

ATFT UPdate



Official Publication of the Association for Thought Field Therapy

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ATFT UPdate



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Association for Thought Field Therapy Update

President's Message

Welcome to this edition of Update.

by Steve McNulty

It is always a pleasure to write these messages because the act of writing it makes me realise just how much work and commitment has been put in by so many people over the short period since the last edition. The most difficult thing is to put aside the time to dedicate to writing the message. However, once I get going it is hard to stop. It is also a humbling experience.

We all have "day jobs" that we need to do in order to pay the mortgage and house bills and look after the necessities and luxuries of life. It is therefore even more important to recognise that it is an outstanding contribution when someone willingly offers their time and effort on a voluntary basis, sometimes deciding to put the day job on hold while they do it.

We are blessed in abundance with people like these. We should be enormously proud of their achievements. In this edition you will read about the Foundation's teams of people who have, once again, given their time, effort and love to travel to New Orleans, Rwanda and Tanzania to help those a lot less fortunate than us. You will hear about the special speakers we had at the International Conference who are making a real difference in their communities. You will read about individuals who have taken the lead in driving forward relief from trauma and who have succeeded in encouraging more people



to join them. These and many more articles in this Update are a stark reminder to us that there are many people out there who are less fortunate than us and also that even the smallest amount of effort on our behalf can make a massive difference to them.

So the theme I would like to promote as you read this Update is consider what you could give to help those we help through our therapy and our voluntary work. 15 minutes a month adds up to 3 hours a year and a lot of envelope stuffing, list typing, document copying etc can be done in 3 hours. Please consider how you could help in any

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Medical Advisory Board for ATFT



*by Caroline Sakai, Ph.D, Chairman Medical Advisory Committee
Drs. Colin Barron, Arthur Davis, Jr., Richard Petty, Dipa Modi*

Challenges Facing ATFT:

Dr. Roger Callahan and Joanne Callahan have stressed that in our mission of improving health and well-being, that we do no harm. This harm can be on a number of levels, including harm to those we are treating, and harm to the credibility of TFT, which would limit its promulgation to reach and help more people all over the globe.

TFT practitioners comprise a wide spectrum ranging from licensed physicians, psychologists, social workers, nurses, other health professionals, massage therapists, native healers, educators, pastors, to people from all walks of life who are interested in healing and health promotion. Our levels of awareness of critical bio-physiological and neurological issues that compel rapid medical intervention to avert serious adverse developments thus varies widely across practitioners. While some practitioners may access consultation from medical colleagues, others do not have that access. It appears imperative as the broad range of presenting situations and problems that we treat keeps expanding exponentially, that there be some means of helping to guide our practice with solidly grounded



information. This would help all of us in avoiding legal, ethical pitfalls.

Solution:

To address this challenge, ATFT Board of Directors has created a Medical Advisory Board composed of 3-7 medical doctors who are TFT practitioners and ATFT members to advise the ATFT board and membership of medically related issues. For the membership, the Medical Advisory Board can delineate guidelines for helping individuals

with medical issues, and medical clarifications to inquiries on the ATFT list serve so that all members could benefit from the information, which will be archived for future references.

Anything to do with treatment of medical conditions can be checked by the ATFT Medical Advisory Board before publication (ATFT Update, list serve, submissions to other publications) to have medical advisory input and prevent potential problems that may affect TFT's credibility and non-medical

practitioner's liabilities.

Our thanks go to the following physicians who have agreed to serve on the ATFT Medical Advisory Board: Dr. Colin Barron, Dr. Arthur Davis, Dr. Dipa Modi, Dr. Richard Petty.



Dr. Colin Barron who has been using TFT since 2000 and is the first British TFT VT practitioner. He has worked in hospital medicine, ophthalmology at Gartnavel General Hospital and Glasgow Eye Infirmary, set up and ran Ashlea Nursing Home, and works from home and at Glasgow Nuffield Hospital. He is trained in Ericksonian Hypnosis, and is a licensed NLP practitioner. He authored *Running Your Own Private Residential and Nursing Home*, and has written 150 articles in *The British Medical Journal*, *The Hypnotherapist*, *The Thought Field*, *Caring Times*, *Care Weekly*, *The Glasgow Herald*, *This Caring Business*, and many other publications.



Dr. Arthur R. Davis, Jr. has practiced in California, Arizona, Utah, and Illinois. He is in general/family practice and internal medicine in Indio, California. He has practiced at Mountains Community Hospital, where he also served as Chief of Staff, Livingston Medical Clinic, and American International Hospital and Clinic.

Dr. Dipa Modi is a freelance



general practitioner and holistic therapist in Leicester, U.K. She is originally from Uganda. She is also trained in kinesiology, and is a certified practitioner and trainer in NLP. Dr. Modi was in general practice as a partner at Melbourne Road Health Center, and at East Park Road Surgery and Buller Road Surgery in Leicester.

Dr. Richard G. Petty is an internationally renowned physician, professor and researcher. He is a member of both the Royal College of Physicians and the Royal College of Psychiatrists in the United Kingdom. He has degrees in medicine, physiology, biochemistry and a Ph.D. in endocrinology. He practiced and taught internal and metabolic medicine, neurology and endocrinology for 14 years, before also becoming a psychiatrist 16



years ago. He was for many years on the faculty of the University of Pennsylvania, and is currently Medical Director of the Promedica Research Center and Adjunct Professor at Georgia State University College of Health Sciences. He has been Chairman of the Research Council for Complementary Medicine, and held senior positions in the Prince of Wales' Foundation for Integrated Health. He is also trained in acupuncture (including advanced work in China), hypnotherapy, homeopathy and Reiki. His lectures, seminars and workshops have been presented to more than a quarter million people in 45 countries. Dr. Petty authored *Healing, Meaning and Purpose*, and has a daily weblog (<http://richardpettytmd.blogs.com>), and has over 140 publications. He is also a reviewer for all major psychiatric journals in the United States and Europe.



DREAMS DO COME TRUE

by **Judy Harvey, TFT DX, RCT**

This is my journey from depression to happiness through Callahan Techniques® Thought Field Therapy® and to let everybody know that dreams do come true.

I was married to an alcoholic for 30 years filled with many traumas and stresses. I left my marriage in April 1999; I became bankrupt in June 2000. I was suffering from depression. My biggest and most irrational fear was trying to cross a road. I felt that my legs would not carry me across and I would be run over by a car, so I either stayed at home or walked around the block. The loss of self esteem, shame and embarrassment because of my bankruptcy was at that time seemingly insurmountable.

Somewhere in my deep unconscious mind there was that little voice that was telling me that you can't live like this anymore, get up and get on with your life; people get divorced and are made bankrupt everyday. My journey started when a very kind friend allowed me to learn Huna Massage for free. (The cost of the course was about \$2,500) and I could pay her back when I started working.

My massage practice began in January 2001, and it soon became very evident to me that a lot of peo-

ple were hurting and that I didn't have the skills to help them. This sent me on a quest to find some answers not only for myself but my clients as well. I learned Reiki, undertook a Counseling course and learned Australian Wildflower Essences. These modalities helped but they didn't "cure" anybody.

I was always looking for that "something".

By now it was December 2003. In Western Australia we have an alternative newspaper and on the back of The Nova was an advertise-

ment for something called Thought Field Therapy. I read the ad and thought it sounded pretty good, but I was busy at work and the course was not until April 2004 so I forgot about it. A couple of weeks later some friends of mine rang and said that I had to learn TFT, but I couldn't because my daughter's wedding was fast approaching and I was having another crisis of my own. I was having panic attacks at the thought of being in the company of my ex-husband and his new partner. I had even contemplated not





Left to right Steve McNulty, Linda Parkes, Judy Harvey (Author), Michael Rebeck, Stein Lund and son Halvorsen

going to the wedding but couldn't do that to my daughter. It was not her problem but mine.

In January a work colleague told me about a treatment called Thought Field Therapy, that might help overcome my fears. This was now the 3rd time that I had heard about TFT and I am a firm believer in 3 strikes and you are out. I had a 2 hour treatment for the trauma of my divorce and not being able to be in the company of my ex. The wedding day was then a breeze! No panic attacks, no fears. NOTHING!

