, SUMMER 2011

Sudden Destruction: *Japan*

Pages 5 - 7



ACEP Conference

Pages 8 - 11

ESOPHOGEAL SPASMS Pg 12

HIDDEN BENEFITS OF TFT Pg 14

HOMELESS WOMEN VETS Pg 19

In This Issue:

MEMBER SPOTLIGHT | TFT TODAY | FOUNDATION NEWS

table of contents

	Page
Member Spotlight	
Meet Jim McAninch.....	4
Feature Stories	
Sudden Destruction: JAPAN - Morikawa.....	5-7
ATFT & ACEP Coming Together - Callahan	8-11
Esophogel Spasms - Sugarman.....	12-13
Hidden Benefits of TFT - Pasahow	14-15
A Strange Tale... - Perry	16-17
First Aid for Harry - Perry.....	18
Who Cares About Women Vets? - Paton	19
Foundation News	
ATFT: USA and UK - Callahan	20-21
ATFTF - UK: New Initiatives - Robson.....	22
TFT Today	
What's Happening	23

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THE ATFT UPdate

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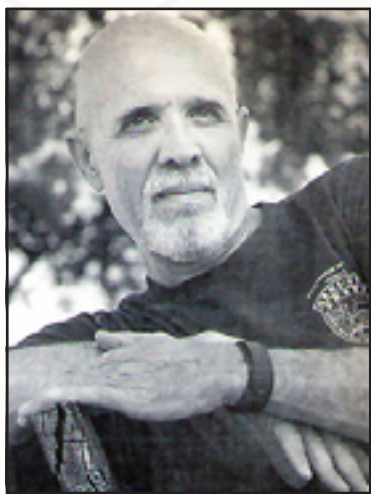
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Confirmed 2011 dates:

July 17, San Diego, CA • September 25, New York • October 16, Palm Springs, CA

member spotlight

ATFT Spotlight On...



JIM MCANINCH TFT-Adv, RCT

Jim McAninch retired after working 30 years in the United Steelworkers of America union. He was a journeymen Tool and Die Maker/Machinist who spent six years in training, "learning to listen and respond to different kinds of machinery to be able get needed results." He also worked for 17 years as a Certified Employee Assistance Professional (CEAP) with a joint company/union EAP program.

Since 1995, Jim has served as a member and a trainer for the International Critical Incident Stress Foundation, Inc. (ICISF) and for the Pittsburgh CISM team. He's also been a board member of the Pittsburgh CISM team since 2004. "I am a Certified Trauma Responder (CTR) and a Certified Trauma Specialist (CTSS) with the Association of Traumatic Stress Specialist (ATSS)," he states, and "I became a ATSS board member in 2003 and Executive Board member as Treasurer 2005-2007." Jim shares his personal experience here upon his entry into the world of Thought Field Therapy.

"Mulling over my journey with Roger and TFT, I could not help going

back to my very first meeting with Roger. I had some questions about my algorithm training and I called the office with a question. Roger answered the phone. The conversation ended with Roger inviting me to take the Diagnostic training that was coming up in the next couple of weeks at his office. I took Roger up on the offer and signed up for the training. At the training I found myself in a roomful of professional people. I also found myself feeling unsure once again and I questioned if I really belonged (fit in) with these people. I was really struggling as I performed in front of my peers. Then, Roger helped me with a diagnostic treatment, what a difference it made for me at the training! What I did not realize was how much these feelings I had were affecting me in my every day life. When I got back in the workplace, my work around my peer craftsmen and fellow EAP's was completely different. When I found myself feeling that feeling of interference, and wondering if I belonged, I would repeat the tapping sequence. I know that at that TFT moment with Roger changed my direction in my journey through life.

As you can see I have found myself in many situations where I could ask myself, "Do I really belong?" I am now able to explore that question and to make a choice rather than just reacting to the feeling. Jim added, "I was trained in TFT Algorithms in 2000 by ICISF. I was trained in TFT Diagnostic and Advanced TFT and HRV in 2001. I'm currently a Registered Certified Trainer (RCT) and Optimal Health graduate. I'm also happy to say I've attended both the San Diego and Boston conferences."

Jim became a member of the ATFT Trauma Relief Committee while at the Green Cross training in Dallas,

Texas, and a member of the Research Committee at the Optimal Health training.

While in the union Jim used TFT in a number of safety trainings regarding stress, and he also applied TFT when a number of fatal accidents occurred at different steel plants in his area. He also used TFT with members who were experiencing drug and alcohol problems.

Jim McAninch has a private practice called "Solutions for Stress, Anxiety and Toxins." He provides pro-bono services to all Emergency Service Workers and members of the Twelve Step community who are unable to pay. He reports, "I have also worked with, and have been a part of the 12 step community for 25 years. This is a group that truly needs our help."

He's currently working on a possible research study for TFT with the 911 emergency dispatchers and emergency responders for the city of Pittsburgh. A local college and professor of Social Work and the Patient Care Coordinator for the City of Pittsburgh work with him on this project. "I'm happy to say," Jim says, "after seeing the results of my work with the dispatchers and emergency workers over the past ten years, the Allegheny County EMS Council would like to have more information about TFT."

Jim wisely adds, "I've found nothing better than TFT when dealing with individuals and groups that are in current crisis. It is very important that you know the culture of the individuals and groups you are working with and that you respect them. It takes time for groups to see what people can do with TFT, rather than just trying to tell them what TFT can do."

sudden destruction in japan

Report by Ayame Morikawa, PhD, VT



On March 11, 2011, a terrible earthquake and tsunami struck northern Japan. In its wake it left 15,019 people dead, 5,282 people injured, and 9,506 people missing as of the time of this report. Approximately 500 kilometers or 311 miles of coastline were affected some of which was totally de-

stroyed. We felt the earthquake in Tokyo as well.

As soon as we were able, our Japan Association For Thought Field Therapy CRT, sent two psychiatrists, 2 psychologists (including myself), and 1 nurse to Miyagi National Hospital. The hospital was established in 1939 and has 14 departments but they do not have a psychiatry department. Therefore, our team served as their psychiatry department. The hospital is located in the very south part of Miyagi Prefecture at the border of Fukushima Prefecture. It is located 60 kilometers or roughly 37 miles from the atomic power plant.

The town, Yamamoto-Cho, had approximately 17,000 inhabitants

and they lost 900 lives. This town is famous for its strawberry and apple farms. The apple farms are in the mountainous area and they stayed safe, but only 5 strawberry farms were left out of a total of 400 strawberry farms. Most of them were located along the coastline.

Arranging Trauma Care

One of our aims is to support nurses who are working there and those who have lost their families and houses. One of our members, Dr. Nakahara, D.D.S. who works at the hospital is trained at the Diagnostic TFT level. She arranged our schedule and found that a nursing

Continued on page 6.



sudden destruction in japan

Continued from page 5.

care facility, and a nursing school, around the hospital had lost many old people, workers, and some small children. She therefore arranged our support for them as well.

People who live in the affected area are quite traditional so there are very few psychiatric facilities, psychologists and counselors. CRT's of psychological care were sent from other prefectures but gaining access in order to help was difficult because of the inhabitants' stigma towards mental health care. Some shelters had signs on the doors, "No Counselors, No Media." Even though trauma is a natural response to disaster, many people

feel ashamed if they are cared for psychologically. During our visits, and because of their reluctance to be treated, we felt it was too early to get in touch with the refugees in the shelters. However, the hospital found some people we could help and gave us a chance to visit shelters. We visited all six shelters in the town.

Overcoming Stigma

We were introduced as "meridian therapists," so many old people thought we were acupuncturists. It was actually a good way to start. Many of the older people complained of physical pain. We were able to teach TFT mainly in small

groups. Sometimes we taught it individually when they would start crying. The hospital planned my TFT seminar at night. More than 60 people joined including public service people, doctors, nurses, teachers, and defense forces.

