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ATFT Mission to Africa
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reducing malaria-like symptoms and/or the fear of malaria, the actual incidence of malaria as shown by blood test might also decrease, given the significant amount of research linking stress and illness. We highly recommend further study of group work as in many situations it is the most efficient, and sometimes only, treatment choice available.

Developing a Standard Treatment Sequence

While there were too few malaria patients to develop standard treatment sequences (algorithms), the data collected was suggestive that a pattern may emerge with additional diagnosed cases.

Two researchers, Mary and Chris, came up with similar sequences through diagnosis and these sequences differed from previous known algorithms. A frequency analysis of treatment points showed high counts for G50 and Eyebrow (range 21-25), slightly fewer for Under Eye, Little Finger and Side of Hand (range 16-20). Middle Finger and Collarbone were less (6-10), and Under Nose, Liver, Chin and Under Arm were under 5. (Numbers indicate how many incidences of these points occurred in a listing of recorded treatment points.)

Interestingly, the usual high incidence of Under Arm and Collarbone did not occur with these patients. Side of Hand as a treatment point had an unusually high incidence.

Typical sequence combinations with malaria patients included EB/SH, SH/EB, G50/E, SH/G50, G50/SH, G50/TF, and TF/G50. These are unusual and suggest that algorithms for malaria patients differ from previous algorithms.

Individual diagnostic work with people whose blood tested positive for malaria suggests that an algorithm specific to this population may emerge with further investigation. Because malaria patients were weak and diagnostic work was required, most of the treatment was done using surrogates. This takes a large degree of expertise by the therapist. Such expertise will be hard to find in Africa.

What is needed is solid data on a large sample of patients with malaria in order to find algorithms that can be used by local practitioners. This data can be derived either by arm testing or by voice technology. The algorithms can then be tested locally either individually or in groups. It would be beneficial to learn whether these algorithms would also work for people who have malaria symptoms but whose blood tests negative.

Algorithms require minimum training to administer, enabling training of greater numbers of local caregivers. Algorithms also enable treatment in groups with the obvious benefit of treating many more people than can be accommodated on an individual basis. Furthermore, algorithms can be self-administered, whenever needed, significantly expanding the potential for relief.

Much was learned from this pilot study. As it was an investigatory study with a relatively small group, results are not conclusive but are robustly suggestive that TFT can significantly reduce the symptoms of malaria. We also learned what further information is needed and how future investigations might be designed in order to develop the most effective and efficient TFT treatment for malaria victims that can be taught to the greatest number of local caregivers.

The marked reduction, and in most cases elimination, of malaria symptoms as reported by malaria patients after TFT treatment is supported by reductions in temperature, SUDS, and therapist observations. Further compelling evidence of the efficacy of TFT for this population is given by the significant improvement in objective, placebo-free HRV measurements. All the data collected reflects significant improvements in most patients' conditions as a result of TFT treatment.

More research on the effects of TFT on populations plagued by malaria is clearly warranted.

A question is raised as to whether success in reducing symptoms of malaria such as nausea, chills, cough, headache, body aches, etc., suggests that TFT may help relieve such symptoms whether or not they are associated with the disease of malaria and investigations into this possibility are also recommended.

The Africa Project was a tremendous success. Continued and expanded TFT training, treatment and collection of treatment sequences and results in Africa remain primary goals of the ATFT Foundation. We sincerely welcome your participation, suggestions and donations.

Thanks

The Foundation's deepest thanks go to Fr. Marlon, superior at the Morogoro Carmelite College/Mission. He tirelessly looked after our team--housed, fed, transported, guided and advised us, organized research site locations, and organized the TFT training. He even set up the 5-day safari that Chris, Mary and Alvaro added to the end of the trip. We are ever grateful to all his fellow Carmelites, both at the College/Mission in Morogoro and at other Carmelite houses, who helped host our stay and project. They were most gracious in making us comfortable, safe, and successful in our efforts; their patience with us disrupting their home and lives for almost three weeks was impressive and most appreciated.

We wish to particularly thank Bros. Renatus, Felix, Rovel and Aureus, and Srs. Jackie and Bindu, who accompanied and supported us with our research most every day. We could not have done it without them. As professionals we give all of you our profound thanks and appreciation for furthering the ATFT and its Foundation's efforts to relieve suffering in the world. As individuals we give you our love and gratitude for taking such good care of us with boundless kindness and humility.

ATFT Mission to Africa
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ATFT Mission to Africa
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You have touched our hearts and will remain there forever.

Many thanks to the Ruth Lane Charitable Foundation for generously donating the funds needed for this phase of the project, to the U.S. company that donated 10 laptops, and to Biocom for donating an HRV

program and hardware. Their generosity will enable local caregivers to continue helping people and collecting data.

As well, to the World Health Organization for explanations of different malaria blood tests we might use in the field, to R & R Marketing for supplying us with 200 ICT Diagnostics blood test kits at their lowest price, and to Novartis Pharmaceuticals for donating the medication Coartem for the team to have on hand should it be needed.

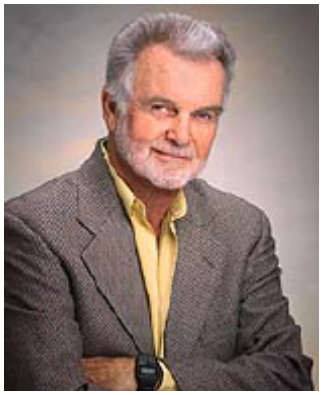
Much gratitude goes to Alvaro, ever ready with his camera, for most of the photos-and especially for introducing the ATFT Foundation to the Carmelite mission, giving us a venue for training and research.

Thanks also to Bob Bray for help with the research plan. And special thanks to office hero Chris Trautner whose good cheer and help with the details were vital.

Finally, but most importantly, we thank Roger Callahan, without whom-well, where to start? You've opened up a whole new world of possibility and good health to everyone on the planet, Roger. And Joanne, whose enthusiasm and determination to find a way to help the children of the world found an outlet in the ATFT Foundation and the Africa Project. The children, and all of us, thank you. -------✶

Africa Heart Rate Variability Results

Roger J. Callahan, PhD



Roger Callahan, PhD
Founder and Developer of TFT

The report of reduction in the symptoms of malaria in the recent report is quite significant and strongly supports the conclusions of Jenny Edwards and Luis Gonzalez that appeared in the TFT Newsletter in 1999.

The positive results are strongly supported by pre and post-treatment Heart Rate Variability (HRV) tests. The HRV tests reported below were carried out on those individuals who tested positive on the blood test for malaria. The resulting increases in SDNN scores seem all the more remarkable who one considers the infection of malaria confirmed by blood tests.

The average increase in SDNN (Standard Deviation Normal to Normal), the vital measure of variability itself and the best predictor of illness and death was **43** microseconds (pre-treatment average was 55.7 and post-treatment average was 98.7.

The text book "Heart Rate Variability" cites research that shows those who have had heart attacks survive longest if the SDNN is over 50ms. This same text book edited by Malik and Camm states that SDNN increase is a good measure of treatment effectiveness.

Results of increase in SDNN of the magnitude found here is unprecedented in the medical literature. However, these results are very similar to all the other research reports where TFT is used. In other words, unprecedented improvement in HRV is now becoming commonplace.

Such dramatic improvements in SDNN can best be evaluated against a backdrop of other studies and particularly a quote from the HRV expert at Harvard Medical School *"We really do not know how to improve SDNN."*

HRV SDNN SCORES PRE and POST TFT
For Those Who Test Positive for Malaria

	Pre-TFT	Post-TFT	Difference
	13.9	28.9	15
	31.5	37.5	6
	118	173.6	55.6
	57.4	50	-7.4
	21	89.3	68.3
	81	242.3	161.3
	66.9	69.5	2.6
Total	389.7	691.1	301.4
AVERAGE	**55.7**	**98.7**	**43.0**

Africa HRV Results
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Africa HRV Results
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A milestone research study (Bilchick et al) helps give perspective on the *meaning* of increasing SDNN. They report, "… ***each increase of 10ms in SDNN conferred a 20% decrease in risk of mortality (P=.0001)."***

The researchers on biofeedback and HRV at Scripps (DelPozo et al) express their positive opinions on the meaning of SDNN increases and state their impressions boldly. It should be kept in mind that other treatment approaches aimed at increasing SDNN typically take months or weeks to carry out while *TFT is carried out in a matter of minutes.* Nevertheless, the TFT improvements, gained in mere minutes are far superior to other improvements taking weeks or months, reported in the research literature.