“Somewhere in my deep unconscious mind there was that little voice that was telling me that you can't live like this anymore”

I registered for the TFT algorithm course in April. Fantastic. This was what I was looking for.

I went home and I think that I tapped just about everyday for 6 months just clearing up “stuff” that had hurt me in the past. I did another algorithm course in July, and by now I was really, really hooked. I had everyone that came into my practice tapping for their fears, traumas and pain.

I had found out that there was something else called “diagnostics” that you could do and this would help the people that couldn't be helped by the standard algorithm.

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“That would be fantastic to learn”, I thought. but I would have to go to America to do that and it would cost a lot of money to get there.

I made up my mind to do it. I would go after Christmas though, when I could save the money, as Christmas in my home town is really busy and I would have lots of clients. I had planned on going in February and hadn't even looked at the website to see if there was a course planned for then; I looked at the site about September to see actually when Step B was going to be held and found out that it was in November. I couldn't possibly get money for fares, course, accommodation together in that short space of time. By now I had learned that when something is “right” for you the universe provides.

After Step B, I came home and began using diagnostics. I think I had everyone tapping who even came near me.

Then I had a dream one night that I would be “President” of TFT here in Australia one day. (I didn't know the proper terminology back then.)

Since that dream I have become a trainer, retrained in Diagnostics twice, attended a Green Cross training in London this year, registered and received my trainer certification at the Boston conference.

It was in October 2006 at the Diagnostics training with Chris Milbank in Perth that he suggested that Australia form an ATFT committee and that he felt I would be good at organizing the program. I

thought about it for quite some time and then rang Siggie Semmens to find out what she thought about it. We put a message on the list serve to find out who else was interested and then waited. Since there was a change in the presidency of ATFT at that time, it took a little while for things to become organized. Final approval was given for the formation of the Australasian Committee of ATFT at the Board meeting in Boston October 2007.

Our Committee members are:

Judy Harvey

(Chairperson)

Siggie Semmens

(Secretary)

Lisa Tassel

(Treasurer)

Mark Pitcher

(Committee member)

Anne Fynmore

(Committee member)

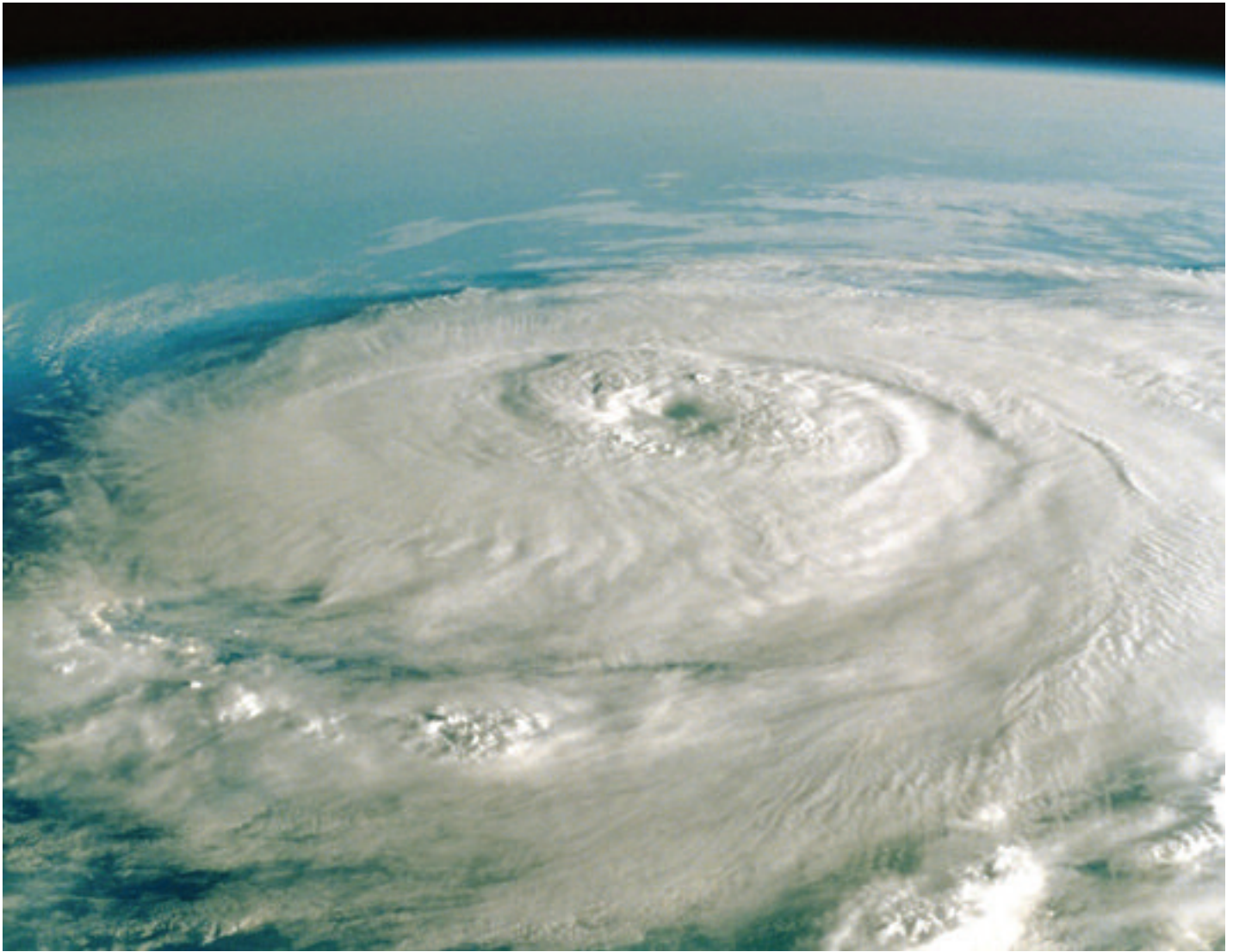
Jacqueline Trost

(Committee member)

Our goals for 2008 are to organize and register the Foundation for ATFT here in Australia and New Zealand and to obtain charitable status so that we can help worthy organizations here in our countries.

Currently in the pipe works; I have approached the Cancer Council of Western Australia to have TFT recognized as a complementary therapy. Their complementary therapy board is made up of 10 medical practitioners. Tough, but not insurmountable!

YES, dreams do come true; Australia and New Zealand now have their committee, and I can't wait to get out there to promote TFT in our countries!



Hurricane **Katrina**, New Orleans and **Trauma**

by *Nora J. Baladerian, Ph.D.*

Prepared for the APA Annual Convention August 2006, New Orleans, LA

August 29, 2005. In Los Angeles, California, I watched the news along with millions of others, as the hurricane warnings were aired. It was ominous. Less than a year prior, in December 2004, the terrible tsunami had hit Indonesia and Sri Lanka, with tremendous impact upon those present, and those far away. This hurricane, however, was within the

USA, so I was confident a proper, prompt help to survivors would be readily available.

But then, the levees broke, flooding New Orleans! In the beginning hours, I was not too surprised to see the need for emergency rescues. But then, it continued through the night, the next day, the next night, and then for days on end. What happened?

Why could we not get enough helicopters to those on rooftops? Why were hospital patients not evacuated or supplies brought in? Why were there delays? Seven days, some waited, on their rooftops, for help. Months later a landslide happened in the Philippines, and we were there within 18 hours. But we could not get help in to New Orleans. Stunned would be a good word to

describe my feelings, along with aghast, disbelief and disgust.

Slowly, ever so slowly, it seemed, help began to be made available. Various nonprofit and governmental relief agencies gained access to disaster victims. One of my friends helped with the collection and attempted distribution of donated food, supplies, clothing, first aid, animal supplies, baby supplies, which in the end amounted to about 5 truckloads. We were so excited at the response of folks to make the donations, and the truckers willing to drive to New Orleans to deliver the donations. But they never made it into the city because the government agents made them turn around. No matter how they tried to get into New Orleans, they were kept away. Later, I heard similar tales of donations made but government officials did not let the donations into the area.