Using TFT For Secondary Trauma

Many massage therapists offered body care while they listened to the refugee's stories. "A man tried to hold all three of his children's arms in the water but he could only hold onto one." In another case, a woman told her she held on to her old father's arm, but he left her by



sudden destruction in japan

letting go saying, 'go and be safe!'. The therapists were having a difficult time sleeping after being told those stories so I showed them how to tap using TFT to give them relief and sleep.

During this visit we treated 25

individuals, 30 in a group, and 50 refugees. Although two elementary schools and one junior high school were destroyed by the tsunami, fortunately the children were safe. Nevertheless, the children saw the tsunami and some of them

lost their family members. Since the schools want help, we are planning to send JATFT school counselors next time.

The city of Miyagi is about 400 kilometers (250 miles) from Tokyo. The roads were destroyed and only one highway was available. Everywhere we went there were heavy traffic jams. Dr. Tanekura and I drove cars and it took us 10 hours. I personally used Collarbone Breathing CB2 technique to help relieve my shoulder tension.

We at Japan ATFT really appreciate, ATFT. We thank you for your great assistance and warm support.

Warmly,

Ayame Morikawa, PhD, VT



ATFT & ACEP coming together - let's make it happen

by Joanne Callahan, MBA

Two years ago, John Diepold came to see Roger and me, extending his hand in friendship. We began talking to him and other ACEP (Association for Comprehensive Energy Psychology) board members, regarding our attending the ACEP conference and cooperating with ACEP to work together toward our similar goals.

As most of you have seen, Roger received the ACEP Lifetime Achievement Award last year for his founding contributions to the field of Energy Psychology. Since that time, we have attended another ACEP conference and I have spent many hours in conversation both on the phone and in emails with some of ACEP's board, members of both merger committees, and our ATFT board. The outcome of these many hours is that Roger and I, and the ATFT and ACEP boards, merger committees, and leaders in both organizations, strongly believe that a merger of the two organizations will be beneficial

to all members, both organizations, and to our field of healing and the future of TFT.

Rather than just sharing my feelings and perceptions on this, I thought I would share comments from our leaders, board members and friends.

On August 1, 2011, the ATFT board will be asking for your vote on our proposed merger with ACEP. We will be compiling and working on incorporating the issues and concerns you voiced in your survey responses.

Please take a minute to read the comments from our leaders in ATFT before you make your vote.

From Lorrie Eaton

"I just returned from the ACEP Conference in Reston, Va. It was wonderful! I really learned a lot and connected with many future oriented people and ideas.

TFT was very well represented. So many of the speakers had a TFT background. Matts Uldal gave a really infor-

mative workshop that I put to use with a friend on Saturday night. I am definitely going to next year's conference in San Diego and urge you to put it on your own calendar.

I felt welcomed by the ACEP group, and believe that by joining together with them we will present a much more powerful front against the reactionary forces that scorn the important work we are developing to help heal the world.

I urge you to consider uniting our groups and working towards a bright and actualized future!

I can tell you, that as a chiropractor I have been a witness to the endless bickering and factionalizing of different techniques and philosophies; it does not serve anyone in the long run.

TFT, and energy psychology in general, are gifts who's time has come!"

Blessings, Lorrie Eaton, DC, TFT-Dx

From Suzanne Connolly

"As some of you may know, I have been a staunch supporter of TFT and somewhat resistant to join forces with groups who are doing other variations of tapping that seemed to me less effective. However, after attending the ACEP Conference last year and then again this year, I have experienced a sense of reconciliation and peace among ACEP leaders, members, and those of us who do TFT. This year the break-out sessions presented by our TFT members were well attended, and again, Roger and Joanne were given special honors. Caroline Sakai was awarded the Humanitarian of the Year award for her pioneering work in Rwanda. Bob Bray, Mats Uldal, Bob Pashow, Paul Oas, Dottie Webster, Caroline and me all presented break-out sessions that were well attended.

The ACEP group made efforts to reconcile with those of us representing ATFT, and warmly welcomed our ATFT members and invited us to join together with

"Caroline Sakai was awarded the Humanitarian of the Year Award, for her pioneering work in Rwanda.

From left to right: Dottie Webster, Suzanne Connolly, Caroline Sakai, Paul Oas.



ATFT & ACEP coming together - let's make it happen

Continued on page 10.



TFT Family. From Left to right, back row: Howard Robson, Bob Pasahow, Bob Bray, Jim McAninch; middle row: Priya Pinto, Theresa Reeping-Hill Welch, Caroline Sakai, Lois Sugarman, Suzanne Connolly, Chrissy Mayhew, Tom Greenhalgh; front row: Phyll Robson, Roger Callahan, Joanne Callahan, Paul Oas.

them in our efforts to spread the tapping therapies to all who may benefit from them. Those of us who attended this year's ACEP Conference expanded our horizons and benefited from hearing speakers such as Candace Pert, Bessel van der Kolk, Lynne McTaggart and others.

Those of us promoting the various energy therapies, learned together, danced together, sang together and healed together.

I am enthusiastically endorsing a merger of ATFT with ACEP. Together we will be stronger. We will gain strength from their organization, enthusiasm and numbers. They will gain from our skills, humanitarian efforts and our numbers as well. Together we will accomplish even more."

Suzanne Connolly, LCSW, TFT-Adv

From Lois Sugarman

"The ACEP conference was a remarkable experience! I had never attended an ACEP conference before; such learning opportunities and advanced thinkers to meet. I hope to be in San Diego next year!

I experienced nothing but positive energy through out the time ATFT members and ACEP members were together over the days of the conference.

The reception of ATFT members was genuine, enthusiastic and welcoming. One by one, ACEP board members expressed their hardy recommendation of the merger of ACEP and ATFT. In discussion between ACEP board members and ATFT members, point by point, ACEP has assured ATFT that they are committed to accommodating the needs of the TFT community as we move forward together in solidarity.

Examining the big picture allows for recognition of the complementarity of ACEP and ATFT. Each organization is strong in particular areas by which the other can benefit in order to bring the remarkable healing to the world that can happen using energy modalities. We have a common goal! As a TFT practitioner and as an ATFT board member, I urge you to support the coming together of two remarkable organizations who, with your help, can bring energy science and care to their rightful places in healing and in health. Truly, the time is auspicious; the time is now."

Lois L. Sugarman, RN, PhD, FT, RCT, TFT-Adv, ATFT Secretary

From Steve Carter

"For those members who missed the ACEP conference, you missed a first class event hosted by a first class orga-

nization. The quality of presenters and presentations was outstanding. The longterm influence of Roger's work was evident in many of the breakout sessions and acknowledged accordingly.

Beyond the high quality of information, I was impressed by the warmth and openness of attendees. Several people made a point to introduce themselves for no other reason than to simply say hello and open conversations. The ACEP leadership team was available and approachable throughout the event. The staff, conference material, and overall program administration all spoke of professional competence and caring.

Before attending the ACEP conference, I wasn't sure whether a merger would be a positive development. On the zero to 10 scale of certainty about the wisdom of joining with ACEP, I'm a 12. I have no doubt that the longterm interests and status of TFT in the therapy community and general public will be advanced through joining forces with the ACEP organization."

Blessings, Steve Carter, TFT-Dx

From Mats Uldal

"Thanks from Norway!

Bitta Wiese and myself have just arrived Norway from the ACEP convention, and what a convention it was!

First class organized, lots of usable information and a possible merger between ATFT and ACEP that will help everybody in their mission to let much more people know about energy psychology. For us in Scandinavia it will be a lot easier to get our therapists involved in one, big organization than two smaller ones. We will certainly try to convince our 150-200 new therapists that will be educated next year from my TFT school to join ACEP if the merger happens, and of course, to convince old students of the same. I truly believe that we are stronger if we unite!"

