

ATFT Update E-ZINE



Official Publication of the Association for Thought Field Therapy

Issue 2, Winter 2005

Suzanne Connolly Teaches TFT in Kuwait



Front: Intisar Al-Haddad, Manal Al-Musallam (sponsor), Kkhayal Al-Bader
Middle: Muneera Al-Ghanim, Suzanne Connolly (trainer), Omyma Al-Baddah, Sushila Taylor, Nadia Amin **Back:** Farah Talal Al-Musallam, Dr. Sahar Shaqeidef, Aisha Al-Badar, Buthatna Al-Howly, Altaf Al- Sabah

Thought Field Therapy in the Middle East

by
Suzanne Connolly, TFT-Dx



In This Issue

TFT in Kuwait.....	1
President's Message	2
TFT with Animals.....	3
Roger on P.R.....	4
Case Study.....	6
Quantifying Toxins..	9
Marketing Tips.....	12
A Good Day's Work..	14
Carolyn Sakai.....	16

Much has happened in Kuwait since Saddam Hussein sent his ill-fated army of Iraqi Soldiers into Kuwait. The Kuwait Towers have been rebuilt and are once again a popular tourist attraction. Homes and hotels that were destroyed have risen once again like Phoenix's from the ashes. It is a bustling metropolis with crowds of white robed men and colorfully robed women. And, the Thought Field Therapy Training that had been planned two years ago by my Kuwaiti sponsor but cancelled due to the U.S. led invasion of Iraq has finally taken place.

A group of 14 women, mostly Kuwaiti's assembled in a large ship modeled after the fishing boats used by the original occupants of the territory that is now Kuwait.

The ship, owned by the Hotel (SAS Radisson), is where Kuwait's first Thought Field Therapy training took place. The large ship contained several meeting rooms and grand ballrooms and is a far cry in size and splendor to those original fishing vessels. While I was presenting the Algorithm Training, an elaborate Kuwaiti wedding ceremony (the bride's part which I was invited to peek in on) took place in an adjoining ballroom and in the main foyer an Embassy Dinner was being held. Despite it's grandeur, the wooden meeting room/ ship was built true to the style of the original fishing boats complete with wooden nails and it has a permanent doc in the beautiful Arabian Gulf. Kuwaiti's refer to the body of water we in the West now call the Persian Gulf as the Arabian Gulf. Kuwaiti's point out

- Continued on Page 2 -

TFT in Kuwait

(Continued from Page 1)

that they are the decedents of Arabs not Persians.

The Training took place over three evenings and the group of women expressed delight that the group, by accident not design, turned out to be composed exclusively of women which led to a more casual and less restrictive atmosphere. The attendees were warm and friendly and kisses on both cheeks were exchanged frequently. These women had attended many trainings arranged by my sponsor but they repeatedly expressed that the information they were receiving during the TFT Training was the most helpful. All problems presented for treatment were quickly resolved with the simple TFT Algorithms. On the last evening one young woman who had been treated by me in front of the group as a demonstration said to me "I promise that I will think of you every day for the rest of my life for what you have done for me." It is a warm and wonderful thought that this young woman from another culture on the other side of the world might be thinking of me.

Suzanne Connolly is a Licensed Clinical Social Worker, Marriage and Family Therapist, Independent Substance Abuse Counselor, and TFT Trainer



“ I have used TFT with several trauma patients (RTA victims, traumatic losses, assault victims) with some amazing results. Intrusive images and nightmares were totally gone after one session. Thank you for developing such a brilliant treatment, which is so easy to use.”

- Psychotherapist - Denmark



Mary Cowley, Ph.D.
ATFT President

Dear ATFT Members,

I am pleased to welcome you to the second issue of the "ATFT Update". Our TFT community has been greatly expanding, and with it, the need and opportunities to share news, ideas, and practical tips and tools related to the practice and growth of Thought Field Therapy. I invite you to enjoy this e-zine issue, where you will find an abundance of articles on TFT, practice tips, and other information.

As announced in the inaugural issue, the ATFT Board of Directors declared this the "Year of Growth", and indeed it is proving to be such. Our membership is continually increasing. Through the leadership of David Hanson we are adding to the practical tools and tips we can offer members, to help them increase their success with TFT and grow their practices.

Many of us can benefit greatly from help with marketing what we do, and we are very fortunate to have David's expertise and willingness to share it.

The number of approved algorithm trainers is also growing, along with the Board of Director's focus on this vital area. I'm pleased to announce that Dr. Jennifer Edwards recently accepted the chairmanship of the Algorithm Training committee, and will be looking at ways to improve training materials, protocol and standards, as well as expand the types of TFT-related workshops trainers can offer.

I am also pleased to report that Dr. Caroline Sakai has joined Dr. Roger Callahan as co-chair of the Scientific Archives committee, which is currently collecting materials that will help facilitate the understanding of Thought Field Therapy, and which will be posted on the ATFT web site, www.atft.org, for member access. These will include scientific articles and studies related to TFT; references (and links, if possible) to articles on Heart Rate Variability from the medical literature and relevant to TFT; references to published scientific studies related to toxins; books that have been influential in the development of, and/or have some relevance to, TFT theory; and opportunities for grants and funding to do future scientific research on TFT.

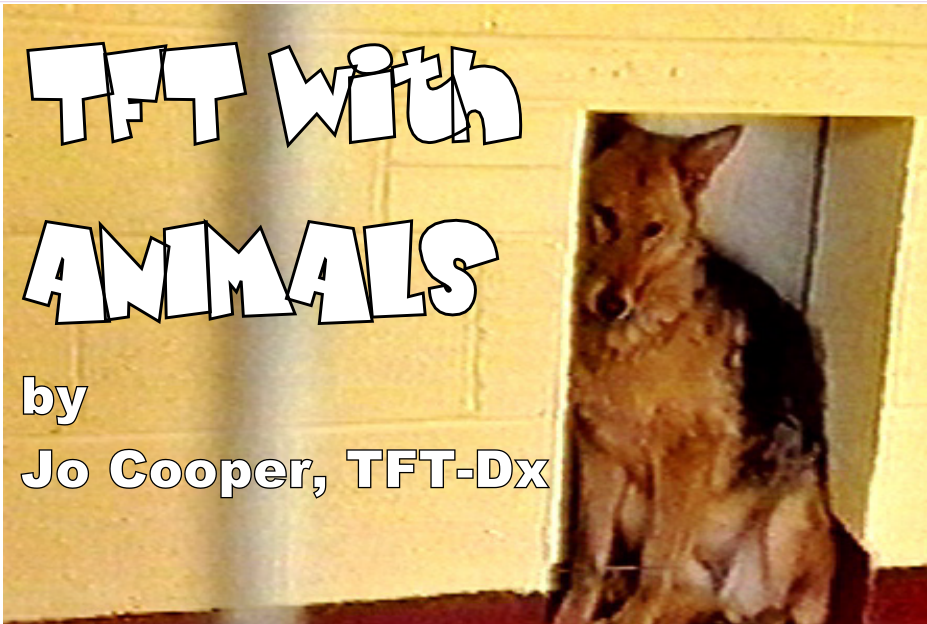
The growth of TFT in areas of the world that suffer from disasters or epidemic disease is a main goal of the ATFT Foundation, and I invite you all to read the encouraging article about the Foundation's efforts by Ms. Joanne Callahan, Foundation President. Regarding TFT help for trauma victims, if you know any victims of a disaster or anyone who has access to them, you can now refer them to the ATFT web site, where Roger and Joanne Callahan have been generous enough to allow us to post Chapter 3 of "Stop the Nightmares of Trauma", enabling anyone in the world to learn the simple steps to trauma relief quickly and at no cost.

Warm regards to you all, and may I invite you to please let us know if there is something in particular you'd like to see in the next issue of the "ATFT Update". We love your input.

TFT With ANIMALS

by

Jo Cooper, TFT-Dx



Picture above: Tazzy, the author's dog, cowering in her kennel, before the TFT treatment.

offered to introduce me to the manager. After some convincing – and resolving of ‘test’ cases – I soon became a regular visitor and used TFT successfully with a number of dogs in their care.

It was here that I met Tazzy three years ago. One day when I went into the center I was told that a traumatized dog had been brought in and I was asked if I would do some TFT with her.

Tazzy was a one year old German Shepherd crossbreed whom I first saw cowering in a corner of her kennel. If anyone talked to her as they walked past, and especially if they went into her kennel, she tried to retreat even further into the wall. She was to be featured in a television program about rescued animals and the producers planned to film the TFT as part of her story.

