

**TFT Research List: Listed Chronologically  
Quantitative Studies Only  
\* Asterisk Denotes Random Controlled Trial (RCT)**

Folkes, C. (2002). Thought Field Therapy and trauma recovery. *International Journal of Emergency Mental Health*, 4, 99-103.

**Abstract:**

People who have been repeatedly exposed to traumatic events are at high risk for Post Traumatic Stress Disorder (PTSD). Refugees and immigrants can certainly be in this category, but seldom seek professional therapy due to cultural, linguistic, financial, and historical reasons. A rapid and culturally sensitive treatment is highly desirable with communities new to Western-style healing. In this study of 31 clients (aged 5-48 yrs.), a pre-test was given, all participants received Thought Field Therapy (TFT), and were then post-tested after 30 days. Pre-test and post-test total scores showed a significant drop in all symptom sub-groupings of the criteria for PTSD. The findings of this study contrast with the outcomes of other methods of treatment, and are a significant addition to the growing body of data on refugee mental health. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Sakai, C., Connolly, S., & Oas, P. (2010). Treatment of PTSD in Rwanda genocide survivors Using Thought Field Therapy. *International Journal of Emergency Mental Health*, 12(1), 41-49.

**Abstract:**

Thought Field Therapy (TFT), which utilizes the self-tapping of specific acupuncture points while recalling a traumatic event or cue, was applied with 50 orphaned adolescents who had been suffering with symptoms of PTSD since the Rwandan genocide 12 years earlier. Following a single TFT session, scores on a PTSD checklist completed by caretakers and on a self-rated PTSD checklist had significantly decreased ( $p < .0001$  on both measures). The number of participants exceeding the PTSD cutoffs decreased from 100% to 6% on the caregiver ratings and from 72% to 18% on the self-ratings. The findings were corroborated by informal interviews with the adolescents and the caregivers, which indicated dramatic reductions of PTSD symptoms such as flashbacks, nightmares, bedwetting, depression, isolation, difficulty concentrating, jumpiness, and aggression. Following the study, the use of TFT on a self-applied and peer-utilized basis became part of the culture at the orphanage, and on one-year follow-up the initial improvements had been maintained as shown on both checklists. PMID:20828089 [PubMed - indexed for MEDLINE]

\*Connolly, S. M., & Sakai, C. E. (2011). Brief trauma symptom intervention with Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health, 13*(3), 161-172.

**Abstract:**

This randomized waitlist control study examined the efficacy of Thought Field Therapy (TFT) in reducing Posttraumatic Stress Disorder symptoms in survivors of the 1994 genocide in Rwanda. Participants included 145 adult genocide survivors randomly assigned to an immediate TFT treatment group or a waitlist control group. Group differences adjusted for pretest scores and repeated measures anovas were statistically significant at  $p < .001$  for 9 of 10 TSI trauma subscales and for both severity and frequency on the MPSS, with moderate to large effect sizes. Reduced trauma symptoms for the group receiving TFT were found for all scales. Reductions in trauma symptoms were sustained at a 2-year follow-up assessment. Limitations, clinical implications, and future research are discussed. PMID:22708146 [PubMed - indexed for MEDLINE]

\*Irgens, A., Dammen, T., Nysaeter T., & Hoffart, A. (2012). Thought Field Therapy (TF) as a treatment for anxiety symptoms: A randomized controlled trial. *Explore, 8*(6) 331-337.

**Abstract:**

**Objective:** To investigate whether thought field therapy (TFT) has any impact on anxiety symptoms in patients with a wide range of anxiety disorders. **Design:** Forty-five patients who were randomized to either TFT ( $n = 23$ ) or a waiting list ( $n = 22$ ) condition. The wait-list group was reassessed and compared with the TFT group two and a half months after the initial evaluation. After the assessment, the wait-list patients received treatment with TFT. All 45 patients were followed up one to two weeks after TFT treatment, as well as at three and 12 months after treatment. **Subjects:** Patients with an anxiety disorder, mostly outpatients. **Intervention:** TFT aims to influence the body's bioenergy field by tapping on specific points along energy meridians, thereby relieving anxiety and other symptoms. **Results:** Repeated-measures analysis of variance was used to compare the TFT and the wait-list group. The TFT group had a significantly better outcome on two measures of anxiety and one measure of function. Follow-up data for all patients taken showed a significant decrease in all symptoms during the one to two weeks between the pretreatment and the post-treatment assessments. The significant improvement seen after treatment was maintained at the three- and 12-month assessments. **Conclusion:** The results suggest that TFT may have an enduring anxiety-reducing effect. Registration number

NCT00202709, <http://ClinicalTrials.gov> **Key Words:** Thought field therapy, TF, psychotherapy, anxiety disorders.

