

ATFT E-ZINE UPdate



Official Publication of the Association for Thought Field Therapy

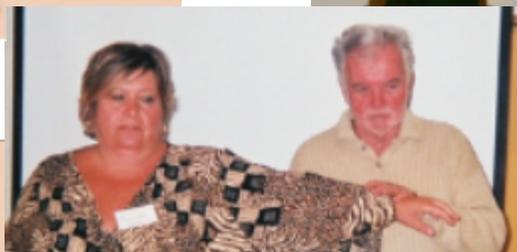
Issue 5, Fall 2006

WHAT A GREAT EXPERIENCE!

Thank you, England!

Highlights and Photos from the
**ATFT Mini-Conference
 Callahan STEP B Training &
 Voltmeter & PR Workshop in
 Leamington Spa, Birmingham**

PLUS many more feature articles relating to TFT



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COVER PHOTOS:

(top to bottom):

TOP: Dr. Roger Callahan explains how he discovered *Psychological Reversal*.

NEXT: Chris Milbank, TFT-VT describing his brush with death by anaphylactic shock because of a toxin at the conference.

NEXT: Yvonne Lewis, TFT-Dx works with Roger during Diagnostic Training.

NEXT: ATFT Executive Administrator, Dr. David Hanson, TFT-Dx, explains ATFT's newest self-marketing materials.

BOTTOM: Erica Moss, TFT-Dx demonstrates on Roger how she integrates TFT with another modality.

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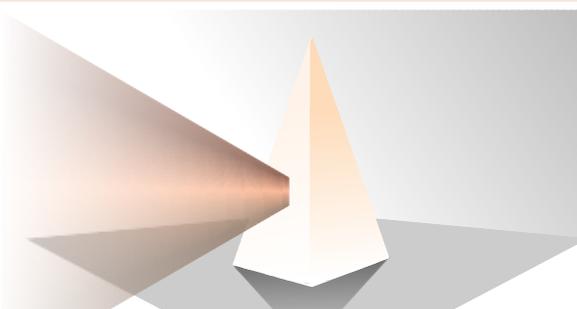
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The news and other items posted on this list serve are intended for informational purposes only. Nothing herein is intended to be a substitute for professional medical advice.

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



PRESIDENT'S MESSAGE



Mary Cowley, Ph.D.
ATFT President

August 17, 2006

Dear ATFT Members,

While writing my message I reviewed ATFT's mission statement and noticed that the date it was approved by the Board of Directors (August 17, 2001) was exactly five years ago to the day. I found this wonderfully fortuitous and would like to assure you that ATFT is on line with its avowed dedication "to improving health, well-being, and performance by providing a forum for the strategic advancement of TFT, establishing standards of practice and education, developing supports for TFT practitioners, promoting ethical research, and encouraging and offering community service and public education." The ATFT Update is a perfect opportunity to share how we further our mission, and I have much news since the last issue.

Since David Hanson became ATFT's part-time Executive Administrator in January, he has not only been able to relieve superwoman Chris Trautner of much of the normal, yet vital, tasks such as interfacing with members and processing applications, he has also been spinning his creative wheels in the development of new benefits and supports for members. We have received an especially enthusiastic response over the new customizable ATFT client brochure, "*What You Need To Know About*

Thought Field Therapy". It is an extremely attractive 3-fold full-color brochure that can be downloaded, printed and handed out, mailed or e-mailed to current and prospective clients. Not only does the brochure provide an excellent educational piece but also an effective marketing tool.

To further help get the TFT word out, David has also arranged co-op advertising opportunities through group ads in national and international magazines, which makes it far more economical for the individual practitioner or trainer to advertise. What he is currently in the midst of creating is a short "*Fearbusters*" seminar that TFT practitioners can offer to the public. This will give all member practitioners a means to greatly expand the reach of TFT as well as market their skills. The ATFT Board of Directors is hoping this will lead into the development of more short workshops for the same purpose.

As most of you know, the responsibility for initial algorithm level trainings and trainer certification has recently reverted back to Callahan Techniques, Ltd. This allows ATFT to focus on additional support materials and instruction for trainers, including enhanced training materials, PowerPoint presentations, marketing materials and opportunities (including a training schedule on the ATFT website), and a separate ATFT Trainer Services website. Additionally, we are

very pleased to announce that master teacher Dr. Jenny Edwards is in the process of developing an advanced trainers' course for the improvement of training skills.

We have made some exciting changes and enhancements to the ATFT web site. A shopping cart has been added, which enables individuals to join ATFT, renew memberships, and donate to the Foundation--conveniently online. Making it far easier for web site visitors and potential clients to find local TFT practitioners, the membership directory is now searchable.

We've also added some new content, including photos and an article on the regional mini-conference in the U.K, as well as photos and description of the Foundation's first trip to a Rwanda orphanage.

Be sure to view the streaming video of the orphanage children singing their welcome to the Foundation team. I predict you will want to be on the next plane to Rwanda after seeing and listening to it.

You will learn more about ATFT Foundation projects in a separate article by foundation President Joanne Callahan. We are most proud and excited about these opportunities to further our goals for research and community service.

And finally I would like to report on ATFT's current membership. It is most encouraging to discover how international we now are. Our members represent 25 countries--approximately 48% from Europe, 33% from the USA, 12% from Australia, and 4% from Canada. The remaining 3% come from an assortment of countries, including Jamaica, Japan, Korea, Mexico, New Zealand, Pakistan, Saudi Arabia, and Thailand. Thank you all for helping spread the most powerful healing technique to the far reaches of the world. And enjoy reading more about what you are helping to promote and facilitate.



I had a client about a month ago who wanted to work on her fear of high bridges. She has lived here in Sedona for 7 years has never been able drive over our Midgley Bridge in Oak Creek Canyon as it is very high. She would drive many miles out of her way to go to Flagstaff, AZ in order to avoid going over this bridge.

This fear was because of a childhood accident with her father driving over a high bridge and all that came with that accident. She came to my office and we started to work on it. It quickly became very apparent to me that she could not visualize.

I remembered in the class with Roger that a small percentage of people could have this problem. So, I said, "Let's go... let's get in your car and drive up there and work on it as the feelings come up." We did and as she drove close to the first pull out before getting to the bridge I could see she was becoming very distressed, so we pulled over. She was visibly shaking and could hardly talk and was close to tears.

We did the algorithm for complex TRAUMA and I added anger and guilt. This was a good place to stop and work on it as she could actually see the bridge as we worked. We went through the algorithm twice and she was down to a 2. At this time she was quite calm, so I ask if she thought she could drive to the closest turn out just before the bridge. She smiled and said yes she thought she could.