It was clear that it would not be fair to the dog, nor necessarily safe, for me to go straight into the kennel with the TV crew and attempt to do TFT – which is what the producer had envisioned.

I was told that I could have as much time as I needed and so I sat outside her run and put my attention on her while tapping myself. She began to look at me and stopped pressing herself against the wall. We were soon able to open the door and I went into the run, sat on the floor in the corner, and continued tapping myself.

She began to move towards me and I was able to shuffle towards her. Soon I was able to touch her and tap some of the meridian points for trauma, fear and anxiety. She responded and just a few minutes later she was trying to lick the camera lens and to eat the fur cover from the microphone. This was a quantum leap from the cowering dog that we had seen earlier that day.

I continued to visit Tazzy and to do more TFT with her and the filming of her story was completed over the next few days. When the program was eventually shown on national television there was no mention of TFT and no pictures of TFT being used with Tazzy, but there was ample evidence of the major change that had taken place. So much so that the handler said on camera “She’s just amazing. She’s come round

I am writing this article with Tazzy, a happy, confident dog, asleep next to me. She is the dog who was a star at the recent London Step B training where she was happy to be ‘tapped’ in front of a group of more than seventy people. This may not sound especially impressive but few people who knew her history would have expected her to be so relaxed.

Tazzy provides a constant demonstration of the transformations that can happen with TFT, as well as offering many timely reminders that we still have much to learn. Whilst TFT can be demonstrated to be highly effective with animals, the process of working with them is more complex than with humans (primarily because we do not have two way verbal communication with them) and has often led me to try approaches that I would not have needed if I worked only with human clients.

I first heard that TFT could be used with animals more than five years ago during my TFT Diagnostic training. Since then I have used TFT with animals whenever the opportunity has presented itself, including the following examples.

My first candidate was one of my cats, Buster, a large Maine Coon with a coat that often needed to be detangled

and a jaw large enough to sink his teeth into my elbow while I was combing him. After tapping for anxiety, anger and rage he lay on my knee and seemed quite relaxed while I combed out the tangles. Ben, our rescue cat, who had probably been trampled in his former life, used to turn into a spitting, hissing ball of teeth and claws when his feet were touched. He calmed down and started to tolerate being handled.

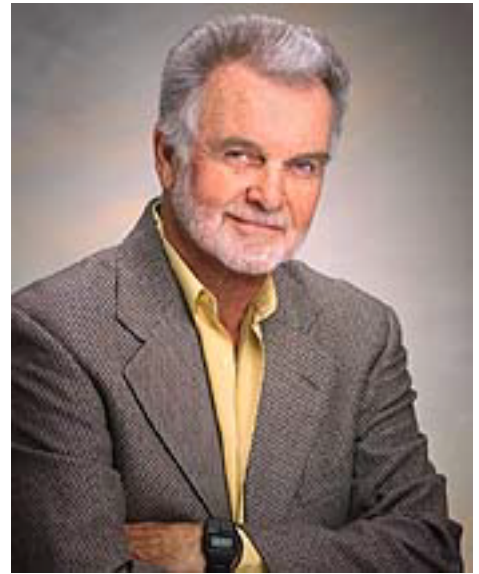
A friend’s horse, Dignity, had a phobia of anything that looked like a whip; she changed within minutes and let us wave a whip around her back and her head. (For the record, Dignity’s owner did not want to use a whip – she wanted to resolve Dignity’s fears which could sometimes have dangerous consequences.)

Charlie, a friend’s horse who would not have his mane hogged (clipped) had previously been labeled ‘too dangerous’ by three professionals who had attempted it and said that they would not want to try again. He settled down within two TFT sessions and since then has let his owner hog his mane on her own.

Around that time I had a client (human) whose phobia was easily dealt with using TFT. He was connected with a local animal rescue center and

Dr. Roger Callahan on ...

psychological reversal



As most of you know, psychological reversal (PR) was the first (1979) discovery in TFT. For a number of months, I knew when PR was present, I knew that it was not good because it was predominant among my most recalcitrant clients. It was quite thrilling, several months later, to finally be able to discover the treatments that corrected PR. The therapy for PR is one of the key factors contributing to the extraordinary high success rate of TFT. I conjecture that if it were not known how to treat PR, then our success rate would likely be about 40% to 60% less than it is.

PR prevents or blocks otherwise successful treatments from working. For a good example of this interesting phenomenon see the video called Introduction to TFT. Find the part where I treat Tom Snyder for his fear of going up a ladder. Observe how my treatment has no effect on his fear.

Then, after correcting the PR, I repeat the very same treatment which a moment earlier had no effect on Tom. His fear is immediately gone and he climbs the ladder with ease.

Following is a small portion of what I wrote on PR in the Glossary of "Stop the Nightmares of Trauma" by Callahan and Callahan:

PSYCHOLOGICAL REVERSAL (PR)
A state or condition which blocks natural healing and prevents otherwise effective treatments from working. Evidence, apart from the PR test for the state of pr is revealed when an otherwise effective treatment does nothing - then after the

pr is corrected (usually in seconds) the same treatment, which did nothing the moment before, suddenly works.

When I named this phenomenon about 25 years ago, I used the term "reversal" as a metaphor. Later, I found reasons to believe that there is much more than a metaphor going on and I now believe there is a literal reversal of polarity in parts of the body associated with PR. First, a little background.

Soon after I first discovered PR, I found that each client (in a general psychotherapy practice) who happened to have cancer also had a PR. (Most of those who have a PR, however, do not have cancer.) Another psychologist who took my training, Dr Lee Shulman, who specialized in treating cancer patients found all his patients showed PR.

I had heard of Harold Saxton Burr who was a biologist at Yale. He believed and established, using a sensitive voltmeter, that all living things had polarity (see his book Blueprint for Immortality). One of his students, Louis Langman, went on to become a gynecologist and then a professor of gynecology at New York University.

Langman believed that cancer was basically a problem with field forces in the body and he measured his patients with the same voltmeter that Burr used. To check his idea he examined cellular diagnosed cases of cancer under blind conditions; that is, the pathologist and Dr. Langman did not know who was who. He compared these cases (in measurements of body polarity by Burr's method) to normal individuals. The measurement of polarity was done with

a sensitive voltmeter placing the electrodes on different parts of the body.

The results were as follows:

No malignant condition

Positive polarity 74

Negative polarity 4

95% of the normal group showed the measured polarity to be positive.

Those with malignancy

Positive polarity 5

Negative polarity 118

96% of this group showed polarity to be negative.

Cancer group: 96% negative polarity

Non cancer (normal group): 5% negative polarity

The cancer group has a striking preponderance of women showing a reversal of normal polarity. This finding correlates with what Dr. Shulman and I found re identifying psychological reversal with a muscle test.

Dr. Langman then studied an additional 737 patients who had a benign gynecological condition. He found that in this group 611 showed a positive polarity and 126 were negative; i.e., 83% positive and 17% negative.

(Continued from Page 4)

A further strong confirmation of Langman's relationship between polarity and cancer received strong support from the fact that when cancerous tumors were surgically removed the polarity changed from negative to positive (Langman, in Burr 1972, p 144).

Werner Loewenstein is one the world's experts on intercellular communication. In his book (1999) he states: "Let us check briefly on the performance of [these units of information] reception and transmission] to see how well they measure up to that promise.

First, their directionality. To get a message through a communication channel, the information flowing through it must have a direction. In the channels of our technology, the direction is given by irreversible (one-way) transmission stations. This is also true for the intercellular channels, though there may be an occasional reversible demon too along the line. But it's the irreversible ones who bring home the bacon - they are the ones who get the message through (pp 194-195).

What does all this mean? Well, I think it means that when you correct a PR you are actually changing the polarity in a system which was blocked by an error in polarity. You are unblocking this system and this allows the healing energy to flow freely; the treatment you do after the PR correction now can work. The healing message can get through.

References:

Burr, H.S. and Northrup, F.S.C The electrodynamic theory of life. 1935, Quarterly Review of Biology. p322-333

Burr, H (1972) Blueprint for Immortality: The electric patterns of life: London: Neville Spearman.

Callahan, R and Callahan, J (2002) Stop the Nightmares of Trauma. Chapel Hill, Professional Press

Loewenstein, W. (1999) The Touchstone of Life: Molecular information, cell communication, and the foundations of life. NY: Oxford University Press.

TFT with Animals

- Continued from Page 3 -

so well in just a short space of time. You wouldn't think that this is the same dog that was cowering in the back of the kennel just a few days ago." It was a pity that TFT didn't get the recognition it deserved.

