

ATFT Update

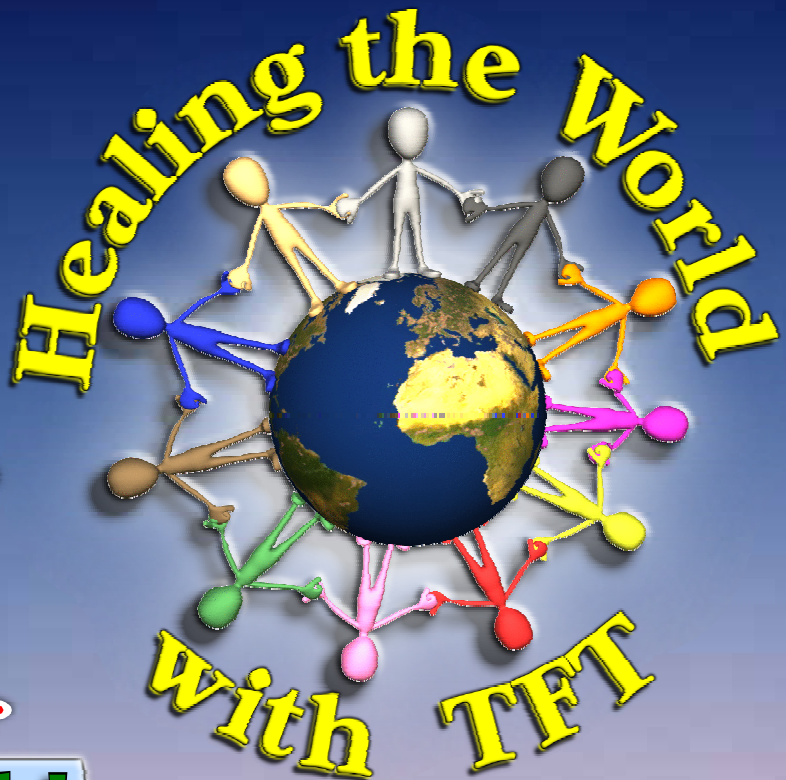
E-ZINE



Official Publication of the Association for Thought Field Therapy

Issue 7, Spring 2007

**2007 ATFT
WORLDWIDE
CONFERENCE
October 20-21
BOSTON
MASSACHUSETTS
U.S.A.**



Look Inside!

ATFT Update E-Zine now has

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The web page referenced by the link
will appear in your browser window!

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WHY EL SHADDAI ORPHANAGE NEEDS YOUR HELP

THIS IS YOUR OPPORTUNITY TO MAKE A DIFFERENCE IN THE LIVES OF THE MOST NEEDY AND VULNERABLE OF AFRICA'S POOR.

The FACTS:

- 1994: During three months of bloody genocide in Rwanda, over 800,000 people were slaughtered.
- Many of Rwanda's children became orphans because of the genocide and were eyewitnesses to the horror.
- Some were even forced to watch as their parents were slain right before their eyes.
- Today, these orphans suffer from **nightmares, anger, guilt and constant fear.**
- Many were taken in by the El Shaddai Orphanage in Kigali which is struggling to provide even the most basic needs.

In Kigali, Rwanda, 400 street kids have been brought together in an unfinished building to form El Shaddai Orphanage. It is struggling to provide shelter, education, security, clothing, health care and food to these children.

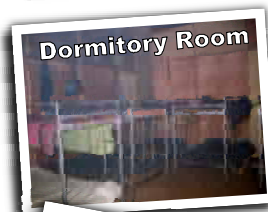
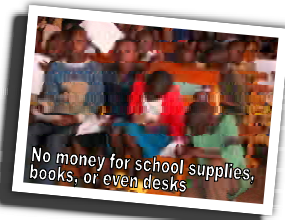
Most have been traumatized from the 1994 Genocide, seeing their families killed before their young eyes. Others were traumatized from watching their parents die a slow death from AIDS. Still others are the victims of extreme poverty. These children suffer from nightmares, anger, guilt, depression and fears that control their young lives.

They have no medications and are even without a bed or cot in their infirmary. Most have never had any type of medical or dental examination.

ATFT Foundation is working with these children to help ease their suffering. Thought Field Therapy trained nurses and therapists are needed to provide them with mental health care examinations and treatment. They need the most basic of assistance with their many fears, anger, traumas and nightmares.

Our ATFT Foundation team is treating their traumas to put an end to their nightmares, anger, guilt and the fears that grip them. Freeing them from their terror allows them to focus on learning, playing and helping themselves work toward a productive life. Our efforts work to destroy the seeds of future genocides and break the cycle of violence with these young children.

ATFT Foundation's work is in cooperation with the local Rwandan government, community leaders and religious leaders. While these groups work to provide shelter, education, food and housing, we are working to provide mental health care. Together we can offer hope and decreased suffering to a generation, one child and one orphanage at a time.



☒ **Yes! I want to help!**

Enclosed is my Rwanda Orphanage gift of

☐ \$120 ☐ \$600 ☐ \$1200 ☐ Other _____

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

☐ Check for \$_____ is enclosed,
made payable to: **ATFT Foundation**
OR charge to: ☐ VISA ☐ Mastercharge

Card # _____

Expiration Date : _____

Amount of Donation Charged: _____

3-digit Security Code (from back of the card) _____

SEND YOUR GIFT TO:
ATFT FOUNDATION
PO Box 1220
La Quinta, CA 92247

Phone: (760) 512-0855 Fax: (760) 347-0934

Direct Inquiries to:
Joanne Callahan, MBA
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ATFT UPdate MAGAZINE

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The ATFT UPdate is published quarterly for the benefit of the membership. Three of the quarterly issues are electronic (E-zine format) and one issue per year is paper (hard-copy) published. Articles, editorials and illustrations expressed within this publication do not necessarily reflect the opinions of the editor or publisher. Columnists, contributing editors, and advertisers agree to indemnify and protect the publisher from any claim or action based upon unauthorized use of any person's name, photograph or copyright material. Submissions should be made by e-mail with attached article saved in RICH TEXT (.rtf) format and sent to: david@tftx.com

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Chris Milbank, TFT-VT

ATFT President

PRESIDENT'S MESSAGE

Dear Members,

I have been blessed many times in my life. Good health, good friends, a great career. But I feel particularly blessed because of my membership in the TFT community which has brought with it many opportunities to travel. My TFT globetrotting has taken me to a number of European destinations, a greater number of destinations in the USA, trips to the Scandinavian countries, as well as the Australian and African continents.

I have also been blessed by being in almost constant contact through phoning, e-mailing and in-person meetings with ATFT members all over the world. Pretty nifty blessings, eh?

What's better is the fact that everyone with whom I have had the pleasure of speaking has indicated that they thought ATFT is a GREAT organization! Though the actual words were different from person to person, the message was clear. That message is they see the ATFT as a very solid force in the healing and wellness communities, they feel it is beneficial and highly supporting of its members, and they really DO enjoy being a part of its membership.

I know that when I travel somewhere new (and make my itinerary known on the Listserve) there are always TFT practitioners that want to meet up and exchange ideas. What a wonderful position to hold!

TFT continues to grow, develop and expand. Many of our more distant members told me that they were surprised that

they were able to get feedback and help from all over the world and even in their remote region. TFT is now practiced and taught on every continent and virtually every country on Earth. We have experts in science, medical issues, psychology, teaching, dental, business, sports the arts, young middle aged and older generations. All are able to offer their experience when using TFT in differing fields. It has become obvious to me that wherever in the world people experience this magical technique they are bowled over by its power.

My home Country the UK has been very active recently. With experienced members organizing fund raising events and ideas, a new UKATFT Foundation Charity for more local fund raising.

The Green Cross Three-day Trauma Training (June 1, 2 & 3, 2007) in London UK) for those ATFT members that would wish to help with TFT in a disaster deployment by the Green Cross.

A very special "Thank you" to Norma Gairdner (Canada) for her extraordinary efforts in achieving recognition for TFT within this International Trauma Organization.

Recently we have heard that TFT is to be recognized by the UK's National Health Service. With more and more people trained in using TFT and more and more of the TFT trainers signing up their students (at discounted prices) in the training classes to the ATFT membership, TFT is truly getting the recognition that it deserves.

I am hoping to see you all in Boston this October 2007 for our ATFT International Conference.

Yours in TFT,

Chris Milbank

Chris Milbank
President ATFT

[E-mail: chris.milbank@btconnect.com](mailto:chris.milbank@btconnect.com)

MOVING? CHANGING E-MAIL ADDRESSES? PHONE NUMBERS?

Please remember to keep your contact information current with the ATFT office! A potential client may be looking for you! Call **ATFT Customer Service** at: (760) 512-0855 or (866) 396-1365 (TOLL-FREE) or e-mail: bill@atft.org with your new information. Stay in touch!



Joanne Callahan, MBA
PRESIDENT

NEWS ATFT Foundation

The year 2007 is going to be an exciting and productive year for our ATFT Foundations, both the USA organization and our new sister UK one as well. We have many projects and events already planned and underway. Our board and volunteers are working hard to assist us in offering TFT to those who need it most.

I am very excited and pleased to announce our newly confirmed Association for Thought Field Therapy Foundation (UK).

I want to thank Eileen McMahon and our new board for their hard work in completing all of our documents and paperwork and submitting our first grant request.

Eileen has accepted the position of Chair for the first year and Steve McNulty has accepted the position of company secretary. Colin Davies, Chris Milbank and I complete the remainder of the board.

ATFT Foundation

is a nonprofit public benefit corporation whose purpose is to support the Association for Thought Field Therapy by furthering research, education and general charitable purposes related to Thought Field Therapy®.

Board of Directors:

President - Joanne M. Callahan, MBA
Secretary - Mary L. Cowley, PhD
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Members: Christopher G. Semmens, MappPsych. BSc
Norma Gairdner, HD
Paul Oas, PhD

Please consider making a donation to the ATFT FOUNDATION (it's tax deductible) to support good works like these.

The UK Foundation's initial projects will be as follows:

UK and Ireland based projects

1. ***Irish Survivors and survivors of childhood abuse in general*** (See a great article by Eileen McMahon in this Update.)
2. ***Bullying*** - Particularly tackling bullying in schools - so working with local authorities and schools.

International

1. ***Projects in Tanzania and Rwanda.***
2. ***Orphanage in Romania to be selected.***

Our ATFT Foundation (UK) web site is under construction and will be announced soon.

Donna Bond has scheduled a fundraising event on June 9, 2007 like the one that Ildiko Scurr organized. It will be in Herefordshire to raise awareness of TFT. Thank you, Donna and Ildiko. Please contact Donna for information by clicking the link below if you can assist or contribute: or contact her at:

donna.bond@groupbreakthrough.com



Rwanda Orphanage

We have a team of TFT practitioners, trainers, and nurses joining others to assist the orphans at the El Shaddai Orphanage in early April.

- ♦ The one-year PTSD study, led by Caroline Sakai, PhD will be completed.
- ♦ Suzanne Connolly, LCSW, will be leading the trainings and teaching many more locals this trip.
- ♦ TFT trained nurses will be providing medical exams with TFT tools to help with fears, minor pain, anger, and more. (Paul Oas, PhD, will be leading this dedicated, hard working team.)