\*Connolly, S. M., Roe-Sepowitz, D., Sakai, C. E., & Edwards, J. (2013). Utilizing community resources to treat PTSD: A randomized controlled study using Thought Field Therapy. *African Journal of Traumatic Stress*, 3(1), 24-32.

**Abstract:**

The use of Thought Field Therapy (TFT), a brief therapy technique, is examined in a randomized controlled study, to determine if there is a significant difference in the reduction of trauma symptoms between the treated group and the untreated group. Study participants in the waitlist group received treatment after having completing the posttest. Prior to the study, TFT techniques were taught to Rwandan community leaders, who then provided one-time individual trauma-focused TFT interventions to one hundred and sixty four adult survivors of the 1994 Rwandan genocide in their native language, Kinyarwanda. Pre- and post-intervention assessments of trauma symptoms used were the Trauma Symptom Inventory (TSI) and the Modified Posttraumatic Stress Disorder Symptom Scale (MPSS) translated into Kinyarwanda. Significant differences were found in trauma symptoms and level of PTSD symptom severity and frequency between the treatment and the waitlist control groups. Participants in the waitlist group experienced significant reductions in trauma symptoms following their subsequent treatments, which took place after the first posttest. These positive outcomes suggest that a one-time, community leader facilitated trauma-focused TFT intervention may be beneficial with protracted PTSD in genocide survivors. Key words: Community Resources, PTSD, Rwanda, Thought Field Therapy, Trauma Treatment Keywords: AJTS June 2013 3(1): 00-00

\*Robson, R. H., Robson, P. M. Ludwig, R., Mitabu C., & Phillips, C. (2016). Effectiveness of Thought Field Therapy provided by newly instructed community workers to a traumatized population in Uganda: A randomized trial. *Current Research in Psychology*. doi:10.3844/crpsp.201

**Abstract:**

Thought Field Therapy (TFT) is a promising treatment for posttraumatic stress in a resource poor environment. This study further explores the benefits of this treatment in a rural population in Uganda, which had suffered from the psychological consequences of previous violent conflict. Thirty-six local community workers received a two-day training in TFT trauma intervention and treated 256 volunteers with symptoms suggestive of Posttraumatic Stress Disorder (PTSD) who had been randomly allocated to a treatment or waitlist (control) group. Assessment was by the Posttraumatic Checklist for Civilians (PCL-C). One week after treatment, the treated group scores had improved significantly from 58 to 26.1. The waitlist group scores did improve without treatment, from 61.2 to 47, although significantly less than the treatment group, but improved

markedly to 26.4 following treatment. There was some evidence of persisting benefit 19 months later. This study supports the value of TFT as a rapid, efficient and effective therapy, empowering traumatized communities to treat themselves, although repeated treatment may still be needed. Keywords: Thought Field Therapy, PTSD, Uganda, Conflict, Community Therapists

## A Literature Review of PTSD/TFT Studies in Africa

Dunnewold, A. L. (2014) Thought Field Therapy efficacy following large scale traumatic events. *Current Research in Psychology*, 5(1), 34-39. doi:10.38/crpsp.2014

### Abstract:

Thought Field Therapy Efficacy Following Large Scale Traumatic Events: Description of Four Studies Thought Field Therapy (TFT) has been shown to reduce symptoms of Posttraumatic Stress (PTS) with trauma survivors in four studies in Africa. In a 2006 preliminary study, orphaned Rwandan adolescents, who reported ongoing trauma symptoms since the 1994 genocide, were treated with TFT. A 2008 Randomized Controlled Trial (RCT) examined the efficacy of TFT treatments facilitated by Rwandan Community leaders in reducing PTS symptoms in adult survivors of the 1994 genocide. Results of the 2008 study were replicated in a second RCT in Rwanda in 2009. A fourth RCT in Uganda (in preparation for submission) demonstrated significant differences in a third community leader-administered TFT treatment. The studies described here suggest that one-time, community leader-facilitated TFT interventions may be beneficial with protracted PTS in genocide survivors.