Not long afterwards, Tazzy came home with me and she has now been with us for three years As well as the pleasure of having her, I have had the opportunity to use TFT with Tazzy over a long period. I have been able to notice what has worked and what hasn't, as well as identifying some of the issues involved in rehoming a traumatized dog of which I would otherwise have been unaware.

Despite major changes she has made, Tazzy's rehabilitation has sometimes seemed a slow process. However, I have met other people who have rehomed rescue dogs and many of them have said to me that their dogs have never regained their confidence or that at best the process has taken many years. Tazzy has certainly demonstrated that this does not always have to be the case.

So what have I learned about using TFT with animals? The first thing to mention is that in the UK anyone who wants to use TFT with animals must take account of the law and it is advisable that any TFT practitioner wanting to use TFT checks the legal situation in their own locality. In the UK the Veterinary Act states that it is against the law for anyone other than a veterinary surgeon to diagnose and treat an animal. It is therefore important to make it clear that we are working with behavioral problems and not health issues, and even then the application of the law is uncertain. Those of us who are not veterinarians are, however, able to work with animals under the supervision of a veterinary practitioner and to use TFT with our own animals.

We also have the Dangerous Dogs Act which can be applied to any dog whose behavior can be perceived by anyone as dangerous. This could apply to a dog bouncing up to a child, just as

easily as a dog actually being aggressive. All of us who have dogs need to be aware of this (even a member of the British Royal Family found herself in court recently). It is not difficult to imagine that if a dog had TFT one day and bit someone the next, or was even over-exuberant, an anxious owner might say that 'he wouldn't have done that if he hadn't been tapped'. This would not be helpful for either the TFT practitioner or for the public image of TFT.

I am convinced from my experiences that TFT can be used very effectively to help animals although working with them is not as straightforward as working with humans. I cannot, as I would with a human, ask an animal about its problems, nor ask them how badly they feel on a 1-10 scale, nor use language to identify the thought fields that may be involved.

It has been the practice to say that when working with animals we may be dealing with *perceptual* fields rather than *thought* fields, in the belief that it is more likely that animals react only in the presence of a stressor. Whilst I always teach an owner a tapping sequence so that they can use it with their animal when it is stressed I am not personally convinced by this argument. It seems to me that a key issue is not whether or not animals have thought fields, but of how they can be accessed, especially when the animal is not in the stressful situation.

There is undoubtedly more to be discovered and much of it is likely to help to understand more about other applications of TFT. As one of the participants in London said to me, "I wasn't looking forward to hearing about working with animals as I'm not interested in doing that - but I learned so much from the presentation with Tazzy about how to use TFT with humans, too"!



Jo Cooper is a Diagnostically trained CT-TFT practitioner who resides in the UK. She not only works with humans, but with animals as well. Visit her internet website at: www.thoughtfieldtherapy.co.uk/animals.html

Cases Studies

Prepared and submitted by
Suzanne Connolly, TFT-Dx

Bill and Nancy had been married for six years and had not had sexual intercourse for the past three. They explained to me that they were each experiencing such severe emotional pain that they would either reach their goal of becoming sexually intimate or they would divorce, and continue on with their lives separately. Nancy felt that Bill had lost interest in her. She felt rejected by him and suspected and feared that he had lost interest due to the fact that she had gained weight.

After their initial interview, I met with Nancy and Bill individually one time each to take their sexual histories in the tradition of my training in classic Masters and Johnson-style sex therapy.

In Bill's individual session, he reported that he had once been physically attracted to Nancy. In spite of the fact that Nancy was quite large, Bill, who

was an artist, reported that he had always been attracted to Nancy's curves. The reason Bill felt like he was distancing himself from Nancy had nothing to do with Nancy's body. Bill perceived Nancy as controlling and he reported that Nancy frequently demeaned him. Nancy had frequently been critical of Bill's sexual performance and Bill felt intimidated by Nancy. He felt that Nancy put the responsibility for their sexual difficulties solely on him and he needed Nancy to acknowledge that she, too, was a part of the problem. Additionally, Bill felt that Nancy did not allow him any space for his feelings and opinions.

In doing a brief family of origin history, Bill reported that his mother had been chronically ill. He described his mother as someone who controlled by using her illness. Due to his mother's neediness and dependence on him, there had been no room in his childhood for Bill's feelings.

Bill stated that he very much wanted his relationship with Nancy to include sexual intimacy, but Nancy, he said, was difficult to please and Bill never felt adequate. To make matters worse, Nancy frequently compared Bill to past lovers.

Despite his willingness to address the issue of sexual intimacy, Bill expressed a great feeling of relief when he learned that their therapy would initially begin with a no-sex contract, as he and Nancy began the traditional Master's and Johnson Sensate Focus, or touching exercises.

In the first Sensate Focus exercise, partners meet at an agreed upon time. In most cases they wear no clothing. One partner, (the toucher), explores the other partner's (the touchee's) body with the goal of experiencing how it feels to touch as opposed to the goal of pleasuring the partner. This begins as a non sexual exercise with breasts and genitals off limits. The toucher touches for as long as he or she wants (unless the touchee is uncomfortable). When the toucher is finished, the partners switch places and the toucher becomes the touchee and the partner begins the expe-

rience of "touching for his or her own pleasure."

Toward the end of our therapy session, Bill mentioned that he reacted with intense anxiety when Nancy expressed any disappointment in him. Bill stated that he reacted to Nancy's frequent expressions of disappointment by emotionally and physically withdrawing. Eventually Bill's anxiety would build to a point where he would experience anger and resentment and rather, than acting out, Bill would react by retreating even further within. This resulted in Bill being distant and emotionally unavailable, and I suggested that we try using Thought Field Therapy with the thought that reducing Bill's anxiety around Nancy's expressions of disappointment might help him stay more present to work on the relationship. In our session, Bill had no problem working up an anxiety with a SUD of about nine just thinking about the possibility of Nancy expressing disappointment in him. Us-

"Using the simple Thought Field Therapy anxiety algorithm, Bill soon reported an absence of anxiety or fear when thinking about Nancy expressing disappointment."

ing the simple Thought Field Therapy anxiety algorithm, Bill soon reported an absence of anxiety or fear when thinking about Nancy expressing disappointment.

The next day I saw Nancy for her individual appointment. Nancy stated that her marriage had felt like six years of continual rejection. She added that sex with Bill, from her perspective, had never been satisfying. Nancy emphasized her point by relating that she experienced anxiety and feelings of rejection whenever she was in their bedroom.

Nancy agreed to try Thought Field Therapy in an attempt to reduce her current anxiety around her relationship with Bill as represented by that room. Nancy reported a SUD level of eight when just thinking about their bedroom.

We used the TFT algorithm for trauma/ anxiety and Nancy's anxiety around their shared bedroom and the feelings of rejection that their bedroom had come to symbolize for her were reduced to a one. She was no longer personalizing the current lack of sex in the relationship and the bedroom was, once again, at least a neutral zone.

During this session, Nancy also reported that her relationship with her parents had been, and still was, extremely difficult. Nancy's mother was ineffectual and not there for her. She experienced the most disappointment, however, in her relationship with her father. Nancy lamented that her father could never "get who I am."

As Nancy began to relate specific incidences having to do with her relationship with her father, his personality traits emerged, such as his need to be right, his constant criticism of her and his rage when anyone dared to infer that he was less than perfect. I shared with Nancy that her father was likely a Narcissistic Personality Disordered person or at least a person who was severely narcissistically impaired. Unfortunately for her, he was quite unlikely to change.

I explained to Nancy that this was about her father's limitations and not about her, but Nancy did not experience my statement as good news. Just thinking about her painful relationship with her father combined with my prediction that he was unlikely to change brought tears to Nancy's eyes. Nancy was soon sobbing uncontrollably and when asked, reported a distress level of ten.

We did the Thought Field Therapy grief algorithm and soon Nancy reported peace and acceptance (a SUD of one) around the fact that her father would likely never be who she wanted and thought she needed him to be.

A week later I met with both Nancy and Bill. Bill reported that he was no longer reacting with anxiety, which in the past had quickly turned to anger and distancing, when Nancy expressed disappointment in him. Nancy acknowledged that Bill had been more present in the relationship since his individual session. Nancy happily reported that

she had been comfortable during the two conversations she had with her father during the previous week and she had not been triggered by his lack of "getting who I am."