We have been able to provide some funds already, some additional

- Continued on the following page -



REMEMBER LINKS are now CLICKABLE!

money has been raised, but we still need another \$2000-3,000. Please help us with the balance of the necessary fund raising. If you can assist with this project fund raising, please click the link below or contact me at:

Joanne@tftx.com

How You Can Help

As one of El Shaddai's sponsors ATFT Foundation contributions will make a big difference in the lives of these children. If you would like to help us by making fundraising materials for this project available to your friends and associates, you may now download our fundraising brochure by clicking the link below or visit www.atft.org and download it from there. David Hanson, Editor of our Update and enthusiastic TFT Practitioner, put in many late nights and contributed hours of design and creative work and we are proud to offer

DOWNLOAD
El Shaddai Brochure
CLICK HERE

this brochure for your use. Thank you, David.

And, let me take this opportunity to thank all of you who have been so supportive of our Foundation projects.

Tanzania Mission

We have a small dedicated, international team of TFT practitioners, **Chris Milbank, TFT-VT (UK)** and **Stein Lund Halvorsen, TFT-VT (Norway)** and **Alvaro Hernandez, TFT-Dx, (Mexico)** who will be going to Morogoro, Tanzania to follow-up on our previous work and do much additional teaching. The Carmelite Mission will be hosting them again this year.

Chris and Stein will also go to Nairobi, Kenya as well. They will be conducting additional trainings both at the algorithm level and diagnostic level.

We have raised a large portion of funds needed for this trip but still need about \$2000. Please let me know if you can contribute to this project.

Joanne@tftx.com

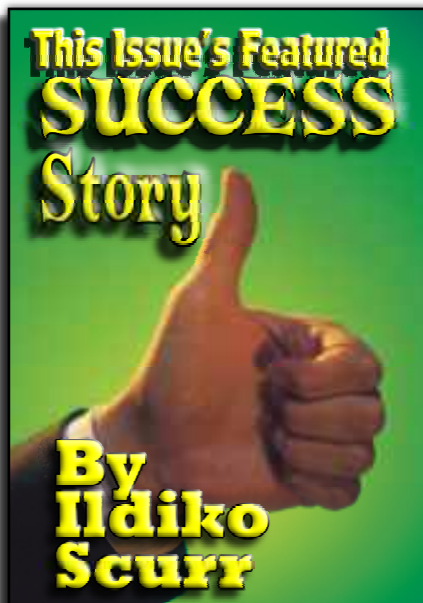
In our effort to provide ATFT members with skills and training in trauma relief work, Norma Gairdner, Chairman, Trauma Relief Committee,

has worked very hard to organize the **Green Cross training in London**. It is scheduled for June 1-3, 2007. Registration is going quickly and we are nearly full. If you wish more information or want to register, e-mail our ATFT Administrator, Bill, Bill@atft.org for details.

On another note, we have also started a presentation program, speaking to community service organizations to raise awareness of TFT and what we can do with TFT to end much suffering. Paul Oas and I recently spoke to a southern California Kiwanis group. Our hope is that Kiwanis International will soon take notice. Robert MacMahon, TFT-Dx is organizing these presentations for us. Thank you Bob.

The Boards of both foundations welcome your suggestions and assistance in raising funds for these projects and expanding our reach to those who are suffering.

If you wish to assist, please contact myself, or any of the board members. We can do so much to **Heal the World with TFT**.



Several months ago a client came to me with a problem. Her problem was that she had been in a car accident when her mother was behind the wheel and

consequently she could not get into a car and drive ever since. However it turned out that she had not been able to drive for over 20 years since passing her test.

This seemingly simple problem turned out to be very complex with many layers of trauma, anxiety, fear, addiction and self limiting beliefs and toxin issues to work through. Initially though she came to see me for two sessions during which we cleared her trauma from the accident and started treating her childhood issues.

Her father had left when she was nine years old and her mother had been extremely critical of her all her life. She had suffered an abusive and manipulative marriage but had eventually found real love with a caring and gentle man. Although very confident in some areas of her life especially concerning her work, she completely lacked confidence and self worth in others. She informed me after the second session that she was very

lucky because she was going to the USA and would be seeing an eminent traumatologist who is the top of his field. Three weeks later I received a distressed phone call from this lady saying that she was back in England and was desperate to come and see me. She had gone through 40 hours of intensive treatment during the three weeks and quite frankly was having trouble knowing who she was anymore! She was still not able to even get into the car.

I had to deal with several current anxieties and fears until we could start working on the issues that were key to the driving problem. I decided that we needed to work dynamically and so my first goal was to get her to sit in the car. After a couple more sessions of TFT we managed to reach that point but she just broke down and was extremely distressed as soon as she sat in it. We carried on working with her trauma issues which were many and complex, including a

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Voice Technology™ Comes to the Rescue!

By
Dr. Franz Ng, TFT-Dx



I was invited to be a guest speaker on the “*Health First Show*.” The show is hosted by David Fuller on one of our local radio stations in Prince George, B.C., Canada. I was given the opportunity to talk about one of my very favorite subjects, Callahan Techniques® - Thought Field Therapy® (TFT). To make Thought Field Therapy® come to life, I decided to invite a guest who would volunteer to be treated live on the show for a phobia, stress, anxiety or an addictive urge.

Lucy*, an alternative health care provider, came forward. This middle-aged lady had a life-long phobia of water. Never before had she been able to immerse in or even sprinkle her face with water. Lucy’s water phobia seemed rather simple, from a TFT point of view (no related trauma, no other phobias or anxieties),

I felt compelled to have a back-up plan, just in case the simple phobia algorithm could not eliminate her severe fear. That’s why I contacted Dr. Roger Callahan, Founder and Developer of Thought Field Therapy®, asking him to be on stand-by with Thought Field Therapy® Voice Technology™ (TFT VT) for the duration of the radio show. Dr. Callahan generously agreed – a favor I later came to appreciate a lot!

Twenty minutes into the pleasant interview on the “*Health First Show*”, the host brought in Lucy. She briefly described her phobia and its symptoms. Just thinking of water while sitting in the safety of the radio studio, Lucy reported her Subjective Unit of Distress (SUD) to be a 9 (on a scale of 0-10 with 10 being worst). Her agitation was visible.

I showed Lucy how to activate the appropriate treatment points on her body and guided her through the algorithm protocol.

It became clear to me almost instantly that we were probably not going to see the typical, dramatic reduction in SUD that we usually expect with TFT.

After a few minutes of treatment, her SUD only came down to a 5. It was at that point that I asked the host to put on some music and I reached for my cell phone to call Dr. Callahan to get the much needed VT support. As soon as Dr. Callahan had Lucy on the phone, he identified the correct sequence of points she needed to activate in order to eliminate her water phobia.

Lucy tapped these three points, added some Collarbone Breathing and a Floor-to-Ceiling Eye Roll and her SUD was a 0. “I can actually see myself putting my face in the water now, and enjoying it, too!” At that point, Lucy said with a smile, “I will go to the pool and try it out right away!” (see note below).

The speed and accuracy of TFT Voice Technology™ was phenomenal. In an instant, *less than a second*, Dr. Callahan was able to give my client the complete and correct sequence of treatment points needed for the elimination of her life-long, debilitating phobia. From start to finish, the whole treatment, including scrambling for the telephone and phone number, took only 8 minutes of air time.

I am truly indebted to Dr. Callahan not only for “saving my bacon” on this live radio show, but also for discovering and sharing with the world this wonderful gift of Thought Field Therapy® which I see transforming lives on a daily basis.

Oh, yes. Lucy sent me a note. A facsimile is shown below.

Lucy’s note of thanks:

Franzi,

Thank you so very much for the treatment today. I went to the pool, purchased goggles and proceeded to go into the water. I was not terrified and was totally confident that I could and would be able to do this and I DID!!! I put my face in and looked at the bottom of the pool... What a tremendous gift you gave to me, I actually enjoyed the water. I am off to the pool again... and am actually looking forward to swimming under the water.

Lucy

* Name changed.



3 No-Cost PRACTICAL Personal Marketing Tips That YOU can do!

Yes, money CAN grow on trees!

Mighty trees starts as little seeds.

These TIPS are your seeds.

Get busy planting!

By

David Hanson, DEH, TFT-Dx

Editor - ATFT UPdate

I have said many times that if TFT has any drawback at all, it's that it is too effective.

With TFT, people actually get well!

That means if you treat the client successfully with TFT, you won't be having them there in your office for an appointment every week ... ***forever!***

It also means that you must constantly be replenishing your client load with new faces and names in order to keep the cash ***flow*** from turning into a cash ***trickle***.

That's why, as a TFT practitioner, it is of paramount importance that you keep learning more and better ways of selling what you do.

Marketing, by definition, is ANYTHING you do to sell your product or service. Most therapists are lousy at marketing themselves. They think that selling is a four letter word (actually it's seven letters) and they fear that they will be looked down upon by their peers and be subjected to ridicule and/or scorn for having the unmitigated gall to step out and become a part of the marketplace.

Marketing (for you who are in private practice) is simply a matter of getting the word out about what you do, who you are, and the most important part of the whole equation (from the client's perspective): ***"What Can You Do for ME?"***

The TRUTH is most marketing strategies do cost money... Sometimes LOTS of it! But there are some low-cost and no-cost things that you can do on your own, that will help you to get the word out about your practice. While these ideas will not cost you a lot of money, they will cost you time, so be prepared. Of course, if you have an eight hour business day, and you have NO clients that day, you have eight hours to devote to looking for clients.

These are fantastic ideas for the practitioner that is just getting started. ***They also work!***

Choose two out of the three and move forward on them **this week**. Once

you begin to see that, in fact, these promotional ideas can bring you business, your momentum will build and drive you to pick two more.

① Network at events.

Go to Chamber of Commerce meetings and other organizational meetings that will be attracting your "ideal" client. (Remember that with TFT, practically ANYONE you meet is a potential client.) This is particularly easy if you are working toward a "coaching" practice and are helping others to maximize their performance at work or in life.

HINT: collect business cards! Get as many as you can and then begin to phone and e-mail to follow up. Don't linger too long! This tactic WORKS but only if you do the calling while ***you*** are still fresh in ***their*** mind. If they cannot use your services, ask them if they know of someone who can and get their contact information.

② Create a "useful" handout.

Be creative. And remember that a piece of paper has TWO sides. On one side, put some kind of helpful information, like writing a little 6 paragraph article on helping people understand and treat themselves for Psychological Reversal! ***MAKE SURE THAT YOU CLEARLY explain that the instructions given on the paper are :***

A: NOT a complete treatment and should not be considered as such.

- Continued next page -

Remember when you write this that the object of a free hand-out is to get people IN to see you . If your hand-out is TOO complete, you are sabotaging yourself.

B: The self treatment on the page is a one-size fits all and works for 80% of the time.

C: And, make sure that it is clear that when (not IF) they visit, they will receive the a COMPLETE treatment suited to their particular needs when they make an appointment to visit you.

Make sure that you include your name, phone number, email address, website information and a piece of copy that your reader will easily devour in 30 seconds or less. Realize that where advertising is concerned, the reader or "receiver" of the ad impression has a very short attention span UNLESS you do a good job of attracting their attention and they are engaged enough with your message to continue reading, listening or watching, depending upon the medium. You would also do well to develop a "canned" (rehearsed) 30 second explanation of what you do, so you don't fumble for words when asked about your practice or business. Write it like a 30 second commercial and go over it and over it in your head until you deliver it the same way whenever asked. It is a very valuable tool.

③. Create joint-ventures.