Mats Uldal/ Fearfighter/Norway

ATFT & ACEP coming together - let's make it happen

Continued from page 9.

From Jim McAninch

"This letter is to all our ATFT members:

I want to share with you my experience at the 13th Annual International Energy Psychology Conference. The conference was a very rewarding experience. The conference offered a wide variety of workshops to keep the membership informed about what is happening in the healing community. The keynote speakers were the individuals you have read about in learning about the development of energy work.

I must admit when I decided to go to the conference I was a bit unsure about the merger of ATFT with ACEP. Having spent the majority of my career working as a lay person alongside licensed professionals and having experienced many of the problems which arise in a mixed community.

I expressed my concern at the open forum we had and the response was that it should not be a concern that ACEP membership is a mixture of licensed and unlicensed professional healers working together. I also took the time to speak with a number of the board members expressing my concern and past experiences and their responses were very similar—"This is not a problem in this community, we are healers working together to make a difference".

We are at a tipping point for where the healing community is going. To see this happen we need to join together. I can honestly with no reservation say to the all the members of ATFT "PLEASE VOTE YES FOR THE MERGER". "

Jim McAninch, TFT-Adv, RCT

From Phil Mollon

Clinical Psychologist, Psychoanalyst, and member of the ACEP Board of Directors.

"Dear Joanne,

I have just got back from the ACEP

conference and wanted to say how wonderful it was to have you and Roger there again, and to hear your inspiring speech from the platform. I was deeply moved by last year's presentation to Roger of the Lifetime Achievement award, and the warm and prolonged applause he was given. ACEP is a lively and creative family of therapists, healers, and scientists, engaged in a wide variety of forms of work with the mind and the body's energy system - most of which are derived from, or influenced by, Roger's pioneering work. Many of us had felt for some time a deep sadness that Roger and the TFT community were not more fully and centrally part of this family. I am sure I speak for many of my colleagues when I say that TFT and its practitioners are joyfully welcomed into the heart and soul of ACEP. Together we can support one another, facilitate research, share our knowledge and skills, and work toward increasing acceptance of TFT and its derivatives within the wider world that is so in need of these healing tools.

With best wishes, Phil Mollon PhD, Clinical Psychologist, Psychoanalyst, and member of the ACEP Board of Directors."

Phil Mollon, PhD

From Christina Mayhew

"All I can say is WOWWWW! Being my first time to an ACEP conference

(Association for Comprehensive Energy Psychology), I had no clue what to expect. This year's conference was held in Reston, VA. Last year, the event was in California and Roger received a Life Time Achievement award for his work in the field of Energy Psychology.

As a healer, I work on others all the time yet I tend to not take the time to work on myself. Feeling somewhat burnt out, I attended this weekend as a gift to myself. I got more than I bar-

gained for!

Being with 500 healers, under one roof, sharing our gifts and collective consciousness for the healing of ourselves and humanity was truly a transformational experience. The caliber and content of the keynote and conference speakers was phenomenal. Just when I thought I couldn't learn any more or make any more break through, something magical occurred.

At the banquet Saturday night, we were blessed to witness Caroline Sakai be honored with an award for her humanitarian work in Rwanda. The entire Rwanda team was present to share that special moment. It was such a treat to get Roger out on the dance floor for a few spins around! Seeing hundreds of bodies dancing together with vibrant energy was truly rocking the house!

Meeting our TFT family from around the globe was such a joy. I read other's list serve comments or read about them in the newsletter yet never had the chance to mingle in person and get to know them personally. This weekend provided the opportunity to meet them and become connected through our hearts and energies.

The news that ATFT and ACEP is looking to merge is going to be an unbelievable venture which will extend our energy and talents to really ROCK this world with love, healing and one large family to support this much needed work. The ACEP board and members were amazing and pulled off a tremendous feat of providing 5 days of awesome workshops, speakers and certification classes. KUDOS to all of them for a fabulous and enlightening event and for making us feel so welcomed.

Thanks to Roger and Joanne for their vision and openness to allowing their baby "ATFT" to spread it's wings so it can now grow into it's full potential. Without them, Energy Psychology wouldn't

ATFT & ACEP coming together - let's make it happen

be where it is today and I would not be where I am today!

Next year the conference will be in San Diego, so mark your calendars now! I look forward to seeing you there. "

Much gratitude, love and light,
Christina Mayhew, TFT-Adv

From Howard and Phyll Robson

"The ACEP conference was an inspirational, enjoyable experience, beyond our expectations, with an extensive range of excellent presentations and formats, many of which were interactive and thought-provoking. An atmosphere of learning, commitment, conviviality and mutual support and encouragement pervaded the conference. TFT was well-represented with presentations from the USA, Norway and the UK attracting a good attendance. Many participants were incorporating tapping in their therapies as a means of healing. Roger and Joanne were given an affectionate welcome at the Gala Celebration Dinner. It was wonderful to see Caroline Sakai named as Humanitarian of the year, acknowledging her innovative and continuing work in Rwanda.

On our journey home to the UK we have had time to weigh up the advantages and disadvantages of this proposed merger. In conclusion, we believe that it is in the best interest of BTFTA to endorse this merger with ACEP. During the conference we were able to mingle with ACEP board and committee members who were friendly and welcoming. In times of austerity we cannot ignore the economies of scale, a merger will offer much more to members of both organisations. We can learn from each other, share our strengths. United we will have a much stronger voice.

Howard and Phyll Robson

From Caroline Sakai

What a mind-stimulating and heart-warming experience to meet with fellow TFT practitioners as well as founders Roger and Joanne Callahan, and the Energy Psychology practitioners who are like the children and grandchildren of TFT as well as our energy psychology colleagues! Roger and Joanne were specially recognized at the ACEP conference this year as the founders of the Energy Psychology movement (as well as being given the ACEP Lifetime Achievement Award last year—an exceptional category not generally given). Howard Robson, Phyll Robson, Bob Bray, Bob Pasahow, Suzanne Connolly, Paul Oas, Dottie Webster and I all felt warmly received at our presentations and workshops. I was surprised at being given the ACEP Humanitarian Award and it really should be a recognition of Suzanne Connolly (chair of the Trauma Relief Committee), Joanne Callahan, all the ATFT Foundation Board and trauma relief committee members, and each and every ATFT member who has participated in the humanitarian efforts ATFT Foundation has supported with all your donations and support over the years. The humanitarian work could not have been done without all the volunteers and fund raisers and contributors to these efforts so it is a recognition of all of us in ATFT! This humanitarian work and also research that has been supported by ATFT Foundation will be continuing on since ATFT Foundation is a separate 501(3)c entity.

I strongly advocate voting for the merger of ATFT and ACEP so that we can join forces to move energy psychology into wider use, availability, and acceptance all over the globe and in various arenas of health and healing. I believe with the strong advocacy legally (including advocating that APA change their stance on CEs for TFT etc.), and

through research efforts, and lobbying by vocal ACEP advocates, that Energy Psychology is close to the tipping point. With the high and increasing health and mental health needs and limited resources, the benefits of TFT and energy psychologies will become even more attractive if not essential. We have a better chance of attaining more strength and acceptance in the wider communities by joining forces and standing together.

It would be imperative for ATFT to have a strong voice and voting power in the merged organization with ACEP. To do that we would need the largest numbers of members we can gather together before the time of the merger, so that we can negotiate for more representation. We need everyone who is or has been a member to renew their memberships now, we need for those who have lapsed their memberships to renew their memberships now.

For those who have never joined ATFT please consider joining ATFT now so that we will have a large TFT base in the ACEP organization. It will be a cost savings to join ATFT now, and have the ATFT membership roll over into the merged organization. The joined forces and increased numbers will help us push the tipping point over toward wider acceptance and more utilization of the powerful tools of TFT/energy psychology!