While Nancy was initially experiencing a great deal of difficulty with and resistance to the no-sex contract, Bill was enjoying the non-sexual touching for his own pleasure (the first part of the prescribed exercises). Bill was



used to doing things for others and the concept of touching for his own pleasure had never before occurred to him.

When she understood that the exercises could be helpful to their ultimate goal of being sexual, Nancy reluctantly agreed to continue with them. I proceeded to give Nancy and Bill their second Sensate Focus Exercise and we agreed to meet the following week.

The second Sensate-Focus exercise is precisely like the first, except that this time, touching breasts and genitals is allowed. The couple is reminded that this continues to be a non sexual exercise. It continues to be touching for "your own pleasure" and the touching is not to be thought of as foreplay or as an attempt to pleasure the partner.

At the beginning of their next session Nancy and Bill excitedly reported a major insight they had immediately following their most recent sensate focus exercise.

They related the following story:

Shortly before they were married Bill had shared with Nancy a commitment he had made to himself earlier in his life. Bill had felt a need for a spiritual retreat and had decided to spend some time in solitude in the desert. Bill had been trying to find the time to make this retreat for several years. Fearing that the constraints of marriage would make this journey even more difficult to undertake, Bill asked Nancy for her blessings and asked to take this retreat before their marriage. Nancy replied, "If you go, don't expect me to be here when you get back!"

Bill was torn. He wanted to marry Nancy but also wanted to take this longed-for respite. He decided against making the retreat and Bill and Nancy soon married. Bill ended up going through with the wedding with mixed feelings. Bill and Nancy reported that even the wedding pictures revealed Bill's unhappiness. Bill stated in this session that he had felt that Nancy would always have things her way and that his needs and his feelings would never be important. Bill admitted that he still to this present day harbored resentment about this incident.

Resentments over events from the past frequently linger and cause unspeakable pain and damage to an otherwise good relationship. Such a situation is an excellent opportunity to use Thought Field Therapy to heal these resentments, hurts and angers. In Bill and Nancy's case, Bill agreed that he would like to put this episode behind him. With Nancy present in the session, Bill was able to work up an anger level of seven by just thinking about this emotionally laden experience. Using the TFT simple trauma algorithm combined with the anger algorithm, Bill was able to alleviate his feelings of anger around this memory. With his anger out of the way, Bill was able to empathize with Nancy's past feelings of fear of abandonment. Most important, it now felt to Bill like something that had occurred in the past, which no longer had any bearing on the present.

Case Study

- Continued on Page 8 -

ATFT Update

Case Study

- Continued from Page 7 -

Thanks to Bill and Nancy's insight we were able to use Thought Field Therapy to remove this enormous obstacle from Bill and Nancy's path to a closer relationship.

By the seventh session, Nancy and Bill reported that they had recently begun having sexual intercourse (a little ahead of their sensate focus exercise schedule). However, Nancy, still difficult to please, complained that her orgasms weren't always as powerful and dramatic as she would like them to be.

With a little help, Nancy was able to see that in her dissatisfaction with anything less than perfect she was a little like her father. If things weren't perfect she was disappointed. Uncomfortable as the analogy to her father was, Nancy let the comparison sink in and this became an "Aha" experience for Nancy.

With a little probing, Nancy acknowledged that she felt anxiety when things were not perfect. In this session, Nancy was able to tune into her anxiety around lack of perfection and using the Thought Field Therapy anxiety algorithm her anxiety around a lack of perfection in her life and in the world was reduced to a one.

Bill and Nancy moved to another area not long after their last session. When they were settled they gave me a call and let me know that they were enjoying each other as sexual partners and as friends. In Nancy's words, "Things are much better, at least most of the time. Everything's not perfect, but that's okay."

In just seven sessions, Thought Field Therapy combined with more traditional sex therapy helped this couple successfully resolve core issues that had been interfering with their desire to have a satisfying, intimate and sexual relationship.

This case history illustrates how Thought Field Therapy can be used with traditional sex therapy approaches such as the Masters and Johnson Sensate Focus Exercises. For a more complete and detailed description of Masters and Johnson Sensate Focus Exercises please see: **The Illustrated Manual of Sex Therapy** (second edition) by *Helen Singer Kaplan, M.D., Ph.D.*

Reduced Fees
for
TFT Practitioners

*The Center for
Extraordinary
Living*



Removing blocks to
Self-awareness &
Being the person you
want to be

Thought Field Therapy (TFT)
Voice Technology (VT)

drmary@thecel.com

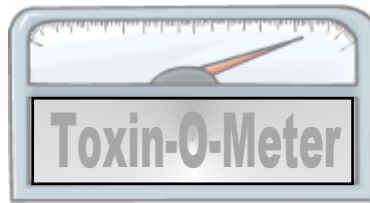
Mary Cowley, Ph.D., TFT-VT
Appointment by phone 858.756.7131



A new testing process for

Quantifying Toxins

By
June Kennerley
TFT-Dx, DpAc, MBACc



Just before I attended the Step B course in Indio earlier this year, I had a cold that refused to be healed by acupuncture (my therapy) so I had some VT with Colin Barron which, of course, did the trick. We also found some of my IET's (*Individual Energy Toxins*). There were many! So, I created a list.

I also used VT just to check out my diet /toxins in general *and the list grew* - masses of things were BAD!

Surprisingly, much of my "healthy" food and drink was BAD including green tea, chamomile tea, sprouts, cauliflower, spinach, turnip, bananas, raspberries, olives, pumpkin seeds, organic peanut butter and most of the good quality supplements that I take.

In addition:

All Dairy - BAD
Eggs - BAD
Alcoholic drinks - OK

(Amazing!)

Sugar OK
Meat OK
Fish OK

I am inclined to eat healthily and towards being vegetarian/vegan - even miso soup was BAD!

All the products I used: soap, washing powder, body lotion---BAD!

At the Step B Training in Indio, more toxins were found. I began to feel as though eating, drinking, breathing and washing was like walking through a minefield. I was not safe anywhere!

When I arrived home from California I started again. I gave up many things that showed as toxins and did *Seven Second Treatments* with many other things. I felt so restricted.

I spent the most part of one weekend trying to find a washing powder that was not an IET!

One of my toxins was milk and as an English woman, I love my cup of tea (2 or 3 a day with a little milk) and I was darned if I was going to give it up.

I looked squarely at the whole thing and thought, "I can't be having with all



this."

Many years ago when given a choice of things to have (or to do) I weighed the pros and cons and then chose one.

One day an interesting question came into my mind. It was, "Is there any way I can have both in this present day?" In other words, can I have my IET cake and eat it, too?

I applied this to my IET problem and with the thought that nature is not this complicated - that there is an easier way if you look for it - I started to look.

Since my cup of tea was a priority especially on a morning, I gave the milk in it a count of 100 Toxic Units so I could have lea-way on either side (tea is not an IET for me). I need to be clear, here, that "Toxic Units" are an arbitrary measurement I created for the purpose of this project. I needed some way of measuring my sensitivities with a muscle test.

Then using a muscle test, making sure there was no reversal for each

substance, I used the following declarative statement for testing: "This substance with a relation to milk at 100 toxic units is ...*more* than 100, 200, 300 etc or *less* than 100."

I continued till the exact number was reached and my arm was STRONG. If I went too far in either direction, I would get a weak arm and then I was able to refine the number.

If I got something that was between say 30 and 40 I would use the higher number.

The results were very useful.

So using milk as the 100 Toxic Units standard my other results were as follows:

Sprouts 130, Turnip 130, Cauliflower 30, Bananas 70, Potatoes 35, Organic eggs 40, Raspberries 60, sea salt 40, Tap water 97, Filter water 100!!

And then came the shocks and surprises. After a thyroidectomy 25+ years ago, I take thyroxine replacement (Eltroxin) which is an IET for me.

Other results were:

Eltroxin: 3560
Lo salt: 3000 +
Regular salt 3000 +
Body Lotion (perfumed) 700
Green Tea 450

Total 7710 toxic units

Additionally:

Pumpkin seed 8
Peanut Butter 18
Olives 20
Bold Soap Powder 2
Simple Body Lotion 35
Sea-salt 40
Calcium Supplement 2

I determined from this that giving up Lo salt, regular salt, green tea (which I hate but drink because it is good[?] for me) and doing the Seven Second Treatment for the Eltroxin, saves me almost 8000 toxic units per day. Considering Dr. Doris Rapp's "Barrel Concept", I thought that should bring the barrel way down!

Now I am consuming anything I like (apart from the changes above) and I use boiled or bottled water which is no

TOXINS can cause psychological problems! ANYTHING can be a TOXIN!