Find colleagues and business associates whose business compliments yours and do joint promotions. For example, when I first started in hypnotherapy (ages ago now) I linked up with a fitness center chain and offered free self-hypnosis classes for stress reduction. There were five locations, so I spent an evening a week in each of the five and every week, picked up as many as seven PAYING clients from these free programs. It was a win/win situation! They had something NEW to offer their members and I was constantly being asked questions like, "Could private hypnosis sessions help me be more outgoing and less shy?" That was an open door to a client and I would always step through it. Be thinking about who you could partner up with.

**ONE FINAL THOUGHT:
GET BUSY!
TAKE ACTION!**

HEY! LOOK AT THIS!



ATFT's member benefits are **Absolutely Great!**

All Classes of Membership:

- "ATFT Update" magazine Hardcopy and E-Zine
- "Success Handbook" A great practice tool to use with clients. Can even be imprinted with your personal contact information
- **Eligibility for LISTSERVE MEMBERSHIP:** Our e-mail listserve keeps our members aware and involved with ATFT news and happenings.
- **CLIENT PROMO AND INFORMATION MATERIALS:** You'll receive our full-color brochure, "What You Need to Know About Thought Field Therapy®" for use with your clients. Also can be imprinted with your personal information.
- **DISCOUNTS on ATFT CONFERENCE & PRODUCTS**
- **RIGHT TO USE THE ATFT LOGO IN YOUR ADS**
- **Certificate of Membership** - Suitable for framing
- Listing on our internet **MEMBERSHIP DIRECTORY**

Dx LEVEL: (includes all listed above, PLUS):

- **CO-OPERATIVE ADVERTISING PROGRAMS** - Optional participation
- **ATFT FOUNDATION WORLD RELIEF PROJECTS** - Opportunity to participate and travel worldwide helping disaster and trauma victims with TFT
- **ATFT Website Listing w/ your personal website clickable link**

VT: (including all listed above plus)

- **ATFT Website Listing w/ your PHOTO and PERSONAL BIO as well as a clickable link to your personal website.**



Now join online at!
www.atft.org

**The Board of Directors is
continually investigating ways in which
ATFT can further benefit its members and
invites suggestions from its members**

- VT Membership: \$175
- Dx Membership: \$125
- Algorithm Membership: \$75
- Associate (non-voting; no training required): \$75



Pooh and Tigger were walking along one day when they came upon the River of Life . . .

"Oh, look!" said Pooh. "Fancy a game of Pooh sticks?"

"Err, ok sure," said Tigger (*secretly wondering why they weren't called Tigger sticks*).

So they both got a stick and marked them in order to identify them one from the other and went on to the bridge and tossed them into the water on the upstream side of the bridge. They then turned and went to the other side of the bridge to await them as they floated by only to find *nothing happened* "...mmm. Its very odd when nothing happens. So they reversed back and still nothing!

[*Oh, by the way, I'd like to interrupt here to say thanks to those of you who emailed me with reference to my last article on charging what your worth. The costs -vs- value thing...remember? Which actually reminds me of a tale from Richard Bandler's book Frogs into Princes.*]

The story goes that a Giant Liner, a cruise ship, was in a harbour and was unable to sail because of a problem in the engine room.

There is an old saying that goes like this:

***'Tall ships are safe in their harbours,
But that is not what tall ships are made for'...***

Nice quote but untrue. You see if you leave a ship long enough the build up of barnacles over time will make the ship un-seaworthy and it will be unable to do anything.

So the Captain and the ship's owners being aware of the wasted time and money with the ship being in dock, set about seeking answers. They employed consultants and specialists

who all came up with ideas and theories of how the system could be *managed* better and *run* better. However, this would take time and it would be difficult as they truly couldn't identify the issues that needed to be repaired to get the ship working properly. Some said they would even have to go back to the early days of the engine even as far as its conception some said.

The ship owners and captain despaired, all this time was ticking by with no obvious solution. Time is not finite and everything even a ship has a limited lifespan, so it needs to be used fully to get the most value from it.

Would you as a reader agree or not?

Then one day someone happened to mention an old boilermaker who lived at the end of the pier in his workshop and he apparently knew a little about ships and boilers and engines. With nothing to lose and having already wasted too much time and money they called upon the boilermaker and he was asked to look at the ships engine room to see if he could uncover the problem and then draw up a repair plan and a timescale for the needed repairs. The old boilermaker agreed and the following day was shown down into the ships engine room, in the 'belly' of the ship.

He asked for silence and he listened and listened and listened some more until he felt he had heard enough. He then stopped spun around and went to a red valve sticking out of a pipe. He looked at it tilting his head as if he heard it. He then removed a small hammer from his overalls and gently tapped the red valve a few times.

Instantly the engine room shuddered and shook and the engine fired back into life, as did all its ancillary systems, too, just as though there had never been a problem in the first place. The owners and the captain were delighted as they could now set sail and begin to use the ship as it was meant to be used, and the also realised if they had the problem happen again whilst at

- continued from previous page -

sea they now knew where to tap.

They thanked the boilermaker and asked him to submit his invoice for payment. He agreed to have the invoice to them that same afternoon, as it was such a simple task.

The Captain received the bill that very afternoon ... and opened it.

When the captain looked at the Bill and saw a grand total of **\$999.99!**

"NO WAY," the Captain snorted.

Then he said, "...the guy was only there 10 minutes ... or even less."

He thought about it for a while. Then he sent a request to the boiler maker asking for a breakdown of the charges on the invoice.

The next day he received the breakdown. It read...

"For tapping the red valve with the hammer 99 cents

For knowing where to tap the red valve with the hammer\$999.00
Many thanks and Happy Sailing!"

I hope this story will illustrate the point of my previous article which was dedicated to helping you see the value in what you do.

Now we need to get back to Pooh and Tigger.

Well, Pooh and Tigger headed down to the bank and found that their sticks were stuck.

"I wonder if we call them *sticks* because they are prone to get stuck," asked Pooh to himself.

As they looked at the sticks, Tigger's was well and truly stuck and needed to be taken out and cleaned up ... kind of Detoxing before he could place it back in the water. Pooh looked at his and thought, "All I need to do to set mine on its way again is give it a little 'tap.'"

That is exactly what he did.

And, you know what? **He was right.**



KEVIN LAYE is a regular contributor to Update. He is a talented practitioner and trainer of TFT and other modalities in the UK. Kevin was a huge success in the corporate world before discovering TFT, which now is one of his passions. He now helps others with his broad-based knowledge of business and his skills as a practitioner.

ATFT's NEW Trainer's Training for Algorithm Instructors

ATFT is proud to announce our new Trainer's Training Course. This is a two-day course being offered to all approved TFT Trainers. Successful completion of this course allows the trainer to use the designation, Registered Certified Trainer (RCT).

Our hope, as a professional organization, is to increase the standard of trainings offered in TFT throughout the world. While many of you have become trainer's and are accomplished in your TFT skills, you may wish to improve your presentation and teaching skills. Effective and exciting trainings attract more attendees.

These courses will be taught by Jennifer Edwards, PhD. She is ideal for this position for many reasons:

- She rewrote and edited the new algorithm training manual
- She developed the powerpoint presentation to coordinate with the manual
- She gathered and compiled the ideas, practices, and methods of training from our top trainers
- She is writing the Trainer's Training Manual

In addition to her scholarly familiarity with the written materials, she has taught algorithm classes in 10 countries and in 4 languages and continues to travel the world extensively teaching TFT algorithms. She is a superb trainer, with a back ground in education and speaks five languages.

With her extensive background in education, coaching, teaching and publications, we feel so fortunate to have someone of her caliber to train our trainers.

Jenny also serves as Treasurer on our ATFT Foundation Board. She is a dedicated TFT trainer and practitioner. Much of her teachings have taken place in poor and under privileged areas of the world.

If any of you attended her workshop at the last ATFT Conference, I am sure you were as amazed as I was at her energetic, highly effective presentation and training techniques.

The dates and locations for 2007 are:

May 5-6, 2007	Denver, CO
Oct. 17-18, 2007	Boston, MA (just prior to the ATFT Conference)

There will be a course offered in Europe in the first half of 2008 and of course, it will always be offered in conjunction with our ATFT Conferences. **The fee for this course is \$349 with early registration and \$389 for late registration. For information or a registration form, contact our ATFT Administrator, Bill Baranowski, Bill@atft.org.**

Be the first trainer in your area to use the RCT designation and have the best of teaching skills to offer your students.

Photo: ATFT President, Chris Milbank, delivers information on TFT at the ATFT Mini Conference 2006 in Birmingham, England

MAKING EFFECTIVE PRESENTATIONS ABOUT TFT

By
Dr. Colin M. Barron, TFT-VT

Most TFT practitioners make presentations occasionally but the majority have not had any formal training in public speaking.

About twenty years ago, I was the spokesman of a nursing home owners' association. As I was keen to do the job as best I could, I took professional training in presentation skills, including a Diploma Course with the John May School of Public Speaking in London.

As a result of this training, I have developed my own presentation technique. I hope that by reading this article you will polish your own skills and experience that feeling of great personal satisfaction that comes from a well-delivered speech.

Structuring Your Presentation

Over the past 30 years, I have listened to hundreds of speeches and presentations. The majority of them have been awful and the most common fault has been a lack of structure.

A good speech should have a clear beginning, middle and end. In fact it should comprise the following elements:

1. *The Opening Hook.*
2. *A summary of the main points that are to follow.*
3. *These same points, delivered in the same order as in the summary.*

4. *A brief summary of what has just been said.*

5. *Conclusion.*

And that is all there is to it!

The legendary orator Dale Carnegie described this method in 1926 in this way:

"First I tell them what I am going to tell them. Then I tell them what I tell them. Then I tell them what I told them!"

So how would this work in practice? Well, if you were giving an introductory presentation on TFT you might start with your "opening hook" (see later section) and then summarise what was to come like this:

"Tonight I am going to talk about how TFT was discovered, how it works, what it can be used for and - - most importantly - what it can do for you."

Then you would go through each of the sections of your presentation in detail and - - just before the conclusion - - summarise (briefly) what has been said in just a few sentences.

So why is it helpful to summarise like this before and after the main body of the presentation? The reason is that it



By

Dr Colin M. Barron TFT - VT

Colin Barron was educated at Greenock Academy and Glasgow University where he graduated in Medicine in 1979. He worked for the next five years in hospital medicine.

Colin has been using TFT since early in 2000 and in November 2001 he became the first British person to qualify as a VT practitioner. He works from home and at the Glasgow Nuffield Hospital. In 1992 he was made a Fellow of the Royal Society of Health (FRSH).

helps people to remember the presentation better.

The Opening Hook

The "Opening Hook" is like the pre-credits action sequence in a Bond movie. It is in this section of your presentation that you will attract the attention of the audience and get them interested.

The best form of "opening hook" is some kind of dramatic statement which relates to the content of the presentation. One I have often used when speaking to doctors is this:

"A patient who has a lifelong phobia walks in to your consulting room. Five minutes later they walk out cured. And that is the sort of result you can expect when you learn TFT!"

Ending Your Presentation

The end of a presentation is one of the most important parts. - yet most people make a complete mess of it. Do you know the worst possible way to end a speech? Then just say something like this:

"Well I think I have spoken for long enough so I will just end now!" - - OR - - "Well that's all I have got to say!"

- Continued next page -

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These examples are not possible endings to presentations - - **they are total cop-outs!**

The correct way to end a presentation is to summarise what has just been said and then end with some punchy **quote** or a **call for action**.