The average improvement in SDNN in the Scripps research, for example, was 37% (from average SDNN of **28ms** to **42ms** after **16 weeks of biofeedback**.). This was statistically significant but much more important, an improvement of 14 points in SDNN is **clinically** significant. Del Pozo et al state: *"These results ... were of sufficient magnitude to justify the expectation of clinical improvement."*

In still another trail-blazing comment the Scripp HRV researchers write: ***"… we did not measure actual clinical outcomes. Instead we used the well-established surrogate marker of HRV. Several reviews claim HRV to be the single greatest predictor for mortality and morbidity, especially for people with cardiovascular disease: therefore, it is possible that any increase in HRV is beneficial to the health of the patient with compromised HRV. Up to this time, it has not been clear whether or not disease populations would be able to increase HRV through behavioral interventions such as biofeedback."***

I have heard of no better objective measure of health and treatment significance than HRV. The HRV results obtained in the recent study of malaria and TFT in Africa are strongly supportive of the conclusion that people with malaria, or malaria-like symptoms, are profoundly helped with TFT.

The ill people treated by TFT in Africa also report dramatic and immediate reduction of their symptoms, measured temperatures improve, and one malaria victim showed an immediate dramatic change in the blood test. A local physician said that with medications it usually takes many days before a blood improvement shows. Alas, our researchers did not have time to stay and take further blood tests.

A lot was learned in this African study of treating malaria with TFT. Further research is planned. The conclusion that TFT can dramatically help malaria patients, first proposed by Fr Luis and Dr Jenny Edwards are strongly supported by the current research.

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From the Desk of
David Hanson, DEH, TFT-Dx
Executive Administrator, ATFT

An Open Letter
To All Algorithm and Diagnostic Trainees

Dear Friend,

I have said many times in public and in print that practicing TFT is about helping people.

I remember with great clarity the first time I saw someone helped by TFT. It was at an Algorithm training with Suzanne Connolly. I attended at the insistence of my cousin, Dr. Robert Belair. Bob is a clinical psychologist and for nearly forty years has been the Executive Director of Comprehensive Mental Health in Tacoma, WA. He was adamant that I enroll in Suzanne's class but told me little about it. I obliged.

Accompanying me to Suzanne's training was my practice partner, Sharron Kanter and a number of my students. Among them was a young woman who was terrified of heights. Suzanne asked for volunteers for a demonstration. The young woman raised her hand and made her way to the front of the room. Within just minutes, she was not only reporting no more distress when she thought about her fear, but was able to climb up onto the desk at the front of the room - - something she could not possibly have brought herself to do just minutes before.

I was astonished. I had practiced hypnotherapy for nearly twenty years and had never seen anything like it. I had to know more.

I complete the two day training and couldn't wait to use my new skill. I became what Bob Bray calls a "shameless tapper." I tapped with everyone I could find. Time after time, TFT delivered the desired result. People lost their phobias, got over anxieties, overcame negative emotions, and in each case I knew the results were real - - not so much because of their reports of a diminished SUD so much as by the looks on their respective faces. Often, a look of amazement would flash across the face of my subjects. I was very pleased to be able to help people so rapidly and completely.

As time went on, I started noticing that every now and then, a problem would come back (sometimes repeatedly) or I'd run across something that the algorithms didn't handle completely. That's when I determined to learn as much as I could about this amazing treatment and become an expert at it.

I called ordered a STEP A Self-Study Package and enrolled in a STEP B Training. That's when the whole focus of my life shifted. The focus of my practice changed almost completely in favor of TFT. My clients were really getting well and I was changing other people's lives for the better even though mine was about to take a tumble.

I got sick. Very sick. In fact, I had been sick for some time even during the STEP B training. That's where I truly learned the power of TFT.

Those of you who know me well, know that I am HIV+. At the STEP B training, my heart was acting up and I felt terrible. My health was in decline. When my HRV was taken during the training with was a in the single digits. My HRV was a peckish 6. (Zero is dead!) No wonder I felt so bad.

Dr. Callahan and Dr. Bray took me immediately from the room and started to work on me with TFT. After considerable testing, we discovered that it was my HIV medications that were poisoning me. Roger and Bob both worked feverishly to treat for the toxic effects of the meds and in short order my HRV began to improve.

To make a long story short, the improvement has continued to this day. I feel great! I'm healthy again! And I'm using TFT every day to help myself and my clients.

Learning TFT Causal Diagnosis has been a God-send. I am now able to treat the stubborn problems I could not previously budge with the algorithms alone. I am able to treat complex emotional problems and resolve them completely for my clients. And, although I do not practice medicine, I am able to help people regain their health by helping to stimulate a healing response.

Since then I have participated in many STEP B trainings. Each time I have learned more, sharpened my skills, gained a deeper understanding of this beautiful process, and become more expert at its execution.

The more you know, the more you can help others. Right now, this minute, make a commitment to yourself to continue your learning by participating in a Causal Diagnosis training. You'll be as amazed as I was, I know.

If you are already a TFT Diagnostic practitioner, please consider keeping your skills at their maximum by participating in a STEP B Training as a refresher. I've done it many times. The rewards are plentiful. TFT is continuing to evolve. Dr. Callahan continues to innovate, make new discoveries and refine his wonderful discovery. A refresher STEP B training is a great way to keep your skills fresh and sharp and stay abreast of the many new developments and techniques.

Like I said at the start, TFT is about helping people. Remember, TFT is changing the world - - ***one life at a time.***

Association for Thought Field Therapy Foundation

Research Advisory Committee

Christopher G. Semmens, Mapp Psych
Chairman

This committee has been in existence for about 12 months. The members of the committee are: ***Christopher Semmens*** (Chair); ***Suzanne Connolly***; ***Jenny Edwards***; ***Ian Graham***; ***Cecily Resnick***; ***Caroline Sakai***; ***Jacqueline Trost***; and ***Victoria Yancey***.

The purpose and the guidelines for the committee are set out below:

Purpose:

To act as a resource for TFT practitioners who may undertake research by providing advice and guidance in regard to: research design, methodology, and assessment and measurement issues.

Guidelines:

1. To facilitate the development of research level treatment manuals for various problems.

2. To facilitate the establishment of research level fidelity criteria for each research level treatment manual.

3. To facilitate the establishment of appropriate measures to be used in researching the TFT treatment of various problems.

4. To facilitate the compilation of relevant studies in various areas of potential research.

5. To assist researchers in the presentation and publication of results.

6. Various other tasks that may be deemed appropriate for the committee to become involved.

The activities of the committee over the past 12 months have included:

- Assembling a pack of materials for members who may be looking at conducting research as a guide to the standards and requirements for the conduct of "gold standard" research in psychology.

- Working toward establishing a research level treatment manual for trauma treatments.

- Examining some of the research that has emerged in the field as potential leads to follow up with further and extending research.

- In particular (relating to the previous point) the preliminary studies conducted by Dr. Joaquin Andrade, where brain imaging was utilized were considered. Unfortunately, the initial excitement about this work was moderated by an inability to obtain credible confirming evidence for the claims made in that paper after efforts were made to do this with both authors of that preliminary report – Dr. Andrade and Dr. David Feinstein..

- The lesson learned from the above exercise was an awareness of the care that needs to be taken at each step along the process of establishing a solid empirical basis to TFT to avoid compromising credibility.

The plans for the next 12 months include the completion of the research ready trauma treatment protocol; the establishment of an HRV subcommittee; and continuing to explore the possibilities for brain imaging studies of the treatment effect utilizing TFT.

Meet Chris Semmens

Christopher Semmens is a clinical psychologist with over 20 years experience. His background is diverse, including work within the prison system, in residential childcare with Aboriginal children, educational settings and for many years, private practice. He is very well credentialed in cognitive behaviour therapy (CBT) and rational emotive behaviour therapy (REBT). Christopher has trained extensively overseas and is on the International Referral List published by the Albert Ellis Institute in New York. Chris is also experienced in clinical hypnotherapy. With the formation of the Association for Thought Field Therapy (ATFT) in the past few years, Christopher was invited to be a charter and life member. In 2004 he joined the Board of Directors of the ATFT Foundation, an organisation dedicated to furthering TFT through the encouragement of research and attracting funding for such research.