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 intolerances can cause, aggravate, or lead to:

Headaches
Nausea
Mood Swings

Panic Attacks
Anxiety Attacks
Depression

Anger
Increased Stress
Paranoia

Chronic Fatigue
Lowered Immune Function
Insomnia

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 and TOXINS: How to Identify and Neutralize 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:

- Over 2½ hours INSTRUCTIONAL VIDEO (VHS or VCD)
- 1 Manual with STEP-BY-STEP INSTRUCTIONS
- Select Supplements (newsletter articles on related case studies)
- Special Limited Time BONUS** - FREE Telephone Consultation with Dr. Callahan!

ORDER NOW! This is the first time this material is available to the public, and for only \$169 plus \$10 S&H in USA (\$30 foreign). California residents add applicable tax. In the past, 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 web site at www.tftfx.com
 Name: _____ Phone: _____
 Address: _____ City/State/Zip: _____
 MC Visa Card # _____ Exp: _____
 Fax to 760-347-0934 or mail check or MO to: Callahan Techniques, Ltd, PO Box 1220, LaQuinta, CA 92247

Quantifying Toxins - Continued from Page 9 -

no hardship.

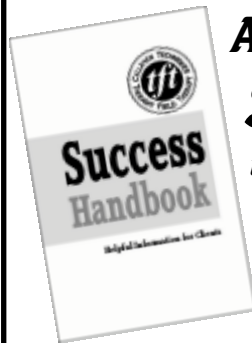
Testing this out, I did the toxin test for every other IET I had and they all showed as OK.

Even since that time, making what sees to me to be very minor changes, they all remain OK.

I have my life back! In Indio, I had an SDNN of 40+ (this is why I took toxins so seriously even though I felt very well at the time). After doing the Seven Second Treatments it went down to about 33. In London later this year it was 69.8 and I was eating toxins. It was also before I started this work and the air-conditioning in the room affected me greatly.

Doing what I do now should make my SDNN very good. It all looks very promising.

EDITOR'S NOTE: To find out more about June's toxin quantification process, please contact her directly at: junekennerley@yahoo.co.uk



ATFT's

SUCCESS HANDBOOK

is a great way to introduce TFT to your clients!

It's **FREE** and it's **YOURS** as our way of saying, "Thanks" for your new membership or renewal of your current membership.

Your local printer can produce your SUCCESS HANDBOOKS direct from the CD-ROM you'll receive - - or print them on your home computer! Created for practitioners at ALL levels of TFT practice.

Contents include:

- ✓ Questions and Answers About TFT
- ✓ Complete instructions for self-treatment
- ✓ A special place to write-in custom "take home" treatment sequences
- ✓ Illustrations of tapping points
- ✓ Complete instructions for Collarbone Breathing
- ✓ Explanation of Psychological Reversal and how to correct it!

Call (760) 564-1008 to get yours!

FREE BOOK SPECIAL OFFER



**A \$14.95
Value**

"Her book is full of practical advice and contains many tips of applying TFT algorithms effectively to help various psychological problems. Anyone interested in applying TFT algorithms is well-advised to obtain this book. Suzanne has done a marvelous job!"

- Dr. Roger Callahan, Ph.D.

"I am pleased to recommend this work as Ms. Connolly is a first-rate seasoned counselor with many years experience in the various modalities of therapy ... She offers clinically the best of the new as well as the tried and true."

- Dr. David R. Hawkins, M.D., Ph.D.

Yours FREE when you renew your ATFT Membership

Offer ends March 31, 2005.

**Renew your membership EARLY for next year
and receive this GREAT BOOK!**

Not sure when your membership expires?

Call CHRIS at (760) 564-1008

Or check by e-mail: chris@tftrx.com

WE LOVE SUCCESS STORIES!

And, we want to hear yours! Write your success story in one, short paragraph. Some of the best success stories are the ones that not only surprise the client but also amaze the practitioner. Or, the treatment that had a surprising conclusion. Write it down. ***And, then, send it!***

Send yours to:

Dr. David Hanson, *UPdate Editor*
7311 Chambers Creek Road W #2
University Place, WA 98467.

Or e-mail it to:

powerpaws4u2@net-venture.com



Success Story

“A friend of mine has a Lhasa Apso dog that has been going progressively more lame with each month that has passed. His hindquarters were getting very stiff and he was limping horribly. My friend (a TFT-Dx person) and I decided to treat the dog using the owner as a surrogate. I had the owner hold the dog and focus mentally on the dog's painful hindquarters. We diagnosed the problem and worked until no further perturbations were apparent. The whole process took maybe 15 minutes. We put the dog down on the floor and the improvement was pronounced and immediate. There was still a slight limp but the degree of his improvement was astounding! The slight limp disappeared by the next day. His owner said he hasn't moved this well since he was a puppy! Today is 2/10 and the treatment has held since 9/23. It's almost unbelievable!”

- Linda Jollo, TFT-Dx

Mighty Marketing Minute

Mini Seminars Can Create Client Opportunities

by

David Hanson, DEH, TFT-Dx

ATFT Membership and Publications Chairman

If TFT has any shortcoming at all, it is that it works too well.

Of course, that's great for a client in emotional pain who is seeking the quick relief that TFT offers. With very few exceptions, TFT offers rapid help with no long, protracted, strings of appointments, no *ad nauseum* re-living of problem past experiences, and months or years of weekly chats with a therapist. TFT results in lots of happy clients.

For the self-employed therapist, however, TFT's high degree of effectiveness means that the practitioner must be constantly on the lookout for new mechanisms that will replenish their client pool that is constantly being drained by their successes.

That means, if you have a practice that leans heavily on TFT, you need to learn how to market yourself better than someone who practices less effective forms of therapy.

One of the promotional strategies I have used with great success is the **"FREE INTRODUCTORY SEMINAR."**

The concept isn't new. Some of you reading this may have signed up for a class, taken a seminar, or went on a weekend junket flight to consider the purchase of a time share condo in Maui because of a free introductory seminar.

Please understand from the outset, that I am not suggesting you follow my example. What follows here are ideas that I hope will get you thinking. And, more important, **ACTING!** The best ideas in the world aren't worth squat unless they are accompanied by action.

Let me describe one of the ways I have used the FREE INTRODUCTORY

SEMINAR (*hereinafter called a "FIS"*) and let's see if you can apply the same principle for your own benefit.

Back when I first got introduced to TFT, I applied it immediately to lose 65 pounds (which, by the way, I have managed to keep off). AFTER I had lost the weight, I studied Dr. Callahan's book and tape set, **"WHY DO I EAT WHEN I'M NOT HUNGRY,"** (I seldom ever do anything in the right order) and decided that it would make a great weight loss support program.

I was careful, when crafting the sales materials for this class NOT to simply call it a 'weight loss program'. I decided that adding the word "support" made the whole thing a lot more realistic and practical. Understand that TFT is NOT a weight loss program, but it does a great job of supporting a person's weight loss efforts by freeing them of irrational (addictive) urges for forbidden foods regardless of the eating plan they choose to follow -- ATKINS, SOUTH BEACH, etc.

I created an ad (shown on the top of this page) and ran it in the paper for three issues. I was deluged with calls and filled all the seats. When callers inquired about what the program was about, I clearly explained my experience with TFT, who I was and the fact that this program was intended only to show them what TFT is, how it works and how it is applied to weight loss. I made clear that it was the intro to a continuing series of support group sessions for which there was a fee that could be paid by cash, check or credit card. Further, I explained if they chose to avail

"Why Do I Eat When I'm Not Hungry?"
FREE INTRODUCTORY **Weight Loss SEMINAR**

IF YOU are a stress eater, can't stick to diets, eat emotionally or binge, always sabotage yourself, have tried EVERYTHING to lose weight and FAILED, come to this special seminar program!

You don't have to be fat anymore! This FREE program is for people who are seriously overweight. You will be introduced to and highly effective therapy that uses the body's own energy system to ELIMINATE the anxiety and self-sabotage that causes you to fail at every weight loss attempt. Dr. David Hanson will conduct this FREE INTRODUCTORY program. Call 962-8250 to reserve your seat. **ONLY 15 people will be accepted on a first-come basis.**

Thought Field Therapy (TFT) has helped thousands of people just like you to lose weight naturally, without drugs, pills, herbal compounds, supplements, weird diet drinks or gimmicks of any kind! This seminar is offered to acquaint you with TFT. There is NO cost or obligation.