As she drove and approached this place she was just a bit stressed. We stopped and went through the algorithm again. She quickly went down to a 1. I ask her what she thought she would like to do now and her reply, with a smile, was that she wanted to drive over that bridge! So, I buckled my seat belt and

ask her if she was sure as I wanted her to feel safe and not feel she has to stop in the middle and have any worries about safety and traffic. She said no, she felt sure she could do it. She not only drove over, she turned around and drove back over it again immediately! She was so excited and said she felt a bit of stress in her neck the first time over, but felt more relaxed the second time. She was laughing and said she could not believe she had done it and could not wait to call her daughter, husband and friends all over the country who knew she'd had this problem forever and tell them what she had just done.

She dropped me back. About twenty minutes after she left, she called me. She had driven back up into the canyon and drove over and back across the bridge again alone. She was so giddy and so happy and said she felt so free.

She even talked about her upcoming trip to go to her summer place and how she now was thinking she could finally go on a picnic in the mountains there because she felt she could now cross a bridge going to this special place everyone always talked about, but she was never able to go due to her fear.

This is such a thrill for me to see people relieved so quickly and respond so well. It is also a good example of someone who could not visualize at all, yet when put into the actual situation, responded quickly and was relieved of a live long phobia in about twenty minutes.

**Dottie Webster
Sedona, AZ**

Dottie Webster is a TFT-Dx Practitioner who lives and works in Sedona, Arizona. You'll see her name elsewhere in this issue because she is an important part of ATFT's TRAUMA RELIEF TEAM.

ATFT's Trauma Relief Team

The Third Time's a Charm (Just like the First and the Second)

BY **Suzanne M. Connolly**
LCSW, LMFT, LISAC, TFT-Dx

QUESTION:

Why would a busy Psychologist from Honolulu Hawaii, and another busy Psychologist from West Los Angeles California, and an equally busy Clinical Social Worker from Sedona AZ leave their envied tourist-destination environments, hop on a series of planes and head for the once-tourist- destination but now bruised and battered city of New Orleans? And for the third time this year?

No, we weren't mad. We were in love. After two previous visits this year we had fallen in love with the people and the city of New Orleans. And if we had had any doubts about the wisdom of this third visit, they disappeared as the three of us looked at the sea of faces that had gathered to attend our second algorithm training given free of charge this year to helping professionals in this traumatized city.

We were at Oschner Hospital looking out at 63 faces eager to learn how to use Thought Field Therapy to help themselves and to help others. Some of the attendees had heard about Thought Field Therapy after our ATFT sponsored trauma relief team effort earlier this year when in January, the ATFT team reached out to Medical Doctors, Nurses, Social Workers and New Orleans City Police, who had experienced trauma first hand and then experienced secondary trauma as they continued to help others in the aftermath of Katrina. The ATFT team's main focus had been Charity Hospital, where over 100 employees were treated in a series of brief presentations followed by individual TFT treatments.

The TFT Treatments had been so popular that the ATFT trauma relief group was asked to do an encore at Charity Hospital before the January ATFT deployment came to an end.

Caroline Sakai, PhD; Nora Baladerian, PhD and had proudly participated in this first official ATFT deployment. Some of the attendees peering up at us from the crowd gathered for the Oschner training had heard about TFT

from Charity Hospital employees and other medical professionals who attended the ATFT sponsored algorithm training at Charity Hospital earlier this March. The medical staff at Charity had requested the training so that



This is a picture from the January ATFT Trauma Relief deployment to New Orleans. We are standing in front of the New Orleans Convention Center where Charity Hospital was set up inside in MASH tents. A tent had been set aside for us to use to treat staff members. We gave 5 minute presentations on the hour followed by Thought Field Therapy® treatments.

From left to right are: Minnie O'Banner, MSSW (a local assistant volunteer), Nora Balderian, PhD., TFT-Dx (our team leader on the ground in New Orleans and bilingual consultant), Herb Ayers, MA, LMHC, TFT-Dx (our TFT media man), John Detillier, Jr., TFT-Dx, (local resident and volunteer), Suzanne Connolly, LCSW, LMFT, TFT-Dx (team trainer), Oneyda Maestas, TFT-Dx (our second bilingual representative), Lois Sugarman, RN, PhD, TFT-Dx (our team nurse 24/7), Paul Oas, PhD, TFT-Dx (team Chaplin), Caroline Sakai, PhD, TFT-Dx (assistant trainer and lead therapist), Melody Pritchard (our hostess and our liaison with Volunteers of America and Adult Protective Services), Ecoee Rooney, RN, MSN (our other hostess and Inservice Instructor at Charity Hospital), Dottie Webster, TFT-Dx (assistant trainer). Not pictured are Nikki Edwards, Nora Balderian's assistant who is taking the picture and Bette Dee Mule who is John Detillier's assistant.

A special thanks to Norma Gairdner, MA, DHMS, ATFT Trauma Relief Chairperson.

there would be Charity professionals readily available to continue offering Thought Field Therapy treatments to staff members. Dr Sakai and I presented this training and Dr. Baladerian simultaneously led the trauma relief efforts as this second ATFT trauma relief team also treated other helping professionals in the larger community.

The group before us now was composed of helping professionals from several different hospitals and other social service agencies.

Algorithm Trainers, Dr. Caroline Sakai, Dr. Nora Baladerian, PhD, and myself worked together in a way that seemed scripted (but wasn't) to present

The ATFT team's main focus had been Charity Hospital, where over 100 employees were treated in a series of brief presentations followed by individual TFT treatments.

the two-day training. We explained, told stories, answered questions, explained again, supervised small group practice, explained again and did demonstrations. As always the real hit-of the day was Rosie who demonstrated that we are all connected and that the body's electrical system is very real indeed.

At the end of the two-day weekend training we knew that our work for this deployment had just begun. Our team leader Dr. Nora had not only managed to gather the 63 workshop attendees, but she had also promised the staff at Charity Hospital in Lafayette, Louisiana that we wouldn't leave them out.

The next day we took the two and one half hour drive to Lafayette with our fearless leader behind the wheel. Dr. Nora had agreed that we would treat employees at the Lafayette Campus of Charity Hospital, many of whom were displaced after Katrina and some of whom had stuck it out at Charity in

New Orleans when the levees broke and employees were trapped for almost an entire week. The over 20 employees we treated in Lafayette gave us overwhelmingly positive evaluations.

The next day it was off to Kingsley House, a large conglomerate of Social Service agencies such as Head Start, a day care program for the elderly, and Marriage and Family Services.