Trauma Relief Committee Report

ATFT Trauma Relief Committee & GREEN CROSS Beginning Work Together

By
Norma Gairdner, H.D., TFTdx
Chair, Trauma Relief Committee
ATFT Foundation

The TRC met for the first time at the end of March '05, and began forming the purpose and goals of the committee and submitting them to the ATFT Foundation Board for approval.

After that, we began working on the conception and creation of an international TFT Trauma Relief Pack which proposes to be a creative brochure to include a laminated tear-out card of the TFT Complex Trauma Treatment with Collar Bone Breathing instructions, a similar small pocket card, an introduction to TFT, testimonials, a web address to view a trauma video with links to various TFT websites, and contact information of volunteer trauma team members, etc. We're still proposing and designing, and would love member input into this design. So please let us know what you'd like to see in such a trauma relief brochure.

As a result of the Katrina disaster, we appealed to Green Cross for deployment possibilities for ATFT therapists, and were accepted as provisional Green Cross members, allowing all ATFT members who are interested in assisting in world disasters to sign up with Green Cross as Certified Provisional Green Cross Members, along with ATSS, ICISF and NOVA members, and therefore to be deployed as TFT therapists. Provisional membership provides a six-month (longer if needed) period of grace in which to complete (or prove equivalency for) the Green Cross training in any one or more of the following certifications: Field Traumatologist, Certified Field Traumatologist, Compassion Fatigue Educator, or Compassion Fatique Therapist.

While perusing the various Green Cross certifications and standards, it was apparent that a shorter slightly different training would be best for our members, and so Green Cross has currently agreed to custom design a two day training that will certify our members as both Field Traumatologists and Compassion Fatigue Educators in one training, which will likely be held/offered at the next ATFT conference. Check the ATFT list-serve for further developments in this GC certification training, and watch for a needs-assessment questionnaire coming up soon, to assist us in designing the training. Such a training will save us days and dollars, and move us from provisional to certified Green Cross Members in less than half the time.

A further development occurring at Green Cross is that Green Cross and ATSS have decided to join forces, and Green Cross will be the new deployment wing of ATSS, which currently has no deployment capability. Signing up with Green Cross prior to the actual physical merger (about a month from now) may be a productive move.

All in all, the TRC is moving along nicely, and looking forward to creating further expansion and ease of involvement for ATFT members who are interested in volunteering their TFT skills to assist in world trauma relief.

NORMA GAIRDNER is a Homeopathic Doctor and is trained in TFT Causal Diagnostics. She is presently the Chairperson for the ATFT Trauma Relief Committee which will be featured in the NEXT ATFT Update.

Editor's Note:
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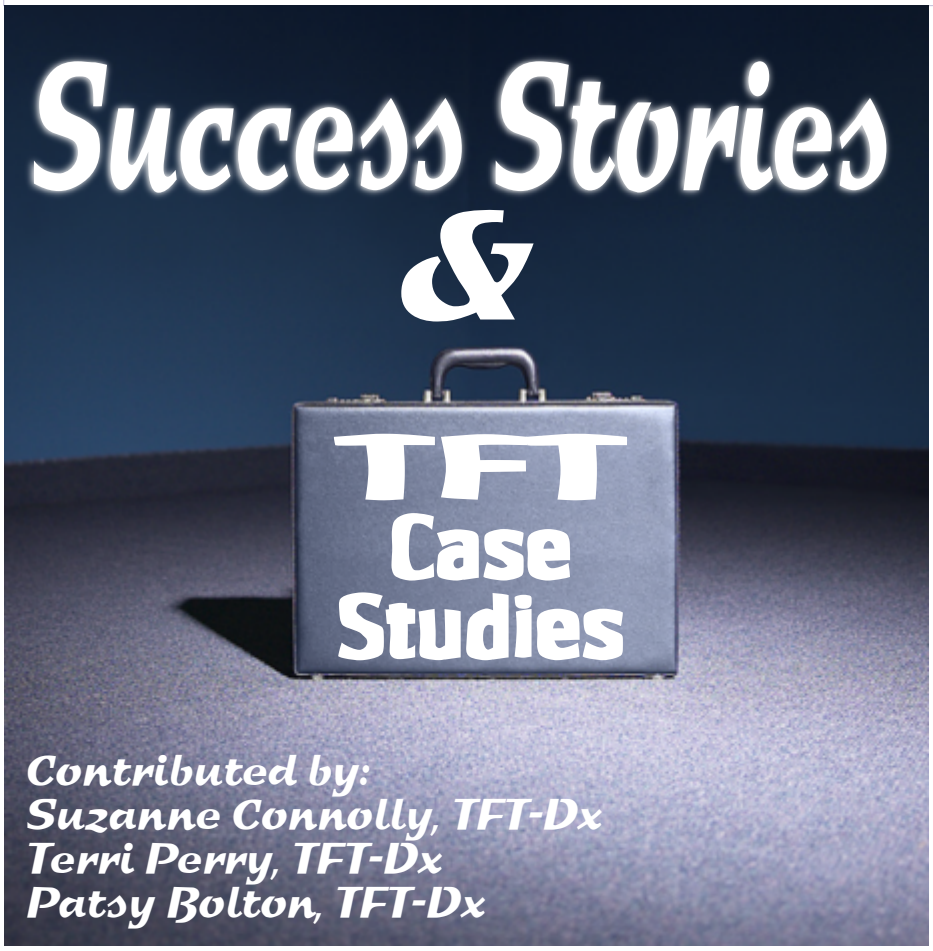


Success Story #1

By Terri Perry, TFT-Dx

49 year old Mrs. M came to me in at the end of April 2005. She looked totally miserable and said she was 'at rock bottom and wondering if life was worth living'. Her body language shouted, 'Depression'.

She came for the following reasons:

1. She was about to file for a divorce. Her husband could not tolerate living with her any more because of her angry, depressed, and negative behavior. So, after a number of years of marriage, they were selling the family home and splitting up.

For many years she had experienced an anger problem and had recently been experiencing episodes of 'road rage'. She reported that during her last episode of this angry behavior, it was only the presence of a police cruiser nearby that stopped her. The threat of a possible run-in with the law made her suddenly realize that she needed help. She was always angry and negative.

2. She could not smile at all – let alone laugh. She reported feeling that there was no joy in her life. Nothing I could say would make her smile even briefly.

3. She also reported that she had not gotten over the death of her father 4 ½ years earlier. She discussed the distress she felt remembering the trauma of his visit to an osteopath. During the manipulation, a bone broke. He was taken to hospital to find that he had cancer which had migrated to the skeleton.

She felt angry about the medical examinations which had failed to discovered the cancer. She also felt anger directed at the osteopath. She had not spoken with anyone about the her feelings surrounding this negative revelation - not even her mother. Ther relationship had deteriorated since her father's death.

4. She had tried traditional counseling without finding any real relief.

5. She indicated that she had suffered depression for many years and was currently taking five medications including: Risperdal (antipsychotic), Venlafaxin (Efexor) an antidepressant, and Gavapentin which was an anti-convulsant (though she had no history of convulsions). She reported back and neck problems and had undergone orthopedic surgery to fuse some vertebrae. Her doctors had told her that her vertebrae were deteriorating. She was suffering from constant, intractable pain and was on two different pain killers.

6. She indicated that her marital problems were for long-term and had existed for many years.

7. It was obvious that she was in in both emotional and physical pain and she admitted to being a 'borderline alcoholic'.

8. She admitted that she felt as if she had no self-worth and never felt 'good enough'.

9. She drank many cups of coffee in a day.

10. In 1998, she deliberately overdosed on pain medications after an emotional family argument and after lying on floor for weeks with her back problem. Her husband found her and called the ambulance. She said that she hated him for doing so.

Interestingly, she did not show a reversal although she was totally negative.

I started by treating her for the trauma surrounding her father's death and then continued on to treat for the grief and bereavement issues using only algorithms. Suddenly she said that she felt 'lighter', but had peculiar sensation in her chest.

I treated for original trauma of the drug overdose and subsequent hospitalization.

After we completed that part of the treatment, Mrs. M started to laugh quietly to herself and a smile spread across her face – she said her stomach was 'not so knotted'.