Writing Your Presentation

When it comes to this part of your preparation, you have three options. You can:

- A) **write out a complete script.**
- B) **just have bullet points written on note cards.**
- C) **you can make your speech or presentation without any notes.**

I like to work from a complete script for the following reasons:

- 1) ***I know exactly what I am going to say and how long it will take.***



The most common mistake people make with humour is that they use jokes which don't match the topic of the presentation. So, if you're going to use jokes, pick jokes which fit your topics.

- 2) ***If I am required to provide a complete draft of the speech or have it converted to notes then this becomes very easy to do.***
- 3) ***It is easy to make amendments.***

A system I have used for years is to print out my script in a large font size, double spaced., put the pages into poly-pockets, fit them in a 4 – ring loose leaf folder and then mount this on a music stand which I place to one side during my presentation.

Written English and Spoken English

Speeches and presentations should be delivered in spoken English, **not written English**. There are many differences

between the two types of English - in fact they are polar opposites.

For example, in written English it is considered a mistake to keep using the same word repeatedly in a passage of text. Instead, different words with the same meaning should be used – the principle of elegant variation.

In spoken English though, repeating the same word or words several times (the principle of **anaphora**) can be very effective e.g. Winston Churchill's famous speech "We shall fight them on the beaches, we shall fight them on the landing grounds etc."

Timing Your Speech

It is easy to time your presentation as 100 words equals one minute of speaking time so a 25 minute presentation would require a 2500 word script.

One of the worst mistakes you can make is to speak for too long. If you are asked to speak for 25 minutes then 25 minutes should be the **maximum** length of your presentation. If you can finish your presentation early, the audience will love you for it!

You should rehearse (**and time**) your presentation at least four times. When you do this, you will discover sections which could be better written. So one reason for rehearsals is to allow the speech to be improved.

Abraham Lincoln did this. He would carry his forthcoming speeches around in his top hat, periodically take them out, read them and make amendments. He used to call this "giving it another lick".

Notes

I always hand out a full set of written notes which is the complete presentation converted from written English to spoken English.

However I usually give out notes at the end of the presentation, not the beginning. If you give them out at the beginning then audience members will read them during the presentation and will not listen to what you are saying. I always inform the audience early in the

presentation that detailed notes will be given out at the end.

Another way of doing this is to have the notes available to download from your website, in which case all you have to do is give the audience your website address at the start of the presentation.

Humour

I love to include humour in my presentations but it is not essential. The Golden Rule here is that if you are not a humorous person in everyday life then you shouldn't act the clown when you are making presentations.

The most common mistake people make with humour is that they use jokes which don't match the topic of the presentation. So, if you're going to use jokes, pick jokes which fit your topics.

One clever technique is to use a joke whose punchline is connected with your next topic, what TV presenters call a "link".

If you are keen to use humour in your presentations then consider creating a card index file with jokes on all sorts of topics, which you can dip into when required.

Slides

The advent of Power Point has meant that every speaker can now produce high-quality slides. A common fault though is that speakers cram too many words onto each slide. When preparing your slides in Power Point, think of each slide as being like a traffic sign on the freeway. This will help you to put the minimum number of words on each one.

In Conclusion

Presenting is more a science than an art. Follow these simple guidelines and you can become a top -class speaker.

As Montaigne said in 1580 "Every man can speak truly but to speak methodically, prudently and fully is a talent that few men have."

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www.colinbarron.co.uk

Check your online Member's Directory listing

www.atft.org

SPECIAL REPORT:

IRISH SURVIVORS OF CHILD ABUSE

How TFT can help

By

Eileen McMahon, Solicitor, TFT-Dx

IRISH SURVIVORS OF CHILD ABUSE

I am a solicitor who has trained in Thought Field Therapy®. I have spent 15 years acting for survivors of trauma to obtain compensation arising from accidents and abuse. However there are certain groups that I have represented in the UK that money alone will not rebuild their fractured lives. I have spent the past 5 years taking evidence from the Irish survivors of child abuse and seeking compensation for them under the Residential Institutions Redress Act (2002) in Dublin. The abuse occurred between the 1930's and the 1970's. The average age of my clients is 60. Most of my client's have waited 50 years to tell their story and seek redress.

We must not take for granted that orphans around the world are being well cared for. This was the mistake made in Ireland and now we are dealing with the horrendous reality of the abuse suffered by these children. UNICEF is currently running a 5 year campaign to help children, as according to their statistics already 15 million children have been orphaned by AIDS. Lacking a parent's care, millions of children are now missing out completely on experiencing a family life, receiving an education or being protected from child labour.

A group of people coming together with a common aim and purpose can do so much to alleviate the suffering of orphans and this is why it important to support the ATFT and ATFT Foundation (UK) with their projects in Tanzania and Rwanda. We can reach these children and help them through TFT to overcome any trauma that they may have suffered.

I will firstly provide some background information regarding the Irish survivors of child abuse:

Background Information

On 11th May 1999, the Irish Government issued an apology, on behalf of the State, to the tens of thousands of children who grew up in Ireland's industrial schools. The event coincided with the broadcast on Irish national television of the final part of *States of Fear*, a series of three documentaries exposing astounding levels of physical and sexual abuse suffered by many of these children while in the care of the Catholic religious orders who ran these institutions (Raftery and O'Sullivan, 1999).

A series of measures, aimed at achieving redress and mitigating the effects of abuse and supporting Survivors and their families, have since been put in place by the Irish Government. In addition to these provisions, Survivors have also established their own support groups.

To date, some 14000 Survivors have come forward with approximately 5,000 applicants being resident in the UK. Direct work with Survivors has confirmed that the scale, severity and nature of abuse revealed in *States of Fear* was, in many ways, the tip of a much larger iceberg.

Current Treatment of Emotional Needs

The psychiatric and psychological problems experienced by Survivors are well documented within the Ryan Report and psychiatric reports that I have obtained to date for my clients. The Redress Unit in Dublin is very

proud of the monies that have been allocated for counselling and we acknowledge this important contribution. However, psychiatrists who are preparing psychiatric reports as part of the 'redress process' have advised that counselling may in fact make matters worse for many Survivors and that it is best that cases are opened and closed as quickly as possible to avoid exposing the applicant to further trauma. Survivors themselves have indicated the enormous benefits they gain from group work, as opposed to individual therapy.

In addition, the counselling service contracted to support Survivors in the UK has religious associations. Many Survivors feel very strongly that this is inappropriate and either refuse or feel unable to access the counselling service because of this. Thus, in the light of psychiatric evidence and Survivor anxieties, the counselling service that is currently available may not be the best use of resources for the age group of Survivors that we are dealing with.

Types of Abuse suffered by survivors

- || Sexual abuse including buggery, rape and indecent touching
- Severe physical abuse – being beaten with a cat o nine tails, bamboo sticks and leathers with coins inserted into the leather straps
- Emotional abuse – being told that you are a child of the devil, that you are 'a nobody' and 'no-one wants you'
- Neglect – survivors were poorly educated in the institutions

Common symptoms

- Fear of the dark – nuns would tell the children that the devil would come and get them at night
- Food phobias – children were force fed food
- PTSD – flashbacks and nightmares of trauma incidents
- Fear of enclosed spaces – such as lifts and travelling on public transport – children were often locked in dark cupboards or coal bunkers
- || General anxiety – panic attacks
- || Low self esteem – never feeling good enough, unloved and unwanted.

How TFT can help

I first became aware of thought field therapy 'TFT' in May 2006 when it was used in the UK by Paul McKenna. I immediately wanted to find out about the treatment because it was a natural, drug-free, non-invasive system to eliminate the root cause of negative emotions. I had always been interested in other treatment methods such as EMDR because I had seen over the years thought my work that other treatment did not seem to work. What I liked about this treatment was that the client could tap their own body and it was therefore empowering, as well as effective.

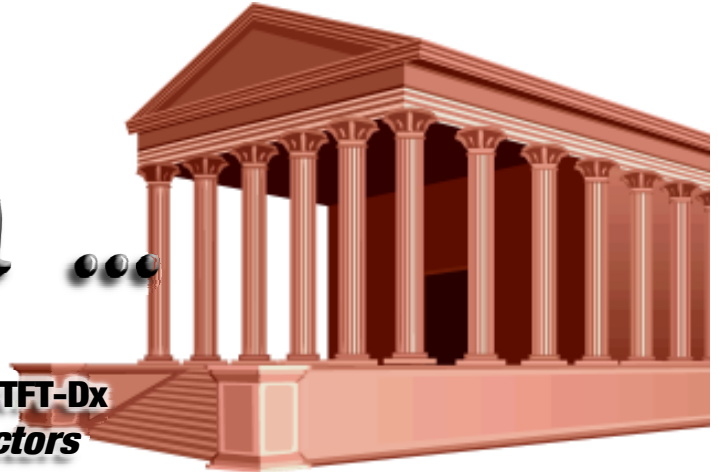
Dr Callahan submits that most experts in the mental health field currently believe that past experiences, body chemistry, the brain (amygdale),

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On the Way to the Forum ...



By
Herb Ayers, MA, LMHC, TFT-Dx
Member, ATFT Board of Directors



Our ATFT Board listens to the membership and seeks new ways to help us communicate with one another.

Good communication leads to understanding. Since our members have diverse needs, we need to develop more effective, efficient and helpful ways of communicating. By "efficient" we mean keeping information flowing that is appropriate to our mission, yet flowing in such a way that we don't flood everyone's e-mailboxes! We received numerous cries for help in that regard.

Our ATFT Association is also growing, and our members hold different levels of training and expertise. Of course, the benefit is that more experienced members can assist less experienced members. The draw-back is that more clinically trained people also want to discuss more complicated cases with others who are clinically trained but are unable to do so unless we have new ways of sharing. In addition, our current ATFT ListServe may soon be overwhelmed by the wonderful growth we are seeing.

One answer to this situation is to create a forum. A forum allows members an opportunity to share different topics. Those who are interested in the topic may choose to participate and those who are not have the option of starting a new thread of conversation. Nobody's email

will cause them heartburn and the system should allow members to share much more effectively. In fact, while away from the forum, you can even have the forum automatically alert you by email if there is a response to one of your postings.

We chose a well-designed forum that presently doesn't cost the ATFT anything to use (except our volunteer time, that is). The server at phpBB does request that we have some forum activities that are open to the public and to search engines, such as Google. So, we decided to have two formats.

One format will be open to the public and contain only general information about TFT. And, another format we named the, ATFT General Forum which is just for members. Only approved members can be on this forum. Entry is password protected, and our Forum Administrator (me, right now) will monitor who is registered for our ATFT General Member Forum.

That brings up a point. We need some members worldwide to sign up as forum moderators. I would like some moderators in different time zones so we can have good coverage. Moderators do not have to be on-line all of the time.

They would simply check in during a particular time period to see if someone needs help and to insure content is appropriate for the forum participants. Members interested in this volunteer position, please let me know at: ghgg@charter.net

Since I'm of a certain age, I needed a little more time to learn how this technology works. I'm a little more challenged than, say, my kids, when it comes to forums, chat rooms, etc. Our

forum is not a chat room; however, it's possible that several members will be browsing at the same time and will be able to communicate in real time on a given subject. But it's more likely, you will type in your idea, case, question, etc. and receive a reply a little later on. However, our forum format allows you to send a "private message" to another member, or to email that member if you so wish.

Moderators will be able to remind us of some of the things we should do on-line, such as "not talking inappropriately about another member," "not saying things that tend to upset or criticize others," and to follow general rules of politeness and forum etiquette. We must also insure our topics are TFT related.