Caroline, Nora and I treated 53 people in individual 30-minute sessions during the one-day we were there. The helping professionals treated included Head Start teachers, Marriage and Family Therapists and Social Workers. Diana Farthing, Associate Director for Administration for Kingsley House recently emailed: "If you all plan to come back again in the future, we would love to have you back. Our staff is over 100 and we have several tenants, so we probably could fill at least a half day in the future, maybe an entire day."

"Thanks, again. The growing mental health needs in the area are being recognized more and more -- we appreciate your help for caregivers, donating your time and expertise to assist a community that is resilient but definitely needs support."

Daina's e-mail reflected the tone of the many Thank You's our group received verbally, via formal letters and e-mails.

"If you all plan to come back again in the future, we would love to have you back."

Daina Farthing, Associate Director for Administration for Kingsley House

It was my last day in New Orleans (Caroline and Nora were staying on for another day) and time for a night out on the town. While driving around the French Quarter, Caroline hinted that she would like to see the water. This water turned out to be the Mississippi River and we were all excited to take a look.

Nora spotted a white car and said, "Maybe I'll follow that car. They look like they know where they're going." I wisely observed, "It's going somewhere!" Caroline smiled.

Soon we found ourselves laughing hysterically on a ferry unexpectedly crossing the Big Muddy. It was a great view of the City and after a very brief stay on the West Bank (of the Mississippi that is), we re-crossed the river and found a very good place to eat. I commented on what a noisy restaurant we had chosen. Caroline pointed out that with all our laughing about the impromptu ferry ride, we were actually the noisiest group at the Red Fish Grill.

The Association for Thought Field Therapy Foundation (ATFTF)

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

The Board of Directors of ATFTF invites your help in obtaining funds and resources necessary to meet these goals.

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MappPsych. BSc

Norma Gairdner, HD

Jennifer Edwards, PhD

Alvaro Hernandez

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

Avoid-A-Void

By Kevin Laye, TFT-Dx

I am sure that you, just like me, believe that TFT when done well is the most amazing of all the therapies currently available with its consistent ability to rapidly collapse perturbations, which cause so many psychological issues.

TFT is my main therapy of choice when dealing with my clients in my busy practice in Harley St London. There is however one potential pitfall in this. Let us say we treat a client who has had depressive tendencies or anxieties or OCD behaviours for many years, to the degree when it has become

in the life of the client. Now the client may be fine and so relieved to have lost the misery they have suffered that they then go on to have a happy and more fulfilled life. I would suggest that not all do though and that they may indeed fill the void made by the successful treatment with other anxieties or



Now that information has always been there but only now that you have focused on it do you have an awareness of it.

Now the important bit, if I say to you now don't tell me how you're right foot feels in your right shoe or on the floor etc. **You cannot not tell me even though I asked you not to.** The brain does not do negations so the more you tell yourself don't worry, don't be anxious, don't forget your anniversary, don't forget to call or as we see on many closures of business letters 'don't hesitate to contact me' (and you wonder why they don't call you).

You see the brain will do what you tell it to do if you tell it to do it in the right way. I see many clients post TFT treatment with confusion because they can no longer get a lock on the concerns they had prior to treatment.

To me as well as being the 'apex' issue it is also an indication that the brain is now a little lost and what would be really helpful is a new direction. If a positive direction is not given there is a potential for the brain to revisit its old familiar stomping ground, which may be a focus on obsession depression or anxiety.



The successful treatment may create a void both literally and metaphorically in the life of the client. Now the client may be fine and so relieved to have lost the misery they have suffered that they then go on to have a happy and more fulfilled life.

a way of life and is indeed their identity through both their own perceptual maps and those of others who know them.

We then treat them successfully in one treatment session: there is an important issue raised here...in fact a question.

"What are they now going to do with all the time they now have available because they are no longer able to be depressed, anxious or obsessed"?

The successful treatment may create a void both literally and metaphorically

worries. Now why would they do that?

Well if all they have in the 'life skills' bank is being depressed, anxious or obsessive and that is what they are experienced in doing very well, then the danger is that they may indeed just create new miseries based on all they know how to do. The brain as we all know is an amazing unit and will go where our focus takes us.

For example, right now think how your left foot feels in your left shoe or on the floor or wherever it is right now. **You can do that can't you?**

There are many ways of assisting the brain to focus on a new and positive direction from disciplines such as NLP and Hypnosis or EMDR and I would like to share with you one that I commonly use. This exercise uses a mix of Visual, auditory and a kinaesthetic predicate so is very successful for most clients.

Positive Imagery Exercise

Raise the right hand up and to the right of you so you are looking up at it.... Look into your palm and create a compelling image of what you want to be like assuming that nothing can fail. Keep telling yourself how good it looks.

Then double the intensity of the picture and brighten it. Then double it again and again...when it looks amazing and only then take a deep breath in and as you exhale pull the image into your chest and absorb it through your heart then as you breathe in intensify the image and as you exhale drive the feeling through your body into every cell muscle nerve fibre and tissue until you are saturated with the good feeling. Tell yourself how good it feels.

Then repeat with another good image.

Do this as often as you like.....after all who can ever have enough good feelings?

I give my clients a success handbook and ask that they do collarbone breathing every morning (*I have found it helps install a more positive state for the day for them*) And I give them a copy of the above exercise which I suggest, sometimes hypnotically, that they do as often as they choose to and maybe combine it with a peak performance algorithm if they really want to 'beef it up'.

Most of my clients come to me because they want to 'feel good' so I want to furnish them with all the tools they need to be able to achieve this end.

These are just my thoughts and opinions and I hope that this therapy model may be of use to those who read it and maybe try it out. If you do use it please let me have some feedback on how you have found it works for you and your clientele.

Happy tapping (*and void filling*)

Kevin Laye

www.kevinlaye.co.uk

OCTOBER 20-21 2007

WATCH for DETAILS

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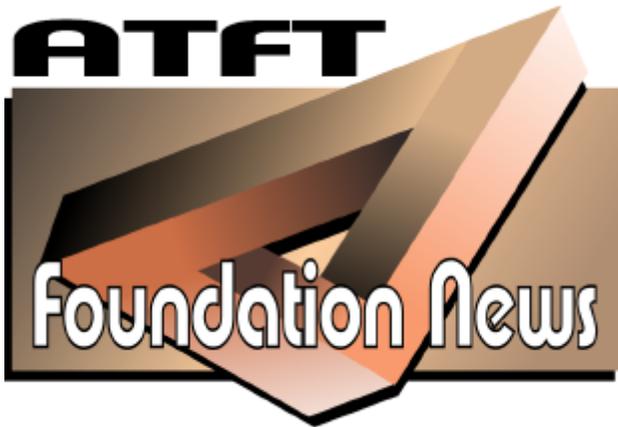
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Call (760) 564-1008 to get yours!