The next ACEP Conference will be on the west coast in San Diego so it will be much closer for us in Hawaii, California, Oregon -- there were 500 at ACEP this year -- wouldn't it be great if we in the merged organization can hit an attendance of 1000 in 2012?

Let's work together to make this happen!"

With much aloha,

Caroline Sakai, PhD, TFT VT, ATFT Vice-President

esophageal spasms relieved with tft

by Lois Sugarman, RN, PhD, FT, TFT-Adv

I have suffered with GERD (Gastro Esophageal Reflux Disease) since 1977. I have been treated with acid suppressants for a very, very long time. Other than this, which did stop the episodes of frank hydrochloric acid from coming up into my throat, I had no treatment for years. Eventually the predominant feature became esophageal spasms. When my husband and I moved from South Carolina to North Carolina in 2006, the spasms began to increase in frequency and intensity. Almost exclusively they occurred during the night, yet the position in which I tried to sleep never seemed to make a difference. I have been and continue to be under the care of a gastroenterologist. I took other recommended medications to reduce or eliminate the spasms; they didn't help.

Years ago, a mixed blessing was my husband's and my discovery that if I immediately jumped up and very rapidly drank a full glass of water without stopping I could mechanically stop the spasm. This helped for a time. However, it probably allowed the acid to do its work on the esophageal tissues as I developed Barrett's Esophagus, a pre-cancerous condition. I am regularly monitored for this by actual examination of the site and the tissues. I monitor my psychological reversal status every day.

By November of 2010 I had few nights of unbroken sleep, or even relatively unbroken sleep. I was referred to a specialist who treats only esophageal disorders. Rather than esophageal over-activity it was determined that esophageal peristalsis was reduced. The only suggestion offered me was more medication with a 50% chance of some relief; the particular medication also has multiple serious side effects associated with

it. I refused; I already knew what I was going to do.

I set up a Thought Field Therapy® (TFT) protocol for myself. Three times a day I self-diagnosed "my chest pain". I referred to it as "chest pain" because the sensation was not always distinctly one of spasm. I followed this with CB2 (collarbone breathing); there was no demonstrable rationale why I should. I had a remarkable experience with doing CB2 some years ago. With this in mind, I adopted the notion that adding CB2 this time couldn't hurt! I self-diagnosed two stress issues, one specific and one "general stress in my life". These three sequences I did three times a day, each time following the sequence for chest pain with CB2. If there was a reason I couldn't get the entire first treatment and CB2 in before I had to leave the house for some reason then I used the sequences from the day before and self-diagnosed as soon as possible. This happened rarely. I have since dropped the CB2 with no negative effect whatsoever. After consultation with Dr. Callahan at the end of March I began self-diagnosis once a day. I have now reached the point where, as long as I check for IETs, I do no new self-diagnostic work. I know what price I will pay if I am not diligent!

If anyone should doubt the importance of IETs, please let my experience validate for you their importance in treating anything with TFT.

I began keeping written records the end of January 2011. By March 29, 2011, out of almost 60 nights I

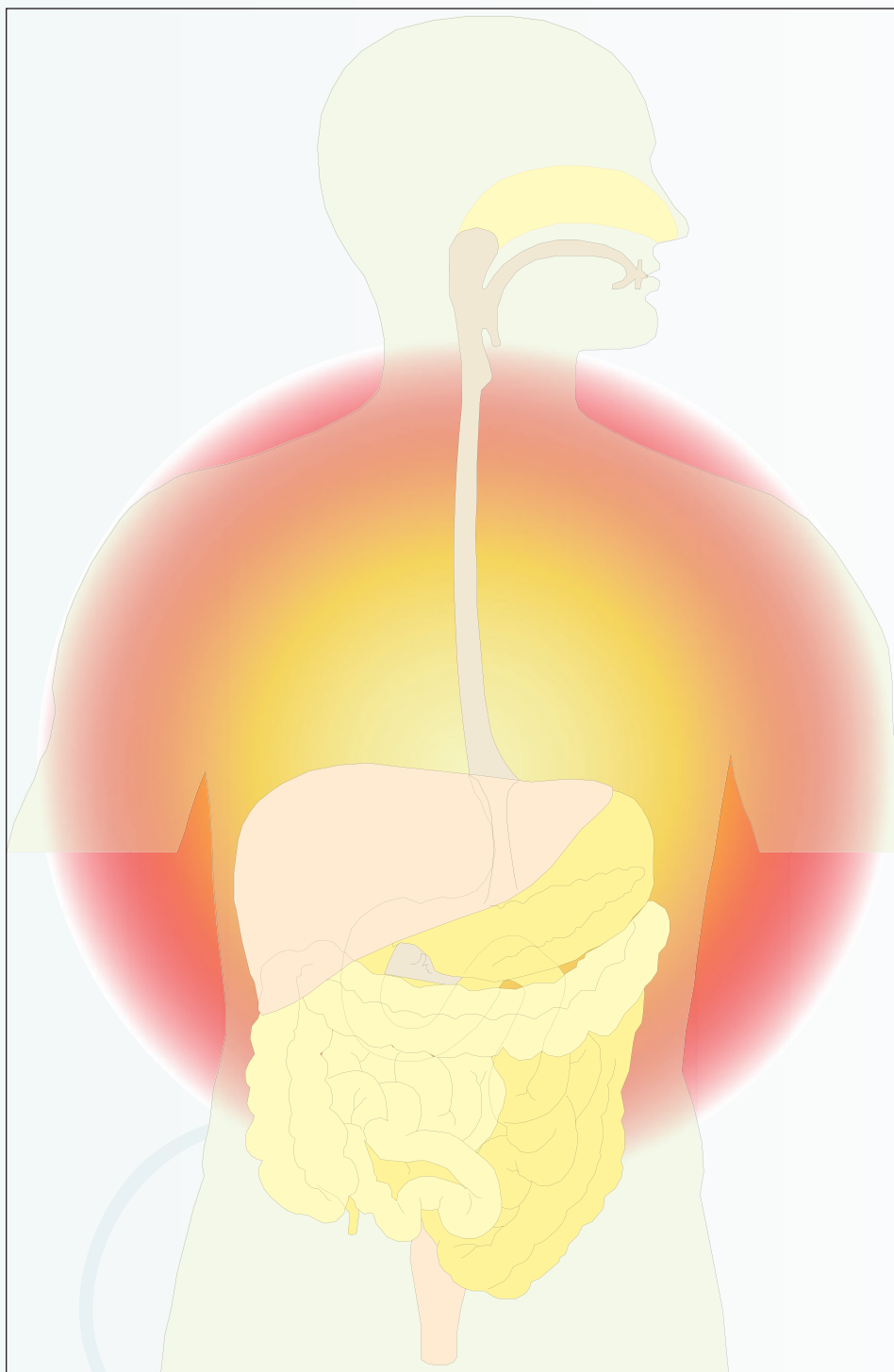


had had only 16 nights interrupted by esophageal spasms. This was incredible when I recall how disturbed with pain I was so very many nights! I can certainly vouch for the fact that training for a half-marathon on very little sleep is tougher than anyone might guess. I felt as if I were learning about sleep deprivation as a torture tool!

I tried to relate the occurrence of these painful episodes to several factors such as evening meal times, hours of sleep, stress of the day and food intake. With the exception of three to five episodes while I had bronchitis for three weeks in February, I can relate every spasm episode, with few exceptions, to an IET (individual energy toxin). The role of IETs became so clearly evident that I stopped trying to relate the episodes to anything other than IETs and stress! I was more than willing to give up two of my favorite foods and omit other items that showed themselves to be IETs. Of course every IET is treated with the 7-second treatment. Incidentally, I have never been successful treating one of these painful episodes as it occurs because I can't tolerate the pain long enough to self-diagnose.

