

ATFT UPdate



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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



Hello again everyone.

Time distortion can be a wonderful asset and can be also a terrible liability. On the one hand, it only seems five minutes since I wrote my last President's message and on the other so much has happened in the intervening period it is difficult to know where to start. I find that time distortion always works 180 degrees against you unless you take a firm hold of it and make it work for you.

It was always the case for me that when I wanted something to pass rapidly or arrive quickly it always felt like it was taking longer than I envisaged? For instance, a dentist's five minutes always lasted thirty minutes whereas a wonderful ten minute sunrise always seems to be over in seconds.

I believe the secret to making time distortion work in your favour is to concentrate on those wonderful sunrise moments while sitting in the dentist's chair. I hope you will find some uplifting and unforgettable sunrise moments in this edition of **UPdate**.

This edition includes a report from Suzanne and Caroline who



have now returned from their mission to Rwanda and have incredible and marvellous stories to tell you. You will read about how our members around the world are joining together in their countries to drive TFT forward and provide benefits for the membership

that reflect local culture and need. We also have articles of successful applications of TFT to reinforce how powerful this wondrous therapy actually is. You are invited to feedback to us what you would like to see or experience at our next international conference in Europe in the autumn (fall) of 2009. These are just a few of the developments that are moving TFT forward.

Eighty people attended the Diagnostic training delivered by Roger and Joanne in London in May and this was followed by a two day Registered Certified Trainer course delivered by Jenny Edwards.

Within our Countries committees we still need volunteers to help.

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WHAT IS A GOOD HRV SCORE?




by Roger J. Callahan, PhD

In my study of the medical literature on HRV I find little or no reporting on what is a good score. I do not know why this is the case unless it is a result of a problem with the fact that the profession of heart care does not know how to dramatically improve HRV. In study after study and research after research HRV is properly lauded as the very best indicator of heart and also of general health. Most professionals do not wish to put into bold relief their glaring inability to improve low HRV by putting such skill to the tests.

In the HRV text book by Marek Malik and A. John Camm there is an illustration showing the length of survival after a heart attack by three groups of patients; this is from the original research by Kleiger and colleagues. It is summarized by Bosner and Kleiger in their chapter on **HEART RATE VARIABILITY AND RISK STRATIFICATION AFTER MYOCARDIAL INFARCTION**.

On page 331 they state "The absence of variability is a highly significant risk factor for adverse outcomes following acute myocardial infarction, including all cause mortality, arrhythmic, and sudden death.

They separated the research subjects into three groups – those with SDNN's above 100, those between 50 and 100, and those below 50. To summarize the result, p 334,"... **those with SDNN BELOW 50 "had a mortality risk 5.3 times as high as those with SDNN above 100."** This is a highly significant risk of death predicted by the SDNN.

Another clear source of the relative merit of having a high SDNN is the interesting quantitative study by Bilchick et al, who concluded:

"... for each 10ms increase in SDNN results in a 20% decrease in the chance of death."

Daugherty, CM and Burr, RL report in **American Journal of Cardiology** (1992), 70, Aug 25, pp 441-448, in an article titled, "A comparison of survivors and non-survivors of sudden cardiac arrests."

There were 16 survivors and 5 deaths in their group. The HRV (SDNN) score breakdowns were as follows:

- The **5 NON-SURVIVORS**
average score was **SDNN = 52.3**
- The **16 SURVIVORS**
average score was **SDNN = 78**

It is very clear from this data that the higher the variability the safer one is, the healthier one is, and the farther from illness and death one is.

Experiment with HRV and toxic sweater: Joanne and I used HRV Live for this experiment which gives **instant** scores on HRV.

SDNN before sweater identified as a toxin: **SDNN=21.8** Test sweater and find it toxic.

HRV LIVE showed an immediate improvement to **SDNN 68.6**. In Bilchick's terms, the chances of death were decreased significantly by removing the sweater – in fact death was postponed, according to the Bilchick research (published in The American Journal of Cardiology) by 100%.

The difference in time between the pre and post sweater SDNN was a matter of the few seconds it took to remove the sweater from the body. HRV Live gives scores instantly rather than waiting for five minutes. Such findings as this as well as other TFT impacts on HRV is revolutionary in that in no place in the HRV literature, of which I am

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What is a good HRV Score

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aware, does anything like this kind of improvement, in speed or quantity exist.

CLIENTS WHO DIED AND WERE BROUGHT BACK

The first client who had died and was brought back in the hospital where he worked was a physician. I worked with him about ten months after his revival. His SDNN prior to TFT VT therapy was 16. After VT therapy his SDNN immediately increased to a very healthy 91.

The other client who came to my training a couple of months after being revived in a fire station near his home had an SDNN of 8. He was severely sensitive to his HIV- AIDS cocktail and using my recent discovery of treating toxins his SDNN immediately improved significantly and then with further time and treatments his SDNN score has gradually been restored to normal.

To illustrate the significance of this statement consider this physician who suffered from depression for 20 years and was not helped by the many medications or the numerous psychotherapies he tried. He attended one of my trainings and he volunteered to have me treat his depression with TFT. He took an HRV test before and after treatment. His depression prior to TFT treatment was a 10, meaning it was the worst it could be. The treatment took a matter of minutes and his depression completely disappeared.