Joanne Callahan, MBA
President

ATFT Foundation Announces Our New Fund Raising Committee and DVD

By Joanne Callahan, MBA
President, ATFT Foundation

We can all be very proud of the ATFT Foundation's projects over this last year. The success of these projects has shown us how badly we need funds to continue our work and highlighted the need for a fund raising committee and a standard informational DVD for everyone to use when helping in our fund raising process.

Last year we started out in June 2005 with a mission to Morogoro, Tanzania to teach TFT to community leaders and clergy, treat trauma and investigate the use of TFT for improving the quality of life for malaria victims. The results were astounding and demonstrated the need for further studies, on-going training in the community and long term treatment of malaria victims.

Now, after one year, we are seeing how important it is for continued teaching and education in these regions and can plan for our future

projects. We will be leading a follow-up team in June 2007.

In January and March of 2006 the ATFT Foundation responded to an invitation to send Trauma Relief Teams into New Orleans to assist the hurricane Katrina victims and care givers at the Medical Center of Louisiana at New Orleans (Charity Hospital) with trauma relief and training.

In April 2006, the ATFT Foundation, lead by Trauma Relief Committee Chairperson, Norma Gairdner, arranged for our members to be able to become Green Cross Certified. She is now working on another Green Cross certification training for our European members.

Later in April 2006, the twelfth anniversary of the genocide, a team of ten volunteers went to Kigali, Rwanda to treat trauma and teach TFT for 400 orphans at the El Shaddai orphanage. We began a year long PTSD study, led by Dr. Caroline Sakai, during this trip.

This was just the tip of the iceberg in each of these areas of the work that is needed and the funding necessary to accomplish our work. We needed some organized help to raise the funds.

We had many individuals step forward to offer their help from the mini-conference and **Chris Milbank, TFT VT, Vice President, ATFT, has offered to chair the new ATFT Foundation Fund Raising Committee.**

In order to assist in the fund raising ATFT Foundation has created a video with some of the team members sharing their experiences, their tears and their joy, while on these missions. Dr. Mary Cowley (Tanzania), Chris Milbank (Tanzania), and Paul Oas (New Orleans and Rwanda) tell their stories while you see pictures and video from the missions. You will learn of their hopes and dreams for the future of these regions and poorer peoples of the world and you will learn how you too can be a part of those hopes and dreams.

If you wish to assist the ATFT Foundation and our work, call for a copy of our new DVD

**ATFT Foundation:
TFT Helps Victims from
Hurricane Katrina to
the Rwanda Genocide**

Please join us in our world-wide effort to offer TFT. Write me, **Joanne Callahan**, joanne@TFTRX.com, to find out how you too can help.

Visit our web site, www.ATFT.org, to see and hear the orphans in Kigali sing a welcome to our volunteer team.

Thought Field Therapy® for Helping with Musical Performance Enhancement



By Rosemary Wiseman, TFT-Dx

TFT has enhanced my work as a Musician

both in Teaching and Performing Music. This work has enabled me to get great insights into the effectiveness of TFT as I often treat people in the actual situation. I also have the opportunity to help some musicians on a regular basis, which enables me to get long term follow up to treatments used.

Some of the problems in musical performance are Posture, Coordination, Rhythm, Tempo, Music Reading, Concentration, 'inexplicable' mistakes, frustration, trauma, fear, anxiety, singing in tune (helpful for public speaking) and clapping in time.

Music is hard enough to read, yet with TFT it can be made easier. Psychological Reversal problems are more common with Sight Reading on musical instruments, as the music is unprepared and no self-correction of reversals have taken place before or during the 'performance'.

Prior to TFT one student was turning their head around and reading the music 'upside down' in order to read the music 'better'.

Often mistakes are not recognized so students do not know how to correct themselves. After TFT when the performance is clearly better, they can be somewhat bemused as to how this

After TFT , musicians
are more relaxed
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has happened. As one of my students reported "my fingers now know what to do, they have more brains than my brain"

After TFT musicians are more relaxed and find they can concentrate better which is necessary for good performance. They often report it is easier to play their music, and performing then becomes more enjoyable.

With TFT the potential of the musician can be realized and in so doing, their emotional and physical health can improve, as well as their musical performance. Yes - There is much untapped musical potential out there!

The positive changes I have seen after using TFT have revealed that TFT can be used as an equally valuable tool to practicing a musical instrument.

- Rosemary Wiseman, GTCL, TFT-Dx

Editor: I have great respect for Ildiko Scurr, whom I met at the Birmingham Conference, because of her intense dedication and boundless creativity. Please see page 18 for a quick look at one of the best client gathering strategies I have seen in a long time. It's delightful!

Ildiko Scurr from the U.K. has accepted the challenge of raising money for the ATFT FOUNDATION.

She has a GREAT idea, presented here in her own words.

Raising Funds ...

By Ildiko Scurr

In May of this year, I attended the two-day Mini Conference in Leamington Spa. After a long time, I finally had the chance to meet many of my TFT colleagues whom I had only talked to on the phone and in e-mails before. I had a wonderful, illuminating time and everyone was very supporting.



I also had the privilege of hearing the most amazing information and experiences from those who were generous enough to give talks. One of those talks was given by Chris Milbank about the ATFT Foundation project in Tanzania.

I sat listening in awe to the examples of the incredible difference that our volunteer practitioners managed to make in those places with the people.

What also came across was the truly compassionate and giving nature in which help was given. When Joanne Callahan explained about the ongoing projects, I saw her dedication and commitment to her vision. I felt inspired and started wondering what I could do to support this incredible and worthwhile work. I felt that my main motivation was not primarily a feeling of sorrow and hopelessness anymore as I have felt in the past for people in places like Rwanda but the knowledge that we can really do something for them.

Unlike many other charities, with the ATFT's work we can see and hear about the actual people who are being helped and witness the results of that help. My perspective has changed and I now see only possibilities, hope and the opportunity for positive action.

Last year I started to cut my teeth on organizing charity events by bringing together a group of complementary therapists who helped me to create an amazing day of healing in support of the victims of the tsunami disaster. I felt that I did not want to just donate money, but as a healer I wanted to offer something more in keeping with the way I live my life; many of my colleagues felt the same way. Helping yourself to help others became the theme of the day for the people who came along. One lady's life was transformed by coming to the tsunami event. Her problem had only been treated with conventional medicine and she had not felt much benefit, but the help that she got on that day convinced

her of the value of complementary therapy so much so that she immediately trained in Reiki and then went on to buy a big house and turn part of it into a therapy center. It is now one of the places where I work.

Various other events followed and I gradually built up a network of therapists, media people, business people and people who are just born helpers. I have discovered that the human capacity for kindness and generosity is phenomenal.