Another neat feature on our forum is "polling." For example, if you think you should replace your current Administrator, "Me" YOU CAN VOTE ON IT! All you have to do is use the built-in poll to see who agrees and VOILA! your coup d'etat is complete. Then you could picture me quietly slinking away, boo hoo. I'm sure there will be many uses for this polling device.

My thanks to **Steve McNulty**, our new ATFT Board Member who wasted no time using the poll to test how easy it is for members to log on. Results later!

My thanks also go to **Rosemary** ("Now I get it!") **Wiseman**, **Suzanne** ("I'll keep trying.") **Connolly**, **Rhoda** ("This is fun.") **Draper**, and **Joanne** ("need more explicit instructions.") **Callahan**, for acting as forum testers, And a big thanks to **Ian Graham** for steering me to this server and for his good advice.

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FORUM
- Continued -

SOME INSTRUCTIONS:

By now you must be chomping at the bit to get going so let me give you some simple instructions to help you get forum activated.

1. Use whatever browser you like best, e.g., Windows, Foxfire, Safari, etc. I like Foxfire because it remembers my username and passwords for me. **Go to:** <http://atft.eamped.com/atft-general-member-forum-vf3.html>

Tip: This is a long handle so get your browser to remember this address so that you don't have to keep typing it in, or you can find a link on our ATFT Web Page at: <http://www.atft.org/index.html>

2. Go to the header on the Forum page (that's at the top) where you will find several checkboxes. Find the one that says: **Register**, click on it and you will be asked some questions. **Please use your real name as a Username** otherwise I won't recognize you as an ATFT member. If you have a problem with that, let me know. Once your Username and Password are registered, you...

3. Go to "Log in." Click on log in and you will most likely be asked to submit your password to gain entry. Once you are logged in, you can...

4. Navigate to the ATFT Members Forum by clicking on the title: **ATFT General Member Forum** or on the message that says **"Welcome To All ATFT Members."** Then...

5. You can browse the content submitted by members, post a message of your own, or start a new topic. It's up to you. Just go to the bottom of the forum page where you'll find a message board for your responses. You'll also have a chance to add a smiley face (or other emoticon if you so desire).

Note: Topic threads will not stay on the forum forever. After a week or so they most likely will be edited to make room

for others. We are still working on the idea of archiving threads.

Note that just above the message area, the forum will tell you who is browsing with you, and who the forum moderator is.

In the forum header, you will also find a FAQ checkbox for **Frequently Asked Questions**. I recommend you read this as it can be quite helpful.

If you want to upload your own picture or artwork to correspond with your Username, you can.

If you make a mistake along the way, I'm sure it will blow up the entire forum and everyone will point at you and say **YOU DID IT!** If you really believe this, then you should start tapping right now.

On the other hand, if you need help of any kind please contact me or an assigned moderator along the way.

Success Story

Ildiko Scurr

- Continued from page 5 -

significant memory of being forced to walk to school on her own at a young age. As we were tapping through, her whole perception of the event changed.

Instead of seeing a gloomy, dark day and herself as a frightened little girl, the image suddenly changed and she noticed that the sun had been shining and she saw herself as having been happy. She had a revelation. She understood that the driving was not the issue at all and as soon as she realized it she felt all the pressure release. I saw her two weeks later and she said that she felt peaceful and normal.

The best thing, however, was that she had just got into the car without thinking and driven a few miles from home and she had done it twice! She was amazed and delighted and gave me a big hug.

She wants to thank Roger for gifting the world with this incredible therapy which can truly do what seems impossible. For her the slate feels as if it has been wiped clean and she has been given a reprieve and a new start. I would like to thank Roger for enabling me to witness such wonderful miracles every day. I feel truly blessed. Thank you.

Ildiko Scurr

SPECIAL REPORT Continued from Page 13

nervous system or cognitive factors are the fundamental cause of negative emotions. The algorithm for trauma challenges some of the commonly accepted notions. I had previously read the book *Healing without Freud or Prozac* by Dr David Servan-Schreiber, a psychiatrist and neuroscientist who submitted that psychoanalysis was losing ground having dominated psychiatry for 30 years. He looked at seven highly effective treatments that work through the body to tap into the emotional brain's self-healing process. Although he noted that psychotropic medication can be incredibly useful; he was aware that anti-anxiety and antidepressant medicines do not 'cure' in the sense that antibiotics cure infections. He did not mention TFT in his book but he did acknowledge that working through the body was the answer and he did suggest acupuncture.

I also liked the fact that 'TFT' was instantaneous because the Algorithms when performed properly, will often remove all traces of trauma and sequelae, such as nightmares and obsession, within minutes. I am aware that for complex trauma that there may be many different trauma events to clear, which can take time.

The Way Forward

When acting for survivors of childhood abuse it is very important to allow clients time to build up trust. Later on this year I shall be arranging through the ATFT Foundation (UK) a TFT day to introduce thought field therapy to survivors. In the past 6 months 2 members of my staff and 2 women who work with the Irish survivors of child abuse have been trained to algorithm level. There is also an algorithm training course in Dublin on the 6th and 7th March 2007 where another 6 or 7 people will be trained. Survivors can then come along and see whether Thought Field therapy is a treatment that they would like to try. I am currently on Step C of my training and I am addressing a women's group of Irish survivors on the 25.03.07. I am hoping that some women will come forward to work on phobias and trauma events and I will through my 'Step C' training have the support of Dr. Roger Callahan. I hope to record some success stories, so that we can show that 'TFT' can assist survivors of long term childhood abuse. Psychiatrists confirm that this is an area that is still very difficult to treat.

Editorial Note:

ATFT Update would like to thank Eileen McMahon for helping us understand a complex problem. I know you will be seeing more on this issue in future ATFT Updates.

David Hanson
Editor



More TFT ... Success Stories

TFT PLAYS CUPID

A few weeks ago my friend asked to see me to help her focus on being a more successful business woman (which she already is – but she wanted more!) We arranged an appointment at the therapy rooms at her chiropractic clinic where I work from – to ensure that we had a proper therapy session and not just a ‘girlie chat’.

When she arrived for her appointment, she was quite flustered and upset. She had been on the phone all morning to her partner and they were having relationship problems. They have only known each other less than a year and things were moving fast – both are divorced and in their early 50’s. They thought they were ‘on the shelf’ and were delighted to have found each other – then came the inevitable ‘lovers tiff’ – and they did it in style!

Abroad at the time – my friend flew home early – leaving him there! They had not had any contact for two weeks and this was the first time they had spoken since their argument. Their problems were not resolved and they were both still very upset... they did not hold out much hope for the future of their relationship.

Deciding that this was now a priority for her session ... we focused on the anger and frustration she was experiencing (SUD 9) and used the following algorithm ... eb;e;a;cb;lf;cb. She started laughing whilst tapping her eyebrow point – saying ‘I feel better already’! We finished the sequence, but it probably wasn’t necessary – she was sorted with just one point!

She immediately got on her mobile and phoned her partner ‘I’ve just had the most amazing reaction to this therapy its made me feel so much better ... you have got to come and see her ...NOW!’

He whizzed down the motorway and 2 hours later arrived at the clinic – very unsure as to what was expected of him or

what I might ‘do’ to him! But he overcame his reservations and decided to go for it. He was trying to analyse why things had gone wrong and I noted a few key negative emotions to treat. The first one to tackle was guilt over his ex wife (SUD8). We used the guilt algorithm: if;cb ... and went through the sequence once.

Again the effect was immediate ... all the pain he had been feeling in his neck and shoulders just lifted and his vision improved. ‘Everything seems so much clearer ... that’s amazing ... I feel so much better!’ He felt that most of his negativity had been dealt with by using this one algorithm, and that he would work on anything else that came up himself. He was in a hurry to see my friend – and she was eagerly waiting for him!

‘He’s a changed man – thank you so much’ ‘I feel very different – things are so much clearer’

Two weeks later and they are now engaged to be married ... things are back on track ... and going at full speed again! We went out last night to celebrate – they took me to the finest restaurant in Sussex and I was thoroughly spoilt! Not bad for tapping a few points!

Sophie Thornton

sophie Thornton2005@yahoo.co.uk

Dear David,

I’m newish to TFT, had seen Paul McKenna use it at a weight loss seminar in March 2005 but had forgotten all about it until I was a guest at another of Paul’s seminars in May 2006 (that was following my success in weight loss but that’s another story) and there I saw Paul use the technique again and this time attended the break out session with Kevin Laye. I was fascinated by the techniques that he was using, the success that he was getting in just a few minutes and blown away by the quick and easy to use toxin test that highlighted all sorts of toxins. The good thing is that eliminating these toxins from my diet has led to further weight loss.

Anyway back to the main story, I decided to see Kevin to help with a couple of problems that I had and read Tapping the Healer Within before I went to see Kevin. I’d also found out that Kevin was running an Algo training course so talked to him about that during my consultation (and paid my course fees). What I experienced that day, in addition to what I’d seen at the weight loss events and read in Tapping the

Healer, simply confirmed my gut instinct that this was something that I should explore more, that it could be a very powerful tool and help many people that I know, as well as myself, and that it would work well alongside NLP.

The week before I attended the Algo course a client I was due to meet in London called me whilst on her long train journey from the North and said that she was in real trouble with motion sickness. She asked if I could do some NLP with her but I couldn’t think of anything to do easily over the phone with her, especially as the line was bad. So I looked through Tapping the Healer, which was sitting on my desk, to see what there was and decided to try the stress algo and talked her through how to do this with the 9g on the phone. Whilst she was writing down what to do I was tapping myself and visualising Karen tapping herself.

She had to do the algo every 30 mins for the first 90 mins to stop the nausea, and then she did it every 45 mins. This stopped the nausea and by the end of the journey she was able to read for a few minutes. On the return journey she did the algo 2 or 3 times and this time was able to eat and drink on the journey and do some work. Over the next 5 or 6 journeys she continued to use the algo but needed to do so less and less and was able to eat, drink, use her laptop and read. Now she can go a whole journey without having to tap, doesn’t have any motion sickness and can work for the whole journey if she needs to.

Last month she went on holiday that included a long coach journey. She had also previously suffered very badly with motion sickness on coach journeys. She did the algo as best she could because she couldn’t remember it exactly and fell asleep before she completed the full holon and woke up just before arriving at her destination without any feeling of nausea etc.

I’ve since used TFT to help friends over the phone, by mail and also via webcam and MSN and had good results. Used it to shift headaches, stress and migraines.

Yes its always preferable to do it on a face to face basis and spend more time with someone to see if there are any underlying problems that need to be collapsed but needs must and a friend in need and all that. An opportunity to help someone and make them more comfortable quickly has to be a good one.

I’ve nearly completed my Step A and am looking forward to completing the DX course later this year so that I can take TFT

- Continued next page -

Success Stories
- Continued from prior page -

to the next stage and am also doing my Green Cross training too.

It's a cool set of tools and through it have met some amazing people and heard such great stories from people about the cool things they have been doing with TFT.

Best wishes,
Yvette Lamidey

Hi David:

Here is my story-- it was a success.

My colleague's daughter - 8 years old - was very afraid of dogs. Her mother said, she have been afraid since births. I went home to visit them and talked to the girl and she agreed in playing a game. She said she was a 10 on the SUD.

We did the phobia algorithm, no response, the anxiety, still no response and the girl asked me, if I knew this was a boring game!! We took a break for 2 minutes, and then I tried panic algorithm. The SUD immediately went down.