Wed, Aug. 7 at 7:00 PM
 Daybreak Natural Foods - 307 N. Pine St. - Ellensburg

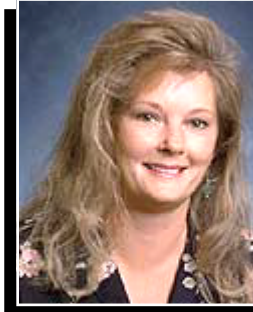
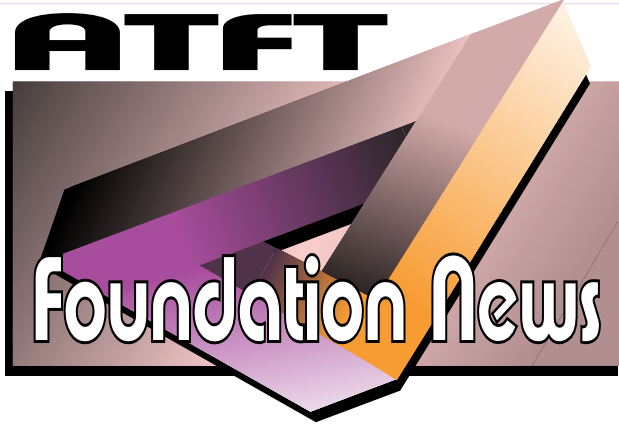
themselves of the support sessions which met on Saturday mornings, they were expected to be there for EACH and EVERY one of them, they would receive a text book (Dr. C's book which can be purchased for Callahan Techniques® at a VERY nominal price) which was their responsibility to study and I would be there to work out the kinks of it with them individually if they had problems.

Then, I 'baited the hook' so to speak by explaining that I would treat everyone who came for the introductory session for their problems with their chocolate cravings (if, indeed, they had such cravings -- and the majority of overweight people do). I decided I would use Urge Reduction as my most convincing demonstration piece.

At the program, I started by recapping the same material that I had previously covered with each of them by phone when they made their reservation. I went on to explain my own experience with TFT, then played the first portion of the "Why Do I Eat ..." tape -- just enough to explain the anxiety and addictive connection and how it plays into common weight loss problems but not enough to give anything away.

Mighty Marketing Minute

- Continued on Page 18 -



Joanne Callahan, MBA
President

Morogoro, Tanzania, from June 9 thru June 30, 2005. This team of volunteers will consist of: Dr. Mary Cowley and Dr. Cecily Resnick from San Diego, California and Mr. Chris Milbank from London, UK. Mr. Alvaro Hernandez, an engineer from Mexico City will be returning with this group. They will work with the local people to directly help the victims of malaria and their families as well as teach a large group of local missionaries and health care personnel.

We are asking for help from all of our readers. We can accept funds for travel, assessment tools, teaching aids and much more. Donations of airline mileage would assist our teams with travel costs. Please join us in this vital humanitarian effort!

Just think, if we could only help the related trauma and stress on these families and thereby strengthen their resistance to the spread of this disease, how many lives could we save and how much suffering can we relieve?

We can accept donations in the form of credit cards, mastercard or visa, or checks made payable to the ATFT Foundation, PO Box 1220, La Quinta, CA 92247. If you have any questions about how to donate for this project, please e-mail me, Joanne@tftfx.com or call me, 760 564-1925. **This is an opportunity for all of us to participate in a project of worldwide importance.**

*Note: ATFT Foundation is an IRC Section 501(c)(3) public charity to which contributions are deductible for federal (USA) income tax purposes in accordance with the provisions of IRC Section 170.

ATFT Foundation Announcement:

Mr. Alvaro Hernandez, an engineer from Mexico City, Mexico, has accepted the Board of Directors invitation to join the board. He will be joining the board for their March, 2005 meeting. The board is honored to have his participation and hard work toward our mission and goals.

ATFT Foundation Makes News

The ATFT Foundation project scheduled for Tanzania, Africa has captured the attention of the media. There were two brief news stories, Friday, January 28, 2005, *CBS and NBC* nightly news both told of the work the ATFT Foundation is planning in Africa.

The following week a local, southern California, radio talk show, *KPSP*, invited Dr. Callahan, founder of Thought Field Therapy®, and Joanne Callahan, MBA, President of ATFT Foundation to talk about the foundation's scheduled project for malaria related trauma relief in Tanzania.

Dr. Callahan and Joanne have also just completed an interview and photo shoot with the *Desert Sun*, a Riverside County newspaper, for a feature article about the foundation's work.

As President, I am grateful for this opportunity to spread the word about the work of our foundation. I also hope this media attention will lead to further assistance with this project and contacts for other projects in the future.

We feel this is a very important project for the foundation and our humanitarian goals.

Worldwide, there is a great effort and focus on the need to reduce the spread of malaria and help the victims of this disease. In light of the recent earthquake and tsunami tragedy, the control and treatment of malaria and it's related trauma will continue to be an important and urgent need.

This is the ATFT Foundation's first humanitarian project. It is in response to

the extreme suffering caused throughout the world by malaria. This disease affects half the world's population and kills nearly a million children a year.

Fr. Luis Jorge Gonzalez, Dr. Jenny Edwards, Dr. Miguel Vera and Engineer, Alvaro Hernandez, all TFT practitioners and teachers have been traveling to Tanzania, Africa, over the last few years to teach TFT to a local Carmelite Order of the Catholic Church and other local caregivers. This teaching effort has already helped many to relieve their suffering.

Recently, the missionaries in Tanzania have invited the ATFT Foundation to send a team of TFT teachers and researchers to explore the uses of TFT to reduce physical and emotional suffering associated with the deadly disease of malaria, and to set up a study to determine the effects of TFT on that population. Local personnel will continue the study once the team has left. It is anticipated that two to three follow-up visits by Foundation members will be required for supervision, further training, and monitoring purposes.

If the study supports our previous anecdotal evidence that TFT is beneficial in relieving symptoms and effects of malaria, the ATFT Foundation will need to proceed with the second stage of the project, which is to determine the most effective methods for disseminating and teaching the appropriate TFT techniques and protocols to vulnerable populations. The third stage of the project will be to carry out what is developed in stage two.

The first team of four TFT practitioners and teachers will go to



TFT Makes a Hard Day's Work A Good Day's Work

Taking care of traumatic stress in myself and others
Robert L. Bray, Ph.D., TFT-Dx

One night, my wife asked if I wanted to talk about my day. I snapped back at her: “Do you want to talk about the man who was beaten by his mother because he was male and beaten by the older boys in his neighborhood because he was Jewish?”

Or would you like to talk about the women with a chronic pain disease and suicidal depression who was sexually abused by her last therapist? Should we talk about the woman who was beaten regularly by her crazy mother, raped as a child, abandoned by her church after a date rape, and strangled by the father of her child? Or, on a lighter note, we could discuss the man who, because of a work related injury, just had another surgery to help control the pain in his hand and faced years of painful back surgery and rehab?”

As the sarcastic words and tone came out of my mouth I realized how much I wanted not to talk about my day but instead to push the intense emotion and stress of my day away. I immediately treated myself for the vicarious traumatic stress I had experienced from being present with my clients. More myself, I then was able to share a couple of humorous and moving moments that occurred in my day's work.

I have over twenty years of experience as psychotherapist specializing in traumatic stress response. In any given day I hear stories of meaningless violence, evil indifference, and endless despair. I see in many clients the terror, fear, distrust, pain, and suffering still carried by those who have experienced things which I can not even imagine. My life has been blessed in many ways and my own traumatic stress experiences have been

very few so I have a relatively thin skin when exposed to violence, evil, and pain. I have survived in this field of work because of my strong commitment to helping others and always taking really good care of myself. That good care comes from a wonderful personal and professional support network and, in the last 7 years, from TFT.

At the time I learned TFT, I was close to being burned out and looking for another way to help others that did not include only being a witness to the violence as they told their stories or fought to cope night after night. TFT is a way to do more for my clients than hold their hands and be present for them as they learn how to cope with their past pains and future fears. Because I now know that TFT can actually end the past pain and calm the future fears I can fearlessly enter their history and present psychological situation knowing I always have a way to treat my own overwhelming feelings. In a usual day I will follow my clients as they identify the difficulty of their day or week and lead them in TFT algorithms or diagnostics treatments to manage the overwhelming feelings and build a better life.

When the woman who was shunned by her church community after a date rape tried to share with me these events she was overwhelmed by her feelings. She was re-experiencing the feelings she had when she sought help from the church elders. One more time she had

to tell intimate emotional and sexual details to an older man. I stopped her from going on and I reassured her I did not need to know these details for her to be better. We tapped for the trauma, shame, guilt, rage, and fear associated with these events. I could see the change in her as she then expressed her sense of the injustice and violence done to her by the rapist and then by elders who chose to blame her for his criminal behaviors. She was free to tell the truth out loud and put these past events in their place within the context of her life.