Personally, I did not do anything. At that point, I didn't know how to help. I went on with my life. I felt conflicted. I really wanted to DO SOMETHING, but I wanted that something to make the intended difference, not have money never provide the help I wanted to send, or provisions never arrive or to get used by those not in need. How could I do something and be sure that my help was help that was

needed?

Ecoee Rooney of New Orleans had attended my June, 2005 presentation. She asked me for more information on forensic interviewing skills to use with crime victims who have cognitive or communication disabilities. I noticed her New Orleans return address, so I briefly answered her question and further asked how she was doing. She responded politely with "thanks for the information and said they were doing fine. This I couldn't believe, so I wrote back asking, "how are you REALLY?" This resulted in 2 pages of information on the fact that her employer, a large public Hospital, the oldest continuously operating hospital in the nation, had been destroyed. Ecoee, a SANE (Sexual Assault Nurse Examiner) who had attended the June International SART Conference (Sexual Assault Response Team), said that their operations had been decimated. All future planning was tentative at best. She and her family had been evacuated from their home in late August. They did not know if they would have a home when they returned. I was shocked! I immediately felt I could do something to help personally. First, I put a request out on my listserv (www.cando@disabilityabuse.com) to send any educational or support-

She was ecstatic, amazed, appreciative, grateful, welcoming. She asked exactly what type of trauma treatment I was suggesting. So I explained Thought Field Therapy to her as basically the application of acupuncture/acupressure therapy to psychological matters such as trauma, grief, bereavement, anxiety, among others, using tapping on the points rather than piercing or painful rubbing. She forwarded my explanation to the "higher-ups" in the medical administration who then requested additional information I answered them and they responded with an enthusiastic "Yes". I then let some of my TFT trained colleagues know I planned a one week aid visit to New Orleans. I was hoping to provide as much TFT trauma therapy as possible to Ecoee's hospital staff and the staff at Ecoee's partner's place of work, the Volunteers of America supported living program for individuals with disabilities. Her partner, Melody, helped evacuate the VOA clients and was now returning them to the community and they all needed trauma work.

I also received an email from a colleague in Louisiana tentatively asking if "while in New Orleans", I could provide a free training to his APS (Adult Protective Services) staff on Forensic Interviewing and Assessment of Consent to Sex for forensic cases involving individuals with developmental disabilities. "Sure, I'll be there anyhow, and why not also add to the program trauma treatment for them?" I responded.

With the help of the ATFT Trauma Relief Committee chairperson, Norma Gairdner, HD, TFT Dx, in Toronto, Canada, twelve trauma



ive materials to Ecoee to give to her patients who had survived sexual assault. Then, I asked if Ecoee would allow me to come to New Orleans, at an appropriate time, to do some trauma work with the hospital staff (wherever they might be).



therapists from 7 states (Hawaii, Washington, California (3), Arizona (2), Colorado, South Carolina, Mississippi and Louisiana(3) were recruited to form our team. We ended up calling ourselves a "Dream Team" because we worked so well together. We worked and lived together as if we had all known each other for years, without any conflict, or negatives whatsoever. Each had her/his own gifts, approaches, styles, to be sure. And each practitioner respected the other, learned from each other, and supported one another. It was truly magical.

We stayed in Ecoee and Melody's house. They had only returned home one week prior to our arrival! They moved out to the FEMA trailer that had been placed in their backyard for Melody's Mom, and let 9 of us stay in the house (the other 3 were living locally in New Orleans).

In these circumstances, flexibility is a must. The team members ar-

rived ahead of me because my luggage got lost and my flights got delayed so I chose to rent a car and drive from Atlanta, Georgia to New Orleans the next day. Tuesday had been planned for a "tour" of the city. We all brought our cameras. We traveled in Ecoee's SUV and a van loaned to Melody for the week by Volunteers of America, to support the trauma team. What generosity. We went on the tour. We saw not blocks but miles of uninhabited and uninhabitable neighborhoods...houses that had slid off their foundations, floating away, but stopped by another house or a tree. Lots of cars on top of houses. Furniture halfway out of windows which the locals called "vomiting". Miles and miles and miles of com-

"Miles and miles and miles of complete destruction. Sad. Desolate. Unbelievable. Although we were seeing it, I noticed I was having trouble believing my eyes."

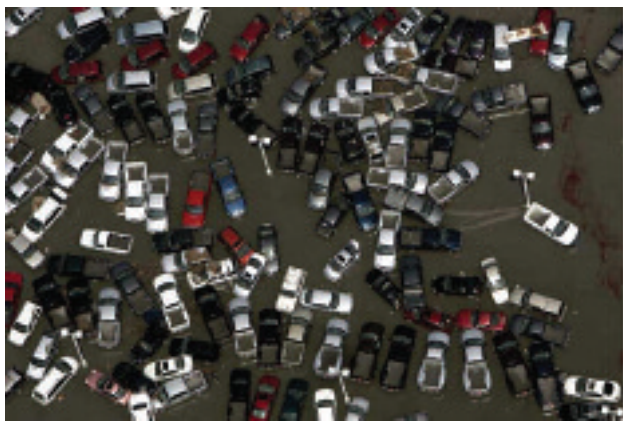
plete destruction. Sad. Desolate. Unbelievable. Although we were seeing it, I noticed I was having trouble believing my eyes. Each house had an X with information in

each quadrant, the top noting the date that someone was there to inspect ...dates like 9-10, 9-22...nearly a full month after the storm was the FIRST visit for emergency assistance. The destruction of the homes was complete...this is now four full months after the storm, and it appeared that nothing had been done at each home. Nothing. What could anyone do? Little help was available. No one could live in the area. Trash pick-up was just beginning. It was hard to drive in the area. We saw where the levee broke. We saw tent-city, where folks had set up tents. We even saw near the airport several hundred trailers not yet distributed. Waiting. We then went to dinner together, and came home to plan our trauma

intervention work at the hospital the next day.

Charity Hospital was housed in military tents at the Convention Center. There was a dentistry tent,





triage tent, SART tent, among others. It was eerie. It was strange. We worked in the training tent, with a generator going for the air conditioning. Hospital staff could only take one hour for participation, so we had planned 5 hours, 10, 11, 12, 1 and 2pm. The process was to provide a twenty minute informational talk on trauma and Thought Field Therapy, followed by forty minutes for participants to experience trauma treatment with a TFT practitioner. The first hour included the hospital administrators as participants. They had approved our presence there in the first place. Highly meaningful was Dwayne Thomas, MD, Chief Executive Officer's participation in both the training and the trauma relief session. They were astounded, and pleasantly surprised at the fact that TFT made an actual difference in how they themselves felt. Each of the individuals was asked to complete a post-treatment evaluation and they were given a copy of *Stop The Nightmares Of Trauma*, a book written and donated by Roger J. Callahan, Ph.D., TFT's founder. We noticed that each hour, more and more people came. At 3p.m., people kept wandering in. Some curious; some hesitant, all wanting to feel better, or just wondering how this TFT works. More came. We did not

leave until around 5:30 P.M..

Ecoee then took us all to a restaurant for dinner, where she read the evaluations and she received a phone call from one of the doctors, asking if we could possibly return on Saturday, since the residents he supervised missed the training and now were asking for an opportunity to try this trauma treatment! We were ecstatic, principally because of the fabulous results we had already experienced, but also because there are times when our work is not recognized for the fantastic results it can produce, and here we had a request to return! The evaluations were all we could have hoped for. Many comments were essentially, "I have been feeling hopeless, depressed, and now I am feeling that I've had a huge burden lifted...THANK YOU for this. I am amazed that this simple procedure has such a profound effect. And it has changed my friend as well, and this is so important to me". At the conclusion of dinner, Ecoee announced that the folks at the hospital had given her money to pay for our dinner. Wow.

Because during the treatment, the clinician demonstrates to the client where to tap, we had been tapping upon ourselves all day, and we noticed that we were all feeling fine, unaffected by the traumas we had witnessed both directly and indirectly.

The following day we all went to the Volunteers of America program and worked with their staff, who all had a similar reaction. So grateful to have relief from the traumatic symp-

toms they had been living with now for months. So amazed that this simple procedure is so powerful.