We moved on and I treated her for complex depression. Soon after we had finished and the SUD had reduced, she realized that the pain she had been experiencing in her shoulder pain had almost gone.

We pushed on to treat for various problems from previous relationships (still using algorithms) and finally spent a short time diagnosing for any remnants of her depression problem.

She was now laughing, saying 'how silly she had been'. She said she felt tired, so we ended the session having treated for eleven problems.

Shortly after our meeting, Mrs. M attended her scheduled appointment with her new psychologist at the hospital. When the psychologist walked in see looked at Mrs. M and said, "You don't look depressed to me."

She told the psychologist about how much better she felt and that she had seen me. The psychologist had not heard about TFT but obliged Mrs. M by writing it down on the medical notes 'for the record'.

When I saw Mrs. M on her second visit at the beginning of June, I saw a totally different person. She was wearing bright colors, had gotten her hair done and looked almost radiant.

Her family had noticed an IMMEDIATE difference in her behavior and she was getting along better with her husband.

By this time, I had purchased HRV software from Roger and Joanne. Mrs. M's baseline SDNN was 38 with a total power of 510.5 and a pulse rate of 75.

This time I went straight in to identify toxins because of the low SDNN. I had earlier suspected that the soft drink she had been drinking (Robinson's Orange Squash) was a toxin for her as was the lager she was accustomed to drinking. Other toxins were Peanut butter, white wine and wheat. Persil laundry detergent was also found to be a problem and was treated.

She had been a bit angry and depressed because of a neighbor's behavior towards her. She was also anxious about the fact that she and her husband were house hunting and not finding anything suitable.

She did report, however, that - in general - she was feeling much better and had not thought of her father's death at all.

During this meeting, I treated for anger towards her neighbor, her addictive urge for lager (which was at a SUD of 5 when she came in) was reduced through treatment to nothing.

Her family had noticed an IMMEDIATE difference in her behavior and she was getting along better with her husband.

She didn't want a lager at all after the algorithm. I gave her the Addictive Urge sheet to treat herself daily.

I also treated for pain reduction and it went from a SUD of 8 to 0. I did diagnosis for her problem with her mother which went from a remaining 4 to 0 and also for her low self esteem which at the second visit she could only put at a 4 – down to 0.

However, her SDNN was now lower after the treatment (SDNN 34) which surprised me . Pulse 68.6 and Total Power of 291.8. I can only think that there was a chaotic reset involved and that her body was still holding toxins which, once eliminated, from her diet over the next few weeks would improve the overall picture.

She felt fine and decided she would like to see me for Reflexology the following week to help her back problem.

When I saw her for Reflexology she looked bright and happy and said that they had sold their house and were no longer considering divorce. As a amtter of fact, they were working at getting back together. Her behavior had changed so much that her husband was very impressed. He commented that after her first visit with me she was 'like a new person'.

They had found a house to buy with enough rooms so that they could each have their own space when they needed it. SO, MANY THANKS TO ROGER AND TFT for all of this.

She has stayed off the lager and other toxins, reduced her coffee consumption and increased water intake. She has also decided to start eating breakfast which has helped her brain function better. I will be checking her HRV next week to see if there have been further improvements.

Success Story 2

By Terri Perry, TFT-Dx

One of my regular Reflexology clients telephoned me on a weekend in November desperate to know if I could help him. He had just tripped and fallen in the hallway of his house. He was in a lot of pain with his back and could not straighten up.

This guy is an incredibly independent 79 year old ex-pilot who is partially blind due to Macular Degeneration. So far, we have managed to keep his sight from deteriorating further with Reflexology, Reiki and nutrition.

He was upset because he was due to go bowling the next day and this back problem would mean he couldn't!

As he approached my front door I could see he was hobbling, bent over unable to walk straight. I tested for reversal and he was reversed to start.

We corrected his reversal and I treated him with algorithms. (This was before my DX training.) We first treated for the stress he was suffering at the moment. It seems he was having a

reduced from a SUD of 9 clear down to a zero. Then we treated for the anger he was experiencing. It started out at a SUD of 10 and went down in two sequences to 0.

He was now feeling calm and said he wanted to go to sleep.

We went on to work on his physical pain. We treated the physical pain he was suffering with his back after the fall which was at a 10 and in two sequences reduced to 2/1. He did the floor-to-ceiling eye roll and was then able to get into his normal bowling position!

He was extremely grateful and said if his doctor had seen this he would have been amazed. (I am reserving judgment on that one). He walked away after less than an hour without limping, standing upright – ready to play at his next bowls match.

However, if anyone out there hasreated Macular Degeneration or partial blindness with success I would love to hear how it was done. He is desperate to improve what sight he still has. He was blinded in one eye by an abscess that burst due to incorrect medical treatment and has no sight in that eye and has Macular Degeneration in the other. He is celebrating his 80th birthday by doing a parachute jump!

Success Story 3

By Terri Perry, TFT-Dx

From time to time my partner has had attacks of extreme epi-gastric pain. On two occasions he was admitted to Accident and Emergency and once was admitted with and overnight administration of morphine. X-rays were inconclusive and the doctors are unable to diagnose the cause of his pain.

His physicians indicated that exploratory surgery might be necessary. Each time previously I have treated him with Reiki in the A & E Department until the pain has resolved and we have walked away. Each time the pain comes on during the night but there is no trace of any discomfort the next day. The previous attack started at 10.30 p.m. and went on until 4 a.m. while we were on a skiing holiday and staying in a hotel.

My partner has been a nail biter most of his life and has been treated for this with Robin Ellis, my TFT tutor. As a result, he stopped biting his nails. Wheat was found to be a toxin and we have avoided wheat for many months.

However, last Sunday we were invited to a party where virtually all the food was wheat-based. He had a sandwich and also some peanuts. I had suspected peanuts to be a toxin but he had already popped them into his mouth as I was about to warn him. He had only a couple of alcoholic drinks at the party.

He had not had an attack of this epi-gastric pain for two years. But on that Sunday night at 10.45 p.m. The pain awakened him from his sleep. It had started again. This time, I had TFT as a tool in my tool box to help deal with this problem and suspected it was caused by toxins. Before the pain took hold, we got out of bed and started arm testing for everything he had consumed at the party.

We treated for wheat and the pain started to go down from a 9 to a 5. I treated for trauma of the last attack and the pain reduced again. I did diagnosis (probably not as well as I would when I was fully awake). I had been asleep for just an hour.

I directed him to tap his index finger, then under eyes and also eyebrows and the gamut for pain reduction.

After a few minutes of tapping the pain had lessened and the arm was strong – we did the 9 gamut to finish and he wanted to get back into bed to sleep. By this time, the pain disappeared!

It had only lasted less than an hour and had not progressed to the point where my partner was doubled up on the floor as before. He certainly won't be having peanuts again! Next time we are invited to a party we will eat at home ***first*** just in case. Avoiding the toxin causing this pain will eliminate the need for an exploratory surgery.

Case Study

By Suzanne Connolly, TFT-Dx

Solving the Mystery; Curing the Panic

At a recent Conference on Panic Attacks, a speaker presented as a fact, that panic attacks do not have their origin in past trauma. Speaker after speaker asserted that there is currently no cure for Panic Attack Disorder. While there are undoubtedly cases where this is true, I find that in most cases this upset in the sympathetic nervous system is rooted in past trauma and of course, with Thought Field Therapy is curable. The following case study offers just one example.

Yolanda's panic attacks were keeping her from her job as head of housekeeping at a nearby resort, and from her second job of babysitting her friend's children, and from participating in life in general. She had been referred by her Physician and I began taking a history in an effort to find some specific sources of anxiety to address.

Being around small children seemed to precipitate the majority of Yolanda's recent panic attacks. Being home alone at night, being around knives, seeing young girls at the resort where she worked, and driving at night seemed to trigger others. The panic attacks began immediately after Yolanda had seen a news story on television where two young girls had been kidnapped and murdered. A search party had found the girls' bodies lying in a field. The murder weapon had been a knife.

Before seeing the news story Yolanda had experienced only two panic attacks. Once while in Mexico, visiting her native village, she and her husband had taken a long drive to a forested area. It was nightfall when they finally arrived and Yolanda could not get out of the car to examine the forest. A car had happened to be following them; Yolanda felt like she was fighting for her life as she screamed until her husband turned around and drove back to their village. She remembers her pounding heart and the feeling of unmistakable danger.