Keywords: Posttraumatic Stress (PTS), Posttraumatic Stress Disorder (PTSD), 1994 Rwandan Genocide, Thought Field Therapy (TFT), Energy Psychology, Trauma, Trauma Survivors, Genocide Survivors, Community-Based Psychological Intervention

## A Qualitative Study/Follow-up Published in a Peer-Reviewed Online Journal

Edwards J. (2016). Healing in Rwanda: The words of the therapists. *The International Journal of Healing and Caring*, 16(1). Retrieved from <http://ijhc.org/2015/12/ijhc-master-table-of-contents-full/>

### Abstract:

In 2009, four therapists from the United States presented the basic algorithm training in Thought Field Therapy (TFT) to 36 respected community members at the Izere Center (Center for Hope) in the Northern District of Rwanda. A year later, 35 of the trained therapists reported in an interview that they had treated an average of 37.50 people each ( $SD = 25.37$ ). They had met with each person an average of 3.19 sessions ( $SD = 1.08$ ) to assist with various issues. They reported that they had treated from 3 ( $n = 1, 2.9\%$ ) to 123 ( $n = 1, 2.9\%$ ) people. They also shared their experiences during the year following treatment. The therapists reported that prior to the Thought Field Therapy treatments, their clients had experienced anger, fear, headaches, hopelessness, anxiety, loneliness, and sadness. They reported that after the treatment, people's lives had changed. They felt happy, their trauma was gone, they felt better than before they had come to the therapist for help, they had regained hope, they wanted to work, and their fears were gone. The therapists reported that TFT had made a difference when their clients took it seriously and wanted help, the clients had memories of the trauma and knew what they wanted to work on, the

therapists prepared the clients for TFT by explaining it, and the clients followed directions. They reported that it did not appear to help the clients when the clients went home to conditions of poverty and confused the adversities of poverty with the symptoms of genocide trauma, the clients were not aware of the problem, the clients wanted to beg or misled the therapist, and the clients doubted that it would work. The clients were pleased with their treatments; gave testimonies about the help they had received; were grateful; returned to say, "Thank you;" and brought other clients for treatment. The therapists believed that TFT had made a difference in the community. The therapists reported that TFT is really effective, they indicated that a positive aspect of TFT is that people can treat themselves, and they recommended that TFT be used throughout Rwanda. Key words: Thought Field Therapy, TFT, Energy Psychology, Rwanda, PTSD, Trauma

### **Studies Grouped by Category (Quantitative Studies Only) \* = RCT**

Below, the studies are listed in the following categories: anxiety, posttraumatic stress disorder, a literature review of PTSD/TFT studies in Africa, depression, anger (Anger/Irritability Scale), flashbacks/intrusive memories (Intrusive Experiences Scale), avoidance (Defensive Avoidance Scale), dissociation (Dissociation Scale), sexual distress (Sexual Concerns Scale), dysfunctional sexual behavior (Dysfunctional Sexual Behavior Scale), self-esteem/self-concept (Impaired Self-Reference Scale), and acting out behavior (Tension Reduction Behavior Scale).

#### **Anxiety**

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#### **Abstract:**

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Significant differences were found in trauma symptoms and level of PTSD symptom severity and frequency between the treatment and the waitlist control groups. Participants in the waitlist group experienced significant reductions in trauma symptoms following their subsequent treatments, which took place after the first posttest. These positive outcomes suggest that a one-time, community leader facilitated trauma-focused TFT intervention may be beneficial with protracted PTSD in genocide survivors. Key words: Community Resources, PTSD, Rwanda, Thought Field Therapy, Trauma Treatment Keywords: AJTS June 2013 3(1): 00-00

## Posttraumatic Stress Disorder

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Keywords: Posttraumatic Stress (PTS), Posttraumatic Stress Disorder (PTSD), 1994 Rwandan Genocide, Thought Field Therapy (TFT), Energy Psychology, Trauma, Trauma Survivors, Genocide Survivors, Community-Based Psychological Intervention

## Depression

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## Anger (Anger/Irritability Scale)

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## **Flashbacks/Intrusive Memories (Intrusive Experiences Scale)**

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## Avoidance (Defensive Avoidance Scale)

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## **Dissociation (Dissociation Scale)**

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Significant differences were found in trauma symptoms and level of PTSD symptom severity and frequency between the treatment and the waitlist control groups. Participants in the waitlist group experienced significant reductions in trauma symptoms following their subsequent treatments, which took place after the first posttest. These positive outcomes suggest that a one-time, community leader facilitated trauma-focused TFT intervention may be beneficial with protracted PTSD in genocide survivors. Key words: Community Resources, PTSD, Rwanda, Thought Field Therapy, Trauma Treatment Keywords: AJTS June 2013 3(1): 00-00

## Sexual Distress (Sexual Concerns Scale)

\*Connolly, S. M., & Sakai, C. E. (2011). Brief trauma symptom intervention with Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health, 13*(3), 161-172.