Friday we worked with the APS folks, and Saturday we returned to the hospital. We were all so excited to be able to DO SOMETHING OF VALUE in our own country, and those in New Orleans were SO GRATEFUL to have 12 people taking their own time and at their own expense to come to their city to help. They were amazingly appreciative, and said that many feel forgotten, as there are no more headlines or even news articles about New Orleans.

By the end of the trip, our hosts, Ecoee and Melody had done quite a bit of TFT tapping for themselves, and were now avid endorsers of this trauma therapy. The beauty of TFT had convinced them. The following factors are the ones that tip the balance:

1. *It works*
2. *The results last*
3. *It works fast*
4. *There is no emotional (or physical) pain induced during the treatment*
5. *There are no side-effects*
6. *Anyone can learn how to use TFT*
7. *It has many applications*
8. *It is voluntarily given!*

These are all really excellent factors, and ones in which any healing practitioner would be interested.

Of the 187 evaluations, we had asked people to rate their level of distress pre- and post treatment. The average pre-treatment rating (on a scale of 0-10, ten being the worst, 0 no distress), was 8.03, and the average post-treatment rating was 0.57.

Overall, this was one of the most rewarding experiences of my

life. My TFT colleagues, the folks in New Orleans, our hosts Ecoee and Melody who are now members of my chosen family, all made this a wonderful experience. I returned again in February, doing some TFT work in Baton Rouge and in New Orleans on my own, and returned with another team of 12 in March 2006, with another week of healing, and this time, teaching an enthusiastic class of individuals how to administer TFT themselves. This is really a wonderful outcome, to empower folks to be able to learn TFT themselves, so they can continue the healing work as needed.

Because of the invitation to participate on a panel of speakers at the American Psychological Association's Annual Conference in New Orleans on "Responding to Katrina: Personal Perspectives", I brought another team in to New Orleans for the week. The weekend before the APA conference, we held TFT training at Ochsner Hospital, teaching 60 professionals from a variety of agencies from Louisiana and Mississippi. Then, during the week, we again provided trauma treatment to many individuals at a variety of agencies and organizations throughout the city. At this time, we are only selecting licensed mental health professionals to join our team who are Certified in Thought Field Therapy. For those wanting to join us on a future trip, these are the criteria along with others that will be clarified for those who apply to join our team.

I would return to New Orleans and conduct Trauma Therapy again in a heartbeat. And, all those who joined me there are of the same mind, and commitment, to return as

needed. Thanks to those of you for sharing with me the excitement of being able to bring true healing to hundreds of individuals in trauma.

There are 2 sides to every story. Here's the other side:

THE DAY OUR LIVES CHANGED FOREVER

*Ecoee Rooney, R.N., S.A.N.E.
New Orleans, LA*

Coming home to New Orleans was not easy, but no one thought it would be. What we had thought would be a long weekend visiting friends during a perfunctory evacuation to North Louisiana, we slowly realized, was the beginning of a long, and scary road home. Nothing could have prepared me for the turns and twists, disappointments in who didn't help and amazement at who did, and



the level of commitment of so many life-long friends and family members who came forward with money, supplies, and all we needed to survive those first months after leaving all we knew as our lives behind.

No amount of sensationalized media coverage could have prepared

me for what I saw as we drove into the city for the first time, even though the Mayor still banned entrance to our part of the city. The vastness of the devastation began to truly sink in as we quietly drove down the interstate past a gray, abandoned landscape. Occasionally, houses that appeared to have been blown apart by some violent force, their guts dangling out, damaged, sat waiting to be discovered by their owners.

I'm not sure if I even breathed as we drove into our neighborhood. Neither of us spoke as tears streamed down my face. This was truly ugly; ugly beyond what I had even imagined. The desolation was shocking, the gray, cracked patina on everything, and the inescapable black or brown line clearly marking the levels to which the water had risen. Flooded cars and abandoned boats were scattered about the caked mud and debris. The orange lifejackets swinging in the breeze from my next door neighbor's front railing sent a shudder through me as I imagined the terror of the rising waters.

Days later, after settling in at a friend's house uptown, I started the work of moving in to my new office in a building across from my flood-ravaged workplace. Where to start? There was so much to do. I reviewed my pre-Katrina "to do list" for any relevance to life now.

Strange how so many projects lost meaning after a disaster of this magnitude. OK, here was something. I noticed I had wanted to request a free video from Dr. Nora Baladerian, a clinical forensic psychologist from Los Angeles, regarding forensic interviewing of people with disabilities. I had seen

her speak at several conferences, so I sent her an email, asking her about the video and when it would be ready.

Promptly, she emailed back, telling me the video was not yet out, but asking about how people were making out in New Orleans. Too overwhelmed to give more than a “we’re plugging along” type of response, I quickly sent off a cursory reply. Soon, I was surprised by her open-ended response, “How are you REALLY?” I hesitated, but then decided to give this stranger across the continent an honest reply. I sat and typed for 15 minutes, describing to her my sadness at the

housing and other such details. We moved back into the upstairs of our house that last week of December, and the 12 volunteers arrived the first week of January, staying upstairs on cots, blowup mattresses and couches while we took residence with my senior citizen mother-in-law in her F.E.M.A. trailer for the week.

As they arrived, all with incredibly impressive credentials in psychology, some authors, some counselors, arrived by plane (and Nora, who arrived by car the following day from Atlanta due to air travel problems),



“No amount of sensationalized media coverage could have prepared me for what I saw as we drove into the city for the first time, even though the mayor still banned entrance to our part of the city.”

loss of our hospital, our community, our lives, so many people who were left jobless, homeless, grieving. It was very cathartic to spill my guts to someone who was not going through the exact same situation and who was so far away.

What came next really surprised me. She emailed back an offer to come with a team of volunteers that she would put a call out for to bring a trauma relief therapy to our organization. At that time, my organization was still operating out of military tents in part of a large convention hall, but I asked our administrators and they approved her bringing a group to share this therapy with our staff.

Nora and I corresponded back and forth, with increasing familiarity through each email as we worked out

their commitment and love was like a breath of fresh air in the stale, dankness of post-Katrina New Orleans.

All strangers to each other, several of our friends and these volunteer therapists visited together in our home that first night, enjoying red beans and rice, crawfish pasta, and conversation. After a while, one therapist asked me, “Would you like to try the therapy?” “Sure,” I answered. She motioned me to sit in front of her and bring to mind something troubling or distressful, and then rate my level of distress about this issue on a scale of 0 to 10. Quick to tears in those days, I immediately thought of one sad situation that always brought me to tears. “OK, I’ve got it,” I said, a bit embarrassed for the tears in front of all these strangers and friends. “Now,” the

therapist said, “I’d like you to tap here,” and began to lead me through a series of tapping on different places on my face and hands and chest.

I became awash in skepticism and concern for my credibility at work, feeling foolish as I followed her strange directions yet, gradually, I began to notice a much stronger sensation than the skepticism. I was overcome by a tremendous sense of relaxation and peace. It was very physical, as my neck loosened, and a smile welled up from inside and appeared on my lips. The tears were gone, and the sad feelings I had before were replaced with a tremendous sense of peace. As all of the therapists around the room smiled and nodded, in knowing recognition of my response, I sat stunned, smiling and shaking my head. “Amazing. Oh my god. This is amazing! Why doesn’t everyone know about this?”

I was so hopeful bringing the therapists to the hospital to work with the traumatized staff. Little by little, staff members joined the thought field therapy sessions and out of close to 100 people seen and treated only 1 person responded that they felt no response from the therapy – all but one. Our CEO came, our administrators, doctors, nurses, respiratory therapists, clerical workers, human resource workers, fam-

ily members of staff, all came and had very positive reactions.

I began to doubt my reaction to this therapy, questioning it, wondering what the trick was. However, no matter how hard I tried to conjure up the same sadness I had about the distressful issue I had worked on, I could not, and have not been able to since!

Nora and the therapists all explained that Thought Field Therapy® (TFT), a treatment discovered by Roger Callahan has been used world-wide to treat traumatized populations – genocide survivors in Rwanda, people after the bombings in the London underground, after the shootings at Columbine, and in Kosovo. The

treatment is based in Eastern medicine and energy meridians, and the linking of the traumatic thought to an energy field, that can be modified and smoothed over through this treatment.