His SDNN before treatment was a very low 32 ms. Immediately after my brief treatment his SDNN increased to 144.4ms. Such dramatic improvements are unheard of in the HRV literature. As noted above, such an improvement will likely result in a profound decrease in the chance of death. If each 10 ms increase results in a 20% decrease in the chance of death, as Bilchick et al state, then it may readily be seen in the light of the of this study, that there is a dramatic decrease in the risk of death for this individual. How long will the treatment last? We never know until it lasts; however, **I discovered in principle what can undo any successful treatment and this gives TFT a further important advantage over any other treatment.**

It should be noted that although such improvements as this are commonplace with TFT, not everyone responds in this manner. I have learned that when SDNN does not respond immediately after stress removal, then toxins must be identified, treated and avoided. All cases needs to be followed in order to ensure that the dramatic gains hold over time. To understand how a highly successful treatment can be undone see Cure and Time in Stop the Nightmares of Trauma (Callahan and Callahan). In order to know what to do when a treatment is undone, see my recent important package The Identification and Treatment of Toxins.

A study carried out at a major hospital using only my depression algorithm (number of patients =106) found that depression was reduced from an average 7.3 (on a 10 point scale, where 1 means no trace

of depression) to a 1.6 (Sakai, et al).

Professionals all over the world are now eliminating the stress of such psychological problems as trauma, anxiety, anger, and depression with great speed and alacrity unknown before my discovery of TFT. It seems highly likely that the people treated successfully will, in addition to being free of their specific problem, be less likely to expire prematurely.

Note: There were 50 men who were put on the "Aids Cocktail" at the same time David started and David is the only survivor living today (March, 2008).

Ordinary foods in some people act like a poison and can lower HRV, shorten life and cause serious illness. Since TFT is so powerful in eliminating stress of almost any kind, HRV typically responds immediately to an appropriate and correct treatment and the HRV will increase, often dramatically and immediately. Ingested toxins, however can take months to clear to the point where SDNN increases dramatically. It seems obvious that the difference in time is due to the greater inertia of the physical toxins as opposed to the psychological originated stress.

My Personal Standard

As I write this, I just celebrated my 83 birthday. My health is excellent. I know that if it were not for the powerful treatments I discovered and developed, I simply would not be here.

I have had colon cancer and a triple bypass heart operation. Just

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before I made my discoveries, I suffered from severe chronic fatigue syndrome. I want to numerous physicians, chiropractors, (I even traveled to Detroit to see if Dr George Goodheart could help, numerous acupuncturists, etc. As my discovery of the role of toxins became more clear. I was able to cure this myself. It was wonderful that I could do it!!

Today, I take my HRV regularly and if it goes below 100, I find out what is wrong by means of my own objective self-testing procedure. My HRV typically increases to 100 or over as I address the problem whether it is toxic or psychological

dry mouth. TFT for depression was done in **one session within minutes** (Callahan, 2002). Typically there is immediate elimination of depression and immediate increase in HRV averaging 80% in this sample. No harmful side effects with TFT.

I argue, along that HRV is an index of health - please see my article: Stress, Health, and the Heart: A Report on Heart Rate Variability and Thought Field Therapy, Including a Theory of the Meaning of HRV. <http://www.tftrx.com/download/index.php>

Some Statements From the Scientific Literature on SDNN (HRV)

On the ultra-conservative manner of scientific style: It is frowned upon in science, to express enthusiasm. Here is an exaggerated exam-

inished in my 80 plus years. To indicate my enthusiasm for certain scientific findings, I use bold type – all bold below is my addition.

Stress Test and HRV “Low HRV has been shown to be a powerful independent predictor of **all cause mortality** in the post-MI (heart attack) population, as well as in **patients with a number of non-cardiac disease states**. Indeed, low HRV may be a more powerful predictor than left ventricular ejection fraction, wall motion abnormalities, frequency and complexity of ventricular ectopy, **standard ECG and exercise ECG** indices ...” p440 [in HRV text book]

“We examined the specific role of HRV in relation to sudden death. 245 died suddenly. Those who had an SDNN of less than 25ms had a 4.1 fold higher risk of sudden death than patients with higher short-term variability scores.”

“HRV (SDNN) was also associated with cardiac death in subjects **without a history of myocardial infarction which may indicate that HRV is also a marker for sub-clinical disease. Thus, HRV may predict sub-clinical conditions.**”

“A reduced variability is a signature for disease and increased risk of mortality.”

“HRV is a powerful prognosticator of overall mortality.”

“The lower the HRV, the greater the probability of a greater

“As I write this, I just celebrated my 83 birthday. My health is excellent. I know that if it were not for the powerful treatments I discovered and developed, I simply would not be here.”

stress. Since my body is mainly free of toxic stress in recent years, it is possible for my SDNN to rise immediately.

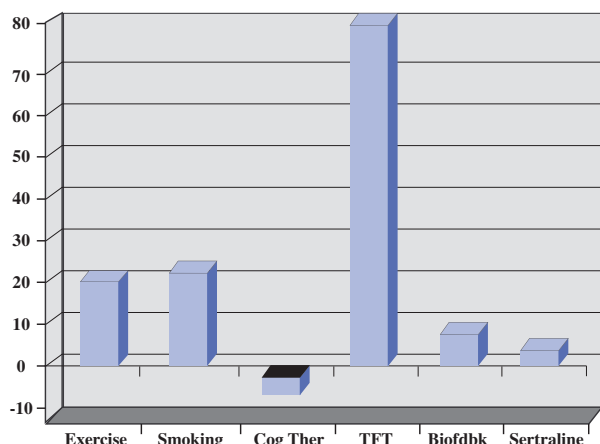
Time Scale: Exercise and smoking cessation are after **one year**. Biofeedback relaxation training is after **two months**. Cognitive Behavioral Therapy for depression was carried out for **16 sessions**. Sertraline (Zoloft) was administered for depression for **22 weeks** in this study. Common side effects with Sertraline include nausea, diarrhea, tremor, insomnia, somnolence, and

ple of this mode of speech; Two academic scientists are riding on a train. One scientist looks out the window and seeing a field of sheep says. “Look, the sheep have just been shorn.” The other scientist looks and replies, “They do appear to have been shorn on one side.”