The man who had been beaten by his mother came with a complaint about increased anxiety over the last couple of months. His life long anxiety disorder had been treated for the last 8 years with a medication and a variety of cognitive techniques. While it had never gone away completely he was able to function at a high level job and be successful in many areas of his life. Now in his early sixties he was able to discuss his abuse as a child and many years of conventional therapy had given a good understanding of the impact the abuses on his life. He talked about

In any given day, I hear stories of meaningless violence, evil indifference, and endless despair.

how lately things had gotten worse but was unable to make sense out of why this was happening at this point in his life. As soon as he was tuned to his anxious feelings we stopped talking and started tapping. After the first holon (tapping sequence) he then identified and described the precipitating event for this latest increase in discomfort. After some fine-tuning of these thought fields and treatment the anxiety went away. And, for the first time he felt angst, as he described it, from which the anxiety sprang. Causal diagnostic revealed a treatment pattern that reduced this angst even though he could not identify the source or a specific thought field. We ran out of time and stopped there but he made an appointment to return the next week. I agreed with his parting comment “this is so much better than just the talking.”

The most difficult client for me that day was the woman who had been sexually abused for years by her previous therapist. It was a productive session as we started talking about the events in the kind of detail she will have to share with the licensing board and the police if she decides to take action. Even with TFT to help her with overwhelming feelings it had taken months for her to find the strength to trust me and herself enough to talk about it. Without TFT it would have been years before she could have provided details or considered taking some action. She smiled when she left that day knowing she was getting better. I have strong feelings even referring to this predator as a therapist. Even stronger feelings arise when remembering his threat to her, "if you say anything I will tell everyone you are sick and put you back in the psychiatric hospital - no one will ever believe you." This comment is what was still on my mind when my wife asked about my day.

Knowing that people can get better and that good help makes all the difference in their lives and our communities makes me proud of myself and my helping profession. The betrayal of personal and professional trust placed with us by our clients overwhelms me with disgust and rage. It is no wonder that after working with these clients that day I was upset and unresponsive to a gentle concern for me. In the case of the woman abused by her therapist, I must wait until my client goes public, if ever, before I can add my voice to stopping his immoral activity. But I do not have to wait to calm the disgust and rage. All I have to do is to tap. If I care for myself I will be able to keep working with her until she finds the strength to make the best decisions for herself.

I do feel good about that day's work and look forward to many more days of using my years of experience and training in traumatic stress recovery work to help others. TFT gives both me and my clients the means to eliminate the overwhelming feelings and build a life without violence and pain.



ATFT WANTS YOU!

Benefits of Membership

All Classes:

- * "ATFT Update" magazine - electronic version
- * Success Handbook
- * Eligibility for membership e-mail listserv
- * Discounts on ATFT conference & products
- * Right to use ATFT logo
- * Certificate of membership
- * Listing in ATFT web site Membership Directory

Dx (including all listed above, plus):

- * Co-op advertising programs
- * Opportunity to participate in ATFT Foundation World Relief Projects

VT (including all listed above plus):

- * Listing in web site locator including web site link
- * The Board of Directors is continually investigating ways in which ATFT can further benefit its members and invites suggestions from its members.

Classes of Membership and Dues:

- * VT: \$175
- * Dx: \$125
- * Algorithm: \$75
- * Associate (nonvoting; no training required): \$75

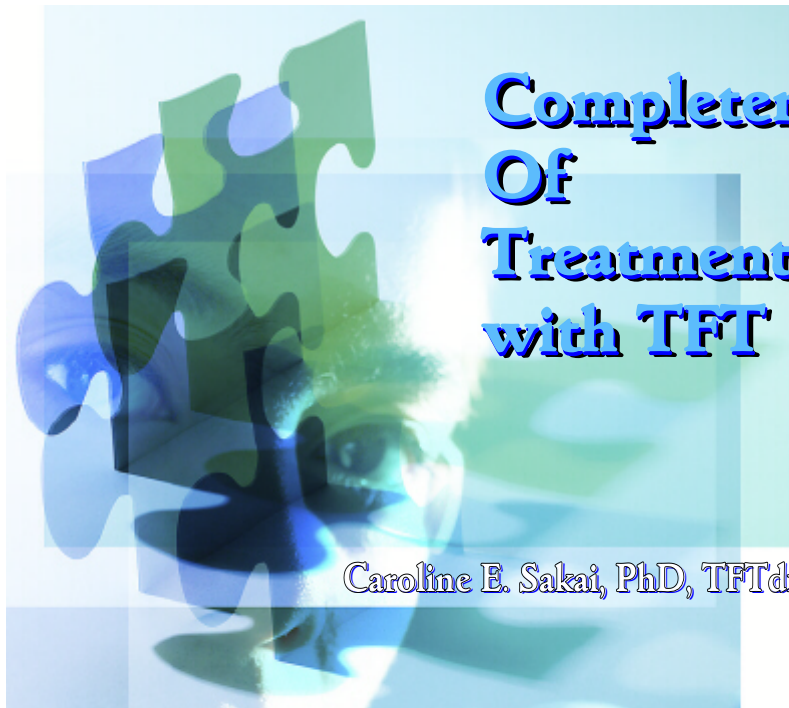
Mission Statement

The Association for Thought Field Therapy (ATFT) is a nonprofit membership organization of Callahan Techniques®-trained Thought Field Therapy (TFT) professionals and associates, dedicated to improving health, well-being and performance by providing a forum for the strategic advancement of TFT, establishing standards of practice and education, developing support for TFT practitioners, promoting ethical research, and encouraging and offering community service and public education.



“I am in awe at the remarkable transformation of what was such a block caused by a rape committed by someone I thought to be a trusted friend. It left me absolutely ashamed and feeling unworthy of success in anything, even the basic right to being a good mother ... For over thirty years I felt so undeserving that I sabotaged my relationships and career potentials. Thank you so much! TFT even helped me overcome a severe gambling problem that has cost me thousands of hard earned dollars. Thank you - Thank you - Thank you! I love TFT!”

- Name Withheld



Completeness Of Treatment with TFT

Caroline E. Sakai, PhD, TFTdx, VT

With high scores (or too low scores with clients with histories of early severe traumas) in the dissociative disorders range, it would then be prudent to take longer in the preparation phase. This would include having the client master TFT self-treatments for stress, anger, rage and fear. Also included would be whatever else would be anticipated as needed coping skills when the client works through traumas that have been so horrifying that the client's protective survival mechanisms invoked the dissociative defense. (For those for whom treatment of dissociative disorders is outside their scope of practice, referrals would be made to the appropriate clinician. For those within scope of practice but without experience, either appropriate supervision would be obtained or referral made.)

The complete TFT treatment for trauma would be essentially following up with what else comes up for the client after successfully processing through the targeted trauma. Targeting any residual body sensations often brings up further information to process through, more perturbations. This would be continued until no more perturbations can be found, and client now thinks about the trauma or phobia with clearly changed perspectives, affect, thoughts, intensity, vividness, body sensations, perceptions in all sensory modalities, etc.

Using the Peak Performance protocol to enhance and improve confidence in coping effectively in dealing with the problem is an important component that parallels the future template. The usual instructions for the client to call if there are any recurrence of symptoms would also be in effect, as well as follow-up session(s) to work on residuals or other material that emerges subsequently in the waking or dream states.

PHOBIA OF ELEVATORS

Client presented with a fear of elevators that prevented the client from going up tall buildings unless client could walk the stairs. Working through

The frequent rapidity of response to the treatment of trauma and phobias with Callahan Techniques® Thought Field Therapy® often brings sighs of relief, cheers of liberated joy, or tears of release. The question raised by clients, practitioners, and skeptics of "how long will it last?" is a constructive one.

My clinical experience over the seven years I have been using TFT is that completeness of treatment with TFT can make a difference in how long it holds with treatment of trauma and phobia. Individualized energy sensitivities have their retriggering effects on addiction, anxiety, depression, fatigue, irritability, insomnia, etc. and at times with trauma and phobia as well. However, this retriggering with trauma and phobia appears, in my experience, to be reduced with more comprehensive and complete treatment of the trauma or phobia. As Roger Callahan so often states, we want to get to the root causes to eliminate the symptoms from their source of origin.