As for stress in my life, I consistently monitor issues I recognize as being contributors and treat them after

esophageal spasms relieved with tft



self-diagnosis. More recently, using self-diagnosis, I also have been treating the Barrett's esophagus directly. If I do not do the tapping sequence then I check whether or not perturbations may be present. If there are,

then new self-diagnosis is in order.

I am writing on May 11, 2011. Out of 103 nights I have had esophageal activity only 25 of those nights. Just as a point of information, of those, four nights I experienced one epi-

sode only; 11 nights I recorded two or three episodes; 10 nights I experienced multiple episodes i.e., three to six. I have reduced my painful esophageal activity by 75%! This percentage is essentially the same as the earlier figure of 16 episode-free nights out of 60. Encouraging to me also is the fact that even though I have had some activity in the last 30 days, I can identify no IETs whatsoever. I can identify stress associated with those episodes!

The last time I saw my gastroenterologist, he suggested I try stopping one of two daily doses of Nexium, a common treatment for GERD and esophageal spasms. I was able to do this with no ill effects just over a month ago; that is when I got brave enough to do it. Now I am wondering about being able to drop the daily dose that is left!

If anyone should doubt the importance of IETs, please let my experience validate for you their importance in treating anything with TFT! I know in years past, for myself, when IETs were identified I would sometimes cringe. I have had the same experience in treating others; some people are resistant and follow through may not happen. I want to go as far as saying that I sometimes suspect TFT treatment is terminated because of this issue!

This account is intended to document, once again, the power of Thought Field Therapy®. I want to express my thanks to Dr. Colin Barron for his early suggestions. Most assuredly, I am, and will be, eternally grateful to Dr. Roger Callahan for equipping me to take care of myself. The medical establishment did not succeed. As my gastroenterologist said, "We need a more holistic approach."

hidden benefits of TFT

by Robert Pasahow, PhD, TFT-Adv, TFT-RCT

It's Not Just About Eliminating Distress, but Increasing Insight and Empowerment

A Case Presentation

Sally S. was a twenty-one year-old junior at a local college. She came for treatment because she suffered from public speaking anxiety. Being a communications major necessitated making numerous oral presentations. Her nervousness caused her to lose her concentration, voice to crack, and occasionally stutter. Once having difficulty early in the presentation, her heart would race and she would become trembly and light-headed. In her own words, "it is excruciating and my brain freezes." Her grades were not commensurate with her intelligence and her written test scores. These difficulties caused self-doubt and a loss of confidence and self-esteem. Oral presentations invariably provoked immediate and intense anxiety. Although realizing her anxiety was excessive, Sally was despondent because she could not overcome this persistent fear. She had a mild clinical depression that was secondary to her anxiety disorder. Sally had brief psychiatric treatment and had been prescribed Xanax. She stopped taking her medication after it made her feel sluggish.

Sally had a massive reversal. Tapping on the acupressure point at the side of the hand quickly eliminated this reversal.

My first session was a diagnostic interview that provided details about her disorder and symptoms.

After an orientation to Thought Field Therapy (TFT) was provided, she discussed her anxiety about her upcoming oral presentations. Interestingly, when talking about her nervousness, Sally spontaneously started thinking about her worse experience. It was during her first semester when a presentation had become so difficult for her that her stuttering almost precluded her from completing it and caused her to struggle to hold back tears. The distress she was feeling at this moment in our session was severe enough that she gave a rating of nine on a zero to ten SUD (Subjective Units of Distress) scale. Sally had a massive reversal. Tapping on the acupressure point at the side of the hand quickly eliminated this reversal. A sequence of acupressure points associated with PTSD was also tapped and her distress decreased to a five. After the 9-Gamut procedure, a rating of two was given. She did not have any such distress after a second PTSD tapping sequence. However, when she thought about the upcoming presentation, this elicited anxiety that was rated as a seven. A similar treatment session was provided, but this time the sequence of acupressure points tapped was an algorithm for anxiety. This also brought her SUD to zero. Sally then verbalized that her difficulties did not "mean I was stupid" and she recalled making excellent presentations in high school, memories that had been blocked by her anxiety disorder. Sally pondered and then verbalized that she should not just practice her speech by herself, but do the entire power point presentation in front of a group of friends. She left feeling hopeful and deter-



mined.

In our next office visit three weeks later, Sally informed me that she was pleased with her presentation. Although she was still somewhat anxious, it was much better than prior experiences. Sally had practiced her presentation to her friends and this led her to become more inquisitive of how others cope with their nervousness. Sally realized the importance of repeatedly practicing the first section. Getting off to a good start was important to prevent nervousness. Two more projects were to be done in the upcoming week. After discussing these speeches, she reported a SUD anxiety level of five. TFT diagnostics led to her doing the anxiety algorithm treatment and her negative feelings abated. She did not return until the last week of the semester. She reported having little anxiety and was getting good grades, being less critical of herself and generally "feeling positive." Two more oral presentations were to be given that were of the equivalence of a final exam. Their importance increased her anxiety. This last session again involved stimulating the acupressure endpoints associated with anxiety and eliminated her distress. She then subsequently had

hidden benefits of TFT



tured interventions in order to modify thought patterns. It is not unusual for homework exercises to be assigned and hopefully carried out by the patient. The teaching of relaxation skills, sometimes through biofeedback, can be incorporated into the treatment. However, the initial reactions to important stimulus conditions are generally not eliminated but reduced to a varying degree. There still needs to be an application of newly learned ways to think and relax to decrease distress.

Sally's therapy with TFT provides a contrast. Our initial discussion led her to quickly shift the focus of the treatment right from the start. When initially discussing her anxiety about the upcoming presentation, Sally spontaneously focused on a past speech which led to traumatic-type symptoms. She had shifted her anxiety of the upcoming presentations, enabling treatment to provide the exact help she needed. Sally made her own decisions, without any guidance from me. After the first TFT session, Sally, on her own, realized it would be a good idea to practice her power point presentation in front of a group of friends and this helped to ward off anxious feelings. Insights came from her without me making recommendations. This led her to not constantly monitor herself about her anxiety, but instead focus on communicating to others in her oral presentation, which is the essence of public speaking. These processes led her to feel empowered and confident. We sometimes focus mostly on eliminating distress but the hidden benefit of TFT is that it can also spontaneously elicit insight.

the insight that she should focus more on the presentation instead of monitoring how she was doing when speaking.

Sally never made a subsequent appointment with me. However, she referred a close friend who informed me that Sally was much more confident and was enjoying her school work.

Discussion:

Sally's treatment was different than what she would have received in more traditional psychotherapy. An integral part of psychodynamic therapy is the development of transference where the patient projects their unconscious

conflicts onto the analyst who attempts to make the patient realize that such distorted emotions are caused by traumas and conflicts early in life and do not have to be part of their present existence. The goal is for the patient to gain insight into the unconscious causing their current distress and emotional problems. While the roots of the problem become better understood in psychodynamic therapy, it is not unusual for the reduction of symptoms and the enhancement of mental health to be limited.

Cognitive therapy emphasizes the importance of changing the patient's thoughts through struc-

a strange tale and my smallest patient

by Terri Perry, TFT-Dx

We moved to Abruzzo, Italy in 2009, to an old house which we are still renovating. Recently we had to demolish part of the house and make new foundations. For this, two huge cement lorries with pumping equipment had to get to our house, but our driveway was too small. So the only other way was to cross a railway track and over rough terrain, but one thing stood in their way, a large overhanging branch of a big oak tree. It was necessary to cut it off before the lorries arrived and we only had about an hour in which to do it.