I decided that the same formula could be used to organize an event to support the ATFT Foundation, so I am running a one day event. **Tap Your Troubles Away with TFT** will take place on October 22nd in Bournemouth, England. For the price of a ticket, people will be able to come for a 20 minute taster session of TFT from volunteer TFT Practitioners. Several Practitioners have already very kindly offered to come and spend the day giving treatments, talks and

demonstrating the voltmeter and HRV.

I have also been given the backing of the new **ATFT Fundraising Committee**. I am very grateful to all these colleagues as together I think we can create a fantastic day which will push TFT up considerably in the public's awareness.

Many of the people who know me have had an opportunity to try out the power of TFT and when I mentioned my event, many of them were more than willing to get involved and offered their help in whichever capacity would be most useful. In fact some people who have not tried TFT have also been very enthusiastic. One lady who had read an article that I had published in a local therapy booklet rang me up and when she heard about the work that is being done by the ATFT, donated some money straight away.

I suspect something like osmosis is going on, or perhaps Jung's collective consciousness is at work! Tickets have started selling even before they have been printed and I already have a troupe of volunteers who have offered to put up posters in towns 50 miles away (that is quite a long way in England!). I get the feeling that this event seems to already exist in potential, it is just a question of getting the physical things done. I believe in zeitgeist and I think TFT's time has come. I will give you an example of the kind of thing that seems to be happening on a regular basis, things just seem to be falling into place and opportunities opening up in the most unexpected and surprising ways.

A few weeks ago I went to offer free TFT at a charity event that a friend of mine; also a therapist, had organized.

The center where the event was taking place was in a little settlement right out in the countryside with only fields surrounding it, more or less in the middle of nowhere and when I arrived I doubted that many people would find us.

We were ushered into a big hall which looked as if time had forgotten since the days of King Arthur. I was informed that the vacant table next to mine would soon accommodate a face-painter for the children. I looked forward to watching some interesting art, however after an hour or so nobody had turned up and I was informed by my flustered and hassled friend that the face-painter had just not shown. She had begged the services of the sister of a therapist friend of hers to fill in.

Soon a very bubbly enthusiastic lady appeared and started to set the stall up. After a couple of exchanged words it became clear that she had never done anything like this in her life but was happy just to muck in. She expressed interest in what I did and I began explaining all about TFT. Instead of the usual bemused response I tend to get from people at this point she made it clear that she knew quite a bit about it, commenting that a well known local radio presenter friend of hers had sat next to Paul McKenna at a gala dinner and he had treated her girlfriend for a fear of birds right there and then. Of all the places to bump into this person! I went on to tell her about the **Tap Your Troubles Away with TFT** event and she said that she would let her friend know as he would definitely be interested and to forward any information. The upshot is that our event will be mentioned a few days before on the presenter's breakfast show and who knows maybe even covered on the radio.

The next couple of months will be an interesting journey for me and I am sure that the surprises are not over yet. I am looking forward to October 22nd but there is still lot of work to do. I do require a few more generous TFT Practitioners to be there on the day to offer treatment sessions and also anybody who had been involved in any of the ATFT Foundation projects who would be willing to come and talk

about their experiences. If you feel that you can do either of these things, please contact me either by e-mail on ildikotft@hotmail.com or phone me on 07880 614052.



Just wanted to write and let you know how much the Thought Field Therapy sessions are helping me to return to the person I was before the trauma, grief and anger struck. With just two sessions, I have been able to leave those frustrating blockages behind and move on to do the things I have always enjoyed doing.

Thank you so much for being out there promoting yourself so I had the chance to find you. You have so many opportunities out there waiting for you, a chance to help many people.

- Ora Y Diskin

Using TFT to help Medical Challenges

Jonathan

By Elizabeth Bourne, TFT-Dx

Using TFT to help Prader-Willi Syndrome



Jonathan has Prader-Willi syndrome (PWS) – a complex genetic disorder for which there is no cure. The hypothalamus (part of the central nervous system) doesn't work properly and as a result the following are all out of balance:

- ❖ Physical growth
- ❖ Emotional stability
- ❖ Appetite control
- ❖ Sexual development

Babies have very poor muscle tone – they cannot move or cry and the majority have to be fed by a tube. Milestones such as crawling, sitting and walking are often very delayed. Children often have speech and language difficulties; at school they will need additional support as most have learning difficulties. Over-eating is the most dangerous aspect of PWS and obesity-related disorders are the most common cause of an early death.

When Jonathan was diagnosed at the tender age of 3 weeks his parents were told he probably wouldn't walk until he was 5; he would have to go to a special school; he wouldn't be able to hold down a job; and would literally, 'eat himself to death' before he reached 30. They couldn't accept that his future had already been determined by some fluke of nature and so decided that intervention was the best way they had of trying to help him reach his potential. Jonathan started having physiotherapy at 2 months, speech therapy at a year – and was in the swimming pool (although very immobile, it has to be said) when he was 3 months old. His swimming has been one of two key factors in improving his muscle tone, which has meant he has become more mobile and can therefore burn more calories.

Jonathan is now 8 and has a helper at mainstream school. Food is his prime concern (if he is unfocussed) but they try to get him to understand the importance of exercise and the relationship between

exercise and how much food he is allowed to eat. Jonathan finds it difficult to understand how things work (he can't work the locker keys or fasten the key to his trunks); he has very limited number skills (and hence he can't count how many lengths he has done!); and any kind of instruction has to be broken down into very small stages and checked to ensure understanding.

Having said all this, Jonathan's progress in his 8 years has been nothing short of miraculous. Although he is seen by a myriad of consultants for various medical challenges, he is very sociable – he wants to please and to be accepted. He loves swimming and has completed 2k family fun runs. To anyone who doesn't know that Jonathan has PWS he may seem 'weird' – but to those of us in the know, we marvel at how he has survived this far.

In 2005 when Jonathan was seven, his behaviour started to deteriorate. Tantrums became more frequent and more aggressive. Jonathan's inability to

process thoughts into words quickly resulted in him resorting to kicking, punching, biting and destruction. His mother Dawn was worried for his support worker, his childminder and for her family although interestingly he only ever tried to hurt her. Dawn tried to get an assessment done to get them into the world of social workers and respite care but as they were unknown to them was told it would likely be Christmas before anyone saw them.

It was at this time that I began to work with Jonathan. I had only been doing TFT for a couple of months and had no idea if I could help but decided anything was worth trying. I knew about Jonathan because I taught his elder sister piano.