When I published my trauma treatment in 1980, the title of my article included the word “amazing.” It was and still is amazing but I broke tradition by using the word in the title. My work with HRV is even still more amazing but I must stifle my excitement which has not di-

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% Increase in HRV (SRNN) with Different Therapies



What is a good HRV Score

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risk of lethal arrhythmias.”

“In the Zutphen Study, a prospective study in middle aged and elderly dutch men, HRV was determined from 15 to 30 second recordings. **A strong association between low HRV and death from call causes, including cancer, was**

observed.”

“Low HRV is an indicator of poor general health.”

“[Report] a progressive reduction of heart rate variability with eventual sudden death in two patients. These results suggest that sequential measurements of HRV may be useful in predicting sudden death”

“A Cox proportional-hazards model revealed that **each increase of 10ms in SDNN conferred a 20% decrease in risk of mortality (P=.0001).**” Bilchick KC, Fetics B, Djoukeng R, Gross-Fisher S, Fletcher RD, Singh SN, Nevo E, Berger RD. (2002) Prognostic value of heart rate variability in chronic congestive heart failure. *American Journal of Cardiology.* 90(1):24-28

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Coming, next issue, an UPdate on TFT in Tanzania

by Alvaro Hernandez, TFT Dx.



These children are learning the trauma algorithm through song and this group is Alvaro with TFT graduates.



TFT Trauma- Relief Study

By Suzanne Connolly, LCSW

May, 2008

In 2008 the interest in Thought Field Therapy® (TFT) grew at Arizona State University (ASU) following the introduction of Thought Field Therapy into the Holistic Health Certification Program sponsored by the ASU College of Public Health.

A study was designed by ASU Adjunct Professor and TFT practitioner and trainer, Suzanne M Connolly, LCSW, in cooperation with ASU Professor

and trauma researcher Dominique Roe-Sepowitz, Ph.D. and TFT practitioner and trainer, Caroline Sakai, Ph.D. The study was designed to explore a model of using TFT in which local community leaders would be trained to use TFT to treat others following large scale traumatic events. The study was funded by the ATFT Foundation by raising approximately \$30,000, through private donations

Rwanda was selected as the location for the research because of

the well known traumatic events of 1994, during which 800,000 people lost their lives in a period of six weeks and from which millions of Rwandan's still suffered. and also because of Connolly and Sakai's experience, gained during two previous ATFT Foundation trauma- relief deployments to Rwanda. The demographic form and the two testing instruments to be used in

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the study were therefore translated into Kinyarwanda, the native language of Rwanda.

The study design consisted of a two-day training in which 33 community leaders would be trained in a basic level of TFT. Over the following two days, 180 persons, self-identified as suffering from trauma would complete a demographic form and complete two pre-tests, the Modified PTSD Inventory (MPSS) and the Trauma Symptom Inventory (TSI) to establish their level of symptomology fourteen years after the 1994 genocide. As the subjects arrived they would be assigned to either group A or group B by being handed a blue folder (Group A) or a red folder (Group B) as part of the random design.

Following the pre-test, Group A would then be treated with TFT by the newly trained therapists over a period of two days arriving in eight separate groups at two-hour intervals.

One week later all subjects, Group A, the treated Group, and Group B, the untreated group, would take a post-test consisting again of the MPSS and the TSI.



During the following two days, Group B (the Wait Group) would be treated with TFT by the newly trained therapists in eight groups arriving in two-hour intervals. One

“Over the following two days, 180 persons, self-identified as suffering from trauma”

week later, group B would take a second post-test (this time after having been treated) consisting of the MPSS and the TSI over a one-day period arriving in four groups at two-hour intervals.

During the treatment days, the newly trained therapists would track the persons they treated by recording their pre- and post-SUD (Subjective Units of Distress) treatment scores and the total minutes of treatment time per problem.

A total of 33 trainees took the TFT Training in May of 2008. 171 subjects took the pre-test during the following two days.

In the end, 135 persons from both Group A and Group B were treated with TFT by 28 newly trained therapists for 184 problems. The average pre-SUD level reported by subjects per problem was 9.32 and

the average post-SUD level reported by subjects per problem was .61. The average treatment time per problem reported by therapists was 54 minutes (Figure 1).

The pre and post test scores reported on the Subjects' TSI and MPSS test forms are in the process of being statistically analyzed by ASU faculty. The results should be available by September 2008.

UK and

ROI Committee
UPdate

In the few months that the Committee has been up and running we have moved forward on a number of activities and are now actively planning the 2009 International conference that will take place in September. We will be writing to all ATFT members asking for topics you would like to see included in the conference and for suggestions re speakers; we are very pleased that our keynote speaker has already accepted his invitation to speak. As usual the conference will be topped and tailed with other training such as Dx. Our intention is to hold the conference at a location that will appeal to UK and overseas visitors and are currently looking at the possibility of Oxford and Cambridge universities.

We have recently negotiated a discounted malpractice, professional indemnity, public & products liability insurance scheme with Holistic Insurance Services. The annual fee is £46.50, cover for products with an additional premium for business equipment. Holistic Insurance Services cover as standard a wider range of therapies than some other companies so it would be worth comparing them to your normal provider when your insurance is due for renewal.