Normally we have wonderful sunny weather in Abruzzo but suddenly the sky darkened and the wind became stronger. On this day of all days it was threatening a storm!

My husband put our long ladder against the tree and I stood at the bottom holding the ladder for his safety. He started sawing with the bow saw and it looked as if the branch should drop straight down. The wind was now strong and starting to rain. I only looked away for a split second and I was catapulted to the ground with the full force of the large branch hitting me in the back.

The sharp end of the branch ripped through three layers of my clothing and I lay screaming on the ground in pain. My husband and neighbour ran to my aid. I knew I hadn't broken my back as I could move OK. They moved me to the house and checked my back and right side where the wood had scraped leaving red raw patches but luckily not much bleeding. I felt as if I had been hit by a 2 ton truck. My husband gave me some

Dr Bach Rescue Remedy to help with the trauma immediately (a useful standby in any emergency).

I managed to sit on a chair but I knew I had to treat myself quickly with TFT as I was starting to faint and going to lose consciousness if I didn't act soon.

My neighbour's normal reaction would have been to get me to the Emergency Dept but in any case the hospital was nearly an hour's drive away and it was too painful to get into a car. I knew I could help myself. By now, the weather had deteriorated further to thunder, lightning, torrential rain and wind. She watched as I tapped myself using the Complex Trauma algorithm: eb, e, a, c 9g sq. three times. I was starting to feel less "winded". I then tapped the algorithm for shock/trauma: eb, e, a, c, mf, c, lf, c, 9g. The fainting feeling had gone and I could sit upright without needing to put my head between my knees any more. I then checked if I needed collar bone breathing but did not. Colour came back to my face and I was able to carry on a normal conversation to ask my husband for the relevant homeopathic remedies from the kit. I took Arnica 30c to stop any bruising and help with shock.

The two lorries had arrived and started pumping concrete so my husband had to leave me whilst our neighbour sat with me. She could not believe how quickly I had recovered and also kept checking my wounds for signs of bruising – there were none, even though I had taken the full force of a falling branch.

Just before going to bed that

night one of our black cats, William (the other is Harry!), came rushing in. He had caught a baby Wood Mouse and had it in his jaws. We eventually got him to drop it and it went under the stairs in the hallway. It was too painful for me to bend down to search for it so we went to bed and planned to search for it the next morning. The wood mice are cute with big brown eyes and long tails. Only last year I saved a bigger adult wood mouse after it had been caught by the cat. I gave it water in a syringe until it recovered and I put it back in our woodpile where it came from.

After a difficult night I awoke the next morning and tried to get up. I had left my torn clothing beside the bed on the floor. To my shock and surprise – there huddled up inside my blood stained shirt was the little wood mouse! I gathered up the clothes and gradually made my way to the kitchen. He looked near to death but as he had obviously sought me out, I decided I had to try to save him. I dropped the Rescue Remedy onto his mouth and he started to respond. Then I gave him water in a syringe which he grasped with his tiny hands. His eyes opened. It was a long shot but if TFT worked so well with me I hoped it would work with something so tiny. I held the mouse in my left hand while I tapped myself with my right. I used the Complex Trauma/anxiety algorithm first and then did the Complex Depression alg : eb, oe, e, un, ch, a, c, lf, if, 9g. He looked up and started to move around my hand! After a little more water and the anxiety alg he ran up my arm into my jumper and then I knew he was ready to be re-

a strange tale and my smallest patient

leased back into the wild! I was so pleased to have saved one small life. I took him back to the wood pile near to where I had my accident and he walked away under the wood stack.

Three hours later, my husband went to get more logs for our woodburning cooker. He stopped in his tracks because there sitting looking at him in the middle of the path to the wood pile was the little wood mouse! He looked up at him for a minute and then disappeared into the pile of wood that had been the branch that had caused my injuries. Strange or what!

I recalled what Dr Rupert Sheldrake spoke about when he was guest speaker at BTFTA Conference in London in 2009. Dr Sheldrake explained about his research into the fields related to Morphic Resonance. Dr Sheldrake believes that these fields are transmitted from past members of the species to the new generation conveying a collective, instinctive memory. i.e. if a rat of a particular breed learns a new trick in a laboratory in one country then rats of the same breed should be able to learn that trick faster all over the world. He believes that each individual draws upon and contributes to the collective memory of the species.

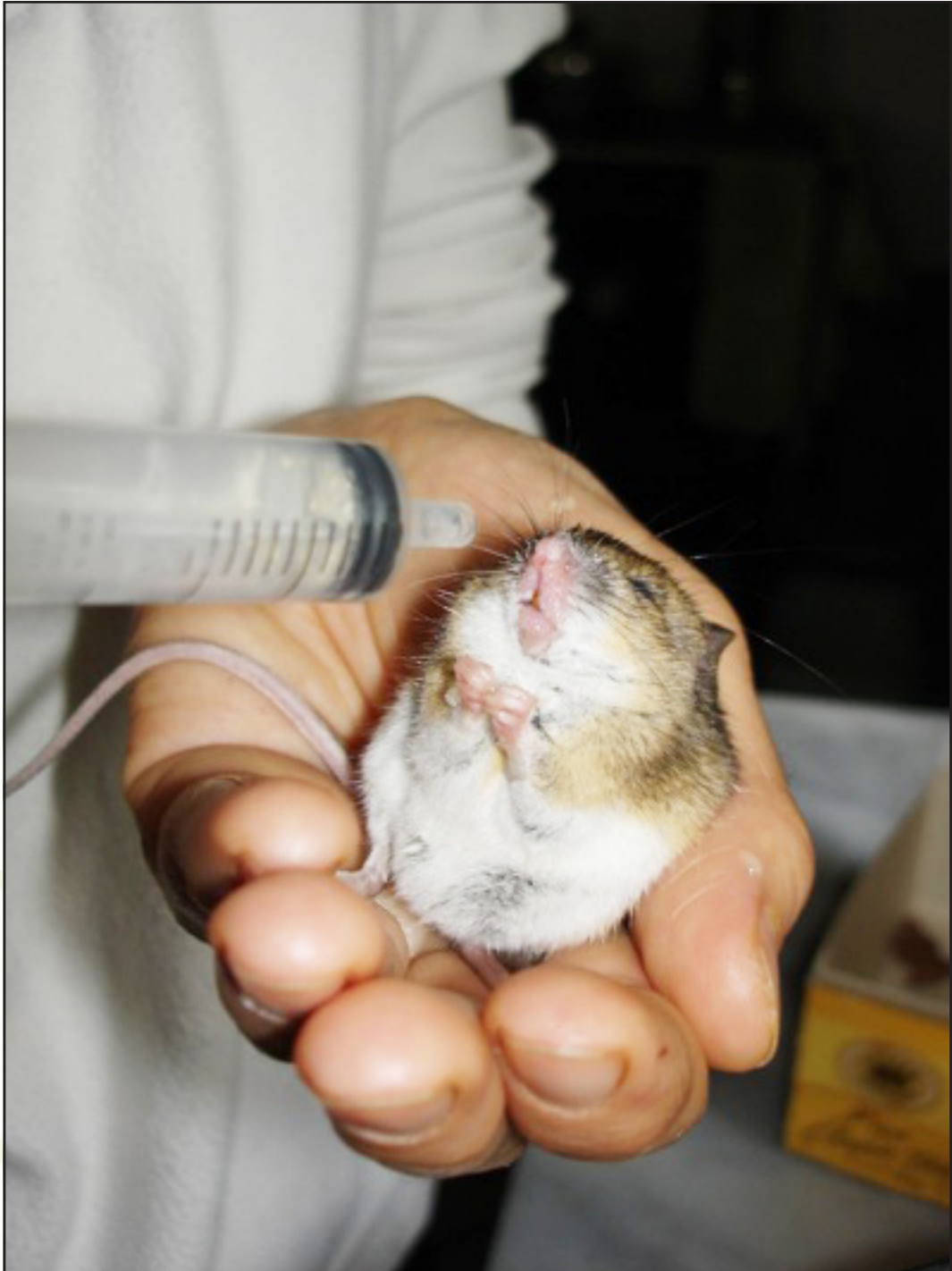
His theory and research could explain why the baby wood mouse sought me out a generation after I saved one of his family. He/she had no fear of me whatsoever and had slept, huddled up in my torn t-shirt from the accident. Also, in order to reach me it had to climb a total of 17 stairs with two landings and choose our bedroom over any

one of a total of 6 rooms or simply remain in the hallway under the stairs where it was dropped.