On another occasion, while visiting her mother at her families' ranch in Mexico, her mother's big dog attacked a neighbor's small dog. Again: the pounding heart, the absolute terror.

Yolanda remembers nothing of her childhood before the age of nine. Her first memory is a memory of being on a bus with her mother and younger brother headed to California. She remembers everything about California: living a year with her aunt, the trips to the beach, getting toys, cloths, and attention. Everything seemed good and peaceful and normal. Yolanda tells of her year in California as if it were a story from a fairy tale.

After she and her mother and her younger brother returned to Mexico, it was different. Yolanda's father had never accepted her. Her mother told her it was because he didn't like girls. (But later, a younger sister was born and the younger girl was treated, Yolanda says, like a princess.)

Her three older brothers were allowed to treat Yolanda harshly. She was not allowed to eat with the family and had to go outside when everyone else ate. She would sit on the roof and look at the stars, or sometimes; she would visit the homes of neighbors who would give her something to eat.

When the family was finished eating, Yolanda's mother would make her a small tortilla filled with leftovers. Yolanda would then clean up and do the dishes. Later Yolanda was required to cook the dinner as well. But still she would be banished from the home while the family ate. Often her brothers would throw the family cat on her food and play other pranks. Yolanda says she didn't think anything was unusual at the time; "It was just the way it was."

I ask Yolanda about a scar that runs up her arm. She says that it happened when she was about eighteen months old. Her mother has told her that her brothers accidentally cut her with a knife. Her mother had reportedly heard Yolanda yelling and when she found Yolanda, there was blood running down her arm. Yolanda and I wonder aloud if this could be related to the anxiety around knives that appeared after she watched the tragic news story on the television.

Although Yolanda had been experiencing multiple panic attacks a day; at the time of our initial session, she could not bring up the feelings of panic during that first meeting. There was only anxiety about the panic. I had Yolanda just think about the panic attacks while we did Thought Field Therapy using Diagnostics.

Yolanda reported feeling much calmer during the week prior to our second session. However, she reported that some of the panic returned when, at work, she witnessed a little girl running from the creek to the parking lot. I shared with Yolanda what I was beginning to see more clearly. Since seeing the news story, the sight of a small vulnerable child seemed to precipitate a majority of her recent panic attacks.

Even babysitting her friend's children had been a source of panic. And there was the panic attack she experienced in Mexico several years ago when the large dog attacked the smaller dog. I asked Yolanda to think about what had happened when she was a baby, although she couldn't remember it consciously and had only heard the story. Once again, we did Thought Field Therapy at the Diagnostic level.

It is our third session and Yolanda reports having experienced a few mild panic attacks. She says they are much less frequent and her heart does not pound as rapidly. We talk about not remembering her childhood before the trip to California. Based on what she does remember of her life in Mexico after the age of ten, we can safely surmise that her earlier unremembered years were also quite difficult.

I have her simply think about her life during those years, even though there are no conscious memories. I muscle test her saying "think of being between one and two years old", etc.

When I find weaknesses indicating perturbations we use Thought Field Therapy.

During that same session and after doing some tapping, Yolanda suddenly remembers a man from her village that had a baby. He is her parent's neighbor.

Her parents were the Godparents of the baby, but Yolanda gets a really creepy feeling whenever he visits. She has never liked him. She doesn't know why. We use Thought Field Therapy as she thinks about this man.

Yolanda has also brought along a knife. She takes it out of her purse. It is thickly swaddled in a white paper towel. She cannot bear to look at it even in its sarcophagus and she grimaces as she hands it to me.

By the end of the session and after addressing the knife phobia using Thought Field Therapy, Yolanda can look at the knife even when I leave the room and she is alone. At the end of our session, she picks up the knife entombs it once again in its mummy wrappings and smiles as she places it in her purse.

Yolanda arrives at the office smiling. It is now our fourth session. She has been chopping vegetables and she can open the drawer in the kitchen at work that houses the knives. As head housekeeper, counting the knives is one of her kitchen duties.

Yolanda reports that there is still a trace of squeamishness but it is not debilitating her or restricting her activities. Again, she takes the knife out of her bag but this time she, herself, unwraps it from its paper-towel cocoon. She smiles as if the knife were an emerging butterfly. We use Thought Field Therapy as Yolanda concentrates on the remaining traces of her knife anxiety.

Fifth session; and there is still a little queasiness around knives. But Yolanda reports that its manageable and today she wants to talk about something else. She has been having no panic attacks; however a few days ago she awoke from a long sleep feeling extremely anxious. She had been working hard and had slept late. As we searched for clues Yolanda volunteered that there was a lot of work to do around the house that day and because

she slept late it might not get done. If it wasn't done, someone might get angry and she would be in trouble.

At home, Yolanda would not be able to go to school until her chores were completed. After school she could not do her homework until her chores were completed. If her chores were not done to her mother's satisfaction, she would call Yolanda "Lazy" and her mother wouldn't speak to her for several days. We did Thought Field Therapy while Yolanda stayed in touch with her anxiety around not getting everything done.

At the end of the session she could think of chores uncompleted and feel at peace. We still have a few minutes and we again address the little bit of remaining uneasiness around knives.

Sixth session: and Yolanda is feeling good and things feel normal again. Her Doctor has given her the go ahead to gradually go off her anxiety medication.

There are two remaining issues that Yolanda requests we address. There is still uneasiness when driving by herself at night in open spaces. And, relating to knives, she says that there is still a feeling like a "chill that passes across my chest" when she is around knives. It is very slight she says, "almost like a memory".

Today we address the phobia of driving alone at night through large open spaces. This is a long- standing anxiety. This anxiety preceded her recent episode of panic attacks. By the end of our session, Yolanda reports feeling comfortable with the thought of driving at night alone through open spaces.

Seventh session: Yolanda has had no reoccurrences of panic attacks even though she has completely stopped her medication. Things are very close to normal. Yolanda's father now lives close to her in a neighboring town. She miraculously loves him and holds no grudges. She takes care of him to a greater extent than do her three older brothers who live with him or close to him. On one occasion, since our last session, Yolanda drove her father through open spaces at night, and although there was some anxiety there was no panic and she did not have to turn her car around and go back. She thinks life is good once again.

After just a little more work, Yolanda has remained free of anxiety and panic for nearly a year. She no longer sends money and gifts to her mother in Mexico who never thanks her and has no time to talk to her. She no longer does what ever her older brothers ask her to do. When she hears herself set limits with others she laughs and says "Who is this? Is this me?

Addressing past trauma, even unremembered past trauma has not only eliminated all panic attacks and traces of anxiety. Thought Field Therapy has helped Yolanda learn to take care of herself and to realize that her needs too are important.

Success Story

By Patsy Bolton, TFT-Dx

In May I met with a woman whom I'll call Sandra, aged 40 whose father had died the previous year.