Dr. Francine Shapiro (2001) has developed a comprehensive approach to the treatment of trauma with EMDR (Eye Movement Desensitization Reprocessing). This approach can be readily adapted using TFT.

The eight phases of treatment are as follows:

- I. Client history and treatment planning** (includes screen for dissociative disorders)
- II. Preparation** (includes containment strategies, informed consent)
- III. Assessment** (includes SUD, location of physical sensations)
- IV. Desensitization** (EM or other bilateral stimulation)
- V. Installation of positive template**
- VI. Body scan** (includes targeting any body sensations remaining)
- VII. Closure** (includes logging or journaling what comes up in memories, dreams, thought, situations)
- VIII. Re-evaluation on follow-up session** (includes treatment of residuals or underlying material that comes up)

With treatment of traumas, screening for dissociative disorders such as the DES and DIS (Dissociative Experiences Scale, Bernstein & Putnam, 1986; Dissociative Interview Schedule, Ross, 1989) is helpful. It is a self-administered test which only takes about 10-15 minutes to do and score.

fear of elevators brought SUD 10 down to a 4 with the phobia algorithm. Client then shifted thought fields with flashbacks about being trapped in a crashed vehicle with the doors unable to open and the imminent risk of explosion. After that trauma was treated with the trauma algorithm with SUD 10 down to 0, client then accessed a memory that had not seemed connected to the phobia but now made sense.

“... one parent died and not understanding death at that age, the client as a young child was horrified at seeing the coffin close.”

When client was a toddler, one parent died and not understanding death at that age, the client as a young child was horrified at seeing the coffin close. After working through this trauma with SUD 10 down to 0, a related trauma with a close friend in elementary school emerged. After this related trauma was worked through with SUD 6 going down to 0, returning to the original phobia of elevators the SUD was down to 0. No further memories or material came up. The elevator phobia was then tested in situ with actually riding up and down elevators with no problems experienced.

TRAUMA OF A LOST CHILD

Client presented with depression, sadness, and crying three years after the tragic death of the client's teenager. After working through the grief with TFT diagnostic treatment with SUD 10 down to 0, the client could talk without crying. Anger about some of the circumstances of the death came up with queries about what else was coming up. When anger was worked through with TFTdx. with SUD of 9

down to 0, client then experienced waves of guilt and sadness about what could have been different in the past. This guilt and sadness was treated with TFTdx with SUD of 7 down to 0. The client appeared calmer, more at peace within self, and was able to talk about client's teenager with smiles, recounting fond memories. A peal of laughter broke out as client reminisced, and accessed a humorous and touching past event.

Looking at what else was coming up now brought more fond memories, smiles, chuckles and laughter. Client's images of the teen had changed from the tragedy to happier times and images, and this grief work was more complete with layers and stages of grieving processed. Peak performance was used to work on coping with the upcoming anniversary of the teen's death, birthday, favorite holidays and activities.

MULTIPLE TRAUMAS

Client had severe multiple rape-assault trauma a couple of years prior, which had not responded to more traditional treatments of trauma. She worked through the trauma, fear, rage and feelings of helplessness with TFTdx with SUD 10 down to 0.

Earlier traumatic events then surfaced, and were processed through with TFTdx. with SUD 8 down to 0, SUD 7 down to 0, SUD 9 down to 0, SUD 6 down to 0, SUD 5 down to 0 over the next two sessions.

Relevant or related issues that came up were also treated with TFTdx to remit the distress, until client could think of no further disturbing memories or thoughts. The sequelae to the rape-assault with avoidance of many everyday situations were worked through wherever perturbations could be found. Then peak performance was used to enhance confidence levels in coping with previously avoided situations with safety.

Client was graduated from treatment after 5 sessions with instructions to call when/if any problems developed. Nine months later, while in crowded

supermarket, she called in distress from her cell phone in her car. She had just run out of the supermarket after the man standing in line too close behind her, noisily chewed and cracked his juicy fruit gum.

The smell and sound brought back a memory of the primary rapist chewing and cracking juicy fruit gum, which she had completely forgotten about even when the smells and sounds of the prolonged ordeal had been worked through. Since I was in session at the time of her urgent call, I asked if by any chance she still had her treatment protocol for this trauma. Although she had not used the treatment protocol



since graduating, she still had it in her purse. She was instructed to use it a few times and call back.

She called back 30 minutes later, and was putting away her groceries which she had gone back into the supermarket to purchase. She did the protocol a few more times before going to sleep, and reported the next morning that she was fine, with no nightmares, with which she had long suffered prior to her original TFT treatments. She had even gone to a store in the morning to pick up and smell a pack of juicy fruit gum, which she reported doing without any flashbacks or trepidation.

Completeness of Treatment

- Continued on Page 18 -

ATFT Update

Mighty Marketing Minute

- Continued from Page 12 -

After the video was done, we had a break. That gave me a chance to mingle a little and listen to comments and questions that I needed to address during the remainder of the FIS.

After making numerous mental notes based on snippets of conversations and specific requests from individuals, we continued with the program.

I explained the structure of the "self-help" support sessions, displayed the book and VHS tape, passed out registrations cards that I had prepared with a VISA/MASTERCARD box so they could conveniently pay for their first four support program sessions right away and get their book to take home and study before the next Saturday program.

Then, I started with the chocolate urge reduction demonstration. Before starting I made it clear that this chocolate "fix" might only be temporary in SOME of those attending and that a repeated or different treatment might be necessary for a more lasting result.

Then I started with the whole group at once. I used the algorithm and applied it as though I was working only with one person, but made eye contact with all. Everyone was to follow along. With some, the urge went away IMMEDIATELY and completely with the first holon. Some experienced reversal which I corrected. Finally, everyone there (except for two) had experienced a complete reduction of their chocolate urge down to a 0 SUD. There were comments of amazement exchanged between participants.

I asked the two that were still having urges to stand and, one at a time, I used TFTdx to completely eliminate all trace of the urge for the demon chocolate.

All but three registered for the program right then, without further hesitation.

The weekly programs that followed were a combination of group counseling

and TFT. Everyone was pleased with the result. I also ended up with a considerable amount of office time with three different ladies that was over and above what was charged for the group.

I have packaged the materials I created for this purpose and now sell them to interested TFTers.

My interest in sharing this story, however, is to illustrate that a little imagination can lead to the creation of a new profit center for your therapy business. How many things can you think of that might be treated with TFT in a group setting and could be sold by a FIS?

Well, immediately there is smoking cessation support, peak performance in golf and other sports, test taking, and public speaking. I had an idea some time back that I simply have not had time to put into action yet that dealt with the fear of airline travel. I thought I could create a pamphlet that I would circulate to travel agents and tour operators through direct personal contact (that means actually delivering them in person - - NEVER through the mail) that sold my FIS for "White Knuckle Flyers". And, I thought, I would hold the sessions at the airport so they were not only in the *thought field* of the problem but the *perceptual field* as well. If someone decided to try this, let me know how it works for you. At the moment, it is JUST an idea, but a workable one, I think.

Use your imagination. Some ideas work, some don't. But you have to try. I would be interested to hear your thoughts on what you have just read.



Dr. David Hanson is a diagnostically trained TFT practitioner who lives and works in the Puget Sound region of Washington State. He can be reached at (253) 202-2959 or by e-mail at: powerpaws4u2@net-venture.com

Completeness of Treatment

- Continued from Page 17 -

She stated that she felt empowered and in control of herself again. She was doing peak performance on her own, and we cancelled the urgent session squeezed in for that morning. I apologized for the incomplete treatment and she agreed to call if there were any further problems.

References:

- Bernstein, E.M., & Putnam, F.W. (1986). Development, reliability and validity of a dissociation scale. *Journal of Nervous and Mental Diseases*, 174, 727-735.
- Ross, C. (1989). Multiple personality disorder: Diagnosis, clinical features, and treatment. New York: Wiley.
- Shapiro, Francine. (2001) Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures (2nd ed.). New York: Guilford Press.

Caroline E. Sakai, PhD, TFTdx, VT Clinical Psychologist

Private Practice

1300 Pali Hwy #204

Honolulu, Hawaii 96813-2206

Phone: (808)753-5797

(808) 536-6868 (ph/fax)

(formerly Chief Therapist at Kaiser Behavioral Health, Hawaii)



“I have tried the Callahan method and am amazed at the results ... I KNOW it worked! I got a trauma of 10 down to 4 then to 1 - - and another trauma about my brother down from an 8 to 2 - - thank you - - this is a miracle. My therapist will hear about this next week!”

- From WWW Guest Register