Nora has been back six times, has organized 2 other teams, supported two TFT trainings by Dr. Caroline Sakai of Hawaii and Suzanne Connolly of Arizona, so that people in the region would be able to use and share this therapy (70 + people were trained), and 2 other times she has come independently, visiting many different organizations around the city and state to share this trauma relief treatment. No one is paying her to do this. She is absolutely driven to continue

bringing help. There is no way she will ever know the relief, healing and peace she has brought to so many people in New Orleans and the Gulf Coast region. Many people in my organization, and around the region continue to use TFT to help with stress, anxiety, grief and trauma. I never knew help would come through our email exchanges. I thought I was asking for her video – I got so much more – help for myself, my family and my community, and a life-long friend.

How can one ever adequately thank someone for a kindness like this? Thank you, Nora, for taking the time out of your life to commit yourself to us. We didn't know we needed you – thank you for coming to our rescue.

ATFT Foundation 2008 Projects

By Joanne Callahan, MBA
President, ATFT Foundation



The ATFT Foundation welcomes our new officers and board of directors for 2007-2008 and offers our sincere thanks and best wishes to Christopher Semmens for his past services as a board member and chairman of the Research Advisory Committee. Chris will be devoting more time to his beautiful, growing family and we wish him well.

We want to welcome Bruce Paton, a retired PepsiCo executive, to our board. Bruce recently was trained at the TFT diagnostic level along with his wife Dr. Dariah Morgan. He quickly saw the importance of our foundation work as he watched the presentation of the Rwandan Genocide Victims PTSD Study and they both

said they wanted to help. He has much foundation and board experience and we are looking forward to him bringing his expertise to help the ATFT Foundation.

The articles in this issue of the UP-date remind us of the importance of TFT and how we can make a difference in the world by sharing this wonderful tool for healing.



However we need all of you to help us continue the foundation's work in education, research and humanitarian efforts. A few of us working hard in PTSD research, another few teaching and treating

the victims of a disaster, and a handful more working to increase awareness have already made a huge difference in the lives of many.

I am pleased to announce that the ATFT Foundation has been accepted in YouTube's Non-Profit Program. We have worked hard to create a YouTube site that will tell the story of our mission. Please go to www.YouTube.com/ATFT-Foundation and view our videos. Subscribe and rate these videos as it helps our ranking and will increase the awareness of our site. Thank you to Rodger Bailey for his mentoring of Sheila Crouser, ATFT's membership administrator, in developing this site. They have worked hard over the last few weeks to get this started.

We are currently building a new ATFT Foundation web site, separate from the ATFT site. The new site

Continued on page 23

The successful TFT Practitioner should know how to deal with the media!

by Colin Barron, MD.

Almost 20 years ago British TFT-VT Practitioner Dr. Colin Barron was the media spokesman for a nursing home owners' association. In this capacity he received considerable tutelage from top media and public relations people on the correct way to be interviewed by journalists and how to respond to bad publicity.

Colin has been interviewed about TFT on British radio and television many times -notably the BBC Radio 2 "John Walker Show" in March 2002.

In this article he gives ATFT-Update readers some useful tips on being interviewed on radio and television.

If you are trying to expand your business by garnering favourable publicity then it is quite likely that you will be asked to take part in a radio or television interview, even if it is just your local radio station. It is therefore essential that you know how to do this properly.

Many people believe that radio and television interviewers are always out to "get" people and "stitch them up." I have never found this to be the case though it does happen occasionally. TV and Radio journalists are more concerned with producing an interesting piece. Many years ago a former newspaper editor explained to me that the basic structure of most news stories is "the disturbance of the status quo

Being Interviewed about TFT on Television and Radio



and its resolution" – in other words "something has gone wrong and this is what needs to be done to fix it".

Preparing for the Interview

Good preparation is essential. The first thing you should do when you are asked to take part in a broadcast is to find out exactly what is expected of you. In particular

what questions are going to be asked? If you know roughly what you are going to be asked then you can start preparing your responses.

A good technique is to write out what you think the questions are going to be (and the journalist will be able to give you guidance on this) and what your responses should be. Write out these responses and read them out loud a few times so the words become familiar. That

way you will be able to answer in a fluent way.

Make your responses as concise as possible. If you waffle on at great length your contribution will be edited down to size.

For example if you are asked to explain what TFT is you could describe it as a “treatment for emotional and physical problems which works by tapping with the fingers on the body’s acupressure points”. Now some of you reading this may object to this simplistic description but it has the advantage that you have summarised the essence of TFT in just 18 words.

Journalists like concise answers to questions. Always explain yourself in very simple language and just imagine that you are speaking to a 12 year old.

Dressing for the Interview

If you are being interviewed on television you should think carefully about what you are going to wear. Men should wear a dark suit, a self - coloured shirt (without stripes or checks) and a simple tie. Do not wear stripes and checks together. Avoid wearing a bow tie unless you want to come over as the nutty professor!

Women should wear an elegant suit and the minimum of jewellery. Men should visit the barber’s and ladies should have their hair done.

Do not wear casual clothes for a television interview because viewers tend to judge people by the way they dress. Someone wearing jeans and t-shirt comes over as less intelligent and credible than a person wearing a suit. That is the reason that criminals who are standing trial are often advised by their lawyers to wear a smart suit because it has

been shown by research that they tend to get shorter sentences if they dress smartly.

Research has shown that a “library” type background (books on shelves) makes people come over as knowledgeable and trustworthy.

What to Do when the Interview Begins

If you are being interviewed on television then it is very important to avoid moving your eyes about a lot when you answer questions (NLP Practitioners will know that this is a natural phenomenon). This is because it makes you appear “shifty eyed” and insincere. The best way of avoiding this is to stare into the interviewer’s eyes during the interview. Do not stare into the camera lens unless you are instructed to do so.

Answering questions

Now onto a very important point. When you are asked questions you do not give answers, instead you give “responses”. That is so important that I will repeat it.

When you are asked questions you do not give answers you give responses.

There may be occasions when giving a straight answer could lead you down a very dangerous path to an area you do not want to go to .

Compare these two examples

Interviewer – “ *Dr. Barron, the Sceptics Association has claimed that there is no scientific evidence that TFT works. What do you have to say about that?* ”



Dr Barron - “ *Oh, that lot have criticised TFT in all sorts of ways. They have said that there are no double-blind controlled trials of TFT so it cannot work. But we say that double-blind controlled trials are not needed.* ”



Interviewer – *“Oh, I see there are no double controlled trials of TFT. So have there been double-blind controlled trials of conventional therapies?”*

Notes – If this imaginary interview had continued it would have dug up a lot of negative stuff resulting in a derogatory feature about TFT. As you can see, I have dug my own grave here.

Now compare the above example with the right way of doing it

Interviewer – *Dr Barron, the Sceptics Association has claimed there is no scientific evidence that TFT works?*

Dr Barron – *They would say that wouldn't they! That lot talks a lot of nonsense! In fact TFT has been used with great success in Kosovo and in treating thousands of victims of 9/11 and it is used in the British Health Service.*

Interviewer - *“Oh tell me more about that!”*

Now you can see what I am getting at. You, the interviewee, controls the interview and steers it away from negative areas and towards positive subjects that you want to talk about further – i.e. all the great successes achieved by TFT Practitioners worldwide. Never mention anything that you do not want to talk about (or know nothing about!)

Another golden rule of public relations – never repeat any allegation that has been made against you and always reply with something positive!

So if your interviewer surprises you with some negative revelation about TFT, you should immediately change the subject and start talking about something positive about TFT such is its use in the British NHS or its endorsement by high-profile celebrities.

Above all, use all these tips to come over as best you can in a TV or Radio Interview. As the Greek philosopher Pericles said thousands of years ago, “never be negative.”

-Colin Barron 2007

President's Message

Continued from page 1

way and in any form. You may have only thinking time available whilst you are on a plane for example. We badly need ideas people. You may not be able to travel – we need document editors and spell checkers. We do, of course, always need money. So if you can help by working an extra 3 hours and donating the rewards – that would be absolutely great.