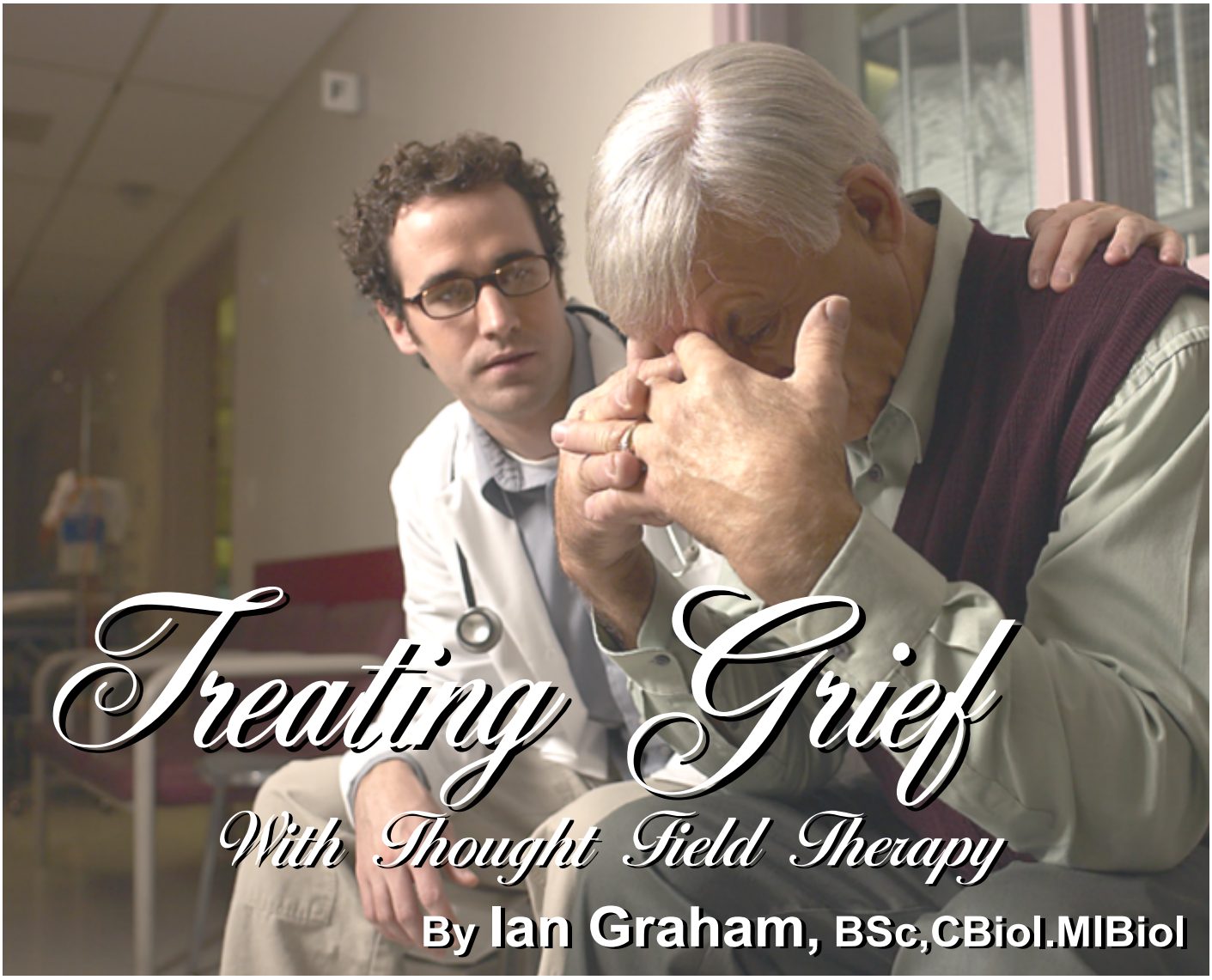
She told me that although the family knew that her father had heart problems, they expected him to carry on for many years as he was only 68. Apparently he'd had arecent health check, just been on holiday and looked great. A day after returning home he had a fatal heart attack.

Sandra said that when she heard the news, it was like someone had lunged at her with a bar hitting her chest. The trauma of that feeling and the shock still came in occasional flashbacks.

I did the trauma algorithm incorporating the tapping points for rage as I suspected that Sandra had a lot of extreme anger in her. She expressed feeling cheated of her father.

In the room, Sandra soon began to feel much more "relaxed" as she (and many others) put it and found it hard to recall the memory of the assault on her. I finished with the eyeroll as her SUD had gone right down. Incidentally instead of asking for a 1-10 rating, I often ask the person to imagine a high mountain and where they'd place themself on it. As we go on, I ask whether they are still in the craggy bits, down the slope, on a kind of plateau or nearing the bottom. I find this very user friendly.

The next week Sandra was very pleased to report that she'd had no flashbacks, nor did she feel traumatized when recalling her father's death.



Treating Grief

With Thought Field Therapy

By Ian Graham, BSc,CBiol.MIBiol

Very few people manage to progress progress through life without experiencing the loss of someone or something of great importance in their lives. This may be through death of a loved one, be they human or animal, or as a consequence of family crisis such as separation or divorce. Even the loss of treasured possession can have an equally unwelcome influence. Death is, of course, inevitable and, apart from sudden or accidental causes, is more often than not expected. Family break-up, on the other hand, is usually prolonged, troubled and messy.

Short-term grief in such circumstances is seldom a problem. It is a normal human emotional response and during the grieving process we can learn to accommodate the loss and get on with our lives. Therapeutic intervention is rarely needed and may indeed be particularly unwelcome.

Nevertheless, how well we manage that grief can have a major impact on our quality of life. Unmanaged grief can lead to chronic post-traumatic stress and, if it continues to remain unresolved, may develop into post-traumatic stress disorder.

The term "bereavement" is used to define the response to the death of a loved one yet is only one form of grief. Here, the common emotional pattern is easy for others to understand and empathize with. However, if that pattern is mirrored when the grief arises from incidents not involving death – divorce, for example – that understanding and empathy diminish or may even be absent. This loss of support, real or perceived, can accelerate progression into psychological disorder, especially in children.

Death

Initially, the bereaved person is likely to be in a state of shock and numbness, even when a death has been anticipated. They may feel faint, cry uncontrollably, become hysterical or collapse. Sometimes the opposite is seen and the person may display no emotion, appearing very controlled, calm and detached. Gender plays a part here with the latter response being more male-orientated. Unfortunately, it may also be misinterpreted by partners and others as cold-hearted and callous,

adding to the isolation and stress the person feels.

This initial pattern may last several days and usually allows the bereaved to deal with immediate necessities and cope with, for example, the funeral without losing control. The emotional responses vary and draw heavily on cultural expectations, traditions and rituals. They must be respected. No-one is going to come to harm or have their quality of life destroyed in the short term and it is prudent not to offer therapy at this time, unless it is specifically requested.

Over the following weeks or months most adults and children gradually restore their lives to what would be regarded as normal. Assistance with emotional turmoil is more welcome during this time and here Thought Field Therapy comes into its own.

Teaching the bereaved the Complex Trauma algorithm (eb – e – a – c – 9g – sq plus Psychological Reversal corrections) for use at any time is highly recommended.

Apart from its ability to resolve traumatic stress in a few minutes, it is also uniquely empowering. The bereaved need not visit their Doctor for medication, consult a Counselor for hours of talk, nor suffer the well-intentioned but ill-informed ministrations of friends. The bereaved are essentially back in control of day to day events.

Of the few who fail to cope with the death of a loved one and remain in a state of traumatic stress, more involved intervention is required. It is not possible to go into as much detail as I might wish and I recommend that practitioners research the various manifestations of grief in adults and children (and it's normal progression) very thoroughly before attempting therapy. That said, in most cases TFT can have considerable success if the following emotions are taken into account:

Anger and Frustration – very common in cases of sudden death (heart attack, stroke, etc.) or fatal accident. The bereaved seeks to blame someone or something for the loss of their loved one, yet cannot successfully rationalize that blame. Physicians who attempted to save the deceased's life often bear the brunt of this anger, with partners coming a close second (compounded, if the partner is male, by the bereavement response discussed above).

Algorithm
Use Complex Trauma + Anger
(eb – e – a – c – tf – c – 9g – sq)

Guilt – the bereaved may feel that they failed the deceased in some way. The manifestations of this are too numerous to mention, but usually revolve around past untruths which now remain unadmitted, perceptions of not having cared enough, or imagined contribution to the loved one's death. In a therapeutic situation, it is wise to get to the bottom of all of the bereaved perceptions and treat each issue of guilt individually.

Unmanaged grief can lead to chronic post-traumatic stress and, if it continues to remain unresolved, may develop into post-traumatic stress disorder.

Algorithm
Use Complex Trauma + Guilt
(eb – e – a – c – if – c – 9g – sq)

Depression, Disorganization and Despair – the bereaved has failed to make progress in the resolution of their grief, and has considerable difficulty planning future activities, even from minute to minute. Characterized by lack of concentration and focus, procrastination, fear of the future and unwillingness to seek help.

Algorithm
Use Complex Trauma + Depression
(eb – e – a – c – g50 – c – 9g – sq)

Witholding – the bereaved does not discuss their loss in any way, as to do so causes considerable emotional pain. This can be a very frustrating experience for the bereaved as they have a deep but unresolved need to recall happy and joyful times and to discuss their loved one's life, with others often expecting and demanding this. Instead the bereaved isolate themselves from their friends and family so they will not be obliged to do so.