The ATFT Board has given us permission to revise the Success

Handbook and the other standard leaflets; if anyone has any thoughts on what they would like to see included in an updated version please e-mail yvette@free2change.com.

Work is going on in the background with various bodies to gain recognition in the UK for the ATFT and its members. We are seeking members in Ireland who can assist with similar as we have no knowledge of what bodies there are in Ireland and if there are any specific regulations if you are able to help please contact me.

The UK ATFT Foundation has now been given HMRC approval and so any contributions made by members can be given using Gift Aid. In future where there are requests for donations such as sponsoring the recent trip to Rwanda we will suggest that UK members make their contribution through the UK ATFT Foundation as we will be able to claim the Gift Aid on the contributions made.

And where any of you are able to make charitable donations through Payroll Giving you can now nominate the "Association of Thought Field Therapy Foundation (UK) Ltd" as a charity which means that you get tax relief at source on your donation. And all your friends and family can nominate our charity for Payroll Giving too!

And last but not least one of the

most exciting things for the UK and ROI committee this year is the start of the regular treatment days at the Culm Valley Integrated Health Centre based in Cullompton, Devon. This is an amazing new centre opened in March 2008 and not only is a large modern health centre offering the usual GP surgeries and associated facilities but also has three dedicated treatment rooms for complementary health practitioners and the practitioners are fully supported by the health centre and the GPs who will often suggest that patients consult the practitioners. For more information about the centre visit www.collegesurgery.org.uk.

This wonderful opportunity is thanks to Terri Perry who had the foresight to approach the centre and suggest that we could offer a service. A number of TFT practitioners are working in rotation at the centre - essentially as a co-operative; we are able to display leaflets and will be included on the centre's website so that prospective clients aka patients can find out about the treatments. Clients can then book through the main reception.

Andy Woodward has already attended a meeting of the Patient Support Group and we are invited to attend a staff meeting and give some free treatments to the staff so

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UK and ROI Committee Update

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they can understand what the treatment is all about when they recommend the treatment to clients.

The centre is supported by the Prince of Wales; he and Camilla are officially opening the centre in September and want to meet all the

complimentary practitioners who work at the centre. You never know we may even have an opportunity to demonstrate the treatment for him.

To quote the centre's website "We all hope to help provide you with joined up services under one roof in state of the art facilities designed to promote health as well as allow us to treat illness." Once it's more established and we have sorted out some of the wrinkles the

Culm Valley model will then be available for others to use with their local health centres.

My thanks go to the various people who are freely giving their time to work on the various projects.

Yvette Lamidey
Chair, UK and ROI Committee

June 17, 2008-06-17

Fr. Peter Mubunga Basaliza
Uganda 00256-782-931307

Dear Joanne,

Receive a lot of greetings from Peter in Uganda. I am so happy that you respond immediately. I would like to write briefly about TFT with malaria and my use of it in Uganda.

Dear Joanne, Dr. Callahan and the Foundation Body for ATFT,

I am so much grateful to you that you trained me in TFT the second level in California. When I was there, malaria symptoms got me, and I usually I become so weak. But to my great surprise when I was told that TFT can help with symptoms, I could not believe it at first. I could not understand how the connection could be. But good enough, in a very short time with TFT, I was having no headache, no more body weakness, no dizziness. I was very able to study with more strength and more so my body responded very highly to the medicine of malaria. Thanks to TFT. When TFT team comes to Uganda next year, I strongly believe that many people with malaria will be helped.

In Uganda, since I returned after the training in Carlifonia, I have helped many people in my practice of TFT. I have trained some catechists and made a practice on those with anger, trauma of war, fear, anxiety, and I have seen them getting healed with TFT. They all get surprised with the healings in a short time, with this very new method.

Thanks so much for giving the world TFT. It has come at the right time in the world. We highly need it in Africa and in Uganda for many people to be trained and healed. Long live ATFT foundation.

I wish you a very nice time.
Yours faithfully,

Fr. Peter Mubunga Basaliza
Uganda. 00256-782-931307



President's Message

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Envelope stuffers and stamp lickers required or anyone who can give a few minutes a month would be most welcomed.

Now that we have charitable tax status from the UK government we are starting to develop fund raising ideas for the ATFT Foundation UK. On the 22nd June I competed in the Leeds 10km (6.25 miles) road race. Many of you were kind enough to support my efforts with sponsorship and, with the expected gift aid contribution from the Inland Revenue, I expect to find that we have raised close to £1,250 (\$2,500) for the Foundation UK. The Foundation funds are roughly apportioned 50% international aid and 50% UK and Republic of Ireland aid. With our existing funds this will allow us to start helping those less fortunate than us both at home and overseas.

A very big THANK YOU to everyone who supported me. I wanted to get my time under 1 hour as I had set that target to entice additional sponsorship. I finished in 59 minutes and 12 seconds and I was very pleased with that. I think I completed the last kilometre in a record time for me as I knew my time was tight and the large crowds cheering and clapping and encouraging everybody gave me a new lease of life for the required 5 minutes. It was a very worthwhile experience and I would recommend it to anyone who wants to improve their fitness and help others in the process. In retrospect I should have, maybe, started with a 5km race.

If anyone has any fund raising ideas or can encourage their companies to support us, we would be very pleased to receive your help.

As always, the Board of Direc-



tors of ATFT are eager to receive any feedback from you that will move us forward either with TFT or with member's benefits. If you have anything to suggest please contact any one of us.