If you can help in any way please contact any of the ATFT Board members or just email me at steve@oh-crikey.com and I will gladly coordinate your efforts – thank you in advance for your consideration.

Doris Keating left the Board earlier in the Autumn and, on behalf of the ATFT Board and all the members, I would like to pay tribute to her for her hard work and dedication – Thank you Doris.

We followed the election process set out in our bylaws and by process of an unopposed election Lois Surgarman, RN, PhD, from

Wake Forest, NC, was elected to represent the Algorithm class of membership on the ATFT board. Welcome Lois and we look forward to your positive contribution to supporting our membership and to taking TFT forward.

Our board held the election of officers for the year 2007-2008. I, Steve McNulty, will remain President, Caroline Sakai, will be Vice-President, Lois Sugarman will be our secretary and Joanne Callahan will remain Treasurer. Rhoda Draper and Herb Ayers will remain directors.

Eileen McMahon held a ‘Healing Day’ in London in November. This was a day for the Adult Irish Survivors of Institutional Child Abuse. Eileen managed to organise and publicise the day, attract many healers, including a seventh son of a seventh son hold the day and generally make a huge positive difference to many people's lives. All this in addition to running a hectic legal practice in London and Dublin, and Chairing the ATFT Foundation (UK) Board. Eileen, on behalf of all those you are helping, we are very proud of you.

Judy Harvey has been instrumental in setting up the ATFT Australasia Regional Committee. She has done a great job and we look forward to supporting Judy and her team going forward. We now have local organisations in Australia, Norway and Japan. They look after the needs of ATFT members locally by committing to the ATFT mission and making sure that the ATFT's support of its members is in context with the culture, laws and practices of the local area. This way we get a worldwide organisation that is committed to supporting its membership

and promoting and implementing TFT in the manner Dr. Callahan intended; together with the local requirements being met locally. I think this is the best of both worlds and I look forward to the formation of new Country or Regional Committees as we grow.

Bill Baranowski left us last fall and Sheila Crouser has taken over the ATFT duties in the office. We welcome Sheila to the team and wish her every success and enjoyment in her new role.

The International Conference was a resounding success. You will find several articles in this Update that relate to the conference. However, nothing can actually compare with the energy, stimulation and inspiration that flows from so many like-minded and positive people in one place all at the same time.

Our thanks go to Joanne, Rhoda, Chris and everyone else who helped with the conference organisation and operation. Our special thanks go to our members who gave excellent presentations on a variety of subjects. We also thank the extra special keynote speakers, Ecoee Rooney and Victoria Yancey, who individually and jointly inspired and delighted us with their work and especially how they have integrated TFT into it.

Callahan Techniques, Ltd, ran a DX training in Boston the weekend before the conference. In the week running up to the conference Jenny Edwards ran the first ATFT RCT (Registered Certified Trainer) training, I delivered separate half day trainings in an Introduction to TFT and Building your TFT Business. Roger and Joanne ran a Dx update training and Suzanne Connolly delivered an Algorithm Training. All

training sessions were well attended and the feedback was positive from all. I invite you to submit ideas for any form of development or update training you feel that we could develop to help you move your use of TFT forward.

Membership numbers of ATFT continue to grow steadily and we are doing a great job in getting people to renew. For all you trainers out there – don't forget to get all your trainees signed up for membership at your training.

Herb Ayers, our Editor, deserves our thanks for putting together the Update. This is his first Update and I think you will agree with me that he has put together an excellent edition – Thank you Herb.

On a personal note, I am looking forward to contributing to moving the ATFT forward for the benefit of you all. I see my role as your spokesperson with the ATFT Board. If you have any particular needs that you believe we are not meeting or you have a good idea for a member benefit please let me know. If you have an idea for the ATFT Foundation for fund raising please let Joanne Callahan (USA) and Ildiko Scurr (UK) know. The Foundations (US and UK) have sepa-

rate Boards to ensure we focus on our own specific tasks. We do all work closely together to ensure nothing drops between us that is worthwhile to either organisation.

As President, I am more than willing to help you promote TFT in your area of influence. I am pleased to do this as and when I can and when it doesn't conflict with my day job.

On a final note, I would like to take this opportunity to wish you and your loved ones a very successful and satisfying 2008.

I wish you all a very healthy and happy future.

Steve McNulty
President



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ATFT RCT Trainer's Training
 Dates: **5-6 May, London, UK**
 Website: **www.atft.org**



Phone: (760) 347-4784
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Work Worth Doing



Purpose: to make as meaningful as possible this life that has been bestowed upon us, to live in such a way that we may be proud of ourselves, to act in such a way that some part of us lives on.

-Oswald Spengler, German Philosopher

by Suzanne Connolly, LCSW

Kigali is a city set among gently rolling hills that bask in the equatorial sun by day and sparkle with a generous scattering of electric lights by night. Women in traditional brightly colored dress carry baskets of bananas and other fruits and vegetables gracefully balanced on their heads. Men balance heavy sacks of beans, potatoes, refuse and wood upon their heads and shoulders as they nimbly make their way through traffic and up and down hills. Horns honk as skilled drivers somehow avoid hitting pedestrians, taxis, buses, motorcycle taxis and each other.

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Outwardly peace reigns in a land just thirteen years ago devastated by a genocide in which over eight hundred thousand men, women and children lost their lives within a four month time span. Inwardly there continues to be much suffering. Those who can remember the genocide horrors of 1996 and the genocides of years- prior cannot easily forget. There is no one in Rwanda whose life has not been touched and forever changed by these events. It's difficult to imagine.

It is difficult to imagine because we have been sheltered from such

tragedies and although we hear the stories it seems surreal. We try our best to imagine what it would be like and try to put ourselves in their place. It is difficult to imagine because there is an aura of peace and people of all ethnic groups are mingling once again despite the memories that haunt them from within.

We have come as much to drink in the sights and sounds and beauty that is Rwanda as to help alleviate the unspoken inner sorrows of those whose lives we may be graced to touch. As for some of us, Paul Oas, Dottie Webster, Caroline Sakai and

myself and our all-around man Tim Botsko from Paul's Church, this is not our first trip to this part of Africa and we already know what the other nine members of the team will soon find out. What we five already know is that Rwanda will give us back more than we will ever be able to give.

It is time to leave and I leave the guesthouse that has been my home for over two weeks in the early morning darkness. Caroline

Hall, a dentist accompanying our team from San Diego, has examined the teeth of 400 orphans and taken those most in need to a local dentist who will continue to follow up with the children of El Shaddai. Paul's church, Christ Lutheran in San Diego, California, has agreed to pick up the continuing expenses. Jim has taught the children the importance of brushing their teeth. He has let them know how important their teeth are and how important

“The really good news, as if all that wasn't enough, is that the children now have, for the first time, safe water.”

and Dottie have left earlier in the week and the rest of the group will leave later this morning. I am driven to the airport in a taxi and accompanied by a man known as Safari whose name is Jean Damasene. He has been an invaluable friend and coordinator for us all and we hug good-bye.

As I go through the security gate, the guard asks the purpose of my trip. I have been trained to say “tourist” but I have filled out a departure card and list my occupation as Social Worker. I can't resist the temptation to say “And I've done a little volunteer social work while I'm here also.” He looks me in the eye and quietly says, “We appreciate your services.” It's nice to hear and I feel good inside. Mother Theresa once said, “I know that what I do is only a small drop in the ocean but it is a drop.” We hope we have added a few drops to the good work that is occurring throughout Rwanda.

We have accomplished a lot for the short time we've been here. Jim

they are. Jim wonders what place the children who sleep four and six to a bed will find to keep their toothbrushes.

But the children will have a place to brush their teeth and to wash their hands. Our wonderful health team has paid a carpenter to build a washstand and they have placed a jerry-can with a spigot on it. Now hands can be washed after using the latrine and before eating.

The really good news, as if all that wasn't enough, is that the children now have, for the first time, safe water. Paul Oas and Jim Hall were able to arrange for an up-to-date water purification system to be installed where none has been before. This will undoubtedly cut down on the diseases that plague the children. Miraculously, this water system was donated and installed free of charge.