Algorithm
Use Complex Trauma + Depression
(eb – e – a – c – g50 – c – 9g – sq)

It should be noted that an offer of treatment may be met with considerable anxiety as the bereaved is concerned that the therapy may make them "forget" about their loved one. This fear is often made worse during conventional therapy, as counselors often encourage the bereaved to develop new interests and meet new people to "take their mind off their feelings".

Once again, TFT comes into its own – the bereaved can be reassured that only the emotional pain and suffering will go, and that all memories will remain unaltered. It can also be emphasized that TFT can lead to

Ian Graham become a TFT practitioner in 1996 following a very successful treatment on himself for PTSD using a Callahan Techniques video purchased on the spur of the moment in Singapore! Ian has an honours degree in Medical Science and additional qualifications in Hypnosis and Psychotherapy, as well as Qualified Teacher status in the UK. He is also a Chartered Biologist and Member of the Institute of Biology. In private practice, Ian specialises in the treatment of trauma, especially in children and adolescents whom he sees as a "forgotten generation" when it comes to bereavement or family break-up. His favourite saying: "If it wasn't for the optimists the pessimists wouldn't know how happy they weren't"

immense liberation as the bereaved can now think about their deceased loved one as much as they like, pointing out that up to that time the bereaved have been avoiding doing that very activity.

Divorce or Separation

Divorce or separation can have considerably more impact on a person's emotional well-being than a loved one's death as the object of their affection or disaffection remains within reach. Essentially there is no finality to the relationship. All of the emotions discussed above are magnified and re-traumatization is common if complete isolation from the former partner is not achieved.

Sadly, adults are very adept at discovering ways of managing their own grief in such situations but surprisingly ignorant of their children's needs. Most children, even when apparent has been abusive towards them do not "take sides" in a separation or divorce. They miss the absent parent as much as if he or she were deceased.

As with bereavement, children of junior school age may experience similar feelings to adults, such as separation anxiety, confusion, anger and guilt. They may not show their feelings openly, leading parents and others to believe that they aren't affected by the traumatic events. Common behavior changes include becoming withdrawn, bed-wetting, lack of concentration, clinging, bullying, telling lies and being aggressive, all of which may indicate their upset state.

Teenagers' grief reactions are similar to those of adults but negative feelings may lead to violence and aggression. Mood swings and periods of depression are common but it may be difficult to separate them from normal adolescent behavior. Tension and fighting within the family may become more common.

Like adults, teenagers may also suffer from headaches, sleep difficulties and eating disturbances.

TFT intervention remains the same no matter what the origin of the grief or the symptomology.

A word of caution when treating children: Children often unconsciously develop multiple minor emotional problems which serve to cover over a major trauma in their lives. TFT intervention will usually be very successful in eliminating those uppermost problems. Unfortunately, just like taking the lid off a pressure cooker, the major problem will then reach the surface. If the child is not in a controlled, supervised environment or place of safety the negative consequences for an unprepared therapist and the child themselves could be considerable.

Benefits of Membership in ATFT

All Classes:

* Annual EXPANDED ***"ATFT Update"*** magazine.
* ***"ATFT Update"*** magazine - electronic version
* ***Success Handbook*** for distribution to clients / patients
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* ***Certificate of Membership*** (suitable for framing and display)
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Dx Level:

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* Opportunity to participate in ***ATFT Foundation World Relief Projects***

VT Level:

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* Listing in ***Website 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:** (non-voting; no training required) $75

TFT Allows Us the Feelings We Need

TFT's Role in the Bereavement Process

Robert L. Bray, PhD, LCSW, CTS, TFT-DX

In my experience, the most common problem with grief is people not grieving. When a client comes in looking for help with grief, the first question I ask is, "What are you doing? How are you grieving?"

The most common response is that it hurts to much and "I cry ever time I remember (he or she) is gone."

Avoiding the memories, avoiding the parts of their current life that triggers the memories, or avoiding sharing memories with others is a common coping mechanism to manage the pain even for the toughest person. Taking the time to be with feelings of love for the one who has died and integrating the fact that person is no longer with him or her is a necessary component in reconstructing a life.

Grieving is an active process requiring our engagement. Time passively passed without our conscious awareness is of little help in this process. Time spent locked in overwhelming emotion that freezes our thinking and prevents us from taking action is of less help. Making the change in our being requires living with the reality of having been given the gifts of our loved one and now being without the physical presence of his or her. TFT provides a means to getting unstuck and using our feelings in this change process.

A woman in her late forties approached me after a presentation at a conference and asked for help dealing with the loss of her son three years earlier. In his early twenties he had been killed in an industrial accident. She was an experienced mental health professional and was able to describe her sense of being stuck in her grief.

She was unable to move beyond the overwhelming pain she feels whenever she started to think of her son.

The tears started and pain spread across her face as soon as she began to response to my question "How may help?" Without further prompting I lead her through a TFT treatment sequence and calm returned to her face and the tears slowed.

***Dr. Robert Bray** is the Secretary of the ATFT. He is a respected counselor specializing in trauma and post-traumatic stress issues. He has been deeply involved with TFT for many years and offers TFT Algorithm trainings on a regular basis. His work has been featured on television.*

I asked her "what happen to your son" and the pain returned just as strong as before. After another treatment sequence she was able to describe the thought field at first was a general overwhelmed feeling in knowing he was gone and she was without him.

The second thought field was imaging how he died—the moments before, the pain he may have felt, the thoughts he probably had and the feelings experienced in dying alone.

As she talked about her understanding of his death in the work he loved the pain returned to her face and she started to cry hard again. The thought field was now associated with the fact she had encouraged her son to pursue this work he love and was good at doing.

After more TFT treatment she was able to talk about this guilt as irrational and put these feeling in a manageable place. As we talked more about her son and their relationship we had to treat a thought feel having to do with the anger she was feeling towards him about some choices he was making.

Then as we talked more, without the anger and guilt, about her love for her son she start to cry again. This time with deep powerful sobs. I offered immediately to do more treatment but she refused any further help saying "this is where I have been trying to get to for three years—I am remembering the last time I saw him at the airport and I hugged my baby good-bye."

Grieving is painful and hard work as we suffer through a loss. Not even TFT can alter this reality. TFT can manage the overwhelming pain and allow conscious engagement in a process of integrating the loss. A card came about six months later from this mother reporting she was doing much better. She was grieving and had finished a couple of projects done in her son's name. These projects had been started right after his death. She was able to do the work of grieving because she had a way with TFT to manage the pain when it was too much. To fully integrate the loss we must be able to feel the love and accept a life that is changed.

Speak UP for TFT
- Continued from Page 3 -

Toastmasters helps us get past these impediments and still be able to laugh at our self.

5. Eye contact is essential. Scan the room and look at someone for at least 3 seconds, then move on to the next person for another 3 seconds.

6. Use natural gestures. If you are not required to do so, avoid using a lectern. If you have to do so, don't lean on it.

7. Use your notes as little as possible.

8. People like some humor. If you have a funny story and you like to laugh, share it with the group.

9. Craft your talk to fit the interests of your audience. It's quite a bit different speaking to a group of young people then it is a group of welders or medical doctors.

10. If you tend to be a monotone speaker (like me!), work on introducing some vocal variety into your delivery. Make sure everyone can hear you!

11. You might reserve some time for questions and answers at the end of the talk depending on the situation.

12. If you have handouts, brochures, etc. you want to give the audience, don't do so until your talk is over, otherwise they might become a distraction.

I won't mention tips for using visual aids here. Just be sure you understand how to use the equipment you plan to use; make the use of visuals seamless with your talk; make sure everyone can see them and prepare with extra bulbs and extension cords.

SUGGESTED OUTLINE FOR A TALK

INTRODUCTION

Thank the organization's MC or leader for the invitation to be here.

Introduce yourself (Name and affiliation with ATFT)

Explain a little about what you do in the community.

SUM UP what you want the audience to learn from this talk.

"Today, I'm hoping you leave here with a whole new understanding of a wonderful way we help people to overcome trauma, anxiety and depression and unlock their own potential for excellence...."

A STORY

Share an anecdotal account of a case you've worked on where you used TFT to help someone. Choose one that is fairly memorable and a case whose identity cannot be readily discovered.

HISTORY

Explain how Thought Field Therapy came about through the work and discoveries of Roger J. Callahan, Ph.D. and how you have been trained by him directly to carry on this work in your community.