If you can help with your Countries Committee, please email me at steve@stephenmcnulty.co.uk and I'll pass your details on.

Thank you and enjoy this Update.

**Steve McNulty ATFT -
President**

Australasia Country Committee

By Judy Harvey

Chair, Australasia Country Committee

Just a note to update ATFT Members

I have been speaking to Steve and he has asked me to tell you what is happening here in Australia.

I have just received the Australasian Regional Committee's constitution from the lawyer who has been preparing them. He has recommended that we become an

incorporated association. Our committee members are now reading and approving the constitution before it goes to the Attorney General's Department to be registered and then it goes to the taxation department for approval as a charitable association. So we are finally getting some where at long last.



I will keep you updated when all has been completed.

Japanese Association for Thought Field Therapy (JATFT)

By Ayame Morikawa, PhD, President JATFT

Our JATFT is growing steadily here in Japan. There are currently 230 professional members in JATFT.

We offer the official algorithm course only to professionals in Japan. Occasionally, JATFT will offer a clinical applications of TFT workshop.

Since TFT has such a unique feature of self-help techniques that provide great benefits to lay people, JATFT offers an instructor's course to teach a self-help workshop for non-professionals.

We have had an increasing number of opportunities to introduce TFT into academic organizations such as the Japanese Societies for Traumatic Stress Studies and the

Japanese Association for Family Therapy.

Last year, 2007, we were involved in crisis response, the shooting rampage in Sasebo, where 3 were killed, and 8 were injured. We, seven TFT therapists, treated 60 out of 80 employees of the sports club at the scene. After a month, all the employees could come back to their work.

The studies of TFT have been increased, including a stress care study for nurses at a hospital and PR controlled study at a public high school. We have a TFT journal and TFT self-help book planned to be published this fall.

TFT Case Study “Tom” Brain Tumour May/June’08

By Val Chater B.Ed; TFT Dx

On Sunday evening May 4th when I returned home from the Callahan’s Dx Training (London) I read the following email from a client AR who had received both Shiatsu and TFT algorithm sessions from me this year ‘08.

Fortunately, with TFT we had already cleared a good deal of AR’s anxiety with tapping on past trauma around illness and hospitals, her fear of disease, past relationship with her step father and betrayal from her mother, dealing with her

mother’s breast cancer and difficult birth of her first born son, Tom (**not his real name**)

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Here is the email from AR sent on Sat May 3rd the son is Tom

Dear Val, I am sorry for cancelling our appointment the other week but my son developed double vision and we have had to have mri scans done. Yesterday we went to Addenbrooks to be told that in had an incurable brain tumour and has been given as little as a couple of months to live if he doesn't respond to chemo and radiotherapy but at best he only has a year. I know I am desperately clutching at straws but the only hope we have is to try and prolong his life in the hope that during this time other drugs will be available to him and I will do anything I can to do this. With this in mind can you or do you know of anything that may help to prolong his life, we will try absolutely anything. I'm terrified what is going on in his mind at the moment to be 16 years old and told you haven't much time left. I just dont know what to do, say, think or help him. I know I am asking a lot from you but any help/suggestions now matter how small will help.

**With kind regards
AR**

Immediately I phoned AR and drove to her house (3 minutes away) with a bottle of Rescue Remedy for them (I took some myself) and using the Complex Trauma Algorithm with Anger and for AR with her husband observing, swiftly reduced her SUD from 10+ to 2. We did Collar Bone Breathing (CB2). They both seemed calmer, although shattered.

Since the news of this dire diagnosis on Friday, AR had been unable to sleep.

Very briefly I explained to the parents that there was actually quite a bit I was able to offer with TFT to support their son, mentioning keeping him out of Reversal, clearing past traumas relating to this diagnosis, boosting his self esteem, identifying and neutralizing toxins.

They would talk with Tom and see if he was willing to try TFT.

AR was interested in reading Tapping The Healer Within and I lent her my copy the next day.

I tapped myself on my anxiety and lack of experience. It felt like jumping in at the deep end.

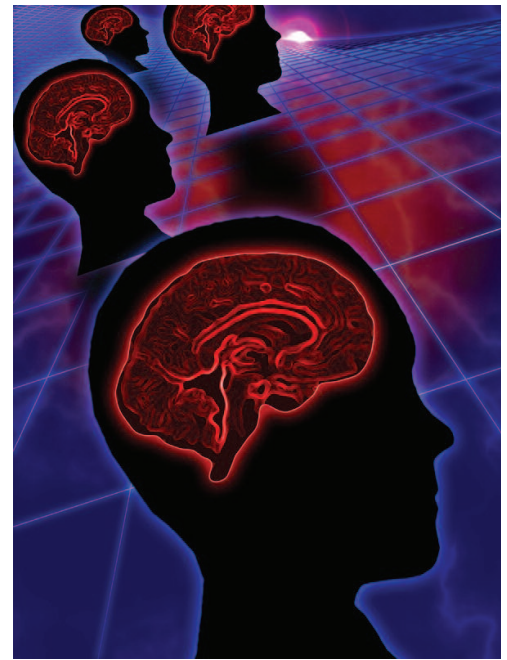
May 5th Bank Holiday Monday morning AR reported that at least she had got some sleep last night.

At Tom's house and with his mother present:-

Tom was willing to meet me and in the way of introduction I attempted to explain a little about TFT likening the brain to a computer which can be programmed and deprogrammed. The importance of thinking about the problem while tapping to tune the thought field like tuning a radio frequency. Talked about the concept of energy Reversal having the same effect as a battery being put in the wrong way round. The importance of keeping out of reversal to allow his own healing to function. I likened myself to a service technician and I emphasized that he could stop the process at any point if he wanted to ask a question or if he'd had enough.