Dawn reported the following in the PWS journal:
“Jonathan started to receive treatment in September and the transformation has been amazing. There have been no major behavioral problems at school this term; he is calmer and more relaxed (although he still worries about things). Lauren, Jonathan's older sister, is also learning how to work with him and she sometimes taps with him during the week. This week Elizabeth worked on Jonathan's tendency to get up very early - and since then he has not woken up before 7am (never known before!).”

TFT is a relatively new therapy and is not widely known. However, for those of us who will try anything to help our children reach their potential, it is something which I would strongly recommend.”

I spent the first session explaining TFT to Dawn, and familiarizing her with procedures.

There was no way Jonathan would be quiet enough to let Dawn concentrate.

I then used TFT for Dawn with a problem she had so she could experience it for herself.

She said that she thought TFT was very powerful, and her negative

thoughts changed to positive ones. I also explained about Toxins.

Because of the complexity of the problems I showed her how Jonathan could tap the side of his hand or under his nose at school without anyone noticing. I also showed her CB2 to be used as often as possible.

I decided to use “Complex Trama 9g sq” with any of the following added as necessary.

TF, C ---- Food related, and Anger.

OE, C ----- Pinching, Biting, Kicking, Punching.

E, A, C, 9g sq ----- Obsession for picking

Session 2 with Dawn and Jonathan.

Went through reversals with J. Also to tap Tf, c if he feels angry.

CB2 with Dawn as a surrogate.

Jonathan chose to tap under the nose at school.

Worked on his anger etc, picking. Dawn thinking about the problem.

Also worked with Jonathan getting out of the house through the windows.

Explained that extreme anger can be ingested toxins.

J has a very short attention span. He yawned a couple of times during tapping but I was not sure if any real effect was made.

Homework: CB2 as often as possible and PR for J

Session 3

Dawn reported a marked improvement in Jonathan.

Worked with J on his own.

VT tested for Toxins-----BAD

***Persil
Body lotion gel
Honey soap
Shampoo
Mummy's perfume***

Jonathan let me tap on him, and I got him to speak about his problem. There are no SUDS so we just do PR and keep going.

This was a very different Jonathan and he was quiet and peaceful. He managed to join in with CB2 breathing.

Mother is very impressed with TFT and says she will speak about it when she does a presentation at the next PWS meeting.

Session 4

J improving all the time.

Not a good session as Dawn was sitting in and J was distracted. She said in future she would like me to work with him on his own.

Follow up.

Jonathan has gone from strength to strength. I work with him for a short time each week, but only because I visit their home to teach piano to his younger brother and older sister. We work on any problems he has had during the week and his fears. He has now started learning the keyboard and is doing well. He loves it!

A few weeks ago there was a major “blip” and Jonathan’s behavior took a drastic nosedive.

We went for VT and with the help of Colin Barron identified the computer and strip lighting as IET’s. When Jonathan’s system is strong he can cope with these but at that time he had a lot of “worries.” Colin then worked for picking, shouting in class, “I don’t

Fly Me to the Moon

(Well, not quite ...)



By Doris Keating

Jonathan

Continued from prior page - care”, and his “eating problem,” and in a couple of days J was “back on track”. The whole procedure only took about 24 minutes.

Jonathan almost always falls a sleep during tapping and I just keep going “thinking of the problem”

I have now done my Dx and have some experience behind me so I have new knowledge at my disposal.

Although I had doubts when I started I am now convinced that TFT has made an enormous contribution to the quality of this little boy’s life.

I feel very privileged to have been able to learn something as powerful as TFT and thank Dr. Roger Callahan with all my heart for making his knowledge available to people like me.

I hope we will all use it wisely, and give Roger the credit and respect he so richly deserves!

Elizabeth Bourne TFT-Dx

For many years my Goddaughter has had a fear of flying. She is 25, sensible and a community nurse. She has, for many years, dreaded the flight to and from holidays. For several weeks prior to departure, she would have nightmares of the plane journey.

She would go to the doctors for sedatives but found these ineffective.

She’d check the weather conditions with the airline before departure and would tell the air stewardess when she got on the plane that she was frightened of flying. She would sit in her seat holding tightly to the chair and not move, apart from shaking. She wouldn’t go to the toilet or have anything to eat. She wouldn’t speak to anyone or look out of the window. She sat crying, frightened and mostly half cut.

The return journey was the same in that it completely spoilt her holiday because all she could think about was the return flight. For a while she actually gave up flying.

I gave her the algorithm for fear and she practised it. After a couple of days I rang to see how she was getting on. “Yes fine” was the reply. But, there was something in her voice ... Now, I

don’t do VT but even I could tell that there was a problem. “I don’t like to tell you” she said “because you believe it will work and it hasn’t. I didn’t want to upset you.”

OK we’ll do this another way. There were about three days to go before her flight. We got together on Sunday before her Monday flight. I started testing for toxins. One of the items that came up was white bread. We also found cheese and eggs. We treated the toxins and worked on a new sequence for her. This we used, getting her SUD from over 10 to nothing in a few minutes from start to finish.

I love to see the changes in people. It is not only what they say but their body language. At the start she was very disheveled. Her body was not in line anywhere, her hips were not level, her head was to one side, her legs one placed back from the other and she was twitchy.

After the Dx treatment, she sat on my settee and was very laid back. Literarily. She was relaxed, her face was bright, her body was in line and she was smiling.

She got on the plane. No sedatives, no brandy, no telling the stewardess she was frightened of flying. She had chosen her seat so knew where she was sitting when she got on the plane. She sat down and when she knew she wouldn’t be disturbed by people asking to get past her she closed her eyes and began tapping. After the plane had taken off she opened her eyes and during the course of the flight ate, drank (water) and went to the loo. Now, what of the return journey. Normally her holiday had been spoilt by the thought of the return flight. But, she was actually looking forward to the flight home. She knew that the return flight would be okay as the outward one had been. She landed safely and the next day went to the travel agents to cancel a coach trip she had planned and replaced it with a fly drive holiday. I spoke to her today and she is looking forward to her next plane journey perhaps to Spain or Italy if not the moon.

Loss of Your BEST friend

By Jo Cooper, TFT-Dx

Using TFT to help with the grief of losing an animal companion – some thoughts on identifying relevant thought fields.



Writing an article for a TFT journal is very different from writing for any other publication.

It is nice to know that readers already appreciate the undoubted effectiveness of TFT and may already have used it to address and resolve issues of grief, whether of their own, their friends or family, or their clients. This article is therefore not to present case studies but to offer some ideas on the thought fields that may be involved when dealing with the grief of losing an animal, and, very briefly, to the help that TFT can give to animals too.