I explained to her mother, that I was not sure, if she was over it or she just "knew" it should go down to zero. Furthermore I was not sure, if she tapped "hard" enough, she did it so light, but she got some blush in her face. Maybe we should try another day.

However same weekend they went to a birthday party, and they had two dogs. However the girl did not see them, so no panic. But the next day she saw a dog on the way to school - she reacted, but then calmed down, and she passed it. The next days she met several people with dogs, but no reaction. She was surprised but very happy. Even her father, who does not believe in TFT, said there might be some change! It is a big admission from a Danish man!!

Now I know it has been treated successfully, and both the child and her mother are very happy.

Kind regards,
Irene Christiansen
Denmark

ift@forum.dk

OK, David!

You asked for stories ... I am not a practitioner of any kind. I just have a huge interest in alternative healthcare. I went to Chicago and took the classes. A few days later a friend was visiting from Florida. She happened to mention that 2 weeks previously

she had been suicidal! Her husband had died unexpectedly of a heart attack 3 years before at age 51. She said she had been taking antidepressants and sleeping pills every since! She said she was desperate. I told her about the classes I had just taken. She says, lets do it. I will try anything. Well, we did 2 rounds of tapping. It has been 1 year and she has never taken a pill since! I call her and ask her every now and then how she is feeling and if she has been depressed. She always says, "No, why would I be depressed?" That was my 1st experience and I have had many more since then.

Nancy Bradish
nbradish@comcast.net

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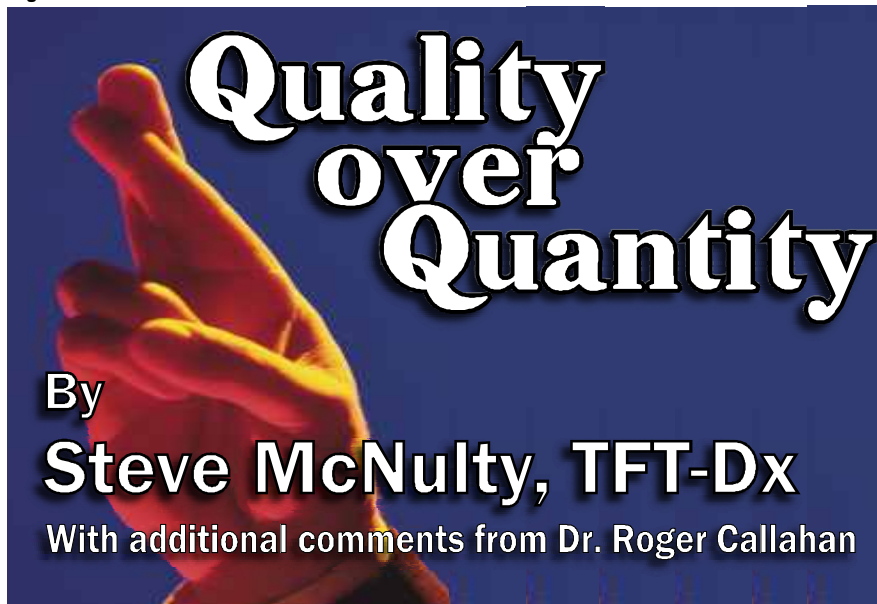
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- ✓ Explanation of Psychological Reversal and how to correct it!

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In December 2006, a good friend of mine who is in his late 60s was diagnosed with incurable cancer of the kidneys.

The doctors told him that he would see Christmas 2006 but not Christmas 2007. I heard about this while on a trip to the USA and when I got home I went to see him. He was a shadow of the David I knew and was very weak and resigned to his fate.

He was very pragmatic about the situation and after a short time I found out that he had suspected it for some time, as he had previously nursed his wife during her fight against and eventual loss to cancer.

We debated the relative merits of how we could go about beating the disease and he told me that the doctors had told him that, although they considered it terminal, there were 3 options.

First he could have chemical therapy that would be painful, uncomfortable and would have little, if any effect, on the outcome.

Secondly, he could have a so-called 'super drug' that would prolong his life by 6 months but it would cost him £3,000 (\$6,000) a month every month for the next 15 months and be painful.

Finally, he could do nothing.

David decided to do nothing. He decided that for whatever time he had left he wanted to enjoy it. So, we set about making a plan to make sure that his time left would be the best it could possibly be. We agreed that our quest would be quality over quantity.

We put together an informal support team of friends and loved ones who would be on hand when needed. This included me for local TFT and Dr Callahan for VT and advice and guidance when required.

I started off by showing David how to use a voltmeter and purchased one for him to use. I showed him PR, CB2 and how to treat negative parts of his body. Finally we went through some toxin identification and treatment. I gave him a toxin chart to fill in and keep on his kitchen wall. We wrote down in a success booklet his algorithms for motivation, anxiety, guilt, trauma and, not surprisingly, a few others.

After a couple of sessions, we were improving but not at the rate I knew we could with Dr Callahan's help, so we talked to Roger. He was brilliant and, using VT, quickly uncovered and treated deep rooted issues that were limiting David's confidence. He also uncovered more toxins. We also used the voltmeter to chase and eliminate negative areas around his kidneys and used PR to reverse the effect.

If this didn't work quickly enough Roger used VT to identify the treatments needed. At every stage I could see David looking better, more alert and stronger.

After the first session with Roger, David had enough energy to go shopping for himself and to visit his girlfriend 100 miles away.

After a couple more sessions with Roger and follow up sessions with me, David has enough energy and motivation to go out daily. He now plays indoor bowls all day once every week, shops for himself and regularly visits his girlfriend. The quality of his life has improved greatly.

David and I meet 2 to 3 times a month so I can make sure he continues to use the correct techniques. We have an agreement that we will meet for a celebratory dinner on New Year's Day 2008. Neither of us can predict the future accurately but we both know that if we can imagine it happening and if we believe it will happen – it will happen. If nothing else comes of it, the time he has left will be filled with a quality of life and a peace of mind that the alternate solutions could not offer.

My thanks go to Roger for his care and passion for David and for his patience with me during this process. I learned an immense amount about the therapeutic process by listening to him and seeing the results of his work in action. The VT was amazing and David benefited immediately from Roger's help. I feel good in myself about having been able to help my friend, but without Roger and TFT this would never have happened.

I will let you know this time next year of the outcome – fingers crossed and tapping.

**Addendum to Steve McNulty's Article
For: ATFT Update**

By Roger J Callahan, PhD

It was a great pleasure for me to work with Steve and his friend who had "hopeless" kidney cancer.

Treating the trauma of getting the cancer as well as some other traumas was very important. The HRV tests reflected substantial progressive improvements. In my opinion the most important treatment was the work done with the voltmeter and the correction of the psychological reversals.

At the beginning of PR corrections the best voltage was MINUS or NEGATIVE VOLTAGE of 40. The worst voltmeter reading was minus 45.

The most recent Voltmeter readings, taken on the kidneys were all in the positive range (correlating to no more PR present) - the worst was +20 and the best was +30.

These are spectacular results. When they did the early research at New York University, the only way they knew how to correct for the voltage reversal (common in cancer) was by surgically removing the cancerous organ.

It is very encouraging to find that the voltage reversals can be corrected with the procedures I discovered for doing so.

A Refresher

Psychological Reversal

Don't Miss
Dr. Callahan's
NEW Special Notes
Page 22



By

Dr. Roger Callahan

Founder and Developer of Thought Field Therapy®

The following paper, Psychological Reversal (PR), was originally published in the Winter of 1981 in the Collected Papers of the International College of Applied Kinesiology (ICAK). I discovered PR in 1979, prior to taking the 100 hour course. It took a number of months of very intensive work before I found treatments that would correct the PR. My first paper on the cure of phobias also appeared in the same issue.

This paper was written before I discovered the phenomenon of Mini-PR as well as the other forms of PR I later discovered.

I recommend you read the article before reading my recently (March, 2007) added comments in the End Notes.

Roger Callahan, PhD

Psychological Reversal

Roger J. Callahan, Ph.D.

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"We have left undone those things which we ought to have done; and we have done those things which we ought not to have done; and there is no health in us."

-The Book of Common Prayer

Abstract

The phenomenon of psychological reversal (PR) is identified. The implications of PR for any form of successful treatment or activity are discussed. The relationship between PR and switching is considered. Corrective procedures for PR are mentioned. It is hypothesized that any treatment or procedure will be less effective or totally ineffectual if a client, patient or student is reversed in that specific area of his psychology.

A few months after I was first introduced to the phenomenon of muscle testing, I had the following experience with one of my clients who had many problems including being overweight. She had been dieting with little success for years. I asked her to picture herself thin the way she wished to be. I wasn't surprised when she went weak because I knew she had certain fears associated with being slender and sexually attractive.

What surprised me was, when I asked her to picture herself thirty pounds heavier than she was (she was already thirty-five pounds heavier than her desired weight), her muscle got extraordinarily strong. I had her say "I want to lose weight" and she went weak. When I asked her to say "I want to gain weight", she tested strong.

I tested six other clients who had been dieting for months or years without success. They all showed the same pattern; I call it a psychological reversal. I first considered the possibility that the reversal phenomenon was associated with fear of sexuality. Some psychologists and psychiatrists believe that some individuals are overweight in order to obscure their fear of sex. This possibility

was put to rest when I found the same psychological reversal in one of my male chronically overweight clients who was a middle-aged, big, tough, happily married construction foreman. I knew him well and was quite confident that he harbored no fears of being slender and sexually attractive.

I began testing all my other clients with their major present problem, e.g., "I want to get over my anxiety attacks"; "I want to have a better relationship with my wife (husband)"; "I want to be successful in business"; "I want to overcome my frigidity, impotence, premature ejaculation, etc."; "I want to be a successful and/or fine actor, singer, musician or composer". The negative or reverse of each sentence was also given and tested.

I was flabbergasted at the results of these tests. I found to my chagrin that the majority of my clients got weak when they thought of getting better and got stronger when they thought of getting worse. No wonder psychotherapy is so difficult! Looking back at my thirty years of practicing psychotherapy, I knew I had many clients in the past that I would now label as reversed. They had done well even though it was a hard, long struggle for both of us. Something in therapy, over a long period of time must have overcome the psychological reversal. But, whatever it was, it was slow, indefinite, excruciatingly frustrating to both client and therapist. Before mentioning some corrective procedures, let's look more closely at a PR.

What Is a Psychological Reversal? – A psychological reversal exists when a person claims he desires to achieve a specific goal but his actions and major motivation, as well as his results, appear to be contrary to his stated goal. Superficially or outwardly he appears to be striving to achieve (in the specifically reversed area), but he will grossly or subtly sabotage the effort.

A psychological reversal is revealed when a person who tests strong has the indicator muscle go weak when he states or imagines a positive goal that he says he desires to achieve. When he states or imagines the . or negative of that goal he tests strong. Testing strong on failure is required in order to consider it a PR. If the

individual tested weak on achieving and failing, it could merely be due to the stress associated with that area.

Lie detection methods measure stress indicators such as heart rate, blood pressure, respiration rate and GSR. Bates (1) discovered that when a lie is told, even without deceitful intent, visual acuity declines. Many have demonstrated that an indicator muscle goes weak when a person doesn't tell the truth. Certain magic specialists use their sensitive perception of subtle muscle strengths and weakness in a "guide" who, unbeknownst to the "guide", leads them directly to hidden objects.

From a motivational standpoint, a PR is a perversion of how one's system ought to work. When a person thinks about his aspirations or his positive goals he should feel strong and healthy – not weak and sick.