Tom was not forthcoming on how he was feeling and seemed in a dissociated state. The whole family was in shock at the diagnosis. He agreed he felt bad after the hospital news. SUD 7-8 ? not sure.

Focussing on the brain tumour di-



agnosis:- complex trauma algorithm +anger+guilt.

Initially after 1st majors no change in feeling after PR correction & repeat majors

SUD 5 . 9g sq felt the same SUD 4.75. Mini PR repeated algo. After PR 2 and CB2 SUD 4. I asked if he wanted to stop-yes he'd had enough.

I thought there would be other issues stopping SUD going lower and I didn't want to over do it and put him off at this early stage.

Useful to have just gone through CB2 with him. Recommended CB2 x3 daily and Rescue Cream on tumour site back of head x2.

For PR correction with Mantra (inspired by Kevin Laye):- to start with every hour (if possible).

Placing one hand on back of head (tumour site)while tapping PR spot with other hand (inspired by Charles Stone)

- Same PR tapping under nose
- Same PR switching hands

Continued on page 14

TFT Case Study "Tom" **Brain Tumour**

Continued from page 13

Tues May 6th

Used muscle testing to check his shampoo, conditioner etc.

Tom has shoulder length hair and doesn't use gel, wax or hairspray.

AR went shopping for Surcare washing powder and purchased shampoo with minimal chemicals.

He tested ok with rescue products. I asked Tom what was foremost in his mind. His first thought and concern was he wished his eyes were better. I suggested his eye sight would improve with the shrinking of the tumour. Thinking of eye problem we diagnosed and treated.

Asked AR if Tom had had any eye problems in the past?

Age 7 he had his eyes tested and needed glasses. He had no memory and no SUD.

Complex trauma algo with him thinking of being 7 years old and getting glasses.

Toxins

Wed, May 7th

Tom had just eaten a large bar of Galaxy chocolate and I was unable to correct his massive PR. I didn't suggest head squeeze to neutralize it due to the tumour site (back of head) so we had a chat instead. Apparently he loves chocolate and agreed to stop eating it for the time being as it seemed to interfere with treatment.

It was an opportunity to describe the detective work ahead of us finding past traumas/upsets linked to the creation of the tumour. Explained TFT gets to the root cause by finding the information trigger codes in the thought

field. He was willing to give it a go at a later date but couldn't think of any past traumas. Assured him he didn't have to talk about any upsets just think of them while we were tapping.

Discussed and checked his understanding of cancer, radio therapy and chemo therapy.

He is due to begin chemo tablet medication and radiotherapy this Friday May 9th which involves a 4+ hour drive to & from Addenbrooks Hospital, Cambridge daily for 6 weeks.

He is stopping the rescue cream for the radiotherapy. Can use Rescue spray instead.

Charles Stone has been supporting me, answering questions and giving me suggestions with this case. He emailed me a Toxin Clearing Algorithm and 2 Standard Chakra Patterns from his course on Parts Therapy & TFT with instructions to go over with Tom to help with chemo side effects. Since day 1 of chemo Tom has been using this procedure after taking the chemo medication x3 daily.

Charles also suggested that I do head squeezes for chemo side effects remotely for Tom. Firstly with Tom we used muscle test for PR's, on exhale, no. of times, and I did the head squeeze thinking of Tom and stating the particular drug. At home I repeated this remotely once daily.

I booked Dr Colin Barron for a VT session on Toxins with Tom.

VT with Dr Colin Barron: Tues May 13th

Colin tested Tom for all his favourite foods.....

Negative: wheat, milk, chocolate, sugar, garlic, lamb, smoked salmon

Colin tested all Tom's medications and diagnosed holons for 3 out

of 6 of them to be used instead of head squeeze. Thereafter Tom added these tapping sequences after taking his medications and continued with the Toxin Clearing sequence each time as well-(always clearing PR first). Tom still doing the PR mantra x3 and CB2

Colin diagnosed the main trauma behind the tumour problem with another holon.

Chocolate

Tom had not eaten any chocolate since last Wednesday -a whole week but he was not happy about going without it as he was missing it.

I offer to assist with quelling the chocolate craving (addictive urge algo) but Tom doesn't want to.

I suggest using another technique (Collapsed Anchor) but he is not really on board and it does not seem to work.

However he continues not eating chocolate for the present, with the intention to resume again when he is recovered.

AMAZING RESULTS!

Tom has cooperated totally with guidelines for tapping, PR and eating.

Tom has done a great job keeping himself out of reversal for these 6 weeks by eating well ie. non toxin food and by keeping up the mantra. Being creative with the mantra using it for any issue eg. I want to get over this fatigue etc.

Generally he has kept positive and in good humour.

Throughout the 6 week chemo course Tom has not been sick nor felt sick and still has his wonderful head of hair!

I wondered what the hospital staff made of that?! AR said they were just very negative in the chemo dept. but their radiologist was more open minded and positive.

The Evolution of Callahan Techniques® and Thought Field Therapy®

By Joanne M. Callahan, MBA

During the late seventies and early eighties, Dr. Roger Callahan was working diligently on finding a simpler, more effective way to help his patients with their problems. He found traditional psychological methods slow, sometimes painful and often ineffective.

As a clinical psychologist, his focus was on emotional problems. Through his research and clinical testing, he discovered some simple procedures that quickly eliminated phobias and identified and eliminated self-sabotage, which he termed psychological reversal.