Whitney Woodruff, a Nurse Practitioner and her two fellow nurses,

Joanna Ransier and Kelli Barber (travel expenses Funded ATFT Foundation) have done the impossible. They stayed up to the wee hours of the night creating medical charts for all of the children and took those most in need to see a local doctor. The kindly local 7th Day Adventist doctor will be following up with the children's medical needs and even visiting the children at the orphanage on a weekly basis.

The nurses identified cases of typhoid and malaria and, most dramatically, saved the sight in one young boy's eye. The boy, J., had been poked in the eye with a stick a month before our arrival. He had received no medical attention and one eye was oozing pus and the other in immediate danger. Antibiotics were able to stop the infection and prevent blindness in the one eye although it was too late to save the other.

Boys quilting

The self-help quilting project first conceived by Dottie Webster and me was off to an impressive start. A quilting instructor, Daisy Gale from Utah, accompanied our team and I brought six sample quilts created by the Red Rock Quilters of Sedona. The Sedona women are fabulous quilters and the stunning



quilts they provided were created entirely of African fabric brought back to the States last year by Dottie and myself. The sample quilts were a hit with everyone and the children, with Daisy's help, created their first quilted wall hanging. Dottie and I have been able to sell the first quilted wall hanging for \$400.00. This money has been sent back to the orphanage.

The proceeds from the sale of the quilt will go back to the school quilters, older boys who need a way to make a living once they leave the orphanage, and one half of the proceeds will go to the orphanage itself. Dottie and David Webster have hired and are paying the salary of a business manager for the quilting project and a local sewing teacher has been hired to teach quilting. My husband and I have agreed to pay the salary of the quilting teacher.

Dottie Webster worked day and night before our arrival in Kigali, doing the necessary paperwork to submit a grant application for this self-help project to the American Embassy. Paul, Dottie and I met with the United States of America Ambassador to Rwanda, Michael R. Arietti, for about an hour and had a nice chat and plugged the self-help quilting project. We look forward to the project growing to eventually include more children.

Caroline Sakai led our team in the one-year follow up to the TFT research that was begun a year ago. We also offered to treat the children for any problems, which hadn't been resolved during their prior treatments, or for any new problems that had arisen since we had last been there. Alas, most children had only health problems that needed to



Class of April 2007, Kigali Rwanda St. Paul's Training

be addressed by our medical team. When it came to emotional problems they collectively reported no more "bad dreams during the day" (AKA flash Backs), no more nightmares, fewer bed wetting incidents, less anger, fewer headaches, increased ability to concentrate, improved ability and confidence to mingle with others, less shyness and more self esteem. Many said they had no problems at the moment but when problems did come up they did the tapping. Thanks to Roger Callahan for this gift, and thanks to The ATFT Foundation for making this trip possible.

We were also able to treat several new children who hadn't received the benefits of TFT during last year's visit to El Shaddai.

American TFT'ers with teachers also trained in TFT.

Left to right middle row: Suzanne, John, Dottie, Sandrine, Rose, and Caroline. Back row: Interpreters, Billie and Marcelle. Front row: Head teacher Julienne and Sylvestre Caroline and Dottie, two outstanding trainers and therapists, and three interpreters assisted me, as we trained 52 people in our first two-day algorithm training during this mission. Meeting Rooms, supplies, transportation and lodging were all paid for with contributions from the ATFT Foundation.

Several of our new trainees held government positions relative to the

treatment of trauma. ABATONI Jane GATETE, the executive Secretary of Association Rwandaise des Consiillers en Traumatisme with the Ministry of Health, had us over to their new counseling facility following the training. She expressed interest in us training even more therapists in Rwanda next year, perhaps at their impressive and expansive new facility.

The day after the algorithm training we facilitated a review training, attended by 20 of last years 33 trainees. Attendees came for the review training from throughout Rwanda and the Democratic Republic of the Congo. They were an enthusiastic group and shared success stories of using TFT with others and themselves. This group also attended compliments of the ATFT Foundation.

The next week was lonely without Dottie and Caroline. I did an impromptu one-day introduction to TFT training for a group of Christian Women Counselors, Women's Foundation Ministries that constitute the most utilized therapy group in Rwanda. They were an impressive group of women with a strong women's rights agenda. Their goals according to their brochure included, "...to be good leaders for the Nation and not be leaders in the "Kitchen." Their motto is Faith in Action and the leader of the group and some other women present had





recently returned from Darfur where a group of Protestant women and a group of Catholic Women had gone to treat Muslim women for war related trauma.

The women were impressed with the dramatic results achieved in such a short time and want to find a way to have more training. Their own life stories were often heart wrenching but it was a privilege to have been a part of their healing through Thought Field Therapy.

The next day was a two-day training sponsored jointly by US Aid, Catholic Relief Services (CRS) and the ATFT Foundation. US Aid is working with established groups such as CRS, CARE, and World Relief that have proven over time to be effective and efficient in delivering social services in Third World Countries. This training was attended by 29 social workers, nuns, brothers and lay persons who work with street children. The head of CRS in Rwanda, Sean T. Gallagher, gave an opening speech and Pascasie Musabyemungu, safety net coordinator, gave a warm welcome.

Gabriel Constans assisted me in this training and was especially valuable with his help during the small group practices. This group provided a meeting room, audiovisual equipment, meals, transportation and even lodging for those who

came from far away. ATFT paid for the manuals and the interpreters. The twenty nine attendees all work with the 24 CRS safety net centers for street children located throughout Rwanda. I adopted this training and the others to include new information on what chil-

dren who have been traumatized need in order to recover from trauma.

The day after the CRS training I was picked up by Pascasie and we visited two orphanages that also take in street children. The first orphanage I visited was an orphanage financed and run by a family in London and dedicated to the care of Muslim orphans. It was well run and staffed by a combination of Muslim and CRS workers. There was a young man that was of special concern due to his unique traumatic experiences and I had been brought there to treat him. I exchanged a few friendly words in Arabic, the only ones I know, and the effort seemed to ease the tension in the room. I treated the young man, a street boy, for three traumas and he seemed much better. The young man had endured great suffering and I was so pleased that TFT was able to help him.

The next orphanage we visited was a well-run Catholic orphanage that took in children of all faiths. They had cows for milk and chickens and turkeys and a garden and a fishpond that farmed tilapia. But they had a limit to the number of children they could care for full time. I was asked to treat two street children that were given school uniforms to wear and hot meals when-

ever they could make it to the Center. However these children have no means to attend school. Back home, my hair stylist and friend, Jeff Nigelski, who doesn't accept tips, had his clients donate money to a fund for these two older children. The money already collected will send both children to school for one year.

Gabriel Constans and his wife Audrey and their son Shona were trip documentarians par excellence. They took lots of pictures, video, and audio and helped the medical team. Besides assisting me with the CRS training Gabrielle spent a day treating formerly untreated orphans who had been identified by the medical team as needing psychological help.

Tim Botsko and his wife Paula helped with everything and I mean everything! We could not have coordinated our many activities without their help. Tim ran certificates for the first algorithm training, got training materials printed in French and English in unbelievably difficult circumstances and brought training attendees bottled water. Tim also met with a local Kigali architect and began plans for the new orphanage building planned for next year and funded by Christ Lutheran Church.

There are many more stories and adventures to tell but I hope this gives everyone who is interested a bit of feedback about what this jointly sponsored ATFT Foundation/ Christ Lutheran Church mission was all about.

Upon reflection, our team accomplished a great deal of good during our short stay in Rwanda. I am reminded of a quote from Helen Keller that I use in my trainings. "Life is full of suffering

but it is full also of the overcoming of it.” The purpose of TFT, at one level, may be to eliminate perturbations in the thought field but at an even deeper level, I believe this quote even better reflects what TFT is really all about.

“Life is full of suffering but it is full also of the overcoming of it.”

On the way back home I read William Easterly’s book, *The White Man’s Burden*, chosen as Best Book of the Year by the Economist, Financial Times and Washington Post. Easterly, an economist details why foreign aid, with some notable exceptions, doesn’t work. He supports a bottom up model of foreign aid rather than the usual top down where the aid dollars don’t usually filter

down to the people who need it most. It was satisfying to know, after reading his book, that our team is utilizing the foreign aid model that research demonstrates to be most effective.