I know that some of this article may be a little controversial and I expect people to respond in different ways. Within the TFT community as in the rest of the world, there will be a range of beliefs and emotions about animals. Whatever your standpoint, I hope that this article may offer some additional thoughts about issues to which TFT can be applied.

It is a sad but inescapable fact that most animals have a shorter life span than humans and that anyone who cares for an animal is likely at some time, if not several times, to have to cope with the loss of an animal companion. For many people the animal is a member of their family. This does not mean that

they treat the animal as a human, or that it is a substitute for a human, the animal, during its life, can be — for them — an equal but different member of the family and its loss can be as distressing for them as the loss of a human. I'm not commenting on the relative values of human and other lives — my comment is about the *emotional impact* of the grief and trauma involved.

In our society (and I'm speaking for the UK here) there are various conflicting beliefs about animals and the ways that people relate to them that can affect the way that people respond to the death of an animal. For example, some people believe that animals have

ATFT Update

a different consciousness, don't have a range of emotions, a belief that enables support for 'factory farming' for example and undermines the value that some people place on their relationship with their companion animals. Some people regard all living creatures as being sentient beings with a full range of emotions, worthy of respect and of being treated compassionately whether they are being raised for food or purely as companion animals. There are also people who do indeed 'humanize' their 'pets'. These are examples from a range of possibilities and may seem to be a diversion but such beliefs impact on the way a person deals emotionally with the loss of an animal as well as with the support or otherwise that they receive from friends, family and colleagues.

If someone loses a human friend or family member society expects them to grieve. The individuals with whom they are in contact, their work colleagues, friends and family will—more or less effectively—recognize that the person may feel devastated. In the case of the loss of an animal it is very different. To be emotionally devastated by the loss of an animal is often thought somehow inappropriate.

The more that people consider animals to be individuals and welcome them into their lives, the more they are likely to grieve when the animal dies. If the death is sudden and traumatic the shock and grief is likely to feel much more intense. This emotional response may conflict with the beliefs of other people. They will sense—if not hear—work colleagues being irritated if their work is affected. They are expected to 'pull themselves together and think how much worse it would be if it was a human that had been lost'. People will often talk about someone who is upset at the illness or death of an animal as if their grief is a sign of deficiency or weakness. 'After all' people can be heard to say, 'it was only a dog ...or cat...or horse' and then they ask 'can't you get another one?'

At some level, the person involved may also have a deep-rooted conflict between the raw emotion they are

feeling and their own belief as a member of the same culture that this emotion is somehow wrong. In this case some astute questioning may uncover thought fields related to guilt, shame and embarrassment and dealing with these can be an essential element in helping the person resolve their grief and loss.

The process of the loss of an animal may also be the trigger for another layer of emotions that thankfully are not relevant when dealing with human grief and loss. In this culture most humans do not legally have the power to decide the fate of a fellow human. In the world of companion and working animals dealing with the issue of whether or not to end a life is a common generator of thought fields that TFT can deal with.

If an animal's health has

People will often talk about someone who is upset at the illness or death of an animal as if their grief is a sign of deficiency or weakness. 'After all' people can be heard to say, 'it was only a dog ...or cat...or horse' and then they ask 'can't you get another one?'

deteriorated and it is suffering it is the responsibility of its human companion to decide—according to their own beliefs—whether or not it should be 'put to sleep' (PTS) or whatever the preferred euphemism is. This can be heart-rending. On the one hand there is the welfare of the animal and the wish to end its suffering, on the other, the wish to cling to hope of a recovery, however improbable, and awareness of the grief to follow. Whichever decision is made the person is often troubled with guilt as to whether they made the

'right' decision both for the animal and for themselves and whether the decision was made at the right time, too soon or too late, leaving the animal to suffer for too long.

Another issue enters the arena with working animals. I work mostly with equestrians and they keep their horses to ride, often to compete. If their horse is injured or develops a condition that means it cannot be ridden, or cannot compete—such as a foot or back condition—what are they to do? A horse is a long-term project having a natural life span of 30 or more years. They can look for a retirement home—but that may be expensive and outside of their budget. If they sell or give the horse away they no longer have any control over its welfare and there are many horror stories of horses sold as companions being sold on to a life of further pain and suffering. These people are often already stretching themselves financially with all that is entailed in keeping one horse and they cannot afford a second and many horse owners feel that their choice is stark. Again, there are often issues of guilt and continuing questioning as to whether they have done the right thing.

And when the decision has been made, the person then has to decide how it is to be done and will they be present. Whatever they decide here is another place to look for more thought fields to treat with TFT.

If the animal is a horse there is even more involved just because of its size. It is traumatic to see their horse fall to the ground. In the UK whilst lethal injection is becoming more popular a frequent method has been the bolt or bullet.

One person I worked with said that when she thought of her old horse she just saw the hole in the ground that had been dug before the veterinarian arrived. Some have the picture of leading the horse to its death. Others, who have asked other people to be there instead of them, have just as emotive but imagined pictures in their minds, along with guilt at abandoning their animal at its last moment.

As you would expect, TFT can resolve all of these thoughts and in my own work I always continue to identify thought fields and have the person tap until the picture that springs to mind when they think of the animal is of a happy time, perhaps with the animal contentedly at home, or, in the case of a horse, going out together for a favorite ride. This can happen very soon after the event—in one case I was present when an elderly and much loved pet horse was PTS and used TFT with the owner as it happened. A few minutes after the horse's death the person was able to look at him lying peacefully on the ground, smile and tell me about the wonderful times they had had together.

Another issue with some animals, especially with cats, is that they disappear, they may have been stolen or simply run off, and the person doesn't know what has happened to it. Cats, for example, can venture miles from their home and sadly can be the victims of road accidents. If the person has lost an animal and does not know exactly what happened there are likely to be thought fields around the 'what ifs', fears of what might have happened, along with guilt at not preventing the loss — even if this would have been virtually impossible.

Something else that may happen after the death of an animal is that the person finds it difficult to develop a relationship with another animal. I have often had equestrian clients come to me with a confidence problem after the trauma of losing a horse. I have found that if the grief of losing a previous horse is unresolved it can seem to prevent the person developing a relationship with their next horse as they often have unresolved feelings of guilt and disloyalty to the old horse.

Another issue that applies to the death of an animal, as to a human, is that if someone has had several losses in their life each one seems to take them back to all the others. The death of an animal can act in the same way and often trigger unresolved grief relating to previous losses of both animals and of humans.

It also seems that for some people who have faced huge trauma and who have been able to dissociate themselves from their emotions, the death of an animal can sometimes be the 'last straw'—the loss that takes them over a threshold into experiencing not just the death of the animal but of the whole trauma.

When I was in Kosovo with Dr. Carl Johnson, I remember two of the men that were treated with TFT. The Albanian culture was such that the men, especially, rarely expressed their emotion, whatever the traumas they had been through.