His book, *The Five Minute Phobia Cure* (Enterprise, 1985) detailed and presented these new discoveries and brief treatments, "The Callahan Techniques". He demonstrated them live, on radio and television across the country. While treating hundreds around the world, he developed procedures for many other psychological problems including grief, trauma, addictions and cravings, depression, anxiety disorder and many other emotional problems.

His work led to the development of a causal diagnostic process, where he could quickly determine a specific tapping sequence (healing code) for an individual's problem. This process, repeated on thousands of clients over many years, led to

the development of some commonly used sequences or algorithms for many problems. The Callahan Techniques now had two levels of treatment, simple algorithms and a causal diagnostic procedure for more complex problems.

As Dr. Callahan was asked to treat more and more people and do more radio shows, he realized he needed to find a way to treat these people successfully, over the phone as well as face-to-face. This work led him to discover the Voice Technology, which has proved to be the most effective and rapid level of the Callahan Techniques treatment procedures.

Then in 1994, Florida State University's professors Charles Figley and Joyce Carbonell began a search for a cure for PTSD. They

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equally effective in the physical realm."**

invited Dr. Callahan and I to participate in the study along with three other therapies, EMDR, TIR and VK/D a form of NLP. They told Dr. Callahan he needed to come up with a name for the protocol he developed, other than his name. And so, we had the birth of Thought Field Therapy from the Callahan

Techniques.

Our first newsletter published details of that study as did an article in the *Family Therapy Networker* where the author, stated "if it had been a horse race, the TFT contingent would have won hands down". Thought Field Therapy (TFT) was off to a great start.

Over the next fourteen years, TFT was used by more and more practitioners and lay people alike, treating and helping not only emotional problems but many physical problems with amazing success.

We began to realize TFT must be "nature's healing system" as we saw miraculous improvements with problems like menieres disease, cancer, chronic pain, immune disorders, anaphylaxis, and so many others. TFT was appearing to be equally effective in the physical realm.

Dr. Callahan found that many physical problems responded to TFT very quickly and the healing lasted. He also found that much of health, both emotional and physical, was affected or aggravated by toxins, but, that TFT could all be used to identify and treat these toxin problems with great success. He was even able to find a way to eliminate the side-effects of necessary medications, greatly improving the quality

of life for those individuals needing them.

Today we receive reports daily, from all over the world, about how TFT has helped them heal from things like leukemia, blepharospasm, cancer or improve from hopeless cases of autism and epilepsy or dizziness and even vision loss. Our VT practitioners, who can work with anyone, anywhere, have had amazing healing successes for their friends, family and clients.

As Dr. Callahan has been developing TFT in the physical realm, we

have others who have used TFT to improve in the spiritual realm. One of our VT practitioners and a priest, first brought out this aspect of TFT in a brief article for our newsletter. Fr. Luis Jorge Gonzalez, ocd., PhD, said "TFT opens a door to God's grace and makes possible the spiritual healing for people who have been suffering for years and years."

We have recently become aware of this kind of spiritual healing through our work with the genocide victims of Rwanda. These individuals, who were locked in trauma, nightmares, anger, grief, move into

higher levels of consciousness. After treatment they could express love and caring for others and demonstrated improved self-esteem.

Others have reported they can use TFT to successfully quiet their mind and aid in the meditation process.

TFT can help heal the whole person, in the emotional, physical and spiritual domains. It is truly a divine healing system and a gift to the world.

BTFTA News

By BTFTA Committee

Since its very simple beginnings as an information network for UK-based TFT practitioners, the BTFTA has grown into a strong professional organisation with influence.

Focussing directly on supporting the region-specific needs of practitioners as far as possible – especially with legal, governmental and clinical issues – it complements and supplements the work of the ATFT.

Members enjoy access to considerable online advice and practice-support materials (a resource that should also be available to all ATFT members soon once the BTFTA's website is redesigned and capacity improved), and a network of local practice support groups. Although take-up has not been as extensive as one might expect as

yet, those groups that have established regular events report much appreciation from those attending.

Practitioners who have advanced their TFT skills through a program of Continuing Professional Development courses offered by the BTFTA or by taking TFTdx training, also become eligible for listing with the UK National Health Service Trusts Association. The NHSTA publish a directory of complementary and alternative medicine (CAM) practitioners who have had their qualifications vetted and suitability assessed for referral by GPs and Consultants, working with our National Health Service (NHS). TFT became the first CAM discipline to be added to the directory



since the NHSTA's original "approved" list was established in 2001.

The BTFTA is also contributing to the establishment of Voluntary Self Regulation for CAM within the UK through its affiliation with the British Complementary Medicine Association. Surprisingly, there is still no regulation of CAM (including Psychotherapy) in the UK.

Even now, anyone can come straight off the street and set up in unqualified practice! In 2001, the UK Government decided to introduce regulation but recommended that the various disciplines bring their own houses into order and regulate themselves first. Then and only then would those disciplines have their regulatory mechanisms brought into statute. The BTFTA intends to be at the forefront of this to ensure that TFT doesn't come off second best!

Future plans include negotiation with the National Institute for Health and Clinical Excellence

(NICE) to have TFT accepted as a treatment directly within our NHS, rather than by medical referral only, as is the current situation. This requires the provision of extensive peer-reviewed research data before NICE will even consider our case. At the present time, the final steps are being put in place for a simple

outcome study involving as many practitioners as possible followed by more specific studies at a University level. It is anticipated that the work will take several years. But as another of the "power therapies" – EMDR – has already gained

NICE approval, it should not prove too difficult for TFT to follow suit!