If you imagine that a person carries around with him an internal conditioning response system, somewhat like the Schick system for quitting smoking, where a mild stress or unpleasant shock is given when the object to be avoided is seen or thought about, then you can see what the person in psychological reversal is up against. He is punished with stress (goes weak in the clear) when he thinks of his goal and rewarded with strength when he thinks of failure. A Perversion, if there ever was one. He is not geared for success, he is geared for failure and repeated failure is what happens.

Anyone who works with people is aware that some very intelligent and seemingly highly motivated individuals fail no matter what program, method of treatment, coaching technique, educational procedure, (or whatever) is used. With such chronic failures, it seems likely that when some particular technique is successful, it may be a function of the ability of the technique, coach or doctor unwittingly to correct the PR that is the most relevant factor in treatment success. Conversely, some teachers, coaches or doctors may induce a reversal in some of their clients.

Many psychologists and others have stated over the years that certain patients want to be ill, or want to be disturbed, or even die, even though the patient actively seeks out help. Freud postulated a death instinct. Ellis points out that most neurotics are self-sabotaging and self-defeating (3). Some religions and individuals believe in possession by devils or evil spirits.

I believe that the actual foundation for all of the above notions is the phenomenon of psychological reversal.

Although PR is an all or none phenomenon, it exists in degrees. For example, some who are PR for weight may weigh three hundred pounds or more and others may be carrying only ten pounds of excess weight that they have been unable to lose but trying to lose for fifteen years or more. Some reversed gamblers may merely consistently lose a significant but tolerable sum of money on each occasion; while their more severely reversed brethren will lose everything they own or can borrow or steal on any occasion.

The proclivity for PR varies greatly among individuals and may vary widely within an individual over time. I observe that as an individual progresses in psychotherapy, increases his self-awareness, enhances his self-acceptance and most importantly, improves his way of living, his tendency to reverse is greatly lessened.

I imagine that there is a point or a fine line between a reversed and non-reversed state. Some individuals live constantly close to that line, on one side or the other, while others are far removed from that point, on one side or the other. All therapy, educational procedures, treatment procedures, etc., to be maximally effective, need to be oriented toward eliminating or reducing the degree of reversal, as well as, implementing its own dictates.

Massive Reversal – Soon after discovering PR, I found some clients who were reversed on everything good or desirable in life, not just in a particular psychological area. This client goes

weak on anything good and tests strong on anything bad. I routinely check for this by having the client say "I want to have a good life" and "I want to be miserable" and testing an indicator muscle for each expression. These vague general statements are effective in revealing the massively reversed individual. In prone individuals this massive reversal can occur in an instant provoked by the slightest form of stress, upset, or self-berating.

Although it appears to be rare, there are some massively reversed individuals who are not reversed in a certain area. I was lecturing and demonstrating to a group of actors and I tested a man who was reversed in every area tested. His teacher suspected that he was not reversed in acting and asked me to test him on this. Much to my surprise, he was not reversed in the area of acting.

A good example of what I call a massive reversal is presented by Coca (2, p.50): *"It all seems simple. And yet I know people who are bedridden with nothing but time on their hands, who would not devote the time and energy necessary to complete a survey."*

An example of a psychological reversal is *"I know automobile owners who, if told they were pouring a corrosive chemical into their car engines when they used a specific type of gasoline, would spend days testing the truth of my statement. But these same people, if told they are pouring what are to them, poisons into their own body engines, would not take one hour to test the truth of my statement"* (2, p.50). He is describing one who is reversed on their health but not reversed on car care. Auto mechanics doubtlessly could cite many instances of individuals who are reversed on care of their car.

Relationship to Switching – In May, 1981, I obtained Walther's new book (5) and from reading this I conclude that PR and switching are probably related. For example, since reading about Goodheart's B'nai Brith effect (5), I have found that when a reversal is induced (by having the PR prone individual tune his mind or think about his chronic problem), each individual has shown that effect. When the reversal is corrected, by any means, the effect is not present.

I am confident that there are at least thousands of other adverse effects, psychological as well as physical, as yet unidentified that occur when a PR is present.

If switching is fixed in a client, the repair will be immediately overturned if the client tunes his mind into an area of psychological reversal. This is why it is so important for the AK practitioner to be aware of the psychological reversal phenomenon.

Because of the nature of psychotherapy, more psychological reversals are evoked in that profession than perhaps any other kind of endeavor. This is doubtlessly one of the major reasons for psychotherapy being so inefficient.

It is necessary to alert any client to his PR so he can take quick and effective action to fix it, or them, and clear the way for effective treatment.

I have a mature (38 year-old) college student who is not generally switched (or massively reversed) who has never had a problem reading. However, she is PR for chemistry (no other subject) and when she thinks about chemistry, she becomes PR. Upon reading chemistry, she shows the B'nai Brith effect. This does not occur when she reads other subjects. I believe that specific dyslexia (as well as all the other problems inherent in switching) occurs whenever her mind tunes into chemistry.

Academic subjects that an individual is "psychologically blocked" on are subjects that trigger a PR and bring on the consequent problems inherent in switching. Simple corrective procedures can by pass this formidable obstacle and permit the "blocked" individual to achieve in hitherto difficult or impossible areas.

Since I've identified the phenomenon of PR I can often, though not always, detect it in a client's manner, facial expression, attitude or verbal content. The obvious form of PR expression is outright hostility, negativism, sarcasm or hopelessness. Some clients are much more subtle than others. Repeated failure for no obvious reason is a usual sign of PR.

In the past, I used to spend hours, weeks and maybe months or even years striving to overcome a client's negativism (or PR). Now it can be done rapidly and the time spent in psychotherapy is, therefore, dramatically more efficient. Interestingly, one extremely reversed client quit therapy the moment I revealed his reversal to him.

An example of using PR outside of psychotherapy is the following: The first time I tried Goodheart's glabella temperature lowering procedure on a client (4) (a young woman with anorexia, I was so absorbed carrying out the procedure that I wasn't observing the client as carefully as usual. I tried for an hour and a half vigorously tapping this poor client's first toe and underneath her eye to no avail. Her temperature didn't vary one iota. I concluded that I must be doing something wrong and I listened to Dr. Goodheart's workshop tape (4) a few more times, but I couldn't find my error.

Two days later when I first awoke, I saw my client's face vividly in my mind. I leaped out of bed and shouted "She was reversed, she was reversed!" My half-asleep wife thought I had gone mad.

I had always been able to tell when this client was reversed from observing her facial expression. Ordinarily, I would have spotted it and corrected it immediately.

The next time I saw this client, I did a retrospective PR check. First I asked her to say "I want to have a good life" and she tested strong, and she tested weak on "I want to be miserable". This showed that she was not massively reversed. Then I asked her to close her eyes and recall our last session. Then, while she held that picture in her mind, I tested her with those sentences again and she was reversed. We were both delighted for now we knew why the procedure didn't work.

In our next session, we repeated the procedure and we had to continually check for and correct her PR, but within ten minutes, her glabellar temperature went down two degrees. Since that second session, she has been eating three meals a day for the first time in fifteen years.

Incidentally, I have since used Goodheart's procedure on four other clients and three of them got reversed as I began tapping. A chiropractic colleague explained to me that the procedure was tried on a number of patients with no success. I see two possible reasons for this: Patients who need this procedure show E.I.D. and there is probably some relationship to PR and, secondly, the vigorous tapping on the face is quite stressful to these people and, if they're not reversed or switched, the stress pushes them over the line.

Correcting a PR -- There are numerous ways to correct PR. Systematic research is required to establish the most effective and long-lasting cure of PR. At this point, I can report the findings in my psychological practice.

I find that if I have a client state "I profoundly and deeply accept myself" his reversal will be corrected. The exception to this has yet to be observed.

Because saying this corrects the reversal, it is an indication that the person is deficient in a self-acceptance and excessive in denigrating himself in the PR area. The client may be completely unaware that he does this to himself.

Authentic self-acceptance cannot be achieved through the mere verbalizing of a fine sounding statement. But, when uttering a

particular statement fixes PR, it indicates an area of desirable achievement. It delineates a goal. That is the way I view "affirmations", i.e., the identification and explication of a suitable target or goal. I do not believe that an affirmation in and of itself is sufficient to effect long-term cure, although it may give momentary relief. However, there must be follow-up, consistent behavior that is supportive to the idea in an affirmation.

Psychological reversal is associated with the small intestine alarm point. I found that tapping the top of the little finger while the mind is focused on PR fixes it. Nutritional substances such as Standard Process Vitamin B, RNA, Sero-GI Forte also are corrective. I found that the Bach remedy "Rescue" is also corrective and recommend that it be taken every waking hour for two weeks.

After the PR is cleared, there is often a new weakness at the SI alarm point that will be revealed.

It is necessary to correct the SI alarm point again. It can be done with the identical nutritional supplement procedure that was just used to clear the PR, but now it must be repeated. The previous ingestion of the substance to clear PR does not clear the SI at this level. It's as if the mind must tune the receptors to carry out the repair at this newly revealed level.

Conclusion -- I hypothesize that a patient, client or student will not be cured or show sustained improvement in any particular area as long as he is psychologically reversed in that area. I hypothesize that this applies to cancer patients as well as someone who merely wishes to learn how to do a dance step. Nothing will work as effectively as is possible as long as a reversal is evoked in the area being treated or learned.

Fixing a reversal is not a panacea and does not cure any problem other than the PR itself. It makes it possible for treatment to contribute to cure. It is, I believe, a necessary precondition for effective cure or achievement in any area.

It is my policy since discovering PR to always make sure a client is not reversed before beginning any treatment procedure. If there is a PR, it is fixed and the client is also instructed on the importance and procedure of correcting it.

I believe that if you check patients who have been refractory to treatment or whose response has been limited, you will find a significant number of them who are reversed for that specific problem area.

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1. Bates, W.H., Better Eyesight Without Glasses, New York: Jove, 1977.
2. Coca, A., The Pulse Test, New York: Arc, 1956.
3. Ellis, A., Reason and Emotion in Psychotherapy, New York: Lyle Stuart, 1962.
4. Goodheart, G., Kinesiology, Acupuncture, Nutrition, Neurolymphatics, Anaheim: Sounds on Health, Tape 2, 1981.
5. Walther, D., Applied Kinesiology, Pueblo, Colorado: Systems D.C., 1981.

NOTE:

Please continue to the next page where Dr. Roger Callahan has included some special end notes to accompany this paper on Psychological Reversal (PR).

Special End Notes

By Dr. Roger Callahan

For this issue of ATFT UPdate

Why not call it simply, "Reversal?" The "psychological" tag is intended to highlight the very important fact that it is highly relevant to consider the thought field; some thought fields have PR and some do not.

My evaluations of my earlier clients naturally have since been downgraded due to my astonishing discoveries re the far more powerful therapy I was in the process of discovering. It took me a while to fully appreciate the difference.

The phrasing suggests a willful negativism but the PR places the acts in the never-never land of in between willful activism and the role of helpless victim. The simple treatments I have devised give back the will and choices to the client.

Coming from many years of practice as a psychologist, it was quite natural for me to look at this from a motivational standpoint..

The implication here is that some subtle psychological factor is responsible for causing the PR. Actually, the first thing I would *now* look for causally is the presence of some toxin, such as after-shave lotion or perfume which causes the PR.

This speculation has been objectively confirmed as correct in recent years through the use of a voltmeter which clearly shows degrees of reversal.