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## **Dysfunctional Sexual Behavior (Dysfunctional Sexual Behavior Scale)**

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### **Self-Esteem/Self Concept (Impaired Self-Reference Scale)**

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### **Acting Out Behavior (Tension Reduction Behavior Scale)**

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## **Meta-analysis of Studies of Thought Field Therapy and Posttraumatic Stress Disorder**

Edwards, J. L., & Vanchu-Orosco, M. (2017). *A meta-analysis of randomized and non-randomized trials of Thought Field Therapy (TFT) for the treatment of Posttraumatic Stress Disorder (PTSD): PRELIMINARY RESULTS*. Paper presented at the Annual Meeting of the Association for Comprehensive Energy Psychology, San Antonio, Texas.

### **Abstract:**

**Background:** Thought Field therapy (TFT) is a method of tapping on the meridians of the body to treat posttraumatic stress. The purpose of the study was to determine whether participants, guided by TFT-trained professionals or paraprofessionals, demonstrate trauma symptom reduction greater than those receiving no treatment on measures of PTSD-specific trauma.

**Method:** A meta-analysis of studies (conducted between 2001 and 2016) evaluating TFT efficacy for individuals suffering from posttraumatic stress was conducted. Thirty-nine databases were searched. In addition, requests were sent to colleagues to share any studies that had not been published. Every attempt was made to obtain all studies that had been done on TFT and posttraumatic stress.

Five studies met the qualifications for inclusion in the preliminary meta-analysis: 1) Posttraumatic stress needed to be one of the identifiers or be separated out if other psychological problems were included; 2) Thought Field Therapy needed to be the treatment or be separated out if other treatments were involved; 3) assessment had to capture change from initial diagnosis to measuring the outcome after TFT treatment; and 4) the study needed to have means, standard deviations, and/or p-values, or it needed to have quantitative data so that pre and post measures could be compared. In two of the studies, a 1-10 Subjective Units of Distress (SUD) scale was used rather than a measure of posttraumatic stress.

**Results:** Publication bias, examined using plots of effect sizes by weighting, funnel plots, and Duval & Tweedie's Trim and Fill, did not appear to be an issue. The overall effect size for the pre- to post-TFT treatment in quasi-experiment conditions (-2.47) was large and statistically significant.

**Conclusions:** The results show that TFT is highly effective in reducing trauma symptoms in a variety of populations and settings. This meta-analysis extends the existing literature through facilitation of a better understanding of the variability and clinical significance of PTSD improvement subsequent to TFT treatment.

## Qualitative Study of Rwandan Therapists' Experiences

Edwards J. (2016). Healing in Rwanda: The words of the therapists. *The International Journal of Healing and Caring*, 16(1). Retrieved from <http://ijhc.org/2015/12/ijhc-master-table-of-contents-full/>

### Abstract:

In 2009, four therapists from the United States presented the basic algorithm training in Thought Field Therapy (TFT) to 36 respected community members at the Izere Center (Center for Hope) in the Northern District of Rwanda. A year later, 35 of the trained therapists reported in an interview that they had treated an average of 37.50 people each ( $SD = 25.37$ ). They had met with each person an average of 3.19 sessions ( $SD = 1.08$ ) to assist with various issues. They reported that they had treated from 3 ( $n = 1, 2.9\%$ ) to 123 ( $n = 1, 2.9\%$ ) people. They also shared their experiences during the year following treatment. The therapists reported that prior to the Thought Field Therapy treatments, their clients had experienced anger, fear, headaches, hopelessness, anxiety, loneliness, and sadness. They reported that after the treatment, people's lives had changed. They felt happy, their trauma was gone, they felt better than before they had come to the therapist for help, they had regained hope, they wanted to work, and their fears were gone. The therapists reported that TFT had made a difference when their clients took it seriously and wanted help, the clients had memories of the trauma and knew what they wanted to work on, the therapists prepared the clients for TFT by explaining it, and the clients followed directions. They reported that it did not appear to help the clients when the clients went home to conditions of poverty and confused the adversities of poverty with the symptoms of genocide trauma, the clients were not aware of the problem, the clients wanted to beg or misled the therapist, and the clients doubted that it would work. The clients were pleased with their treatments; gave testimonies about the help they had received; were grateful; returned to say, "Thank you;" and brought other clients for treatment. The therapists believed that TFT had made a difference in the community. The therapists reported that TFT is really effective, they indicated that a positive aspect of TFT is that people can treat themselves, and they recommended that TFT be used throughout Rwanda. Key words: Thought Field Therapy, TFT, Energy Psychology, Rwanda, PTSD, Trauma