The BTFTA will also be hosting its third UK conference in November 2008, further details and the application procedure being announced soon. Leamington Spa and Coventry were the favoured venues for the first joint event with the ATFT in 2006 and the subsequent gathering in 2007, with West London, near Heathrow Airport, being the venue this year. Both BTFTA and ATFT members are welcome to attend, and socialise with colleagues at dinner in the evening.

ATFT Foundation – 2009 Uganda Project

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



The use of Thought Field Therapy (TFT) to address the world wide problems of trauma, malaria and AID's is a low cost, effective way to reduce suffering and improve the quality of life for the people afflicted and their families. TFT also provides the possibility of saving lives without adding to environmental pollution with toxic chemicals. TFT meets the needs of the poor because it is affordable for all – even the very poorest of villages in the most poverty stricken regions. Most importantly, it does no harm to the individual or the environment.

In 2004 and 2006 volunteers from the ATFT (Association For

Thought Field Therapy) Foundation worked in Tanzania, Morogoro, using Thought Field Therapy (TFT) to treat malaria victims and their associated traumas, fears and physical symptoms. The results were very promising. In this pilot study, the team was quickly able to eliminate most of the physical symptoms and dramatically decrease the level of suffering. Temperatures improved, symptoms of distress decreased and there were improvements as measured by Heart Rate Variability (HRV). Note: see article in UPdate, Issue 4, Winter 2006.

Even though this was a field test, under difficult circumstances,

the measurements gathered certainly warrant further research. While there was only a 7% or 1 in 15 change in the blood test from positive (for malaria to negative (in a 30 minute time span), if that could be accomplished just by teaching simple self-help procedures, it could be possible to save 70,000 lives per year (based on 1 million malaria deaths/year), without causing harm to people or the environment. Most experienced a decrease in temperature and a reduction or elimination of their symptoms.

TFT could help save lives, improve the quality of life and be affordable to even the poorest of regions. Note: There is a recent university study showing that electromagnetic fields will kill the malaria parasite. This may help explain why TFT is effective in this area.

Since 2004, the ATFT Foundation has successfully used TFT to treat genocide victims in Kigali, Rwanda. In 2006-2008 the ATFT Foundation completed two very successful PTSD studies, with orphans and then with adult genocide victims. Note: see articles in UPdate, Issue 8, Spring 2008.

The remarkable aspect of the second study, 2008, performed in conjunction with (a researcher from) Arizona State University, is that the actual treatment for PTSD was performed by local community leaders. The ATFT Foundation, 2 person, team trained a small group of local community leaders, therapists and clergy. After a brief 2-day training, these same community leaders treated 151 severely traumatized participants for 184 problems. The average subjective units of distress (SUDS) pre treatment measure was 9.3 (on a scale of 0-10) and the post treatment measure was 0.61.

Thought Field Therapy® is unique in that it can be quickly and easily applied by trained helpers in the community without harm. The technique provides immediate and profound relief at the mental, physical and spiritual levels. (It helps those taking medications by reducing side effects, ends nightmares, alleviates pain, anxiety and anger. These outcomes are enduring as compared to many of the other modalities currently being researched in Rwanda that have not

been found to have enduring results (discussion with current University researcher in Rwanda).

The ATFT Foundation has established a workable template that can be applied in a greatly expanded manner. We would continue developing this model of response to large scale trauma situations where a team can train local community leaders to treat others affected.

The first of these plans is to apply the same PTSD model used in Rwanda on a larger scale in Uganda, in January 2009. Additionally, we will begin a malaria research project based on the pilot study in Tanzania. We have been invited to work with the local Catholic diocese that will provide the structure for training and travel to the various villages. The Catholic priest, Fr. Peter Mubunga Basaliza, who will be the organizer, was treated with TFT for malaria, during his training here in the USA. (see letter from Fr. Peter in this issue). All his malaria symptoms were eliminated in a demonstration in front of the class in a TFT training last January, 2008.

Our training and treatment team will consist of a physician and his wife (both trained in TFT) from the UK and one of our top trainers, husband and wife team. They will train the participants at the same level as the group of community leaders in Kigali, Rwanda, that performed the PTSD work cited above. The preliminary budget estimate is:

Total -Uganda Mission, 2009 – 4 member team – 300 participants \$47,357

This project is vitally important for several reasons:

1. It is an easily replicable project that could be incorporated into existing charitable programs with significant results.
2. Malaria is a world wide problem with costly medications that are unavailable to many of the regions it is affecting the most.
3. Trauma, whether man-made or natural disasters, is ever-increasing. Many never receive the kind of assistance TFT can provide. I believe if we can get these tools in the hands of the victims, we can help them help themselves so they can move on to be productive human beings, and break the cycle of violence. We have seen this happening with the orphans of genocide in Rwanda.
4. Uganda is in desperate need of help for trauma, malaria and aids. We have a welcome partner with existing infrastructure to introduce and expand our ATFT Foundation model.

The ATFT Foundation needs your help to accomplish this project. Please contact me, Joanne Callahan, President ATFT Foundation, Joanne@tftrx.com, if you can contribute or have a contact for possible funding. Donations can be sent to ATFT Foundation, PO Box 1220, La Quinta, CA 92253. Everything helps, we raised nearly \$30,000 to complete the 2008 Rwanda PTSD Study, a few dollars at a time. Thank you for your continued support. If you would like full project materials, including DVD's, for a possible funding source, please contact me.