Was what happened that day a spiritual "sign"? or simply a big coincidence? But, it was a strange

experience nevertheless.

I regularly use TFT in emergency for us and for our cats and thanks to Dr Callahan I have one of the best healing tools in my "tool-box" as a therapist.



first aid for our cat, Harry

by Terri Perry, TFT-Dx

It was our first year in Italy and we were presented with a tiny black kitten which we called Harry. The summer temperatures were over 90 deg F. One day, Harry (then four months old) went missing. I was getting worried, because we live in the countryside. There are plenty of hazards to avoid in woods, streams, river and a major road. The area has quite a lot of snakes although there is only one poisonous one – the Viper. We had also been warned about large venomous wasps which could cause anaphylactic shock. My mind was working overtime imagining the worst.

We searched everywhere but couldn't find him. We had been out searching for an hour and came back to sit in the garden. Suddenly my husband heard funny wheezing sounds coming from the kitchen. I opened the back door and there was Harry lying flat on the floor, gasping for breath. He had only just made it through the cat door before he collapsed. At least, he knew to come home for help. He was breathing rapidly and his eyes rolling, unable to focus. His right front leg was swollen to more than double its normal size right up to his shoulder. I guessed he had either been bitten by a snake or stung by one of the wasps. He appeared to be experiencing anaphylactic shock. I knew we had to act fast in order to save him. There was no time to lose and it was pointless trying to get him to our vet who was at least an hour's drive away on winding country roads. He would probably die on the way.

I quickly dropped some Bach Rescue Remedy into his mouth. I then laid my hand touching his body while I started tapping myself with

the other hand. I tapped the Complex Trauma algorithm first and then the algorithm for shock eb, e, a, c, mf, c, lf, c 9g. I remembered Joanne Callahan saying that when she was stung by bees or wasps she kept tapping the PR spot on the side of the hand to reduce the poisoning effects, so I did that too. I then tapped using the anxiety algorithm but adding in the index finger just in case he had ingested something that was poisonous. And, finally, I did collar bone breathing. Immediately after all this he got up from being collapsed on the floor to a sitting position, now able to focus his eyes. Not knowing what had happened to him I gave him homeopathic remedies to cover all eventualities; Ledum for puncture

wounds (sting or snake bite), Arnica for swelling and shock. I then did the TFT pain algorithm whilst touching his body. My husband brought a bed in a box which we put on the floor beside him. After the pain algorithm he calmly got up and walked to the bed and lay down in it. His leg was now less swollen. I gave water to him via a syringe and a couple more drops of Rescue Remedy and he went to sleep. I kept an eye on him for the rest of the day. The swelling was reducing every couple of hours. The next day he was able to walk around almost normally with only a slight swelling of the paw. Another crisis averted with the quick use of TFT and some homeopathic remedies.



who cares about homeless women vets?

by Bruce Paton, PhD, TFT-Adv



Homeless women veterans are on the streets of America! Currently, women make up 14% of our country's active duty force, 18% of our National Guard, and 15% of reserve forces. Women now comprise 20% of new recruits and women vets have grown to 7% of the nation's homeless veteran population. Women veterans have higher unemployment than male vets and they are four times as likely to be homeless than their non-veteran cohort group. In fact, they are twice as likely to be homeless as their male veteran counterparts.

Who cares for these American women patriots? Beyond the basic services of the Veterans' Administration, few of us apparently show much care for them! Homeless women vets need safe, gender specific, transitional housing, where they can receive food, shelter, clothing, education, one-on-one case management, employment assistance, life skills coaching and access to holistic healthcare beyond traditional VA services.

Enter the YWCA in Albuquerque, New Mexico who is partnering with the local VA to provide a Transitional Living Center for homeless women vets and their dependent children – the first of its kind in this country!

This YWCA received a \$185,000

grant from the VA and a 5 bedroom, 3 bath house from a local philanthropist. Renovations have recently been completed and applicants are being interviewed for participation in the initiative. Up to ten homeless women vets will have the opportunity to take advantage of the training, counseling and coaching necessary to return to life as self-actualized, productive, financially stable and self-reliant women with a renewed sense of self. It is anticipated that 4 out of 5 women vets will make this transition within a year, but each has the opportunity to remain for two years if necessary.

Three quarters of female military members are suffering from military sexual trauma! More than 20% are suffering from post-traumatic stress disorder (PTSD). No doubt these staggering statistics explain much of the homelessness as well as the fact that this female population is committing suicide at three times the rate of their cohort group and twice the rate of military males. And it is well-known that military suicides are increasing each year at unparalleled rates!

Sound like a call to arms for Thought Field Therapy? Well, it is!

Mary Lou Dobbs, TFT-Dx, and an

ATFT Foundation Board Member had knowledge of the program through her relationship with Air Force Lt. Colonel (Retired) Laurel Burnette, the YWCA administrator responsible for the initiative. She called on her friends, Dr. Dariah Morgan and me, both TFT Adv. trained, and introduced us to Laurel. Laurel, Dariah and I have worked out the details of how TFT might contribute to the success of the program and perhaps accelerate the graduation rate, which is a key VA measure of success.

Beginning the week of June 20, 2011, community, staff and veteran introductory TFT sessions will be conducted. These sessions will be followed by 1-1 counseling with all interested parties. VT (Voice Technology) phone consultations will be available after this initial wave of introductory work, followed by intensive on-site training sessions in late July. The goal is to get house staff, already skilled at conventional counseling, and vets, to a proficiency level of being able to provide TFT support for themselves and others.

This is a bold and much-needed initiative! There are more than 16,000 women vets in New Mexico alone! This translates to possibly more than 12,000 who have experienced sexual trauma and possibly more than 3000 suffering PTSD. When viewed on a national basis, it is no wonder that the challenge is as great as it is. Thought Field Therapy will play an important role in the success of this pilot program. When success is achieved and properly documented, we visualize TFT becoming an integral part of the effort to help our women vets state-wide and nationally, much to the credit of TFT founder, Dr. Roger Callahan and his wife, Joanne.

ATFT Foundations, USA and UK

by Joanne Callahan, President, ATFT Foundation

We have a lot of exciting things happening right now with ATFT as well as both ATFT Foundation's, USA and UK.

First I want to let everyone know that both of the foundation's will continue on with their growth and work in education, research and humanitarian relief with TFT throughout the world.

The UK foundation is taking a more active role in providing support and supervision for UK TFT practitioners beginning July 1, 2011. With Dr. Howard and Phyll Robson at the helm, we are blessed with a wealth of knowledge and experience in medicine, ethics and research, and working within the NHS system. They are willingly sharing it with our TFT practitioners in the UK and Europe. For more details on this program and early results be sure to read their article, and one of our new trainees benefitting from their assistance in this issue of the Update.

Additionally, the UK foundation has several other projects in the works, one for working with our troops and another for further research and training in Uganda as we team up with another humanitarian organization. Watch for further announcements as these projects move forward.

On the US front, we are very proud of the leadership our board members Mary Lou Dobbs, Bruce Paton, along with Dr. Dariah Morgan. They have shown great progress with their project to help homeless female veterans in Albuquerque, NM. Read a brief description of this project in this issue of the Update.