One man, however, had kept birds in an aviary in his house. He and his family had been ordered to flee their house before it was set on fire, but even amongst all this trauma the thought that triggered the outpouring of grief was that his birds were lost in the fire.

A second man told us how men had come to the house to order him and his family to leave. What triggered his visible upset was when he told us that they had shot his dog. Even amongst the trauma of being in a town that had been 80 per cent destroyed, in which almost everyone had lost friends or family who had been massacred or 'disappeared', these men were least able to control their grief when they thought of the loss of their pets. I expect that trauma counselors may have encountered people whose lives have been devastated by Hurricane Katrina, for example, who have told similar stories.

So far I have talked about the effect on a person of the loss of an animal. However, TFT can also help animals that have lost a companion. Although some people argue that animals don't show emotion, most people who have worked or lived with animals that have experienced a loss will believe that animals can experience grief too. In the horse world there are accounts of mares who have stood for several days have given accounts of the grief of one of their animals when its companion has died.

I realize that this has not been a very cheering article—perhaps not surprising given the subject! However, in the midst of all the talk of grief there is something to be cheerful about. Whereas it has traditionally been thought that grief has to last for a considerable time, TFT proves that this doesn't have to be so. TFT proves itself time and again to be a wonderfully effective way people to overcome their grief, to recover happy memories of people and animals they have lost and to gain the emotional strength to continue their lives.

© Jo Cooper 2006



Jo Cooper with her dog, Nala. Nala came to her from a rescue center in February. Jo lost her dog in a road accident just before Christmas and TFT helped her to deal with trauma and grief before she found Nala. Nala has been benefiting from TFT too, and helped Jo to demonstrate the use of TFT with animals at the ATFT Conference held in May 2006 in Leamington Spa, Birmingham, England.

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at the **GREAT BENEFITS**
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is continually investigating ways in which ATFT can further benefit its members and invites suggestions from its members.

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A Pictorial Essay on the Art of Self-Promotion

By **Ildiko Scurr, TFT-Dx**



Be sure to read Ildiko Scurr's article on her Fundraising work for the ATFT Foundation on Page 10.

ATFT SCRAPBOOK

2006 CONFERENCE - Voltmeter / PR Workshop - STEP B TFT Training
May 2006, Birmingham, England



David W. Hanson, DEH, TFT-Dx
Executive Administrator

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August 31, 2006

Dear Friends in TFT,

The memory of our ATFT Mini-Conference in Birmingham is something that will last in my mind forever! What wonderful learning and great FUN! People came from all over the world to attend this event. They brought with them a wealth of experiences, information, and questions that enriched the experience for all of us. The speakers and presentations were informative and extremely well done. I know that I learned something new with every presentation. Each presenter brought a fresh perspective and made me think! Thank you, all of you, for that. It was so refreshing and stimulating.

Oh, yes... another thing ... The conference gave me a chance to put faces with some of the names I run across in the membership roles. Now, that I am back home and at work, when I see those names come across my computer screen they are no longer faceless names. They now connect to real people and fond memories of how I met my new friends.

To all those who delivered presentations that made us think and educated us in areas we had not explored before, a hearty 'Thank you'! You enriched us with your sharing.

To all those who worked so tirelessly to produce this wonderful event, you did a truly magnificent job! It was a really difficult and laborious undertaking that was perfect in its execution.

And, to those of you who attended this event, thank you so much for your participation and support. Your active participation makes ATFT a vital and growing organization. I can honestly say that I feel so very blessed to hold the position as ATFT's Executive Administrator.

Best wishes in TFT,
David W. Hanson, TFT-Dx
ATFT Executive Administrator



Gillian Skully becomes unofficial greeter and invites us in!



The room is PACKED with conference goers



Chris Milbank was there to help... He's so much fun!

ATFT Regional Mini-Conference and Voltmeter Workshop



Neighborhood around the Fallstaff Hotel, where the conference was held. Nice place!



The audience is REALLY interested in the demonstrations and presentations



Chris Milbank demonstrates a muscle test ... Kevin Laye is thinking ...



Assim Ishaque explains a fund raising idea



Chris Milbank - clowning around for us in the lobby - Does he EVER sleep?



Chris Milbank shares his experiences in AFRICA as part of the AFRICA Mission Project (... After that he ate some cheese and nearly died but I didn't get pictures of that.)



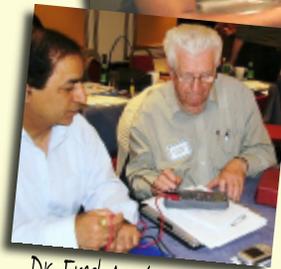
Kevin Laye, UK member, delivers a really great message on working with clients and not making assumptions! Make a mental note



ATFT Executive Administrator, David Hanson, shares marketing tips ... So easy and practical ...



Dr. Fred Walker testing his practice partner with a voltmeter at the voltmeter / PR Workshop ... No, he's not sleeping ...



Dr. Fred Again ...

Birmingham STEP B Training



Dr. Roger Callahan greets the students and starts the day!



Dr. C demonstrating treatment procedures with Yvonne Lewis. She lives in Spain now.



Jo Cooper stopped in to demonstrate TFT with her dog Nala.



Chris Milbank is there to help Dr. C with the training ... He shares the experiences of the prior day when he almost died of anaphylactic shock from a food toxin ...Dr. C pulled him out of it with TFT! Good goin', Roger!!!



Her demo was a hit! Shown here treating the dog by surrogate



Nala chills out after treatment! Amazing!



Jo closed her presentation. By pointing to her Mouth. Can't remember why, though.... (Just kidding...)



Dave Hanson helps throughout with HRV tests



Great presentation about various HRV programs and devices



Dr. Callahan closes the STEP B Training to a **STANDING OVATION!**

WOW!



Diploma time!!!! Roger passes out certificates! **CONGRATULATIONS TFT STEP B GRADS!**



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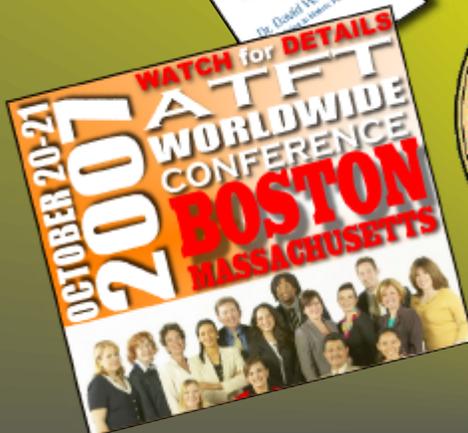
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