We have tried to be a catalyst for

change but the Rwandan people will be the ones that in the long run will make a difference. In the preface to the book *Rwanda: Towards Reconciliation, Good Government and Development*, it is explained that Rwandan President, Paul Kagame, “believes that development can only be indigenous; it cannot be imposed even by well wishers.” The work we began with the help of our Rwandan

friends has been left in the capable hands of the many Rwandans we met along the way.

The hills of Rwanda will beckon us all back again to be sure, and will stay in our hearts forever more. There is a Rwandan saying “God roams the world by day but comes home to Rwanda to sleep at night.”

As I boarded the plane and headed for home, the guard’s words continued to ring in my ears “Thank you for your services.” His words hold true for all who had a part in making this trip possible. The Medical Team, the Training Team, the Treatment Team, the Research Team and those of you who contributed financially and/ or with your good wishes and prayers.

-Suzanne Connolly



by Jennifer Edwards PhD., TFT-VT

In this two-day seminar, participants will be exploring fine points of presenting the Thought Field Therapy® Algorithm Training, sharing strategies, and having opportunities for networking with other trainers! They will be learning and practicing nonverbal moves for working with all sizes of

groups, as well as experiencing strategies for involving participants in learning Thought Field Therapy®. They will be practicing methods for helping participants internalize and use their developing skills.

Ideas will be shared for preparing for the training, creating a climate for learning, beginning a training, eliciting

states in participants, presenting concepts so that participants learn them, and teaching the Protocol so that participants internalize it and use it. Activities will also be shared for working with challenging situations.

Jenny Edwards, PhD, is an experienced and accomplished trainer, having studied strategies for planning and giving trainings for most of her career. She has taken Practitioner and Master Practitioner training in Neuro-Linguistic Programming (NLP), and she has participated in NLP Trainer Training several times. She has studied extensively with Dr. Christina Hall, who was the mentee of Richard Bandler, in the areas of language and trainer training. In addition, she has studied with Michael Grinder in using nonverbal communication in presenting trainings. She focused her doctoral studies on motivation, studying with Dr. Raymond Wlodkowski, as well as on adult learning, studying with Dr. Malcolm Knowles. She holds Clinical Hypnotherapist certification from the Transpersonal School of Hypnother-

apy.

In addition, Jenny is trained at the DX and VT levels in Thought Field Therapy®. She took her first DX training in February, 1998 and began offering trainings in June of 1998. She was offering an Algorithm training in Nairobi in August of 1998 when the American Embassy was bombed. She used TFT with bombing victims in Kenyatta Hospital the Monday after the Friday bombing and witnessed the power of TFT. She has been offering trainings ever since then!

On the first day of the training, participants will experience many of the techniques that they will use in an actual Algorithm training. Participants will learn various strategies for introducing and helping their trainees to feel welcome. They will also learn strategies for assisting the their trainees in getting into groups easily and quickly for the purpose of discussing and practicing what has been shared. In addition, participants will learn strategies for pre-teaching the various Thought Field Therapy® concepts throughout

the training so that when they are ready to actually teach the strategies, their trainees will be familiar with them.

Participants in the training will learn a variety of strategies for helping participants in their trainings to learn, internalize, and use the algorithms, the protocol, and the various concepts such as Apex Problem, Toxins, Subjective Units of Distress, Cure and Time, etc. Strategies will be shared for use with different audiences, and participants will have a variety of activities from which to choose. The training will also include a number of strategies for preparing for the training beforehand.

Participants will learn and practice nonverbal strategies for getting the attention of group members, transitioning smoothly from one exercise to another, using different kinds of voices for different purposes, and other moves. These strategies are effective with any size of group, from a group of three to a group of 5,000 or more. Participants will also discuss the use of music in training in order to deepen learning, as well as strategies for

preparing eye-catching charts that will assist participants in remembering concepts.

In addition, verbal strategies will be shared for helping participants to focus on applying what they are learning in the future. Strategies will also be shared for asking invitational questions, using three types of paraphrasing, building excitement and expectation, and other related topics. Participants will discuss possible scenarios for planning and delivering the training, as well as ideas for marketing trainings. Participants will also be discussing stories to share for each of the concepts presented in Algorithm training.

This training will be offered on Monday and Tuesday, May 5 and 6, in London. Applications can be obtained by writing to Chris Trautner. Her email is chris@tftrx.com.

ATFT Foundation 2008 Projects

Continued from page 13

will help meet our needs for recruiting and screening volunteers for deployment, provide requirements for national and international work, needs for current projects and provide links to affiliated groups and projects such as the Rwandan Orphan Quilting Project.

Our projects for this upcoming year are as follows:

- PTSD Research in Rwanda with Genocide Survivors – affiliated with Arizona State Univ.
- Return to New Orleans – training and treating Hurricane Katrina victims.
- Return to Tabasco, Mexico – training and treating flood victims.
- January 2009 – team to Uganda for training and treatment of malaria and AIDS families.

We have just completed a fund raising package that includes:

1. DVD of Caroline Sakai, PhD's presentation of the 2007 PTSD Rwanda research and trauma relief effort.
2. DVD of interviews of the Rwandan orphans and teachers one year follow-up post TFT treatment.
3. A brief description of the 2007 study and a brief proposal for the 2008 study.
4. Articles written from deployment team members describing their experiences.
5. Miscellaneous support materials – depending on the need of the potential donor.

These fund raising packages are now available for a nominal fee, \$50, to cover the production costs for the foundation. They would be excellent to show at a fund raising event or any TFT training. (Note: trainer's receive a special discount)

Please review our current projects and see where you can join us in Healing the World with TFT. We need funds, and people willing to help fund raise and help spread the word for each project. We need team members for some of the projects and supplies for others. We always can use airline miles. You can contact myself, Joanne@tftrx.com or the Chairman of the Trauma Relief Committee, Suzanne Connolly, zanne@earthlink.net and let us know how you would like to help.

Together we can help our 2008 projects give TFT to some of those needing it most.

ANYTHING CAN BE A



A TOXIN can be anything you eat, drink, inhale, or touch that causes an unwanted reaction. Common foods, beverages, scents, personal care and cleaning products can ALL act as toxins in humans causing not only physical problems, but psychological and emotional problems as well. Any substance incompatible with your particular body can act as a TOXIN.

Toxin sensitivities and intolerance can cause, aggravate, or lead to:

Headaches	NauseaMood	Swings
PanicAttacks	AnxietyAttacks	Depression
Anger	Increased Stress	Paranoia

Noted psychologist, Dr. Roger Callahan, founder and developer of Callahan Techniques® THOUGHT FIELD THERAPY®, and author of the popular book "TAPPING THE HEALER WITHIN" demystifies the issue of toxins and sensitivities in this exciting, new self-study course.

Sensitivities, Intolerances & Toxins How to identify and Neutrilize them with TFT

YOU WILL LEARN:

- Simple testing procedures to help **ISOLATE** and **IDENTIFY** particular **TOXINS**.
- You'll be able to treat for toxin problems with Dr. Callahan's new **7-SECOND** and **7-SECOND PLUS treatment procedures**. These procedures make **PAINLESS** corrections in the subtle energy fields of the body that result in powerful symptom relief!

YOU WILL RECEIVE:

- **2 DVD's (Over 2½ hours)**
- **1 Manual with STEP-BY-STEP INSTRUCTIONS**
- **Select Supplements (newsletter articles on related case studies)**
- **Special Limited Time BONUS - FREE Telephone**

ORDER NOW! This is the first time this material is available to the public, and for only \$169 plus \$10 S&H (in USA) In the past, all shipping out of the country will result in a fee of \$30.00USD, these powerful procedures were only available to a limited number of professionals who had to travel to attend the **DIAGNOSTIC LEVEL** and **ADVANCED** trainings.

To order, e-mail Chris, chris@tftfx.com, or call 760-564-1008, or call 800-359-CURE, or go to our website at www.tftfx.com

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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 2008 are:
May 5-6, 2008 London, England**

The fee for this course is \$389 with early registration and \$409 for late registration. For information or a registration form, contact Chris at chris@tftfx.com.

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