And, our work continues with the Rwandans who experienced the genocide and who are working to

help heal their country. The PTSD studies from the past missions are nearly complete and we are excited about the results.

The Rwandan ATFT affiliate organization, IZERE center, is helping so many families in their region. Below is an excerpt from their recent reports sent to us by the Rwandan TFT trained therapists.

"From August 2010 to April 2011, the reports of 53 Rwandan therapists which I have show that they treat 1300 persons. But, some clients came to be treated two, three or more times. The average time for each client it is 20 minutes. The treated people were youth, children, students, and adults. They helped also some families to use TFT and it helped them. Their reports show that TFT is very helpful to the children and to the family; because the children themselves do it as joking and then they became healed.



The TFT make a big difference and changes the life of the people. They say that there is much improvement after treatment. The clients are happy and they became friends to the therapists. They treat them and they teach them how to use TFT, and those who are able to use it did not return to be treated; only they come to ask the clarifications and to thank to the therapists.

After the follow up, the thera-



The ATFT Update

ATFT Foundations, USA and UK



pists, attests that they have an experience in TFT, and those who have been trained once TCM, they need an advanced training.

Someone say that TFT is the solution from God."

To see some of the interviews with these therapists and hear about those they have helped, visit: <http://www.youtube.com/watch?v=bkOSPBDuduww>

This year's foundation project in Rwanda is different. The foundation is bringing the three lead Rwandan practitioners from the IZERE center to Hawaii to become TFT trainers. This project is very exciting as it is bringing TFT full circle, with the Rwandan helping Hawaiians in need. Our team, lead by Caroline Sakai, will train the Rwandans to become TFT trainers, and have them train the local pro-bono clinics' staff. They will then supervise these new practitioners helping the needy populations they serve. This will benefit native populations and homeless and addicted individuals.

The Rwandans will then go home, taking the healing power of TFT full circle, as they teach it to others in Rwanda and surrounding

African countries.

The ATFT foundation will be documenting this entire project, from the early trainings and treatment in Kigali, Rwanda to the change in an entire region, Byumba, to the healing of others in Hawaii. These missions tell a story of how TFT can bring healing and peace to an entire region and then continue giving.

If you can help support any of these projects, please contact me, Joanne@tftrx.com. In addition to a skilled grant writer, we currently need the following:

USA Foundation:

- Sponsors for the documentary (we are working with an Emmy Award winning documentarian and videographer – we plan to submit it to film festivals)
- Original musical scoring for the documentary
- Celebrity spokesperson
- Airline miles for transporting our team from Rwanda to Hawaii
- Funds for supplies, training materials and meals for the pro bono clinics in Hawaii
- Timeshares for our Timeshares for Vets program (3 vets have recently been placed in timeshares and provided with materials for self-help with TFT)

UK Foundation:

- Airline miles for transporting our TFT trainers in the UK to help our troops
- Funds for training materials for the UK project helping our troops

Be a part of our foundations' work and help us to find the support we need to accomplish these healing projects.



tanzania



mexico



new orleans



rwanda

new initiatives: ATFTF-UK

by Dr. Howard Robson,
TFT-Adv

The ATFTF (UK) Board has been giving consideration to how it can help to support TFT Practitioners in the UK and Europe. Much of our work has been carried out in the poor countries of the world and we intend to continue with this. We are also promoting the humanitarian use of TFT in the UK and the rest of Europe, and supporting the incorporation of TFT in caring organisations such as the National Health Service. Where possible, we are also encouraging research to provide further evidence of efficacy in these situations, to enhance the reputation of TFT.

We have looked at the qualifications and skills held by Board members and the needs of our practitioners. The Board is in a position to provide support free of charge to practitioners who would like to receive help to increase their understanding and skills, particularly where this would contribute to the achievement of our objectives, but also to develop the skills of practitioners to improve the availability of TFT generally. We have already provided some mentoring for practitioners following training, especially within the National Health Service.



The ATFTF-UK Board. From left to right: Monika D'Agate, (visiting participant); Chair, Dr. Howard Robson; Ildiko Scurr; Joanne Callahan; Sec/Treasurer, Phyll Robson.

Differentiation is a form of responsive individual support compared to the one-size-fits-all approach of group training. We all learn in different ways and absorb new information over different time-spans. This approach to learning meets individual needs by clearly identifying what needs to be learned and how the individual learning needs can

be met.

We may not always have an answer to every question or a tailor-made solution for every problem. We will help and encourage practitioners to reach the most appropriate answers and solutions for their individual problems. We aim to provide the opportunity to pursue professional growth through open discussion.

The current Chairperson is Dr Howard Robson, a retired Consultant Physician, with extensive experience of teaching, training, educational supervision and mentoring. He continues to examine for the Royal Colleges of Physicians. Phyll Robson is Treasurer, she is a qualified Tutor, teacher and has worked as a Freelance Consultant in change management. Both Howard and Phyll are Optimal Health TFT practitioners and have a long association with the National Health Service. Initially just these two board members will be involved in providing this service. The service will become operational at the beginning of July and you can contact us by email on r.robson2@btinternet.com.



by Herb Ayers, MA, LMHC, TFT-Dx



The following letter was published in the April 26, 2011 **Letters to the Editor Column** of the **Tri-City Herald**, in Tri-Cities, Washington USA

Promising Treatment

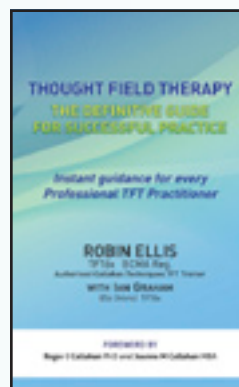
Seek creative ways to help people with mental health problems. As a member of the board of directors for the Association For Thought Field Therapy (TFT), I've observed the use of TFT by colleagues all over the world. We help combat veterans overcome anxieties related to Post-traumatic stress disorder, people with schizophrenia cope better, abused children overcome symptoms that interfere with their development and phobic and depressed people become more functional. TFT doesn't "cure" mental illness. But this treatment can be taught to people with chronic and acute mental health problems significantly helping them to help themselves. Fact is, everyone should use TFT to prevent problems.

Research on the use of TFT with Rwandans who witnessed genocidal massacres is available in the *Journal of International Emergency Mental Health* with statistics done by Arizona State University. TFT is not a "fly by night" or "New Age" treatment. It's been around for 30 years but unfortunately has not always been taken seriously in our culture.

People funding mental health services and those who care for patients with mental health problems should seek intelligent reviews of this very helpful treatment.

Herb Ayers - Pasco, WA

BOOK RELEASE: **THOUGHT FIELD THERAPY: THE DEFINITIVE GUIDE FOR SUCCESSFUL PRACTICE**, by Robin Ellis, TFT-Dx



"THOUGHT FIELD THERAPY: THE DEFINITIVE GUIDE FOR SUCCESSFUL

PRACTICE gives you fast, accurate help and informed insight about this powerful energy psychology. It is an absolute must for everyone who is practicing TFT - and for those who are intrigued and want to know more." Forward by Roger and Joanne Callahan. ISBN 978-1-4567-7376-2

Dear Joanne and friends:

Congratulations for the ACEP workshop. I am happy to see all the nice experiences and how all the participants were welcome.

At the same time in other part of the world, in Morogoro, Tanzania, we are having the opportunity to follow up and review TFT trainings that we gave in past years and again treating persons for private issues.

This is part of this year Psycho-Spirituality workshop organized by Fr. Luis Jorge Gonzalez.

Here are some photos that I hope you will like.

Warm Regards,
Alvaro Hernandez



Underarm tapping.



Curing trauma.



Tapping for anger.



Treating phobia.

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