Explain how the Association For Thought Field Therapy involves practitioners from all over the world who have incorporated TFT into their counseling, medical, and social work professions.

Explain there is not enough time today to review all of the treatments and protocols we use to help people.

Give a brief account of how ATFT responds to requests to help victims of war, e.g., Kosavo; and victims of malaria, e.g., Tanzania.

Explain that while we do not fully understand all of the psychological and physiological reasons why TFT works the way it does, that we are engaging other scientists to look into the processes involved.

Explain that one of Dr. Callahan's greatest discoveries is not just how psychological problems can be resolved with tapping on certain meridian points, but also through his discovery of psychological reversal. Psychological reversal is the phenomenon that often prevents healing from taking place.

Speak UP for TFT
- Continued on Page 30 -

Practitioners are now able to eliminate the psychological reversals allowing for much healing progress.

DEMONSTRATION

If it is possible, and some arrangements were made in advance to give a demonstration of TFT with an audience member, you may include one during your talk. Avoid complex or chronic problems that require Dx Treatment. It is best to use established algorithms for this purpose.

INFORMATION ON PROBLEMS TREATED

You may wish to focus on a select number of problems in which TFT has been effective.

Explain that we know TFT is not helpful in eliminating a number of medical problems, yet we also know that it is highly effective in eliminating stresses that may be contributing to poor healing.

TELL HOW TO GET HELP IN THE COMMUNITY

Tell the audience how they can get TFT help in the community by seeing you or other TFT practitioners. Tell them about the ATFT web page at www.atft.org that lists practitioners all over the world in case they have friends or relatives they wish to refer.

QUESTIONS AND ANSWERS

Include a Q & A period at the end of your talk. Let people know in advance that you will answer their questions following the talk.

HANDOUTS

Any printed information you wish to provide to the audience should be done following the talk. Include your business card.

NETWORKING HELPS

How do we get invited to speak to groups and organizations? The simplest way is to select one of dozens of organizations, and then call the president or chairperson indicating you would love to speak to their group. Organizations like Kiwanis, Rotary, the Lions Club, as well as professional groups are often looking for speakers.

They may not be able to book you in for a couple of months but will be glad to know you're willing. Sometimes you even get a free meal!

Another way to do this would be talk with someone who is a member of a group, for example, a church group or PTA. They might even make the arrangements for you.

You can also look in your local newspaper. More often than not, they list many organizations that are active and give their meeting times and dates as well as a contact person and phone number. These include all kinds of recovery groups, and special self-help groups.

It's likely that after you give one or two talks, you may be invited to speak to other groups as well when the word gets out. Keep in mind that most organizations publish who their speaker will be and some run short articles about the talk in the local newspaper afterward.

All in all, with a little effort, you can do a great deal to let others know about Thought Field Therapy and about your own role and the role of ATFT in helping people. Now, while you're thinking about it, decide who your next audience will be and make the arrangements. By the way, it's easier to prepare for things you know will happen.

TFT, HRV, and the Broken Heart

TFT Offers More Than Emotional Help for the Bereaved

By David Hanson, DEH, TFT-Dx

Ruby and Jack (not their real names) had been married for 63 years. They were high school sweethearts, married, raised a family, and weathered all the storms of their lives together.

Ruby was now alone. Jack had passed away in his sleep almost a year before her nephew, Bob, brought her to my office at the funeral home.

Bob was a funeral home employee working in the sales department. He had seen me work many times with patrons of our establishment in helping them past the grief that was paralyzing their lives. He had seen me direct others through "that tapping therapy you do" and wondered if I could help his aunt who - almost a year after losing her beloved husband - still cried at the mention of his name.

Ruby was a plump little woman whose face was kind and care-worn. But just talking about her deceased mate brought up a level of emotional discomfort that was impossible to miss. Bob was concerned that her grief was so significant that it was beginning to impact her health and functioning.

After talking with her for a very short time, I took her HRV. Her SDNN was only 23. Not a very good score.

Then, we started the treatment. I asked her to rate the level of her emotional discomfort. Even if she had not said so, the look on her face when I moved her into that thought field showed she was a 10. The tears welled in her eyes and her face contorted in an attempt to stifle her impulse to cry.

I applied the TFT treatment. In just seconds there was an improvement - a dramatic improvement. The tears dried up, her face relaxed and both her nephew and I noticed a new countenance settle over her. Even she looked surprised.

"What did you just do?" she asked me. I didn't answer her question. Rather, I asked, "How is the feeling now when you think of Jack? Is it better, worse, or the same?"

A slight smile crept across her face and she said, "I'm almost afraid to say this, but I actually feel sort of happy and lighter somehow." Her nephew looked at me out of the corner of his eye with a disbelieving look. He was still skeptical.

When I asked her to rate the level of her emotional discomfort again, she told me it had gone down to a 2. We worked a bit more on her SUD. It wouldn't come down further leading me to suspect that we really had eliminated the problem but she was resistant to the idea of losing all feelings of grief. (Often, the bereaved will not report getting to a 1 or zero because they somehow equate a lack of negative emotion with a lack of love or respect for the deceased.)

A slight smile crept across her face and she said, "I'm almost afraid to say this, but I actually feel sort of happy and lighter somehow."

I took her HRV again and it had improved significantly to an SDNN of over 60. A whopping improvement in just minutes!

Of all the possible stressers a person can encounter in life, losing a mate is one of the most significant and impacts an individual on all levels. My experience with Ruby was not anomalous. It was characteristic of many (if not most) of the cases I have seen. I have learned that the HRV of a grieving person can often be improved through the application of TFT treatment.

Almost anyone who has worked in the death-care industry (as I did for over fifteen years as a counselor) has known of cases where one elderly partner will pass. Then, strangely enough, one month - six months - one year later (sometimes to the day), the other will pass.

Although I cannot account for or explain the often peculiar timing of the death of the second partner, my experience with the HRVs of the bereaved suggests to me that extended grief is stressful to the degree that it suppresses the HRV of these individuals to a degree that their own death is the result. Literally, they die of a broken heart. And, I believe that TFT is not only enriching the lives of these individuals, but is also extending it and improving their overall health.

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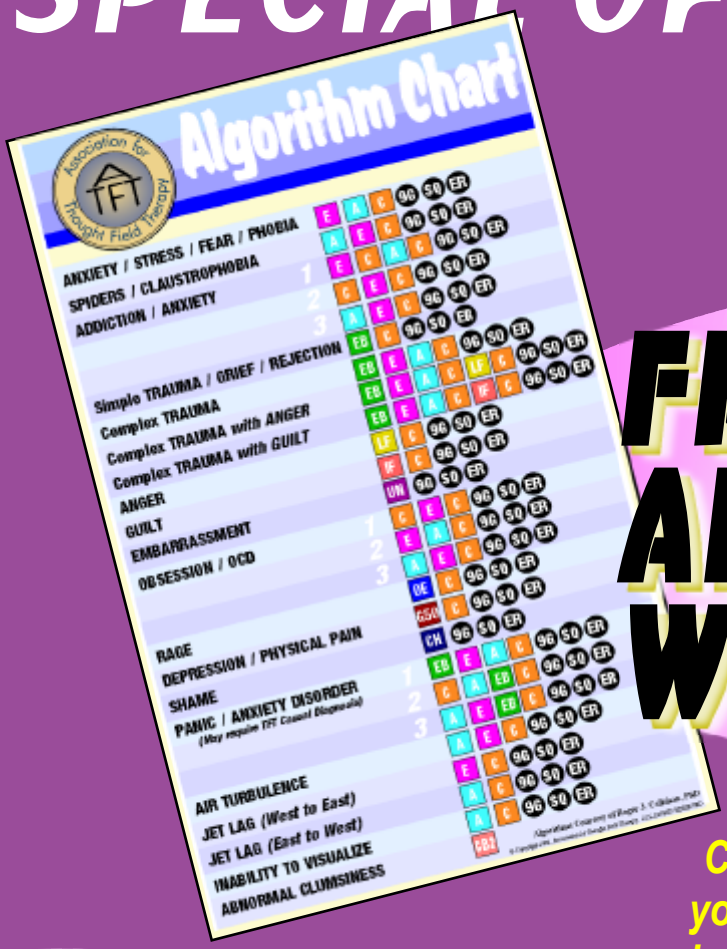

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