The teacher was the well known acting coach, Eric Morris.

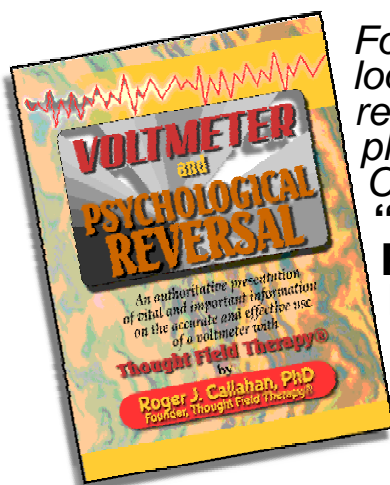
This effect, discovered by Goodheart, is when a person reads text backwards he tests strong and vice-versa. This effect occurs in dyslexia and can be corrected by doing PR therapy.

The most serious effect from a health standpoint is that the healing system is blocked due to the literal reversal of polarity. The reversal of field forces in the body can lead to cancer as well as many other problems as a result of the literal block in the healing system rendering it inoperative.

I have found, for example, that correcting a PR alone can have the effect of dramatically increasing the SDNN score of Heart Rate Variability (HRV). HRV is the very best measure of health extant and TFT is the only therapy that generates dramatic increases in SDNN.

I have since found more rapid and powerful ways to rapidly treat anorexia nervosa as well as anorexia with chemical or physical causes such as anorexia due to radiation or chemotherapy.

Later, I chose to use the side of the hand for treatment; either will work.



For an up-to-date look at some exciting research on PR, please see Dr. Callahan's book, "Voltmeter and Psychological Reversal," which can be downloaded from

www.tftrx.com
for just \$79!

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Staying in Touch

Changes to the ATFT Member Listserve



By Rhoda Draper, TFT-Dx

Member: ATFT Board of Directors

Recent contributors to the Listserve may have noticed that their post was bounced back to them before appearing in their in-boxes. This is because we have a new (and, I hope, better) system for dealing with the mail. There are good and bad sides - as there are to any new system - but I think that the good will predominate.

In the past, we had complaints from people who were receiving too many e-mails that were not of general interest, such as requests for copies of articles, CT administrative queries etc. Because the membership is growing rapidly - and as not everyone is computer-literate - last November (with Norma Gairdner's help) I published a Listserve Protocol which set out guidelines for contributors. It was decided, then, that I should act as Listserve Monitor and write to people who had infringed the protocol. Unfortunately, this did not have the desired effect as, obviously, the offending e-mail had already been posted and received by all members and I was simply responding to it rather than preventing it.

Until recently, everything that came to the ATFT-Member-List was automatically posted. If the file was too big, or had a sender's address that was not recognised, it was held up until someone in the ATFT Office dealt with it. With the new system, everything that comes to the list will lurk there until one of the Moderators has looked at it. Which moderator it is depends on the time of day it is sent. Mail sent in the USA in the morning will most likely be seen first by the ATFT Office, if it is posted in Europe, then I'll get it. When I'm heading for bed, it is found by Sigrid Semmens, who has just finished

breakfast and is checking her e-mail in Australia.

In theory, there is somebody awake whatever time the post arrives; in practice, we don't spend all day staring at our computers, so you may have to wait an hour or five before your message appears - that's the downside! The good bit is that 'unsuitable' messages are bounced back to the sender with an explanation or advice.

"What's an unsuitable message? Is this censorship?" I hear you cry! Much as we would like to censor the odd e-mail here and there, or to run a spell-check on others, we don't. The reasons for bouncing a message are set out in the Protocol we sent out last November (see below). However, the messages that cause most annoyance to most people are the ones that are clearly meant for ATFT or CT staff, but the sender used the list as a conduit and everyone got them.

So, the message we want to get across is, **"Think before you click!"**

ATFT LISTSERVE PROTOCOL

Purpose of the ATFT Listserve:

To support ATFT members in various matters relating to TFT.

What to post to the list:

- TFT cases (successful or unsuccessful)
- Queries for Dr. Callahan

- Constructive responses to personal enquiries and requests
- Interesting links regarding TFT

What not to post to the list:

- Flaming, shaming, or destructive criticism
- Personal promotion of products or communications from other organizations without prior approval.
- Non-TFT focus or therapies
- Questions such as: "Can I have a copy too?"

-Administrative requests such as:

Add/remove me from list

Related articles, books

Notice of broadcasts, etc.

Backchannel me

Non-admin Trauma Relief matters

Didn't receive my manual

Non-administrative

Foundation fundraising matters

How do I open the 'Update'?

If you have any question as to whether or not your e-mail is appropriate for the listserve, **please check with the Listserve Monitor before sending it.**

Creating a Healthy Listserve:

Send all **administrative requests** to: **custsvc@atft.org**.

Send all **personal requests** directly to the **private** email address (***known as a backchannel address***) of the member

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October 20-21

2007

ATFT

WORLDWIDE

CONFERENCE

BOSTON

MASSACHUSETTS



The Boston waterfront at night is only one of the sights you'll see when you attend ATFT's 2007 WORLDWIDE CONFERENCE

It finally happened!

The 2007 ATFT WORLDWIDE CONFERENCE is no longer on the drawing board - - ***it has become a REALITY!***

Great speakers, great workshops, and break-out sessions! So much to learn and absorb and so many interesting people to meet! *What a treat!* Our keynote speakers are going to deliver material on how TFT can play a vital role in helping folks cope with disaster such as the Katrina. They know first hand because they are professionals coming all the way from New Orleans!

We are so fortunate that the first of our keynote speakers was able to find the time in her busy schedule to attend this conference. Her name is **Ecoee Rooney**. She has a special place in the affections of the ATFT because she is mostly responsible for helping us get our Trauma Relief Team into Charity Hospital in New Orleans where she holds the demanding position of **Inservice Instructor**. Ms. Rooney is a Registered Nurse and holds a **Master of Science** degree in Nursing from Loyola University. She also has very extensive experience in Sexual Assault and Domestic Violence issues and, in addition to her other duties, is a **Sexual Assault Nurse Examiner Course Educator**.

The second of our keynote speakers is **Sergeant Marshall E. Pierre, Sr.** Sergeant Pierre was also instrumental in getting the deployments to New Orleans. Sgt. Pierre is the head of security for the *Medical Center of Louisiana* where our Trauma Team spent most of their time. He is highly decorated and in 2006 received the **Medal of Valor** presented by *The International Association for Health Care Security & Public Safety*. He will be delivering important information on how TFT could be applied in future scenarios like Katrina to aid in reducing / eliminating the effects trauma. Along with Sergeant Pierre is , **Inservice Instructor** at Charity Hospital, who was instrumental in getting our team to New Orleans and Charity Hospital.

Dr. Caroline Sakai is going to be on hand, too! She has promised to deliver some details on her work with the PTSD study at the El Shaddai Orphanage in Rwanda!

Dr. Paul Oas, leader of the ATFT Foundation missions to Rwanda will be discussing what our mission has been accomplished so far, and what work there is yet to do! Dr. Oas is certified by the **Green Cross Academy of Traumatology** as a **Field Traumatologist** and **Compassion Fatigue Educator**.

And, of course, **Dr. Roger Callahan**, founder and developer of TFT, will update us on his most recent findings and research.

There will be many workshops and opportunities to learn, too. **David Hanson**, **Update Editor** will be presenting a workshop on effective ways of marketing your skills in his **Practice Building Skills and Strategies Workshop**. Many of those who have attended his workshops at the other ATFT events have commented on how much they learned.

And, there are many speakers, presentations and events that we haven't even told you about yet! WATCH for details in the coming weeks. It's going to be our best conference yet!

This conference will be held at the **Holiday Inn-Peabody**. We got a great room rate, too!

For your convenience, we have attached a registration form at the back of this file. Why not fill it out right now and mail it while it is still fresh in your mind?

- Continued from prior page -

from whom you wish a response or article sent to you, etc.

To reduce excessive traffic: please 'backchannel' simple personal remarks such as 'Thank you', or incorporate them into continued contribution to the discussion.

To locate a member's email address for the purpose of sending a private message to them (known as 'backchannelling'):

From your 'Inbox':

1. Click on 'File' and then 'Properties', or...
2. Right click on the *senders name*, and then on 'Properties'

To introduce a new subject: please enter change of subject in the subject line and delete the previous correspondence (rather than replying to an ongoing 'thread' while leaving the old topic in the subject line), as it makes it easier to re-locate each topics later on, if needed for referral or research.

To automatically include your name and e-mail address to your signature: from your 'Inbox' click on 'Tools', then 'Options', then 'Signatures', then choose your preferences, type in your name and e-mail address, and click 'Apply'.

To create a mail folder into which all your incoming ATFT listserve email will automatically go: please request "Folder Instructions" via email from Listserve Monitor, Rhoda Draper at: rhodadraper@eircom.net

Healing The World With TFT



Third International Conference of the Association for Thought Field Therapy

Registration Form

Please return completed form with check. You may fax 760-347-0934 if paying by credit card.

Name _____ Degree _____ Credential _____

Profession _____ Phone _____ Fax _____ E-mail _____

Address _____ Profession _____

Previous training in CT-TFT: ☐ None ☐ VT ☐ Dx ☐ Algorithm Mo/Yr of Training _____

1. ATFT Membership: If you are not already an ATFT member and wish to become one, you may download and print the membership application and return it with your conference application.

To receive Early Bird rate, registration must be postmarked by 9/01/07.

Fees are in US\$ *After 9/02/07 all registrations must be done on-site*

2. Conference: Oct 20-21

ATFT Member ☐ \$249 Member Early Bird ☐ \$225 Non-Member ☐ \$269 Early Bird ☐ \$249

4. Dx Update : Oct 19 , 8:30am-Noon--The latest TFT procedures with Dr. Roger Callahan and Ms. Joanne Callahan.

ATFT Member ☐ \$99 Member Early Bird ☐ \$75 Non-Member ☐ \$119 Early Bird ☐ \$109

4. Marketing TFT & PR: Oct 19, 1:00-5:15pm--Workshop

ATFT Member ☐ \$99 Member Early Bird ☐ \$75 Non-Member ☐ \$119 Early Bird ☐ \$109

5. Special Total Package Rate for Dx Update, Marketing /PR Workshop and Conference
Early Bird

ATFT Member ☐ \$375 ☐ \$369
Non-Member ☐ \$469 ☐ \$449

6. Payment Information* Enclosed Fees (US funds only):

\$ _____ Conference
\$ _____ Pre-conference Dx Update
\$ _____ Pre-conference Marketing Workshop
\$ _____ Special Package Rate
\$ _____ ATFT membership dues
\$ _____ Donation to ATFT Foundation
\$ _____ TOTAL Amount Enclosed

☐ Enclosed is my check for \$ _____
☐ Charge \$ _____ to the following
credit card*: ☐ Mastercard ☐ Visa
Acct No. _____
Exp Date _____

Name as appears on card: _____ Signature: _____

Billing Address (if different from above): _____

**Cancellations received in writing prior to 9/15/07 will be subject to a \$30 processing fee. Refunds cannot be granted for any reason after 9/16/07.*

8. Hotel Information: The conference will be at the Holiday Inn, Peabody, Boston, MA with a special rate of \$109/night, single or double. For reservations call 1-978-535-4600 before 09/22/07 and mention you will be attending the ATFT Conference.

9. Special Event: Special Event to be announced.

Mail to: ATFT

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